



**CMS Office of Financial Management/Financial Services Group**

---

**August 24, 2009**

**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 Non-Group Health Plan (NGHP) Reporting  
Under 42 U.S.C. 1395y(b)(8)**

Persons with Medicare need to be aware that workers' compensation plans, no-fault insurance and liability insurance (including self-insurance) (Non-Group Health Plan (NGHP) Insurance Arrangements) are now required to report data necessary to identify Medicare beneficiaries for whom the NGHP is responsible for paying primary to Medicare. Reporting entities 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 NGHP reporting entities have advised the Centers for Medicare & Medicaid Services (CMS) that they are having difficulties in obtaining either the HICN or SSN from some claimants. The CMS is providing the attached model language (with a picture of a Medicare card), to assist reporting entities in obtaining this information and being compliant with Section 111.

Claimants should routinely cooperate in furnishing either their HICN (or SSN if they do not have a HICN available) as requested. If an individual refuses to furnish either a HICN or SSN, and the NGHP reporting entity chooses to use the attached model language, CMS will consider the reporting entity 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 reporting entity has the model language (with the picture of the Medicare ID card) re-signed and dated at least once every 12 months in cases where ongoing responsibility for medicals (ORM) applies.
- The reporting entity should retain this documentation.

**NOTE:**

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