The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other private group health plan (GHP) insurance in addition to their Medicare benefits. There are federal rules that determine whether Medicare or the other GHP insurance pays first.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that group health insurance plans, certain claims processing third- party administrators, and certain employer self-funded/self-administered plans report specific information about Medicare beneficiaries who have other group coverage. This 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.

Subscribers and dependents should routinely cooperate in furnishing either their Social Security Number (or Health Insurance Claim Number (HICN) if they do not have a SSN available) as requested by their group health plan. If an individual refuses to furnish a SSN or HICN, please complete the form below and submit to your employer group. **If an individual refuses to furnish a SSN or HICN, please complete the form below and submit the completed form to the Oxford Enrollment Department and maintain a copy of your record.**

Oxford Enrollment Department
P.O. Box 29142
Hot Springs, AR 71903

Refusal to Provide Requested SSN or HCIN Information

____

Subscriber Name (Please Print)

____

Subscriber's Plan ID

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.

<u>Reason(s) for Refusal to Provide Requested Information</u>

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Name of Individual Providing This Information (Please Print)

____

Signature of Individual Providing This Information

____

Date