



# 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:

- 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 \$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 current calendar year for which the form is being completed: \_\_\_\_\_ If there have not yet been 20 weeks in the current calendar year, base your answer on current employee count. Understand that you are obligated to notify BBP if and when your status changes.

**Number of Employees: Total:** \_\_\_\_\_ **Full-Time:** \_\_\_\_\_ **Part-Time:** \_\_\_\_\_

*\*Please note*

If your answer was less than 20 for the current year and your answer changes to more than 20 at any time, you must promptly notify BBP and enter the date the threshold was met here: \_\_\_\_\_

**Active Covered Individual Questions:**

(If you are uncertain of any employee or covered dependent applying to the questions below, please have 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, to above how many are between the ages of 45-64? \_\_\_\_\_

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