

SCHIP section 111 reporting: Everything you need to know

Frequently Asked Questions

When do penalties for non-compliance begin?

CMS began their monitoring for late reporting and penalties on October 11, 2024. The tiered penalty approach begins at one-year. We will begin receiving warning notices from CMS starting October 11, 2025.

How significant are the potential penalties for not reporting?

	Year 1 - 2	Year 2 - 3	>3 years
Penalty	\$357/day	\$714/day	\$1,428/day

*Maximum penalty: \$521,220

When is reporting considered “late” so that you are subject to penalties?

Claims will be subject to penalties when On Going Responsibility for Report (ORM) or Total Payment Obligation to Claimant (TPOC) is reported to CMS one or more years late.

What are my responsibilities?

Responsible Reporting Entities (RREs) are required to register to report on the CMS website. As an RRE, you are the entity who has an obligation to report claims where the individual has been identified as a Medicare Beneficiary.

What is Broadspire doing to protect their clients from penalties?

Broadspire has a dedicated team with more than 12 years’ consecutive experience in this area. Over the past 10 years we have put into place a sophisticated SCHIP reporting environment where automation is used to avoid human error in conjunction with intuitive mandatory training on the regulations with Broadspire claim adjusters.

Watch for ongoing updates from Suzanne Jordan’s “MSP In A Minute” Vlog

How do we know if an injured worker is a Medicare beneficiary?

Broadspire sends information to the Centers for Medicare & Medicaid services (CMS) from our systems on a regular basis to check whether an injured worker is a Medicare beneficiary. Based on CMS' response, when the claim has met all requirements, we send it to CMS for Section 111 reporting.

What information is required to determine who is a Medicare beneficiary?

To determine eligibility, we have to submit these five data elements to CMS: FIRST NAME, LAST NAME, SSN/MBI, DOB, and GENDER.

What if my injured worker refuses to provide Broadspire with their SSN or does not have an SSN?

We document all attempts to collect this information on the CMS "Safe Harbor Form" embedded in our systems.

What constitutes due diligence efforts to obtain the required data elements?

Two written attempts and one electronic attempt (by email, phone, or fax) must be made and clearly documented in Broadspire's systems to show efforts to secure the missing data element(s). We retain records of our attempts so that we can help if there are any questions about your file later.

If the claimant is a beneficiary, how often does Broadspire report claim information to CMS?

We report to CMS on your behalf each Quarter.

What if this claimant is not a beneficiary at the time the claim first queries?

Broadspire will continue to query each month to determine if the claimant has become a Medicare Beneficiary up through the settlement of the claim.

How/when is ongoing responsibility for medicals (ORM) terminated?

Ongoing Responsibility for Medicals (ORM) means that you (the Responsible Reporting Entity) have an ongoing responsibility to pay for an injured worker's medical costs. For Workers' Compensation and No-Fault claims where the RRE has assumed "ORM" we have a legal responsibility to report to CMS.

What if the injured worker is calling, at the direction of Medicare asking for "a letter to be submitted to close the claim"?

Please refer these injured workers to us at schip@choosebroadspire.com and we will take care of the issue. In your email, please include claimant contact information and we will contact them.

What if I have other questions about SCHIP reporting?

Contact SCHIP Compliance by emailing schip@choosebroadspire.com or contact Suzanne Jordan, Medicare Compliance Director at Suzanne.Jordan@choosebroadspire.com.