

CMS Carrier Information: Reference Sheet

Recently, some employers that sponsor group health plans have received a letter from the Centers for Medicare & Medicaid Services (CMS) requesting the employer to submit the GHP report for the IRS/SSA/CMS Data Match Project. IF AN EMPLOYER RECEIVES THIS LETTER FROM CMS, IT MUST TAKE ACTION IMMEDIATELY.

In brief:

- The purpose of the CMS Data Match program is to identify situations where another payer may be primary to Medicare.
- Employers may be required to complete a questionnaire that requests group health plan information on identified workers who are either entitled to Medicare or married to a Medicare beneficiary.
- Employers that fail to comply with CMS's request for information can be subject to adverse consequences, including penalties, legal action, and excise taxes.

Congress enacted a law (Section 6202 of the Omnibus Budget Reconciliation Act of 1989) to provide CMS with better information about Medicare beneficiaries' group health plan (GHP) coverage. The law requires the Internal Revenue Service (IRS), the Social Security Administration (SSA), and CMS to share information that each agency has about whether Medicare beneficiaries or their spouses are working. The process for sharing this information is called the [IRS-SSA-CMS Data Match](#).

The purpose of the Data Match is to identify situations where another payer may be primary to Medicare.

Employers are required to complete the [Data Match Questionnaire](#) on identified workers who are either entitled to Medicare or married to a Medicare beneficiary.

This information is used to identify the primary and secondary payers for medical services provided to a Medicare beneficiary. This process helps Medicare identify claims on an ongoing basis for which Medicare should not be the primary payer.

If an employer receives a letter from CMS, how much time do they have to answer CMS's questions?

Employers must respond within 30 days of receiving the initial inquiry from CMS, unless an extension has been requested and approved. To request an extension the employer has to call CMS immediately at 1-855-798-2627 and request a 30 day extension. In general, extensions beyond the 60-day period (original 30 days plus one 30-day extension) will not be granted.

This communication is provided for informational purposes only and does not constitute legal advice. The communication contains only a summary of the applicable legal provisions and does not purport to cover every aspect of any particular law, regulation or requirement. Depending on the specific facts of any situation, there may be additional or different requirements. Please use this communication as a guide and not as a definitive description of your compliance obligations.

CMS Data Match Project Questionnaires: Reference Sheet

What happens next?

After the employer registers and logs in through the website, they will be asked some questions about individuals with Medicare coverage who have been identified to Medicare as individuals who also have (or had) coverage through the employer's group health plan. There will be questions designed to determine whether Medicare, which may have paid claims on behalf of some or all of these people, is the primary or secondary payer.

What happens if an employer does not respond to the letter?

CMS can impose a \$1,000 penalty for every individual with respect to whom CMS has asked you for information. Additionally, if there are situations where the plan paid secondary to Medicare, when it should have paid primary (this is what CMS is trying to determine through the Data Match Project), there are stiff penalties that can apply. Employers whose health plans do not properly coordinate benefits with Medicare face a number of penalties, including double damages for the amount of the claim, interest that begins to accrue within 60 days of the notice of the faulty payment, and a 25% excise tax.

AETNA – Small Group & Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Aetna	ALL REGIONS	610502	670000	Group specific	06-6033492	Group specific – See Member ID Card

ANTHEM BLUE CROSS – Small Group, Large Group & Individual

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Anthem	ALL REGIONS	020099	IS	WLHA	95-3760980	P.O. Box 2872 Clinton, IA 52733-2872

BLUE SHIELD – Small Group & Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Blue Shield - (HMO & POS plans) SG	ALL REGIONS	004336	77993333	N/A	94-0360524	P.O. Box 272600 Chico, CA. 95927-2600
Blue Shield - (PPO plans) SG	ALL REGIONS	004336	77993333	N/A	94-0360524	P.O. Box 272540 Chico, CA. 95927-2540
Blue Shield LG	ALL REGIONS	004336	77993333	N/A	94-0360524	P.O. Box 272540 Chico, CA. 95927-2540

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CALIFORNIACHOICE – Small Group & Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
CaliforniaChoice	Carrier specific guidelines apply					

CCHP HEALTH PLAN

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
CCHP Health Plan	ALL REGIONS	003585	ASPROD1	SFC02	94-3021419	455 Grant Ave, Suite 700 San Francisco, CA 94108

CIGNA – Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Cigna	Group specific. See member ID cards					

CIGNA + OSCAR – Small Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Cigna + Oscar	ALL REGIONS	003858	A4	CIOSCRX	59-1031071	Cigna, c/o Oscar PO Box 52146 Phoenix, AZ 85072-2146

COMMUNITY CARE HEALTH – Small Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Community Care Health	ALL REGIONS	003585	ASPROD1	N/A		

COVERED CA FOR SMALL BUSINESS – Small Group & Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
CoveredCA	Carrier specific guidelines apply					

HEALTH NET – Small Group & Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Health Net - SG	All Regions	004336	HNET	RX670	95-4402957	P.O. Box 9103 Van Nuys, CA 91409-9103
Health Net LG	All Regions	004336	HNET	RX670	95-4402957	File 52617 Los Angeles, CA 90074

KAISER – Small Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Kaiser SG HMO	All Regions	3585	70000	N/A	94-1340523	PO Box 7012 Downey, CA 90242

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MEDIEXCEL – Small Group & Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
MediExcel	MediExcel Health Plan does not contract with any pharmacy in the US, therefore, MediExcel does not have a Rx Bin# or a Pin#. If a member needs to obtain a prescription they must obtain it with a MediExcel Health Plan contracted pharmacy, in Tijuana or Mexicali. MediExcel Health Plan will reimburse members for prescriptions obtained through Emergency or Urgent Care Services only, but the patient would have to pay out of pocket first.					

SHARP HEALTH PLAN – Small Group & Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Sharp	All Regions	004336	ADV	RX4150	33-0519730	PO Box 939036 San Diego, CA 92193

SUTTER HEALTH PLUS – Small Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Sutter Health Plus	All Regions	003858	A4	SHP8668	46-1183948	PO Box 160345 Sacramento, CA 95816

UNITEDHEALTHCARE – Small Group & Large Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
UHC HMO	All Regions	610494	9999	PCCA	95-2931460	PO Box 30555 Salt Lake City, UT 84130
UHC PPO & ACEC Trust program	All Regions	610279	9999	UHC	95-2931460	PO Box 740800 Atlanta, GA 30374-0800

WESTERN HEALTH ADVANTAGE – Small Group

	REGION	RX BIN	RX PCN	RX GROUP	TAX ID	COB ADDRESS
Western Health Advantage	All Regions	610014	N/A	WHA3333	68-0393304	2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833

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