

MSP Reporting for Health Reimbursement Arrangements (HRAs)

The Medicare, Medicaid and SCHIP Extension Act of 2007(MMSEA) introduced mandatory reporting requirements for Medicare beneficiaries who have coverage under group health plans. DPAS must report data regarding your HRA plan, your participants and their dependents to the Centers for Medicare and Medicaid Services (CMS) if:

- You have at least 20 employees (regardless of how many actually participate in the HRA plan)
- Your plan offers reimbursement for medical and/or hospital expenses (as opposed to just for dental and vision expenses)
- Your plan allows for an individual account value of \$1,000 or more, whether in current benefit or as a result of carryover

Company Name _____

Employer Tax Identification Number (EIN) _____

Number of Employees: TOTAL _____ FULL-TIME _____ PART-TIME _____

If fewer than 20 employees, please indicate: (SEE Code*)

Accepted Not Accepted Partially Accepted

Not Taft-Hartley or Multiple Employer plan

*SEE (Small Employer Exception) refers to an employer with less than 20 employees within a Taft-Hartley or other multi-employer group health plan or multiple employer group health plan

If part of a Taft-Hartley health plan, please indicate:

Taft-Hartley Employer Sponsor Tax ID _____

List all employers that are part of your Taft-Hartley health plan _____

If 20 or more employees, please provide the following information for each PARTICIPANT in the HRA and for each of his/her DEPENDENTS who are also covered by your group health plan. (You may supply this via an Excel spreadsheet (preferred) or in written form)

For Each Participant in the HRA

- Participant Name (First/Last)
- SSN
- DOB
- Gender
- Medicare Beneficiary? Yes / No
 - Yes, provide Medicare HICN

For Each of His/Her Dependent(S) Also Covered by Your Group Health Plan

- Dependent Name (First/Last)
- Dependent Relationship to Participant
- Dependent SSN
- Dependent DOB
- Dependent Gender
- Medicare Beneficiary? Yes / No
 - Yes, provide Medicare HICN

Employer Signature: _____ Date: _____ / _____ / _____
mm/dd/yy

DataPath Signature: _____ Date: _____ / _____ / _____
mm/dd/yy