



**Retirement and Insurance Service
Benefits Administration Letter**

Number: 02-309

Date: May 13, 2002

Subject: Request for Employers' Identification Number

Your agency or retirement system may have received bills dunning you as an employer for amounts owed to the Medicare Program. This letter requests your assistance in an attempt to reduce the occurrence of these invalid bills.

By way of background, many individuals have both Federal Employees Health Benefits Program (FEHB) and Medicare coverage. The law establishes that one of the two programs must pay benefits in full as the *primary* payer, while the other pays a reduced benefit as the *secondary* payer. Generally, the FEHB is the primary payer for active Federal employees, whereas Medicare is primary for annuitants.

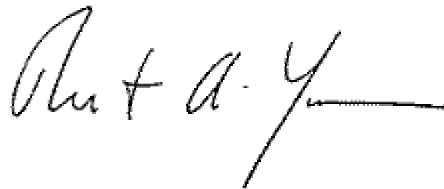
The Medicare administrator, the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration, has established a data-match to identify instances where it paid benefits as the primary payer, but should have paid as secondary payer. When it identifies such instances, the CMS recognizes a receivable and seeks to collect the overpaid benefits from the employer or retirement system of the pertinent individual. Hence, the bills you may have received.

OPM is working with CMS to improve the match process and reduce future agency billings. CMS has agreed to suspend collections while the system is being improved. We need your help to reduce and hopefully eliminate the CMS dunning of Federal employing agencies and retirement systems. Specifically, we want to provide the CMS with a list of the employer identification numbers (EINs) of Federal agencies/retirement systems which have employees/annuitants with FEHB coverage. We will provide the EINs to CMS, which will in turn incorporate them into their database. By citing the EIN, CMS will be able to correctly identify employers as Federal employing agencies and retirement systems and forgo the dunning process.

<i>Civil Service Retirement System</i>	<i>Federal Employees' Group Life Insurance Program</i>	<i>Federal Employees Health Benefits Program</i>	<i>Federal Employees Retirement System</i>	<i>Long Term Care Insurance Program</i>
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We would ask that each agency payroll office and retirement system complete the attached form and return it to us no later than *June 1, 2002* via email to Finance@opm.gov, or fax to (202) 606-7944.

If you have any questions regarding this information, we would prefer that you email your questions to us at finance@opm.gov, so we have a record of our communication. You may also phone us on (202) 606-0606.

A handwritten signature in black ink, appearing to read "Robert A. Yuran". The signature is written in a cursive style with a long horizontal stroke at the end.

Robert A. Yuran, Chief
Financial Policy Staff
Retirement and Insurance Service

EMPLOYER IDENTIFICATION NUMBERS

Employer Identification Number	
Agency Name	
Associated Payroll Office Number(s)	
Contact:	
Name (print):	
Telephone Number	
Email address	

Please email to Finance@opm.gov no later than June 1, 2002.