

CMS Data Match Survey: Completion Guide for CBIA Health Connections Participants

We've developed the following guide to assist you when completing certain sections in Part I and II of the IRS/SSA/CMS Data Match Survey. We're aware that there are several versions of the survey and each may be delivered to employers in paper or electronic formats. Therefore, we will refer to specific questions that may be asked, rather than specific question numbers. You may find it helpful to print this document and have it handy as you complete the Data Match Survey. If you have any questions, please contact CBIA Customer Service.

Part I: Employer Information

Q. In the following years, did your organization participate in a multi or multiple employer group health plan in which there was at least one employer who had 20 or more employees for 20 or more calendar weeks? (This includes full time, part time, intermittent, and/or seasonal employees.)

A. No.

Q. In the following years, did your organization participate in a multi or multiple employer group health plan in which there was at least one employer who had 100 or more employees during 50% of their business days? (This includes full time, part time, intermittent, and/or seasonal employees.)

A. No.

Part II: Group Health Plan Information

Use the following information to help you complete information on group health plans.

GHP ID Number or CODE: Leave blank

Type of GHP: Use one of the following codes

For POS and PPO plans, use code 4. Comprehensive (Hospital, Medical and Drug {non-network})

For HMO plans, use code W. Comprehensive (Hospital, Medical and Drug {in-network})

For Medicare plans, use code 4.

Insurance Carrier Information

Aetna, Inc. PO Box 981106 El Paso, TX 79998-1106	Tax ID: 06-6033492 Rx Bin: 610502 Rx Group: CBIA Health Connections plans: 660888 CBIA/Aetna plans: 658409 PCN: 00670000
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<p>Anthem Blue Cross and Blue Shield PO Box 533 North Haven, CT 06473-0533</p>	<p>Tax ID: 06-1475928</p> <table border="0"> <tr> <td>Prior to 1/1/06</td> <td>1/1/06 – 8/1/09</td> <td>8/1/09 – present</td> </tr> <tr> <td>Rx Bin: 610575</td> <td>Rx Bin: 004336</td> <td>Rx Bin: 003858</td> </tr> <tr> <td>Rx Group: 800020</td> <td>RX Group: NEJERX</td> <td>RX Group: WL7A</td> </tr> <tr> <td>PCN: 00890000</td> <td>PCN: MEDDADV</td> <td>PCN: A-4</td> </tr> </table>			Prior to 1/1/06	1/1/06 – 8/1/09	8/1/09 – present	Rx Bin: 610575	Rx Bin: 004336	Rx Bin: 003858	Rx Group: 800020	RX Group: NEJERX	RX Group: WL7A	PCN: 00890000	PCN: MEDDADV	PCN: A-4
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<p>ConnectiCare 175 Scott Swamp Road Farmington, CT 06032-3124</p>	<p>Tax ID: 06-1537522</p> <p>Rx Bin: 003858</p> <p>Rx Group: CN3A</p> <p>PCN: A4</p>	<p><u>Medicare Advantage with Prescription Drug (MAPD)</u></p> <p>Tax ID: 06-1537522</p> <p>Rx Bin: 01337</p> <p>Rx Group: CN3A</p> <p>PCN: 0020080229</p>													
<p>Harvard Pilgrim Health Care PO Box 699183 Quincy, MA 02269-9183</p>	<p>Tax ID: 04-2452600</p> <p>RX Bin: 003585</p> <p>RX Group: 35000</p> <p>PCN (if applicable): 35000</p>														
<p>UnitedHealthcare/Oxford PO Box 29130 Hot Springs, AR 71903</p>	<p>Tax ID: 06-1181201</p> <p>Rx Bin: 610014</p> <p>Rx Group: OXFRDHP</p> <p>PCN: n/a</p>														