CMS Office of Financial Management/Financial Services Group

May 26, 2009

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

ALERT: Compliance Guidance Regarding Obtaining Individual HICNs and/or SSNs for Group Health Plan (GHP) Reporting Under 42 U.S.C. 1395y(b)(7)

Persons with Medicare need to be aware that certain group health plan insurers (GHPs) and/or their claim processors (GHP Responsible Reporting Entities (RREs)) are now required to report data necessary to identify Medicare beneficiaries for whom the GHP is responsible for paying primary to Medicare. RREs also have access to a query function which can assist them in: 1) verifying a Medicare Health Insurance Claim Number (or HICN) for a given Medicare beneficiary, or 2) determining whether or not an individual is a Medicare beneficiary if the individual furnishes his/her Social Security Number (SSN).

Some GHP RREs have advised CMS that they are having difficulties in obtaining either the HICN or SSN from some of their insured. CMS is providing the attached model questions (with a picture of a Medicare card), to assist RREs in obtaining this information and being compliant with Section 111.

Subscribers and dependents should routinely cooperate in furnishing either their HICN (or SSN if they do not have a HICN available) as requested by their group health plan RRE. If an individual refuses to furnish a HICN or SSN, and the GHP RRE chooses to use the attached model language, CMS will consider the RRE compliant for purposes of its next Section 111 file submission if:

- A signed copy of the model language in the format provided is obtained (even if the individual is later discovered to be a Medicare beneficiary).

- With respect to that same individual, the RRE has the model language (with the picture of the Medicare ID card) re-signed and dated at least once every 12 months.

- The RRE should retain this documentation.

NOTE: This process does not provide a "safe harbor" to any RRE attempting to use it to avoid reporting MSP data about an individual known to the RRE to be a Medicare beneficiary. Also note that RREs are not required to use the specific model language provided by CMS.