



Financial Services Group

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

Alert: Reminder Regarding Reporting of Insurer and Third-Party Administrator (TPA) Addresses on the TIN Reference File

This alert serves as a reminder to Group Health Plan (GHP) Responsible Reporting Entities (RREs) about how to accurately report Insurer/TPA addresses on the TIN Reference File.

Only one address is typically needed per Insurer/TPA Tax Identification Number (TIN). However, an RRE may have multiple TINs depending upon its internal organization (for example, by business line or geographic region). Because they are separate areas of operation with each having its own TIN, each TIN could be associated with its own business mailing address. CMS uses the reported mailing address for correspondence to the RRE; if the incorrect address is reported for those operational areas, CMS's correspondence may not be received and reviewed in a timely manner.

There are two areas on the TIN Reference File that should be used for reporting addresses for GHP RREs. The first area is in Fields 2-7. These fields are required and are used for correspondence regarding coordination of benefits as well as recovery correspondence (when applicable).

The second area for address reporting is in Fields 9-14. These fields, while not required, are important if the RRE wants to provide another address to receive recovery-related correspondence. If these fields are not populated then all correspondence, including the recovery demand package, will only be sent to the address provided in the required fields (2-7).

GHP RREs should review these fields for accuracy when preparing their TIN Reference Files to ensure all correspondence is directed to the appropriate addresses.

Additional information is available in section 7.2.2 of the GHP User Guide which is available on the [GHP User Guide](#) page of [CMS.gov](#).