

COORDINATION OF BENEFITS



Name: _____ Date: _____ Member ID#: _____

Samaritan Choice 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 14 DAYS whether or not you have any other coverage.**

SECTION 1: 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 and Phone Number	Policy or ID Number	Social Security # (required by Medicare*)	Type of Coverage
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> RX <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> RX <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> RX <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA

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

Subscriber's DOB: _____ Original effective date of Other Coverage: _____

SECTION 2: CHILD CUSTODY INFORMATION

Is the other coverage due to Child Custody issues? No Yes—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: _____ DOB: _____

Name and Address of Father: _____ DOB: _____

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: _____

SECTION 3: 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				
<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.



Office of Financial Management/Financial Services Group

DATE: June 23, 2008

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

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

SSNs and EINs:

- The SSN is used as the basis for the Medicare HICN. The Medicare program uses the HICN to identify Medicare beneficiaries receiving health care 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 Privacy Rule. Please note that The Centers for Medicare & Medicaid Services (CMS) has a longstanding practice of requesting SSNs or HICNs 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, and plan administrators or fiduciaries of self-insured/self-administered group health plans 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 will be required to be reported are SSNs (or HICNs) 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 SSN or HICN and the EIN, as applicable.

As a subscriber (or spouse or family member of a subscriber) to a group health plan arrangement, your SSN and/or HICN will likely be requested in order 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 their SSN and/or HICN and whether or not they (or the injured party, if the settlement, judgment or award is based upon an injury to someone else) are Medicare beneficiaries. Employers, insurers, third party administrators, 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 the CMS website at www.cms.hhs.gov/MandatoryInsRep.