

PEBB

**Providence Health Plan Taking Steps to Comply
with Medicare Secondary Payer Reporting:
Member Action Requested**

FAQs

*Answers to questions that you may have as a result of health
plan compliance with MMSEA, Section 111*

Questions and Answers

About Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) and what you are being asked to do as a result of Section 111.

General Questions about MMSEA, Section 111.

What is Section 111 of the Medicare, Medicaid and SCHIP Extension Act?

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 requires that all health insurance carriers or third party administrators report information on specific members to The Centers for Medicare & Medicaid Services (CMS), including member's Medicare Health Insurance Claim Number (HICN) or Social Security number (SSN). PHP does not require HICN or SSN for enrollment, so we are contacting a specific set of subscribers by mail to collect their HICN or SSN.

Note: Although called “Medicare Secondary Payer,” this reporting requirement *applies to commercial employer groups, not Medicare members or groups.*

When does a health insurer need to provide this information?

CMS is requiring health insurance carriers to report Social Security numbers or HICNs for our members who meet at least one the following conditions:

- Are age 45 and over
- Have had a kidney transplant or are undergoing kidney dialysis (end-stage renal disease)
- Are otherwise eligible for Medicare (e.g. disabled)

Why is CMS requiring this information?

CMS requires that health insurance carriers and third party administrators provide this information to help CMS determine when they should pay as a primary or a secondary payer.

Why is PHP requesting this information now?

Although the original mandate was effective in July 2007, CMS added a new age requirement effective Jan. 1, 2011. The new age requirement states that health insurance carriers collect and report this information for members who are age 45 and older rather than members who are age 55 and older.

How will Providence Health Plans collect this information?

Providence Health Plans will be contacting affected subscribers in late March and early April. Affected members will have two choices – either provide their Social Security number or HICN in one of three ways, or sign a waiver form indicating that they are not eligible for Medicare.

May members who meet one of the criteria noted above provide a Medicare Health Insurance Claim Number (HICN) instead of a Social Security number?

Yes. The member's HICN can be shared instead of the member's Social Security number.

How can a member provide his or her Social Security number or HICN?

If a member elects to provide his or her Social Security number or HICN, they can respond in one of three ways:

1. **Online.** Visit www.providence.org/php/SSN to submit the form online for themselves and enrolled dependents. Members will need the User Name and Password provided on the member letter and the Group ID and Member ID on their Providence Health Plans Member ID card to confirm their identity.
2. **By mail.** Complete and return a form that will be included in a letter mailed to affected subscribers. A self-addressed, postage-paid envelope will be included with the letter.
3. **By phone.** Call Providence Health Plans Customer Service at 800-878-4445 or 503-574-7500, Monday to Friday, 8 a.m. to 5 p.m.

What does a member do if he or she does not want to provide a Social Security number or HICN?

Providence Health Plans is required by law to report Social Security numbers for our members who meet the above criteria. If a member decides not to provide a Social Security number or HICN, he or she can complete and return a waiver form. Completing and returning a waiver form affirms that neither you nor your dependents are eligible for Medicare. Filling out this form will legally exclude you from our report. However, this form must be completed by you once every 12 months.

Why should members provide Providence Health Plans with their Social Security number or Medicare Claim Number instead of signing the waiver form?

According to CMS requirements, the waiver form must be signed every 12 months in order to verify Medicare status. Members who are enrolled in Medicare should provide their Medicare Claim Number (HICN). If members sign the waiver form, Providence Health Plans will need to contact them every year to confirm their Medicare status. If members provide their Social Security number or Medicare Claim Number (HICN), no future action will be required.

What will PHP do with the HICN or SSN?

Providence Health Plans will report member Social Security numbers to CMS. CMS will then be able to identify health insurer members, determine if they are eligible for Medicare benefits and coordinate benefits correctly.

What if members do not provide my Social Security numbers, Medicare Claim Numbers or return the waiver form?

A response is needed from every member who meets one of the criteria listed above even if members are not eligible or enrolled in Medicare. Providence Health Plans' coverage may be disrupted if we do not receive a response from affected members.

How will Providence Health Plans protect Social Security numbers?

Please be assured that all Social Security numbers provided to Providence Health Plans will be protected and disclosed only to perform necessary business functions while in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Social Security numbers will not be printed or published on identification cards, or explanation of benefits mailed to members.

What is the deadline for providing this information to Providence Health Plans?

We are required to report this information to CMS now. Encouraging your members to respond now or as soon as realistically possible would be greatly appreciated.

Where can I send employees for more information?

Employees can contact Providence Health Plans with questions. For more information regarding this regulation, you and your employees are encouraged to visit www.cms.hhs.gov/mandatoryinsrep.