

# COLE, SCOTT & KISSANE, P.A.

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**Cole, Scott & Kissane, P.A.** is pleased to share with you the latest news on Medicare's Mandatory Insurer Reporting program from the Center for Medicare and Medicaid Services ("CMS"). On October 3, 2011, CMS released an Alert entitled "Revised Implementation Timeline for Certain Liability Insurance (Including Self-Insurance) Total Payment Obligation to the Claimant (TPOC) Settlements, Judgments, Awards or Other Payments." In the Alert, CMS announced that effective October 1, 2011, only cases that settle, reach judgment or arbitration award, or are otherwise resolved for an amount over \$100,000 need to be reported upon on January 1, 2012. The Chart below summarizing the reporting obligations for settlements of various amount.

TPOC Amount	TPOC Date On or After	Section 111 Reporting in the Quarter Beginning
TPOCs over \$100,000	October 1, 2011	January 1, 2012
TPOCs over \$50,000	April 1, 2012	July 1, 2012
TPOCs over \$25,000	July 1, 2012	October 1, 2012
All TPOCs over min. threshold	October 1, 2012	January 1, 2013

This is a change from the previous requirement to report on virtually ALL cases from October 1, 2011 and onward in January 2012. Now, liability and self-insurers need only focus on cases resolved in a lump sum payment for an amount exceeding \$100,000. After April, 2012, that amount will drop to \$50,000 and must be reported as indicated above.

If you have any questions, please contact Alejandro Perez at [alejandroperez@csklegal.com](mailto:alejandroperez@csklegal.com).

If you wish to review the full Alert, please visit  
<http://www.cms.gov/MandatoryInsRep/Downloads/RevNGHPTimelineTPOC.pdf>.