

Federal Requirements – Social Security Number(s) Centers for Medicare and Medicaid Services

The Centers for Medicare and Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other private group health plan (GHP) insurance in addition to their Medicare benefits. There are federal rules that determine whether Medicare or the other GHP insurance pays first.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) a new federal law that became effective January 1, 2009, requires that group health insurance plans, certain claims processing third-party administrators (TPAs), and certain employer self-funded/self-administered plans report specific information about Medicare beneficiaries who have other group coverage. This reporting is to assist CMS and other health insurance plans to properly coordinate payment of benefits amount plans so that your claims are paid promptly and correctly.

Mandatory Reporting Requirements for Insurers, TPAs, Plan Administrators and Fiduciaries

Beginning January 1, 2009, insurers or TPAs for group health plans, and plan administrators or fiduciaries of self-insured and self-administered group health plans (also known as “responsible reporting entities” (RREs)) became required to gather information from plan sponsors and plan participants to health the Centers for Medicare and Medicaid Services (CMS) identify situations in which the group health plan are (or have been) primary to Medicare and to report that information to CMS. Insurers or TPAs are routinely RREs; RREs may use agents to submit reports on behalf of insurers or TPAs for group health plans and for employers with self-insured and self-administered group health plans. However, the RREs (not the agents) remain solely accountable for adhering to mandatory reporting requirements and for the accuracy of the data submitted.

RREs must submit SSNs for all subscribers, spouses and other family members who are active covered individuals and whose initial date of coverage is January 1, 2009 or later in their initial file submission and all subsequent submissions.

Entities that fail to comply with mandatory reporting requirements are subject to a civil monetary penalty of \$1,000 for each day of noncompliance for each individual whose information should have been submitted. This fine is in addition to any other penalties prescribed by law and potential claims under the MSP regulations (e.g., a claim by Medicare that the group health plan should have paid primary to Medicare).

Note: All information about this federal requirement is a point and time summary. Official up to date information concerning this requirement can be located at: www.cms.gov.

