



Broker Briefing

This bulletin is to inform you of new Health Insurance Reporting Requirements published by the Centers for Medicare & Medicaid Services (CMS). Effective January 1, 2009 Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) created new Medicare Secondary Payer (MSP) data reporting requirements. The new MSP data reporting requirements make it mandatory for insurers and HMOs providing health coverage for “fully-insured” group health plans to:

- Collect from the plan sponsor and plan participants information, including SSNs, to identify situations where the group health plan is primary to Medicare, and
- Submit such information in a form and manner specified.

Rocky Mountain Health Plans (RMHP) already obtains most of the required information but may seek your assistance as we work with employers to gather all the information related to group health plan participants that must be reported.

Note that these reporting requirements also apply to Third Party Administrators, or a plan administrator or fiduciary of a self-insured/self-administered group health plan.

Although the requirement is effective as of January 1, 2009, CMS established the following timeline that RMHP will be prepared to meet:

- April 1, 2009 – April 30, 2009 Electronic registration with the CMS Coordination of Benefits Secure website
- April 1, 2009 – July 1, 2009 Testing period for submitting Section 111 test files
- July 1, 2009 – October 1, 2009 First production file due

What Must Be Reported

- Initial file submission must contain information for all individuals meeting the definition of an active covered individual.
- Subsequent quarterly file submissions are to contain only new or changed coverage information.

Social Security Number Requirement

The first file submission to CMS, must include SSN's for:

- **All** covered employees regardless of effective date
- Covered spouse and dependents whose initial date of coverage is January 1, 2009 or later.

CMS is giving until the file submission in the first quarter of 2010 to submit Social Security Numbers for dependents whose initial date of coverage was prior to January 1, 2009.

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Definition of Active Covered Individual

- All individuals covered in a group health plan age 45 through age 64 who have coverage based on their own or a family member's current employment status.
- All individuals covered in a group health plan age 65 and older who have coverage based upon their own or a spouse's current employment status.
- All individuals covered in group health plans who have been receiving kidney dialysis or who have received a kidney transplant, regardless of their own or a family member's current employment status.
- All individuals covered in a group health plan who are under age 45, are known to be entitled to (enrolled in) Medicare, and have coverage in the plan based on their own or a family member's current employment status. When reporting these individuals, their Medicare Health Insurance Claim Number (HICN) must be submitted.

An active covered individual is someone who may be Medicare eligible and currently is employed, or the spouse or other family member of a worker who is covered by the employed individual's group health plan and who may be eligible for Medicare.

What do employer groups need to do?

RMHP is already taking the steps necessary to comply with the electronic reporting responsibility and to evaluate the information required to populate the CMS file.

While RMHP already maintains most of the information needed, we'll need to look to the employer to provide the additional information that has not previously been collected from plan participants but is now needed to meet CMS requirements.

Please feel free to share this information with your clients.

Additional information on the CMS requirements is available at www.cms.hhs.gov/MandatoryInsRep. If you have questions about how RMHP is responding to these requirements, please contact your Account Manager.

As always, if you have any questions, comments or need assistance, please call your Rocky Mountain Health Plans or CNIC Account Manager.

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