

Notification of CMS Reporting Requirements

As your insurer or health plan administrator, we are required by law to report member and group eligibility data to the Centers for Medicare & Medicaid Services (CMS). This information helps CMS and Blue Shield determine Medicare primary and secondary responsibilities and pay claims on an accurate and timely basis.

To continue to comply with the CMS requirements, we will need you to please provide the following information to us within 10 days of receiving this letter:

- Group name: _____
- Group customer number: _____
- Total employee count: _____
(defined as the total number of full-time or part-time employees and not the number of participants in a policy or group plan option)

Please **e-mail** the required information to: **Small.Group@blueshieldca.com**

Our members' security is important to us. To assure the secured transmittal of this data, we recommend that you use a secure e-mail system to transmit this required information.

Or, if you prefer, you can **fax** this completed letter (filled in with the required information) to:

(855) 808-8598

Attn: Small Group Installation and Billing

Or, **mail** it to:

Blue Shield of California
Attn: Small Group Installation and Billing
P.O. Box 3008
Lodi, CA 95241-1912

In advance, we thank for your cooperation. If you have any questions, please contact your Blue Shield Account Manager.

Sincerely,

Blue Shield of California