



Medicare Primary Registration Documentation

What is Medicare Secondary Payer?

"Medicare Secondary Payer" or "MSP" is the process for determining whether Medicare or the group health plan pays primary for certain individuals entitled to Medicare on the basis of age. **Where the group pays primary to Medicare, the funding rate will be impacted.**

Why is this different for a MEWA?

There are special rules for multiple employer plans. In general, if at least one employer participating in the MEWA ("Participating Employer") has at least 20 full and/or part time employees, the group health plan is primary even for Participating Employers having fewer than 20 employees.* However, there is an exception process for certain individuals entitled to Medicare on the basis of age for a Participating Employer with fewer than 20 employees. The exception process allows Medicare to be the primary payer for covered persons over the age of 65 for employers with fewer than 20 employees in a multiple employer plan.

* The COSE MEWA does have at least one participating employer with 20 more employees.

When Am I required to fill out the attached forms?

You must complete the Medicare Primary Registration Documentation if:

- **Your group has fewer than 20 employees, and**
- **You have a working employee age 65 or older, or a working employee with a spouse age 65 or older that wishes to be placed on a Medicare primary plan.**
- **You have a working aged employee that needs removed from Medicare Primary Registration with CMS.**

The COSE MEWA will use this information to submit a written request to the Centers for Medicare and Medicaid Services with all required supporting documents to elect Medicare as the primary payer.

Please be aware that when Medicare is primary, it is very important that any employee electing Medicare Part A must also purchase and elect Medicare Part B in order for the individual to receive the maximum benefit possible. Failure to purchase and enroll in Part B will cause the employee to have a much higher cost-share for Part B claims because this plan will only pay what it would have paid as a secondary plan. If your group meets the above criteria, you must complete these forms in order to ensure the eligible participant may be placed in a Medicare primary plan.

If your group has under 20 employees and there are no employees (or spouse of an employee) age 65 or older, it is not necessary to complete these forms. However, it is necessary to complete these forms for a **working aged new hire** that is 65 or older or has a spouse that is 65 or older as well as any employee, or spouse of an employee that turns 65 while working for you. **In addition, you must submit a cancellation request of a previously approved Medicare Primary exception for anyone that is no longer employed by you.**



Instructions for Small Employer Exception (SEE)

A request for exception of the MSP rules for Working Aged Individuals and Spouses Aged 65 and over must be completed by groups that have had less than 20 employees on each working day in 20 or more calendar weeks in the current or preceding calendar year.

Submittal Certification instructions:

1. Required for any new SEE request and should be completed by the employer.
2. Should be signed by both the employer and the submitter and the signature cannot be dated more than one calendar year prior to the date of the exception request.
3. This document is not required when requesting an update or delete of an existing, previously approved SEE.

Small Employer Exception (SEE) Request instructions:

1. This document may be used to request a SEE, or to request a change or update to a previously approved SEE.
2. For new requests, a certification must be submitted along with the SEE Document.
3. A change request should only be submitted when the original conditions of the previously approved SEE no longer apply or because a previously approved SEE was submitted in error and must be withdrawn.

Where to send forms:

Completed forms should be sent to your broker representative for forwarding to Medical Mutual. You may also send completed forms to: COSEBenefits@medmutual.com



Small Employer Exception Submittal Certification

Employer Name: _____

Employer Address: _____

We certify that we have not had 20 or more employees on each working day in 20 or more calendar weeks in the current or preceding calendar year.

We employ _____ employees Employer Identification Number (EIN) _____ or
Employer Tax Identification Number (TIN) _____

Employer Representative Name

Signature of Employer Representative Date:

Tim DiPlacido

Submitter's Representative Name Date:

Signature of Submitter's Representative Date



Small Employer Exception (SEE) Request:

Request for Exception for Working Aged Individuals and Spouses Aged 65 and Over

Date: _____

Submitter Company Name: COSE Health and Wellness Trust

Tax Identification Number/Employer Identification Number (TIN/EIN): _____

Employer Name: _____

The above referenced employer participates in a multiple employer plan as defined by 42 CFR 411.101.

Employees who have coverage under the group employee health benefit plan are eligible for coverage either by virtue of their current employment status with the above-referenced employer or as a spouse of a current covered employee.

The above listed employer hereby requests the exception of the Medicare Secondary Payer status for the following working aged employee(s) and/or spouse(s) aged 65 or over who is/are employed by the employer listed above.



Health and Wellness Trust

Medicare Beneficiary	Employee Name	HICN/SSN	DOB	Coverage Type: A, J, K	Coverage Effective Date:	Action Code: A, C, D	Effective Date of Change:	Reason Code: A, B, C, D
John Doe (or spouse name if applicable)	John Doe	123-45-6789	6/1/56	A	6/1/21	A		

Coverage Type: A = Medical and Hospital; J = Hospital Only; K = Medical Only

Action Code: A = Add; C = Change; D = Delete

Reason Code: A = Employee no longer works for employer on SEE
 B = Spouse no longer works for employer on SEE
 C = Employer no longer qualifies for SEE (More than 20 employees)
 D = Withdrawal of SEE (Submitted in error)

Definitions: HICN = Health Insurance Claim Number SSN = Social Security Number

DOB = Date of Birth

Submitter's Representative Name: **Tim DiPlacido**

Submitter's Representative Signature: _____

Date: _____

This form must be filled out completely to be considered for approval by CMS. Incomplete forms will delay approval. All approvals MUST be future effective dates based on the assigned approval date by CMS.