The Medicare Secondary Payer Mandatory Reporting Provisions in 
Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (the MMSEA) 
(See 42 U.S.C. 1395y(b)(7)&(b)(8))

ALERT: Compliance Guidance Regarding Obtaining 
Individual HICNs and/or SSNs for Group Health Plan (GHP) Reporting 
Under 42 U.S.C. 1395y(b)(7)

Persons with Medicare need to be aware that certain group health plan insurers (GHPs) and/or their 
claim processors (GHP Responsible Reporting Entities (RREs)) are now required to report data 
necessary to identify Medicare beneficiaries for whom the GHP is responsible for paying primary to 
Medicare. RREs also have access to a query function which can assist them in: 1) verifying a 
Medicare Health Insurance Claim Number (or HICN) for a given Medicare beneficiary, or 2) 
determining whether or not an individual is a Medicare beneficiary if the individual furnishes his/her 
Social Security Number (SSN).

Some GHP RREs have advised CMS that they are having difficulties in obtaining either the HICN or 
SSN from some of their insured. CMS is providing the attached model questions (with a picture of a 
Medicare card), to assist RREs in obtaining this information and being compliant with Section 111.

Subscribers and dependents should routinely cooperate in furnishing either their HICN (or SSN if 
they do not have a HICN available) as requested by their group health plan RRE. If an individual 
refuses to furnish a HICN or SSN, and the GHP RRE chooses to use the attached model language, 
CMS will consider the RRE compliant for purposes of its next Section 111 file submission if:

- A signed copy of the model language in the format provided is obtained (even if the 
  individual is later discovered to be a Medicare beneficiary).

- With respect to that same individual, the RRE has the model language (with the picture of the 
  Medicare ID card) re-signed and dated at least once every 12 months.

- The RRE should retain this documentation.

NOTE: This process does not provide a “safe harbor” to any RRE attempting to use it to avoid 
reporting MSP data about an individual known to the RRE to be a Medicare beneficiary. Also note 
that RREs are not required to use the specific model language provided by CMS.