

When the reporting requirements of the Medicare, Medicaid and State Children's Health Insurance Program (SCHIP) Extension Act of 2007 become effective on July 1, 2009, it required self-insured employers and insurers to report eligible workers' compensation, liability and no-fault claims to Centers for Medicare & Medicaid Services (CMS). Reporting will be required as of April 1, 2010.

As part of the Act, CMS requires that Medicare beneficiary status is determined on all claims and an abundance of information must be reported to CMS on claims involving Medicare beneficiary that have:

- Ongoing responsibility for medical
- Closure through settlement, judgment, or award
- Inactive claims that have been re-opened

To help our clients' who have registered as a required reporting entity, Broadspire has partnered with PMSI Settlement Solutions to provide the Medicare beneficiary verification and claim reporting. **However, Broadspire's role is limited to servicing clients whose claims reside on our systems and are handled entirely by Broadspire.**

Clients listed below must make alternative arrangements to ensure CMS compliance and avoid potential fines, which are \$1,000 per day per claim:

- Clients who self-administer claims on their own systems or a Broadspire system (i.e. RSG or Broadspire STARS)
- Clients who have claims on a Broadspire system but administer any portion of the claims (including advise to pay or voucher account processing)
- Clients who have claims on a Broadspire system but utilize Broadspire only for payment distribution (i.e. only utilize check cutting services)
- Clients who contract with Broadspire to administer claims but to do so utilizing a non-Broadspire claim application

As an alternative, clients described above may contact PMSI directly to discuss reporting requirements. For more information about PMSI's SCHIP solutions and to discuss your specific SCHIP needs, contact:

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