



MSP Reporting for HRAs for Employers

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

- 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 \$5,000 or more, whether in current benefit or as a result of carryover

All fields must be completed and returned to BBP Admin

Company Name _____

Employer Tax Identification Number (EIN) _____

Please indicate the quarter and current calendar year for which the form is being completed: Quarter _____ 20_____

Number of Employees: Total: _____ **Full-Time:** _____ **Part-Time:** _____

Active Covered Individual Questions:

(The answers to the questions below will be answered by having the employees complete the attached Employee Reporting form)

Do you have any employees or their covered dependents on your HRA plan that are 65+? Yes No

Do you have any employees or their covered dependents on your HRA plan that are currently receiving kidney dialysis or who have received a kidney transplant? Yes No

Do you have any employees or their covered dependents under age 65 that are known to be entitled to Medicare? (This could be a spouse of an employee that is on Medicare due to disability). Yes No

Do you offer a retiree health plan? Yes No

If yes, how many are between the ages of 45-64? _____

Medicare-eligible New Hires

First Name	Last Name	DOB	SS#	Date of Hire	Medicare ID#	Employee Form Attached? (Y/N)

Medicare-eligible Terminations

First Name	Last Name	DOB	SS#	Date of Termination	Medicare ID#

I understand that BBP is relying on my answers to the above questions to determine whether Medicare will be the primary payer of claims for my Medicare eligible insured(s). I certify that the answers are true to the best of my knowledge and belief. I also understand that I am responsible to promptly notify BBP, as indicated above, if my answers to the above questions change because we have increased the number of employees.

Signature of company officer or authorized representative

Print Name

Title

Date