Wespath

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HealthFlex
IRS/SSA/CMS Data Match Questionnaire Information

Organizations participating in the Hospitalization and Medical Expense Program ("HealthFlex") periodically receive requests from the Centers for Medicare and Medicaid Services ("CMS") to complete an IRS/SSA/CMS Data Match Questionnaire ("Questionnaire"). CMS reviews the responses to ensure that Medicare does not pay claims that should be properly paid by employer health plans.

The online Questionnaire is divided into four parts. There is also an instruction guide ("Data Match Instructions") available online. You should read the Data Match Instructions before attempting to complete the Questionnaire. This publication is designed to provide you with additional information and to assist you in completing the Questionnaire. Wespath recognizes that you may have questions that are not addressed by the Data Match Instructions or this publication. If so, please contact the Conference or Plan Sponsor Liaison assigned to your organization. Your Liaison will work with the HealthFlex team to assist you in completing the Questionnaire.

Finally, due to the complexity of the Data Match Instructions and Questionnaire, Wespath recommends that the Annual Conference Benefits Office assist in the completion of any Questionnaire received by any organizations within its sponsored plan, e.g., local churches.

For the purposes of completing the Questionnaire, you may need the following information regarding HealthFlex and its third-party administrators:

Part I: Employer Information

To assist you in responding to Part I of the Questionnaire, please answer Questions 2, 3, 4 & 5 as follows:

Question 2: "In the following years, did you have 20 or more employees for 20 or more calendar weeks (this includes full time, part time, intermittent and/or seasonal employees)?"

Answer: The organization should respond "yes" if it had more than 20 employees or "no" if it had fewer than 20 employees for the relevant years.

Question 3: "In the following years, did your organization participate in a multi or multiple employer group health plans 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)?"

Answer: Yes. (HealthFlex is considered a multi-employer group health plan)

Question 4: "In the following years, did you have 100 or more employees during 50% of your business days (Full or part time)?"

Answer: The organization should respond "yes" if it had 100 or more employees and "no" if it had fewer than 100 employees for the relevant years.

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Question 5: "In the following years, did your organization participate in a multi or multiple employer group health plans 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)?"

Answer: Yes.

Please note: For purposes of the Data Match Questionnaire and the Medicare Secondary Payer Rules, clergy should be included in the employee count of the local church.

Part II: Group Health Plan Information

You are only required to complete Part II if you answered "YES" to any year to Question 2, 3, 4, or 5 in Part I.

Part II of the Questionnaire will require health coverage information for specific Medicare-eligible employees and/or their spouses identified in Part III. To complete Part II of the Questionnaire, enter the requested information for the group health plans in which the individuals listed in Part III were covered. You only need to provide information for the time periods indicated.

Note: The Group Health Plan Identification Number or code should be left blank.

To complete Part II of the Questionnaire, refer to the tables on the following pages. The tables provide plan information for the plan year(s) specified at the top of each table.

HealthFlex
Prior to December 31, 2004

Plan Type	Name of Plan[1]	Tax Identification Number (TIN)	Claims Filing Address
Medical and Hospital	HealthFlex (HMEP)	Leave blank	1201 Davis Street Evanston, IL 60201
Medical and Hospital	United Health Care (HMEP UHC) (before 1-1-99)	36-2739571	450 Columbus Boulevard Hartford, CT 06115
Medical and Hospital	CIGNA HealthCare (HMEP CIGNA) (on or after 1-1-99) CIGNA • Rx BIN number: 012353 • Rx PCN number: 03490000 • Rx Group number: 2464058	06-0303370	P.O. Box 2100 Bourbonnais, IL 60914
Medical and Hospital	United Behavioral Health (HMEP UBH)	94-2649097	P.O. Box 744925 Houston, TX 77274-4925
Medical and Hospital	Blue Cross Blue Shield of Florida Northern Region (HMEP BCBS FL)	59-2403696	P.O. Box 44165 Jacksonville, FL 32231
Medical and Hospital	Blue Cross Blue Shield of Florida Central East Region (HMEP BCBS FL)	59-2403696	3191 Maguire Boulevard Suite 200 Orlando, FL 32803
Medical and Hospital	Blue Cross Blue Shield of Florida Central West Region (HMEP BCBS FL)	59-2403696	4904 Eisenhower Boulevard Suite 200 Tampa, FL 33634
Medical and Hospital	Blue Cross Blue Shield of Florida Southern Region (HMEP BCBS FL)	59-2403696	8400 NW 33rd Street Suite 100 Miami, FL 33122
Medical and Hospital	Capital Health Plan (HMEP Capital)	59-1830622	P.O. Box 15349 Tallahassee, FL 32317-53
Medical and Hospital	MVP Healthcare, Inc. (HMEP MVP)	14-1640868	GPO Box 26864 New York, NY 10087-6864

[1] Enter the abbreviated plan name into the questionnaire.

HealthFlex
Tax Identification Numbers/Claims Filing Addresses
January 1, 2005 – December 31, 2007

Plan Type	Name of Plan[1]	Tax Identification Number (TIN)	Claims Filing Address
Medical and Hospital	HealthFlex (HMEP)	Leave blank	1201 Davis Street Evanston, IL 60201
Medical and Hospital	Blue Cross Blue Shield of Illinois (HMEP BCBS)	36-1236610	300 E. Randolph Chicago, IL 60601
Medical and Hospital	United HealthCare Insurance Company (HMEP UHC)	36-236-2739571	450 Columbus Blvd. Hartford, CT 06115
Medical and Hospital	United Behavioral Health (HMEP UBH)	94-2649097	P.O. Box 30755 Salt Lake City, UT 84130-0755
Medical and Hospital	Blue Cross Blue Shield of Florida Northern Region (HMEP BCBS FL)	59-2403696	P.O. Box 44165 Jacksonville, FL 32231
Medical and Hospital	Blue Cross Blue Shield of Florida Central East Region (HMEP BCBS FL)	59-2403696	3191 Maguire Boulevard Suite 200 Orlando, FL 32803
Medical and Hospital	Blue Cross Blue Shield of Florida Central West Region (HMEP BCBS FL)	59-2403696	4904 Eisenhower Boulevard Suite 200 Tampa, FL 33634
Medical and Hospital	Blue Cross Blue Shield of Florida Southern Region (HMEP BCBS FL)	59-2403696	8400 NW 33rd Street Suite 100 Miami, FL 33122
Medical and Hospital	Capital Health Plan (HMEP Capital)	59-1830622	P.O. Box 15349 Tallahassee, FL 32317-53
Medical and Hospital	MVP Healthcare, Inc. (HMEP MVP)	14-1640868	P.O. Box 26864 New York, NY 10087-6864

[1] Enter the abbreviated plan name into the questionnaire.

HealthFlex
Tax Identification Numbers/Claims Filing Addresses
January 1, 2008 – December 31, 2008

Plan Type	Name of Plan[1]	Tax Identification Number (TIN)	Claims Filing Address
Medical and Hospital	HealthFlex (HMEP)	Leave blank	1201 Davis Street Evanston, IL 60201
Medical and Hospital	Blue Cross Blue Shield of Illinois (HMEP BCBS) (HMEP BCBS)	36-1236610	300 E. Randolph Chicago, IL 60601
Medical and Hospital	United HealthCare Insurance Company (HMEP UHC)	36-236-2739571	450 Columbus Blvd. Hartford, CT 06115
Medical and Hospital	United Behavioral Health (HMEP UBH)	94-2649097	P.O. Box 30755 Salt Lake City, UT 84130-0755
Pharmacy Drugs Only (In Network)	Medco (HMEP Rx Medco) Rx BIN number: 610014 ☐ Rx PCN number: MEDDPRIME (Medicare Companion Plan participants only) ☐ Rx Group number: GBOPRX1	223008686	Medco Direct Claims Medco Prescriptions LLC P.O. Box 14711 Lexington, KY 40512
Medical and Hospital	PacifiCare Secure Horizons (HMEP PacifiCare)	33-0561998	PacifiCare/UHC-Claims Processing M/S AZ121-0149 4601 E. Hilton Ave Phoenix, AZ 85034-6406
Medical and Hospital	MVP Healthcare, Inc. (HMEP MVP)	14-1640868	P.O. Box 2207 Schenectady, NY 12301-2207

[1] Enter the abbreviated plan name into the questionnaire.

HealthFlex
Tax Identification Numbers/Claims Filing Addresses
January 1, 2009 – December 31, 2009

Plan Type	Name of Plan[1]	Tax Identification Number (TIN)	Claims Filing Address
Medical and Hospital	HealthFlex (HMEP)	Leave blank	1201 Davis Street Evanston, IL 60201
Medical and Hospital	Blue Cross Blue Shield of Illinois (HMEP BCBS)	36-1236610	P.O. Box 805107 Chicago, IL 60680-4112
Medical and Hospital	United HealthCare Insurance Company (HMEP UHC)	36-2739571	450 Columbus Blvd. Hartford, CT 06115
Medical and Hospital	United Behavioral Health (HMEP UBH)	94-2649097	P.O. Box 30755 Salt Lake City, UT 84130-0755
Pharmacy Drugs Only (In Network)	Medco (HMEP Rx Medco) Rx BIN number: 610014 ☐ Rx PCN number: MEDDPRIME (Medicare Companion Plan participants only) ☐ Rx Group number: GBOPRX1	223008686	Medco Direct Claims Medco Prescriptions LLC P.O. Box 14711 Lexington, KY 40512
Medical and Hospital	PacifiCare Secure Horizons (HMEP PacifiCare)	33-0561998	PacifiCare/UHC-Claims Processing M/S AZ121-0149 4601 E. Hilton Ave Phoenix, AZ 85034-6406

[1] Enter the abbreviated plan name into the questionnaire.

HealthFlex
Tax Identification Numbers/Claims Filing Addresses
January 1, 2010 –December 31, 2013

Plan Type	Name of Plan[1]	Tax Identification Number (TIN)	Claims Filing Address
Medical and Hospital	HealthFlex (HMEP)	Leave blank	1901 Chestnut Avenue Glenview, IL 60025
Medical and Hospital	Blue Cross Blue Shield of Illinois (HMEP BCBS)	36-1236610	P.O. Box 805107 Chicago, IL 60680-4112
Medical and Hospital	United HealthCare Insurance Company (HMEP UHC)	36-2739571	450 Columbus Blvd. Hartford, CT 06115
Medical and Hospital	United Behavioral Health (HMEP UBH)	94-2649097	P.O. Box 30755 Salt Lake City, UT 84130-0755
Pharmacy Drugs Only (In Network)	Medco (before 1/1/2013) (HMEP Rx Medco)	223008686	Medco Direct Claims Medco Prescriptions LLC P.O. Box 14711 Lexington, KY 40512
Pharmacy Drugs Only (In Network)	Express Scripts (on or after 1/1/2013) (HMEP Rx ESI) ☐ Rx BIN number: 610014 ☐ Rx PCN number: MEDDPRIME (Medicare Companion Plan participants only) ☐ Rx Group number: GBOPRX1	223008686	Express Scripts P.O. Box 14711 Lexington, KY 40512
Medical and Hospital	PacifiCare Secure Horizons (before 1/1/2014) (HMEP PacifiCare)	33-0561998	PacifiCare/UHC-Claims Processing M/S AZ121-0149 4601 E. Hilton Ave Phoenix, AZ 85034-6406

[1] Enter the abbreviated plan name into the questionnaire.

HealthFlex
Tax Identification Numbers/Claims Filing Addresses
Beginning January 1, 2014

Plan Type	Name of Plan[1]	Tax Identification Number (TIN)	Claims Filing Address
Medical and Hospital	HealthFlex (HMEP)	Leave blank	1901 Chestnut Avenue Glenview, IL 60025
Medical and Hospital	Blue Cross Blue Shield of Illinois (HMEP BCBS)	36-1236610	P.O. Box 805107 Chicago, IL 60680-4112
Medical and Hospital	United HealthCare Insurance Company (HMEP UHC)	36-2739571	450 Columbus Blvd. Hartford, CT 06115
Medical and Hospital	United Behavioral Health (HMEP UBH)	94-2649097	P.O. Box 30755 Salt Lake City, UT 84130-0755
Pharmacy Drugs Only (In Network)	OptumRx (HMEP Rx Optum) • Rx BIN number: 610011 • Rx PCN number: IRX • Rx Group number: GBOP	11-2581812	OptumRx P.O. Box 141239 Irving, TX 75014-1239

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[1] Enter the abbreviated plan name into the questionnaire.