

# Compliance Reporting: No Time for Complacency

By Glenn Simpson and Paul Masterson

In follow up to our June 2009 article “Treatment Plan for the Unwary—Our Patient: A Medical Group,” discussing the applicability of Section 111 of the Medicare, Medicaid and SCHIP Extension (MMSEA) Act of 2007 to all medical practices, we have analyzed the federal government’s extensions to the previous deadlines. The Responsible Reporting Entity (RRE) registration deadline was extended from June 30, 2009 until Sept. 30, 2009. If the extension is viewed as a reprieve, it is temporary at best.

In fact, inaction deprives the RRE of taking advantage of the timely establishment of planning and sets the stage for hurried solutions in compressed timeframes that can lead to inadequate reporting protocols and possible fines. We suggest that time remains of the essence in identifying and implementing a Section 111 Plan.

In order for our “Medical Group” to start along the pathway to compliance, starting with the initial step of registration of the RRE, the following are tasks that we recommend be accomplished:

**Determine whether reporting will be accomplished in-house or if a professional agent is to be used.**

- If in-house
  - Complete 5 step RRE registration
  - Register with CMS Advise of Data Transfer method
  - Train staff
  - Design and implement query process
  - Prepare for testing
  - Process for quarterly claims reporting
- If a professional agent is to be used
  - Select an agent who can best meet the needs of compliance by RRE with requirements

of reporting

While the extension appears to offer time to relax in the implementation of a plan to comply with the law, quite the opposite is true. The fact is Section 111 presents far more complexities than a mere data transfer of information. We highly recommend that companies who must report use their time wisely in reviewing all options and the advantages and disadvantages of each. In fact, a professional may be necessary to review the options and their likely consequences.

We note that CMS, in its extensions, indicated that Jan. 1, 2010, will now be the effective date for reporting claims involving Medicare beneficiaries. Once testing is completed, live data is to be submitted commencing April 1, 2010, for all claims arising back to Jan. 1 and going forward. However, and this is a significant factor, the old timeframe still applies for matters that are considered to be Ongoing Responsibility for Medicals (ORM). Those matters that had an ORM extant as of July 1, 2009, must be reported. Therefore, there are tracking and logistical protocols that need to be designed and established prior to Jan. 1, 2010. Moreover, an RRE is afforded the opportunity to begin query inputs as to Medicare beneficiary status via HEW 270/271 software but only if the initial registration process with the COBC has been completed.

Query capability will be available after July 1, 2009, if registration is accomplished and testing for queries completed. The ability to establish a query protocol will be of meaningful benefit to an RRE as part of the overall Section 111 solution and will serve as a foundation to efficient commencement of testing which begins in less than six months.

---

Glenn Simpson and Paul Masterson are principals with MGU Specialty Risk Services, an agent for RREs; [www.MGUspecialtyriskservices.com](http://www.MGUspecialtyriskservices.com)

---

For over 20 years, *Florida Medical Business* (FMB) has remained the state’s most reputable and reliable health business news publication for the state’s 45,000 physicians, 3,000 hospital executives and thousands of other medical professionals, administrators and providers. For more information call 800-327-3736 or visit [www.FMBnews.com](http://www.FMBnews.com).