



Medicare Secondary Payer Frequently Asked Questions for Employers

Q: What do employers need to provide?

A: Groups must provide the following information about their company:

- Federal Tax Identification Number
- Group size/number of employees (see definition below)

All groups must provide this information to HealthPartners in order to comply with CMS reporting requirements.

Groups must provide the following information about their employees:

- Social Security Number (SSN) or Health Insurance Claim Number (HICN) for HealthPartners-covered employees, spouses/ex-spouses, domestic partners and any other adult dependents
- Employment status (active, COBRA or retired) for all employees, including effective and term dates of status
- Disability status of all employees and dependents, if known, with effective and term dates of status

Q: Why does Medicare need this information?

A: Medicare will use a person's SSN or HICN to determine if the person has other health insurance coverage besides Medicare which should pay primary. The goal in doing this is to save the federal government money by paying the appropriate claims.

Q: How can employers obtain a list of employees for whom HealthPartners is missing SSN/HICN information?

A: This information is available via healthpartners.com/employer. You can download a report listing all of your employees and dependants with missing Social Security Numbers in our records.

To get this online report, simply log on to your account at healthpartners.com/employer. Using this secure method, you'll be able to access the report within a few seconds. If your report is blank, you don't have any missing Social Security Numbers. Information about how to submit any missing Social Security Numbers will also be available once you have logged on.

If you do not have an account, you can register for one by finding the "Benefits of logging on" information in the middle of the page. Then click on the "[Register Now](#)" link. Simply fill out the information and submit it to us and we'll provide you with a username and password in the mail within three to four business days.

Q: How should employers submit the required information to HealthPartners?

A: We will use existing communication and data exchange channels for employers in order to streamline the process.

Group Size/Tax ID Number

You can go to **healthpartners.com/MSP** to input the information at any time. This information will also be required upon renewal.

Employee Information

If you normally use manual enrollment processes, you can submit information in these ways:

- a. SSNs can be provided on enrollment forms and sent via fax or using standard mail process to the HealthPartners Membership Accounting department.
- b. Updates can be made by submitting a password protected file via e-mail. Files should be sent to your Membership Accounting contact. *Please note: In order to protect the privacy of data, all files sent to HealthPartners should be password protected. The file password should be communicated in a separate email. There should not be any reference to SSNs in the subject or body of the email.*
- c. Updates can also be made via the online enrollment tool at **healthpartners.com/employer**.

If you have questions about any of the above, please contact your HealthPartners Membership Accounting representative.

Employee Status

The Employee Status information that needs to be submitted to CMS allows for three values: Active, Retired or COBRA. One of those must be provided for every policyholder. For paper enrollment groups, we ask that employers indicate this status on enrollment forms. If there is not a designated spot on the enrollment form, please write it in an open area on the form.

For electronic groups, an effective date is required from the employer group when transmitting the Employee Status. Any employee not transmitted with a status of Retired or COBRA will be defaulted to Active status. Inaccurately designating an employee's status can create claims payment errors. For example, if a retiree is not designated as such Medicare will deny claims because they will assume the health plan is primary.

Disability Flag

The Disability Flag is a situational data element and is only required if an employer is reporting a member as disabled. If the member is noted as disabled, an effective date of disability is also required. For paper enrollment groups, we ask that employers indicate this status on enrollment forms. If there is not a designated spot on the enrollment form, please write it in an open area on the form.

In this case, disability is defined as a disability significant enough that the person qualified for Medicare benefits as a result.

All HealthPartners paper and online enrollment forms have been updated to gather this information.

Q: Will employers be penalized if they do not comply?

A: HealthPartners and the employer are both obligated to report this information to CMS. HealthPartners may do the actual reporting, but not without direct assistance from the employer because they are in the best position to obtain the required information. In general, the Medicare Secondary Payer requirements apply to the employer as well as the insurer or TPA.

Q: What if an employee refuses to release his or her SSN for purposes other than taxation?

A: Employees must provide their SSN or HICN. Please assure them of our privacy safeguards for their personal information. If an employee still will not allow release, Medicare has provided a form that the employer can have the employee sign indicating that they refuse to provide their SSN or HICN (referred to as the “opt out form”). This form can be obtained from your sales person. (or the employer portal) The employee must state their reason. Both the employer and HealthPartners must have this on file in order to be exempted from potential penalties that would be leveled by Medicare. The employer should keep the signed refusal form on file and also send a copy to their Membership Accounting contact.

The employer is required to recertify this form annually to assure that the employee still wants to opt out of the requirement.

Opt out forms are not necessary for foreign nationals who do not have a SSN/HICN with the United States Government.

Q: My employees are concerned about the privacy of their data. What steps does HealthPartners take to secure the data it sends to Medicare?

A: HealthPartners and our related organizations are required by law to maintain the privacy of our members’ personal information. We protect personal information in oral, written and electronic form. We permit access to personal information by our staff and others only to the extent they need it to administer health plan benefits, facilitate treatment, make payment or provide other services or to comply with legal or accreditation requirements. HealthPartners maintains physical, electronic and administrative safeguards designed to protect personal information and prevent unauthorized access.

Q: Does this new rule apply only to groups with Medicare coverage?

A: No. This applies to all groups. Most Medicare members will actually be unaffected because they are on individual contracts.

Q: My company only has dental coverage through HealthPartners. Is my business required to provide this information?

A: No. Dental only groups are not subject to this reporting requirement.

Q: Will employees/members be notified directly?

A: HealthPartners will not seek this information from members directly. We are relying on employers to obtain and provide the information.

Q: Should employers submit SSNs for enrollees on COBRA?

A: You are not required to submit SSNs for enrollees on COBRA; however it does help us submit required information if they have End Stage Renal Disease. You are required to let us know that an enrollee is on COBRA via the employee status field and the date they went onto COBRA.

Q: How will this be incorporated ongoing?

A: This will become part of the normal enrollment and open enrollment process. Employers are not required to submit information outside of open enrollment unless they have an employee change, group size category change or employee with a missing SSN/HICN. We will also ask you to reconfirm your group size and tax ID number each open enrollment.

Q: What does group size mean?

A: For the purpose of this reporting requirement, employers are bucketed into three categories: 1 to 19 employees, 20 to 99 employees and 100+ employees. Which category your organization falls into will determine whether the group health plan or Medicare pays primary and will therefore impact member claims.

The definition of group size for the purposes of Medicare Secondary Payer is the total number of employees within the employer's family of companies world wide. If you are determining whether your organization falls into the 20-99 or 100+ buckets, please consider these definitions:

- An employer is considered to have more than 20 employees if it has had 20 or more employees on every week day of any 20 weeks during the previous or current year.
- A plan is a "large group health plan" if the employer normally employed at least 100 employees on a typical business day during the previous calendar year. This means that the employer must have 100 or more employees, whether full-time or part-time, on at least 50% of its regular business days during the previous calendar year.

If your size changes between categories during the course of a year, you need to inform HealthPartners of the new group size and the effective date of that change. This can be done through the web form at healthpartners.com/msp or by e-mailing your HealthPartners Sales Representative.

Q: Are employers responsible for collecting information from employees regarding who is covered by Medicare?

A: No. Medicare will identify who is covered by matching employee SSN or HICN to their enrollees. But the employer is responsible for reporting any disabled members, if known.

Q: We do not have information on spouses or dependents that may have disabilities. Are we required to collect that information?

A: According to Medicare, employers must report any employees, spouses or dependents who are "known to be disabled." Neither HealthPartners nor you as an employer are required to "chase down" the information. But if it is known, it should be provided.

Q: We only send active members on the enrollment files, the COBRA and retirees are sent from a third party vendor. Are we responsible for providing the information to HealthPartners?

A: Yes. The employer is responsible for providing all information including any data coming from a third party vendor. HealthPartners must report accurate information to CMS regardless of the source.

Q: Does HealthPartners have a statement of compliance with the Medicare Secondary Payer requirement?

A: Yes. Our statement is as follows:

HealthPartners has implemented Medicare Secondary Payer reporting requirements, as outlined by the Centers for Medicare and Medicaid Services (CMS). HealthPartners recently set up a Voluntary Data-Sharing Agreement with CMS and registered with CMS as a Responsible Reporting Entity (RRE). We will be reporting quarterly based on CMS guidelines.

As a plan sponsor of an employer group health plan, your responsibility is to provide HealthPartners with the following information about your company and your employees:

- Tax ID Number (TIN)
- Group size, defined as total number of people employed (full- and part-time) by the company's total family of businesses
- SSN or HICN for HealthPartners-covered employees, spouses/ex-spouses/domestic partners and Medicare-eligible enrollees
 - HealthPartners is also required to submit information on dependents with end stage renal disease. However, we will identify those members through claims and thus do not need the employer to identify those dependents.
- Disability identifier for employees and dependents with effective and term dates
- Employment status (active, COBRA, retired) of all employees and effective and term dates of status

HealthPartners' responsibility as an RRE is to report to CMS the data you provide to us for the purposes of complying with CMS' Mandatory Insurer Reporting Rules. HealthPartners is only responsible for group health plan reporting requirements. Please note: Employer groups may have their own unique reporting requirements regarding liability insurance, worker's compensation and/or no fault insurance under the Medicare Secondary Payer Reporting Requirements. Please consult your legal counsel or benefits manager for more information. www.cms.hhs.gov/MandatoryInsRep/