



The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Section 111 of the Medicare, Medicaid or SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that group health insurers, claims processing third-party administrators, and certain employer self-funded/self-administered plans report specific information to CMS. The reporting is to assist CMS and other health insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

The new law requires BCBSNE to report on people over age 45, and any person under age 45 who has Medicare. It is easy to identify those eligible for Medicare due to age, but very difficult to identify all members who have a disability or are eligible due to End Stage Renal Disease (ESRD). The best way to ensure that we don't miss anyone is to obtain social security numbers for all members, regardless of age, and report them to CMS. We are asking you to answer the questions below so that we may comply with this law.

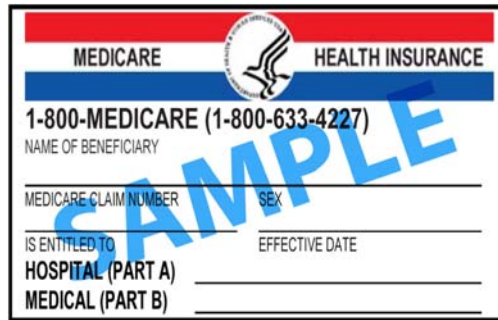
Section I

Is there or has there ever been Medicare coverage available to you, your spouse or dependent children? (check below)

- Yes. We/I have or had Medicare coverage. (If yes, please complete Section II and Section IV.
- No. We/I do not have Medicare coverage. (If no, please complete Section III and Section IV.

Section II

Medicare Coverage Information. Please review this picture of the Medicare card to determine if you, a spouse, or other family members covered by your group health plan have, or has ever had, a similar Medicare card.



List each covered person who has or had Medicare.

First Name	Last Name	Social Security Number	Date of Birth (mm/dd/yyyy)	Part A Effective Date	Part B Effective Date

Section III

No Medical Coverage. List each covered person who does not have Medicare coverage.

First Name	Last Name	Social Security Number	Date of Birth (mm/dd/yyyy)

Section IV

I understand that the information requested is to assist my insurer, third-party administrator or group health plan to meet its mandatory reporting obligations under Medicare law. This information will only be shared with CMS to comply with this new federal law.

Subscriber Name (Please Print)	Subscriber's Plan ID
Name of Person Completing this Form (Please Print)	
Signature of Person Completing this Form	

*If you have completed Sections I-IV, stop here
If you are refusing to provide the information requested in Sections I-IV, proceed to Section V.*

Section V

Subscriber Name (Please Print)	Subscriber's Plan ID
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For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

Name of Person Completing this Form (Please Print)	
Signature of Person Completing this Form	Date

For further information regarding these new requirements, please contact BCBSNE. Your Member Services phone number can be located on the back of your BCBSNE ID card. If you wish to discuss this with CMS, they can be reached at 1-800-633-4227.