



## **Financial Services Group**

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**June 8, 2020**

**Medicare Secondary Payer (MSP) Mandatory Reporting Provisions Section 111 of the Medicare, Medicaid, and SCHIP Extension Act (MMSEA) of 2007  
(See 42 U.S.C. 1395y(b)(7)&(b)(8))**

**Alert: Reporting No-Fault Insurance Limit on Non-Group Health Plan (NGHP) Claim  
Input Files**

This alert serves as a reminder to NGHP Responsible Reporting Entities (RREs) that both Med Pay and Personal Injury Protection (PIP) coverage should be included when reporting the No-Fault Insurance Limit (Field 61 of Claim Input File). As such, NGHP RREs must combine both Med Pay and PIP coverage limits for a policy when they are separate coverages being paid out on claims for the same injured party and incident under a single policy. Recently it has come to our attention that some NGHP RREs are only including Med Pay when reporting the No-Fault Insurance Limit. If both Med Pay and PIP coverage limits are not reported, then the amount reported is not an accurate reflection of the policy limit. Ongoing Responsibility for Medicals should not terminate until both the Med Pay and PIP coverage limits are exhausted.

It is also important to accurately reflect two decimal places when reporting No-Fault Insurance Limit. For example, a policy limit of \$5,000 should be reported as 500000.

Additional information can be found in the Non-Group Health Plan User Guide which is available on the [NGHP User Guide](#) page of CMS.gov.