

Group & Individual Marketing News Bulletin



South Carolina

BlueCross BlueShield of South Carolina
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Medicare Regulations Change

We need your help. The Centers for Medicare & Medicaid Services (CMS) has changed Medicare secondary payer information requirements.

In order to ensure Medicare is paying correctly as the secondary payer on group health plans, CMS is now requiring the following information for all new and existing groups.

We need the following group information:

- Employer Identification Number (EIN) or Tax Identification Number (TIN)
- Actual group size (including full- and part-time employees, not just enrolled employees)
- BlueCross group number (existing groups only)
 - This helps expedite our identification of the group
- Employee/dependent Medicare status (working aged, under 65 disabled and on Medicare, end stage renal disease)

We need the following member information:

- Social Security Number (SSN) for all members (employee and dependents)
- Health Insurance Claim Number (HICN/Medicare numbers)
 - Will be needed if member is Medicare eligible
- Surname and first initial
- Date of birth

To comply with these new regulations, we will send letters to all current groups requesting this information. For the group's convenience, we will include a form (attached) that must be filled out and returned to BlueCross by July 1, 2009. Because these forms contain protected health information (PHI), they are subject to Health Insurance Portability and Accountability Act (HIPAA) regulations. The forms may be faxed back to the BlueCross Service Area at 803-264-0143, but should not be e-mailed.

Effective immediately, we require all new groups and new members to submit this information when enrolling. For groups and members with effective dates after January 1, 2009, we need the requested information for all new employees and dependents by Friday, March 20, 2009.

In addition to the letter, groups will also receive a contract amendment with their renewal packages stating that this information is required from each group. CMS will be assessing a monetary penalty for groups who do not provide this information. This amount will be passed on to the group in accordance with CMS regulations. Groups will have a grace period before the fee is assessed.

Note: Agents will be asked to obtain this information from any of their groups that do not respond.

Name of Employer: _____ Employer Identification No. (EIN): _____

Group No.: _____ Total number of full- and part-time employees: _____

a. Employee Social Security Number	b. Dependent Last Name	c. Dependent First Name	d. Dependent Birth Date (mm/dd/yyyy)	e. Dependent Social Security Number	f. Does Dependent Have Medicare?	g. Dependent Medicare ID Number (HICN) (if applicable)	h. Dependent Status* (if known)
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
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If an individual does not have Medicare, please complete items a. through f. If an individual has Medicare, please complete items a. through h.
 *If an individual has Medicare, what is the reason? Please indicate whether end stage renal disease (ESRD), disabled (under age 65), working aged (eligible for Medicare due to age) or retired.