

COORDINATION OF BENEFITS

Samaritan Health Plans needs periodic updates regarding our members' other coverage. To properly process your claims we require that you provide the following information. **Please return this form WITHIN 30 DAYS whether or not you have any other coverage.**

MEMBER INFORMATION

Name: _____ Date: _____

Member ID #: _____ Phone: _____

Mailing address: _____

OTHER EXISTING COVERAGE *

Are you, your spouse, or any other family member covered under another Group Health Insurance or Vision Plan?
 NO Please provide termination date if other coverage has terminated in the past 12 months: _____
 YES **If yes is checked, please provide the following information:**

Names of everyone with other current coverage	Date of Birth	Insurance Company Name, Address, Phone #	Policy or ID Number	Social Security # (required by Medicare*)	Type of Coverage	
					<input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Retiree	<input type="checkbox"/> Dental <input type="checkbox"/> RX <input type="checkbox"/> COBRA
					<input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Retiree	<input type="checkbox"/> Dental <input type="checkbox"/> RX <input type="checkbox"/> COBRA
					<input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Retiree	<input type="checkbox"/> Dental <input type="checkbox"/> RX <input type="checkbox"/> COBRA

Name of Subscriber to Other Insurance: _____ Relationship to you: _____

Subscriber's Date of birth: _____ Original effective date of Other Coverage: _____

CHILD CUSTODY INFORMATION

Is the other coverage due to a Child Custody arrangement? NO YES **If yes is checked, please complete the following and attach a copy of either the court mandate information or your divorce decree.**

Child(ren)'s Name(s): _____

Name and Address of Mother: _____ Date of birth: _____

Name and Address of Father: _____ Date of birth: _____

Who is court mandated to provide insurance coverage? (*circle one*) Father / Mother / Joint Mandate / No Mandate

Who has custody? (*circle one*) Father / Mother / Joint Custody Date of Court Mandate or Custody Decree: _____

MVA OR WORKER COMPENSATION CLAIMS **

If you have been involved in a Motor Vehicle Accident (MVA) within the past 24 months, or have filed a Worker Compensation Claim (WC) please provide the following:

Name of person with MVA or WC claim	Claim Number	Date of Claim/Injury	Site on Body of Injury	MVA or WC Insurance Name, Address and Phone Number
<input type="checkbox"/> WC <input type="checkbox"/> MVA				
<input type="checkbox"/> WC <input type="checkbox"/> MVA				

I affirm the answers given are complete and correct. I am providing these answers in cooperation with the Coordination of Benefits Provision listed in the plan document.

Signature: _____ Date: _____

* See attached explanation
 ** Use the other side of this form if you need to provide additional information.

For questions regarding this form, please call 541-768-4550 or 1-800-832-4580 (TTY 1-800-735-2900)

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



Financial Services Group

April 6, 2010

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

Collection of Medicare Health Insurance Claim Numbers (HICNs), Social Security Numbers (SSNs) and Employer Identification Numbers (EINs) (Tax Identification Numbers) – ALERT

This ALERT is to advise that collection of HICNs, SSNs, or EINs for purposes of compliance with the reporting requirements under Section 111 of Public Law 100-173 is appropriate.

HICNs, SSNs, and EINs:

- The Medicare program uses the HICN to identify Medicare beneficiaries receiving healthcare 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 (HIPAA) Privacy Rule. The SSN is used as the basis for the Medicare HICN. While the HICN is required to identify a Medicare beneficiary, if the HICN is not available, some beneficiaries may also be identified by the SSN. Please note that the Centers for Medicare & Medicaid Services (CMS) has a longstanding practice of requesting HICNs or SSNs for coordination of benefit purposes.
- The EIN is the standard unique employer identifier. It appears on the employee's Federal Internal Revenue Service Form W-2 Wage and Tax Statement received from their employer. The Medicare program uses the EIN to identify businesses. The establishment of a standard for a unique employer identifier was published in the May 31, 2002, Federal register, with a compliance date of July 30, 2004.

A new Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers, third-party administrators (TPAs), and plan administrators or fiduciaries of self-insured/self-administered group health plans (GHPs) 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 are required to be reported are HICNs (or SSNs) and 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 HICN (or SSN) and the EIN, as applicable.

As a subscriber (or spouse or family member of a subscriber) to a GHP arrangement, it is likely that your employer or insurer will ask for proof of your Medicare program coverage by asking for your Medicare HICN (or your SSN) 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 whether or not they (or the injured party if the settlement, judgment or award is based on an injury to someone else) are Medicare beneficiaries and, if so, to provide their HICNs or SSNs. Employers, insurers, TPAs, etc., will be asked for EINs. To confirm that this ALERT is an official government document and for further information on the mandatory reporting requirements under this law, please visit <http://www.cms.gov> on the CMS website.