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## Cms data match questionnaire

Back June 16th | 2016 Starting in early 2016, many entrepreneurs receive letters from the IRS-SSA-CMS Data Match program. These letters are addressed to employers and begin by stating that Medicare needs your cooperation. Employers are directed to report information about the IRS Secure Website /SSA/CMS Data Match (. The requested data is often extensive, and can include several years. More questionnaires may include years that employers do not sponsor group health plans. The letters usually have the return address of a P.O. box in New York. The Centers for Medicare and Medicaid Services (CMS) has a long instruction manual for completing questionnaires. Employers who receive a letter from the IRS-CMS-Data Match program should immediately apply for an extension to their response, and then dedicate resources to ensuring they submit their responses in a timely way. Consultation with legal counsel is recommended if the employer has questions or concerns about the process or information. The uptick in the IRS-SSA-CMS Data Match letter is due to the additional funding CMS receives. The Data Match project has saved the Medicare Trust Fund more than \$3.5 billion to date. For more information on this program, Medicare Secondary Payer rules, taxes, and fines for not completing questionnaires, ask the UBA Compliance Advisor, What Employers Need to Know about the IRS-SSA-CMS Data Match Program Follow us on social media! See Original Post Congress enacting legislation (Section 6202 of the Omnibus Budget Reconciliation Act of 1989) to provide CMS with better information about medicare group health plan (GHG) coverage. The law requires the Internal Revenue Service (IRS), Social Security Administration (SSA), and CMS to share information each agency has about whether Medicare beneficiaries or their spouses work. The process for sharing this information is called IRS-SSA-CMS Data Match. The purpose of Match Data is to identify situations where other payers may be primary for Medicare. Employers are required to complete the Data Match Questionnaire on identified workers who are eligible for Medicare or married to Medicare beneficiaries. This information is used to identify primary and secondary payers for medical services provided to Medicare beneficiaries. This process helps Medicare identify claims on an ongoing basis that Medicare should not be the primary payer. Recently, several employers sponsoring the group's health plans have received letters from the Centers for Medicare & Medicaid Services (CMS) is asking employers to submit GHP reports for the IRS/SSA/CMS Data Match Project. IF THE EMPLOYER RECEIVES THIS LETTER FROM CMS, IT MUST IMMEDIATELY Action. Why is CMS asking for this information? CMS would like to confirm that the claim stipulated in the primary shall in fact be paid in the primary, compared to secondarily, after the employer group plan pays the claim first. To determine this, CMS identifies a specific individual enrolled in Medicare to the employer (through an online portal) and the employer indicates whether the person has coverage through an employer plan, and if so, whether the coverage is due to the current employment status of the individual or relative (such as a spouse). What are the reporting requirements? Employers must provide information about the health coverage of workers and their spouses who qualify on Medicare from medicare-eligible individuals each time cms identifies those individuals to the employer. Generally, questionnaires ask whether each named individual works for a certain period of time, and if so, whether he or she has company-sponsored group health plan (GHG) coverage. If an employer receives a letter from CMS, how much time do they have to answer the CMS question? Employers must respond within 30 days of receiving the initial question from CMS, unless an extension has been requested and approved. How does the employer ask for an extension? Employers should immediately contact CMS at 1-855-798-2627 and request a 30-day extension. In general, extensions outside the 60-day period (original 30 days plus one 30-day extension) will not be granted. Where can employers get more information about the Data Match Project? The letter received from CMS contains information as well as this website: Does the Data Match Project apply only to employers who sponsor self-funded group health plans? Wakakak Any employer sponsoring a group health plan, either fully insured or self-funded, may receive a Data Match Project request for a letter of information from CMS. If an employer receives a letter, how do they respond? Go to website: . Employers must register and submit their full questionnaire through this website. What happens next? Once employers sign up and sign in through the website, they will be asked a few questions about individuals with Medicare coverage who have been identified to Medicare as individuals who also have (or have) coverage through employer group health plans. There will be questions designed to determine whether Medicare, which may have paid claims on behalf of some or all of these people, is the primary or secondary payer. What happens if the employer doesn't respond to the letter? CMS may impose a \$1,000 penalty for any individual with respect to whom CMS has requested information to you. Besides if there is a situation where the plan is paid secondary to Medicare, when it is supposed to pay primary (this is what CMS is trying to determine through the Data Match Project), there are stiff penalties that can apply. Employers whose health plans are not coordinating benefits with Medicare faces a number of penalties, including double damages for the number of claims, interest that starts to increase within 60 days of notification of a broken payment, and a 25% excise. For more information about the Data Match Questionnaire, please contact our Compliance Department. By Danielle Capilla Chief Compliance Officer at United Benefit Advisors Data Match is a program coordinated by the Internal Revenue Service (IRS), Centers for Medicare & Medicaid Services (CMS), and the Social Security Administration (SSA) to identify Medicare beneficiaries who receive Medicare benefits with Medicare as primary payers when Medicare is supposed to be a secondary payer. We recently discussed the background of this program in a previous blog post. Employers are required to complete the Data Match report within 30 days of receipt of the Data Match Personal Identification Number (PIN) unless the extension has been requested and approved. The letter directs employers to the Data Matching Secure Website, where questionnaires can be accessed after entering the company's identification number and PIN. Two delivery options are available on the Secure website for Data Match questionnaire responses: Live Entry and Electronic Media Questionnaire (EMQ). Direct Entry is an option designed for employers with fewer than 50 workers. This option allows employers to complete all Data Match questionnaires directly online without downloading or uploading any files. The information is validated for accuracy and completeness as entered directly online. The EMQ program is designed to help larger employers with at least 50 workers. Employers will download worker files on the Secure website and then they will upload the data after completing the questionnaire. Employer Voluntary Data Sharing Agreements are an alternative way to meet data match requirements. Under this agreement, employers share group health plan coverage information with CMS. Instead, CMS agreed to provide Employer with Medicare eligibility information for identified Medicare individuals. The Match Data Questionnaire has four sections. UBA Comprehensive Compliance Advisor, IRS/SSA/CMS Data Match Guide on Instructions from CMS provides detailed diagrams to help you complete each section. Read more here... Many employers receive a Data Match Questionnaire directly from CMS. The questionnaire is separate from Section 111 and requires employers to provide CMS with information about the health coverage of specially named employees—and their spouses—who CMS says are eligible for Medicare. We've developed a chart below to help explain the differences between these requirements. RequirementsPurposeResponsible PartyPotential Penalty Section Reporting this report allows CMS to pay appropriately for Medicare-covered goods and services that are equipped for Medicare beneficiaries by determining primary vs. secondary payer responsibilities. Secondary/ requirements apply to responsible reporting agencies (RRE). RRES includes:• Insurance operators. • Third Party Administrators (TDA). • Self-funded, company-sponsored group health plan administrator plans. Meritain Health, as the TPA of your group's health plan, will send a production file to CMS to meet reporting requirements.\* Penalties for non-compliance in Section 111 and CMS Data Match are \$1,000 per member, per day that such information is not reported to CMS. This means for groups that lose Social Security numbers on ten individuals, the penalty will be \$10,000 per day, and if it takes 30 days to gather information, the total penalty that can be assessed is \$300,000. CMS Data Match Questionnaire This questionnaire provides information to identify situations where other payers may be primary for Medicare. Employers will report workers who are eligible for Medicare or married to individuals who are Medicare beneficiaries. Data match requirements are employer/plan obligations. Employers who receive questionnaires should take time to complete and return the questionnaire to CMS. Meritain Health will not complete or submit a report on behalf of the plan, but we will provide the information that the plan/ employer needs, on request, to compete and file a report with CMS. The penalties are the same for both of these terms. Please see above. \* Please note, if you have another group health plan that Meritain Health does not manage, a separate report must be submitted to CMS on the individual listed in the plan. Therefore, it is possible that Meritain Health may submit information about some of your members under the plans we provide, and the same members may be enrolled in other plans that we do not provide, which will require double reporting. For more information on the Data Match Questionnaire, please visit the CMS website or instruction manual for employers, which provides more information on CMS requirements. If you have any questions, please contact your client's solution team. This content is provided as an information tool. It is believed to be accurate at the time of posting and subject to change. It is recommended that plans consult with their own experts or advisers to review all applicable federal and state law requirements that may apply to their group health plans. By providing this information, Meritain Health does not exercise discretionary authority or assume a fiduciary role plan, nor does Meritain Health provide legal advice. Advice.