

Requirement to Submit the Group Health Plan Report for the IRS/SSA/CMS Data Match Project

01/09/2017

17800 1 AB 0.399

***ALL FOR AADC 420 E-106000 T: 61 R:17800

EIN:*****4953

~~PIN: 4081~~



Dear Employer:

Medicare needs your immediate cooperation. On or about 03/17/2016 your organization was mailed a letter instructing you to complete the IRS/SSA/CMS Data Match employer questionnaire for tax years 2011 - 2013 online via IRS/SSA/CMS Data Match Secure Web site at <https://www.cob.cms.hhs.gov/DataMatch/>. The law requires that you respond to the questionnaire within 60 days of receipt. As of the date of this notice, we have not received your Data Match Questionnaire response.

IT IS EXTREMELY URGENT THAT YOU ACCESS THE DATA MATCH SECURE WEB SITE AND COMPLETE AND SUBMIT THE REQUIRED DATA MATCH QUESTIONNAIRE FOR ALL OF YOUR OUTSTANDING WORKERS. Our records indicate that you were required to provide information on 1 workers who are either entitled to Medicare or are married to Medicare entitled individuals. Your failure to respond timely or accurately to the Data Match questionnaire could lead to the imposition of a civil monetary penalty (CMP) of up to \$1,000 for each worker for which an inquiry was made. Therefore, a CMP of up to \$1,000.00 could be assessed. In addition, the assessment of a CMP will not relieve you or the requirement to provide this information. You will not be assessed the CMP if your report is completed and submitted immediately.

You will need your Employer Identification Number (EIN) and Personal Identification Number (PIN), which are printed above, in order to register and access your questionnaire on the Secure Web site. Information on registering is available on the site. Once you have registered, you will have access to your online questionnaire documentation and a detailed user guide that provides a complete set of instructions.

The law that governs these reporting requirements is Section 1862(b)(5) of the Social Security Act, 42 U.S.C. 1395y(b)(5), as enacted by Section 5302 of the Omnibus Budget Reconciliation Act of 1989, Pub. L. No.101-239. The CMP is specifically authorized by 1862(b)(5)(c)(ii), 42 U.S.C. 1395y(b)(5)(c)(ii). Regulations implementing the Medicare Secondary Payer provisions are found at 42 C.F.R. 411.20 et. seq.

If you believe this notice is incorrect, or if you have any additional questions, please contact our Customer Service Department using our toll-free lines: 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired). Customer Service Representatives are available to assist you Monday through Friday, from 8:00am to 8:00pm, Eastern Time, except holidays.

Thank you in advance for your immediate cooperation.

Benefits Coordination & Recovery Center