Medicare Mandatory Reporting

PERR & KNIGHT

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NEW CHALLENGES FOR INSURERS

Group health plan and property & casualty insurers - already burdened by stringent data reporting requirements - are facing significant challenges with new Medicare Secondary Payer mandatory reporting.

In fact, insurers will face significant fines of $1,000 per day, per reportable Medicare claim if such claims are not reported correctly.

Insurers must take note that:

- Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 requires the reporting of all Bodily Injury and Medical Payment claims involving Medicare-eligible claimants to CMS.
- Reporting requirements include but are not limited to automobile, homeowners, and commercial plans (including self-insurance).
- Regulators are placing a much higher degree of scrutiny on insurers to capture and report claims for Medicare beneficiaries.
- Designated claims are not currently captured in the proper detail necessary for reporting.
- Existing policy and claims systems, underlying business processes and reporting procedures must be reviewed and altered before the data submission process begins.

A COMPLETE REPORTING SOLUTION

Perr&Knight provides a complete, end-to-end solution to help ensure that our clients understand the new reporting requirements, implement the proper operational and systems changes to meet them, and submit all designated Medicare eligible medical claims on time and in the proper format.

Perr&Knight's Data Services professionals help clients of all types to:

- Manage their CMS account by acting as the agent and/or account manager as defined in Section 111.
- Optimize underlying data capture and business processes.
- Minimize the operational impact of new reporting procedures.
- Simplify the Medicare CMS reporting process by creating a single file for multiple lines of business, thereby requiring only one registration/ID with the CMS contractor.
- Manage every aspect of the reporting process, from data capture, to submission and support.
- Avoid penalties for failing to report data or for reporting faulty data.

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THE PERR&KNIGHT REPORTING PROCESS

Perr&Knight follows an intensive multi-stage process to ensure the success of our Medicare Mandatory Reporting engagements:

- EVALUATION - Perr&Knight will conduct a focused assessment to determine gaps in data collection, and recommend strategies to implement process changes and/or systems updates to capture all data elements required to comply with the CMS reporting requirements.

- DATA EXTRACTION & CONVERSION - Our data professionals can integrate multiple sources of data from your systems to generate a single data extract and develop format conversion processes to bridge the data extract with the CMS reporting requirements.

- VALIDATION & SUBMISSION - We subject the files to data validation tests for data structure rules, business rules and code validation, creating a submission that CMS can process and utilize.

- SUPPORT - Our data professionals will handle any questions, concerns, or notifications received from CMS and complete any resulting corrections. We document every step of the process via Stat-Reporter.com.

ABOUT US

Perr&Knight is a leading provider of insurance support services and a strategic resource that companies utilize to reduce their fixed costs while increasing the efficiency and value of their insurance operations. Perr&Knight's insurance support services include Actuarial Consulting, Competitive Intelligence, Data Services, Insurance Technology and Regulatory Compliance.

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