

Content:

TO ALL STATE EMPLOYEES:

EFFECTIVE IMMEDIATELY, ALL STATE EMPLOYEES MUST PROVIDE A SOCIAL SECURITY NUMBER FOR EACH OF THEIR ACTIVE DEPENDENTS.

Implementation of Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007.

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), adds new mandatory reporting requirements for group health plan (GHP) arrangements and for liability insurance (including self-insurance), no-fault insurance, and workers' compensation. See 42 U.S.C. 1395y(b)(7) & (8).

Issue/Question:

Why do I have to submit my dependents social security numbers?

Effective January 1, 2009, all Active/Retired State employees will be required to provide social security numbers (SSNs) for their active dependents.

A new Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers, third party administrators, and plan administrators or fiduciaries of self-insured/self-administered group health plans to report, as directed by the Secretary of the Department of Health and Human Services, information that the Secretary requires for purposes of coordination of benefits. The law also imposes this same requirement on liability insurers (including self-insurers), no-fault insurers and workers' compensation laws or plans. Two key elements that will be required to be reported are SSNs or Health Insurance Claim Number (HICNs) and employee identification numbers (EINs). In order for Medicare to properly coordinate Medicare payments with other insurance and/or workers' compensation benefits, Medicare relies on the collection of both the SSN or HICN and the EIN, as applicable.

The SSN is used as the basis for the Medicare HICN. The Medicare program uses the HICN to identify Medicare beneficiaries receiving health care services, and to otherwise meet its administrative responsibilities to pay for health care and operate the Medicare program. In performance of these duties, Medicare is required to protect individual privacy and confidentiality in accordance with applicable laws, including the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act Privacy Rule. Please note that The Centers for Medicare & Medicaid Services (CMS) has a longstanding practice of requesting SSNs or HICNs for coordination of benefit purposes.

As a subscriber (or spouse or family member of a subscriber) to a group health plan arrangement, your SSN and/or HICN will likely be requested in order to meet the requirements of P.L. 110-173 if this information is not already on file with your insurer. Similarly, individuals who receive ongoing reimbursement for medical care through no-fault insurance or workers' compensation or who receive a settlement, judgment or award from liability insurance (including self-insurance), no-fault insurance, or workers' compensation will be asked to furnish information concerning their SSN and/or HICN and whether or not they (or the injured party, if the settlement, judgment or award is based upon an injury to someone else) are Medicare beneficiaries. Employers, insurers, third party administrators, etc. will be asked for EINs.

Please visit the CMS website at: www.cms.hhs.gov/MandatoryInsRep.

To add your dependents social security numbers, you can go to the Y.E.S. website at www.yes.az.gov and click on the Benefits link, then click on Dependents and add their social security numbers. If you do not have access to a computer, please complete the attached form and fax to 602-542-4744 or mail to:

Arizona Department of Administration
Benefit Services Division
100 N. 15th Ave. Suite 103
Phoenix, AZ 85007

What if you don't have a SSN for my dependent?

If you have a spouse, child, or other dependent that does not have a SSN, now is the time to get one if you want to continue them on your benefits through Benefit Options. Visit www.socialsecurity.gov for an application to obtain a social security card.

SOCIAL SECURITY REQUEST FORM

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PLEASE PRINT			
EMPLOYEE NAME	EIN #	SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE/DOMESTIC PARTNER		SOCIAL SECURITY NUMBER	DATE OF BIRTH
DEPENDENT(S)		SOCIAL SECURITY NUMBER	DATE OF BIRTH

Please complete this form and fax to 602-542-4744 or mail to:

ARIZONA DEPARTMENT OF ADMINISTRATION
 BENEFIT SERVICES DIVISION
 100 N. 15TH AVE. SUITE 103
 PHOENIX, AZ 85007