"M" Record Discussion Document

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA Section 111) adds mandatory reporting requirements with respect to Medicare beneficiaries who receive settlements, judgments, awards or other payments from liability insurance (including self-insurance), no-fault insurance, or workers' compensation also referred to as non-group health plans (NGHP). All Insurance Companies, Insurance Companies in Liquidation, and Guaranty Associations are required to register and report as a Responsible Reporting Entity (RRE).

MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting User Guide currently requires NGHP to produce a Claim Input File Detail Record (132 Fields) and if necessary a Claim Input Auxiliary Record (105 Fields) on a quarterly basis. The UDS Technical Support Group (UDS TSG) believes the easiest approach to create an 'M' Record would be to utilize the file layouts mandated by Centers for Medicare & Medicaid Services (CMS) and add the following 5 fields to the front of the files:

Field No.	Name	Size	Data Type	Description
A	NAIC	5	Numeric	NAIC Number
B	Insolvent Co's Claim Number	20	Alpha-Numeric	Unique number assigned by the insolvent company
C	Receiver Claim Claim Number	20	Alpha-Numeric	Unique number assigned by the Receiver
D	Fund Claim Number	20	Alpha-Numeric	Unique number assigned by the Fund
E	Claimant Number	5	Numeric	Number assigned by Receiver to this claimant

When does the Receiver initiate the transfer of claims data to the Funds?
The Receiver transfers the claims data in UDS A Record format to the Funds as soon as possible after the Order of Liquidation.

What information will the Receiver transmit to the Funds?
For each Loss Claim information "A" record if appropriate there should be an "M" record

What Information will the Funds transmit to the Receiver?
All "M" records

What is the frequency of data transmissions for both Receivers and Funds?
Receiver to Funds:
After the initial claim data transmission, new information w