**What is Section 111?**
Section 111 is part of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007. This regulation requires that insurers or third party administrators for a Group Health Plan (GHP) report information regarding hospital and medical GHP coverage for employees and dependents to the Centers for Medicare and Medicaid Services (CMS). Section 111 is intended to help CMS more accurately pay for covered services to its beneficiaries by determining primary versus secondary payer responsibility. For further information, please visit www.cms.hhs.gov/MandatoryInsRep/.

**Which payers must comply with Section 111?**
Section 111 requirements apply to virtually any organization that serves as an insurer or third party administrator for a Group Health Plan, or as a plan administrator or fiduciary for a Group Health Plan that is self-insured and self-administered. These organizations are referred to as Section 111 Group Health Plan Responsible Reporting Entities (RREs). Please refer to your legal department for official confirmation of your compliance requirements.

**When must payers meet Section 111 reporting requirements?**
All Group Health Plans that are Responsible Reporting Entities must have registered with the Coordination of Benefits Contractor (GHI) for CMS between April 1, 2009 and April 30, 2009. Report testing for GHPs (that did not have a prior Voluntary Data Sharing / Exchange Agreement) can be done between April 1, 2009 and July 1, 2009. Production reports are due July 1, 2009 – October 1, 2009, depending upon the timetable provided to the GHP by the Coordination of Benefits Contractor. All Group Health Plan RREs (except Health Care Reimbursement Accounts only) must submit production files by October 1, 2009.

**What are the penalties for non-compliance?**
Responsible Reporting Entities that do not report correctly to CMS are subject to a steep penalty of $1,000 per day, per Medicare eligible individual.

**How can IVANS assist payers with Section 111 requirements?**
For over 25 years, IVANS has provided insurance data translation and reporting solutions. By combining that expertise with our 20 years experience working with CMS and payers to deliver Medicare access and eligibility verification services, IVANS is uniquely qualified to help Group Health Plans meet these reporting needs.

IVANS supports both CMS reporting levels accepted – Basic and Expanded – for Group Health Plans:

**IVANS Solution for Basic Reporting to CMS**
IVANS will identify the most efficient method for reporting your data to CMS, ensure appropriate data translation between your systems and CMS, perform certification testing with the Coordination of Benefits Contractor, and provide regularly scheduled, automated transmission of your reportable data to CMS.

**IVANS Solution for Expanded Reporting to CMS**
IVANS Expanded Reporting Option also includes support for the exchange of prescription drug coverage information to coordinate benefits related to Medicare Part D. CMS is also allowing RREs, who are participating in the Retiree Drug Subsidy (RDS) program or who are reporting to RDS on behalf of a plan sponsor, to use the Section 111 reporting process to submit subsidy retiree enrollment files to the Retiree Drug Subsidy center.

**Why engage IVANS for Section 111 reporting?**
IVANS understands the importance of accurate compliance reporting to help minimize risk to your business. We also understand that building a new compliance solution is necessary, but probably not a core focus of your business. IVANS can help you:

- **Fast-track compliance** – By taking advantage of IVANS experience, you can get your Section 111 reporting solution up and running more quickly.
- **Reduce risk** – Because we have expertise in data translation and Medicare, we can design a solution that meets your needs.
- **Minimize resource constraints** - IVANS can handle the majority of the project workload, minimizing the time required of your own resources.