



# CARR ALLISON MEDICARE COMPLIANCE NEWSLETTER

June 4, 2009

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## Summary of June 2, 2009 CMS Teleconference on Section 111 Technical Support Issues

The Centers for Medicare and Medicaid Services (CMS) held a Town Hall Teleconference on June 2, 2009, to discuss technical aspects of Section 111 Reporting. Highlights from the teleconference are below:

- CMS is considering adding fields for the claim number, tracking number and document control number to the query file layout.
- The profile report has been revised since the start of registration, contact the electronic data interchange representative (EDI rep) to obtain the revised report.
- RRE Ids can be discontinued through the EDI rep.
- ICD-9 codes should be submitted without decimal points, ICD-9 codes will be reported with two decimal points assumed.
- Both the attorney name and firm name will not be required in the representative section of the Claim Input File.
- Email notifications will be sent to the Account Manager but all users of the COBSW will have access to the response files.
- If a RRE has one claim which is both liability and no-fault, two separate records will need to be reported.
- RREs can have multiple Agents for the same RRE ID, one for reporting claims and one for queries, as of now, the Account Setup only allows for one Agent.
- RREs may submit query files themselves and use the Agent to report claim files only.

A revised version of the User Guide is expected to be published in the near future. The next CMS teleconference is scheduled for June 9, 2009 regarding general policy issues for all non-Group Health Plan entities.

## Submission Guidelines for Prescription Medications in Set-asides

As previously advised, CMS is now independently pricing for prescription medications in all workers' compensation Medicare Set-aside proposals. CMS recently published guidelines to be used when allocating for future prescription medication in set-asides.

- CMS will be using the Red Book to evaluate the pricing of prescription medication in submissions.

- CMS requests that submitters provide accurate and complete documentation to support the allocation of prescription medications.
- CMS will consider the tapering of medication as recommended by the treating physician.
- CMS has stated that although generic medications will be available in the future for current brand name medicines, there is also the possibility that more expensive brand medicines will be utilized or that the claimant may insist upon utilizing brand name medications when generic alternatives are available. All of these concepts will be considered by CMS in determining whether the proposed amount is sufficient.
- Off-label use for medications as prescribed by physicians is allowed provided that the drug has been approved by the FDA.
- Utilization reviews will be taken into consideration; however, the treating physicians' recommendations will be given more weight.
- CMS again reiterated, "where drugs are indicated and the submitter has not priced drugs, or where a submitter prices for a generic drug where there is none, CMS will compare the WCMSA proposal to average wholesale price for brand name drugs."
- Because generic drugs are produced by multiple manufacturers, CMS will compare generic drugs submitted in the proposal and use the lowest priced generic drug as listed in the Red Book.

CMS further emphasized that it will review and consider all documents provided and encouraged submitters to include any evidence that may prove helpful toward making a determination. The guidelines are available as a download on CMS' website at:

[http://www.cms.hhs.gov/WorkersCompAgencyServices/08\\_setasiderelatedtopics.asp#TopOfPage](http://www.cms.hhs.gov/WorkersCompAgencyServices/08_setasiderelatedtopics.asp#TopOfPage)

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## Future CMS Teleconference Dates

CMS posted future teleconference dates regarding Section 111 Mandatory Reporting for liability insurance, self-insurance, no-fault insurance and workers' compensation. All teleconferences will be held from 1:00pm to 3:00pm, EST, unless otherwise noted. Participation is by telephone only at 800-779-4354, passcode: Section 111.

### **Policy Questions and Answers**

- June 9
- July 1
- August 18
- September 30
- October 22
- November 17
- December 15

### **Technical Support Questions and Answers**

- July 1
- August 11
- September 8
- October 6
- November 17
- December 8

## CMS Publishes Companion Document for Translation Software

CMS published a companion document for non-Group Health Plan RREs regarding the receipt and transmission of files by the Medicare COB Contractor in accordance with the HIPAA guidelines. The document is available as a download on the Mandatory Reporting website and at the following link:  
<http://www.cms.hhs.gov/MandatoryInsRep/Downloads/270and271ForNGHP.pdf>

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