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# FEHB Program Carrier Letter

## All Carriers

U.S. Office of Personnel Management  
Office of Insurance Programs

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**Letter No. 1999-006**

**Date:** February 5, 1999

Fee-for-service [ 6 ]    Experience-rated HMO [ 6 ]    Community-rated [ 6 ]

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**SUBJECT:** 1999 Medicare Match

The Office of Personnel Management (OPM) and the Social Security Administration (SSA) recently completed this year's *Medicare Match*. The match is done through an OPM-SSA agreement whereby OPM and SSA payment rolls are matched annually to identify persons on the annuity rolls maintained by OPM who are also Medicare beneficiaries.

Coordination of benefits with Medicare is contractually required of all Federal Employees Health Benefits (FEHB) plans. To help you in your coordination of benefits efforts we share the Medicare Match data with you. When used as part of a vigorous coordination of benefits program, the match information facilitates proper benefit payments and prevents excessive charges to the FEHB Program.

### The Reports

We will send the match reports to the person your carrier designated as the appropriate address for receiving the data. See Enclosure A. If the designation was incorrect, please notify your OPM contract specialist immediately.

The 1999 match data on your annuitant enrollees will be sent to you by March 30, 1999. The 1999 match data we send to you will be hard-copy reports (or printouts). The hard copy (or printouts) will have the birth dates in the old format: yy/mm/dd.

In addition, larger plans will get the data by cartridge tape or diskette. (See Enclosure A.) Cartridge tapes and diskettes **will be Year 2000 compliant**. We will use the National Institute of Standards and Technology format -- YYYYMMDD --for the birth dates. Although the OPM-SSA match was done in the old format, we are converting the data to the NIST standard before sending the cartridge tapes and diskettes to you.

## Match Agreement

Before we can send the match data to you, you must have a Match Agreement Acceptance form on file. By completing Enclosure B, you accept the terms of the OPM-SSA match agreement to protect the privacy of individuals whose personal records are included in the match and to safeguard the data files on which the records are stored. **You must submit a form this year if either of these reasons for submitting a new form applies:**

- (a) Your carrier began its first contract year under FEHBP on January 1, 1999, or
- (b) You have reason to believe the acceptance form we have on file is now improper, for instance, if you have had a major reorganization, merger or sale of assets since you submitted the last form.

When either reason applies, please have the acceptance form signed by a contracting official and return it to Agnes Kalland, Office of Insurance Programs, PO Box 707, Washington, DC 20044 within 2 weeks of the date of this letter. The completed and returned form will represent your carrier's acceptance of the terms of the OPM-SSA agreement to protect the privacy of individuals whose personal records are included in the reports and to safeguard the data files on which the records are stored.

**If you have a current acknowledgment form on file here at OPM, you do not need to complete another agreement;** we will send your match data as usual.

If you have any questions about the Medicare match, please contact Agnes Kalland at [akalland@opm.gov](mailto:akalland@opm.gov) or on 202/606-0159.

Sincerely,

Frank D. Titus  
Assistant Director  
for Insurance Programs

Enclosures

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Enclosure A

Code(s): A3 7R  
Plan(s): PACIFICARE OF ARIZONA  
OPM Contract Specialist: CHughes@opm.gov  
Contract #: 1266

REPORT TYPE:	YES	NO
Data in hard copy (or printouts)	X	
Data on disk	X	
Data on cartridge tape	X	

Carrier-designated Medicare contact:  
MARYJO FOUCHE ACCT MGR  
PACIFICARE HEALTH SYSTEMS  
5995 PLAZA DRIVE MS CY20-356  
CYPRESS CA 90630-4729  
Phone: 714/226-3689  
Fax: 714/226-3418

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- \* OPM-s records show that your carrier designated the above person to receive the Medicare match data.
- \* To change the carrier-designated Medicare contact, notify your OPM Contract Specialist.
- \* For information about the Medicare match, contact: akalland@opm.gov.

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Enclosure B

Enclosure B

# Medicare Data Release Agreement

(Initial year: 1999)

Carrier name \_\_\_\_\_ Contract # \_\_\_\_\_

Enrollment  
Code(s) \_\_\_\_\_  
\_\_\_\_\_

Plan  
name \_\_\_\_\_  
\_\_\_\_\_

*("Same" if not different than Carrier name)*

By the signature of the Contracting Official below, the above-named carrier contracting with the Office of Personnel Management, hereby agrees to limit access, use and disclosure and to physically safeguard the records of CSRS and FERS retirees, their spouses, and survivor annuitants who are enrolled in the Plan named above and who are also Medicare enrollees, in accordance with the FEHB/MEDICARE Enrollment Data Exchange Agreement between the Office of Personnel Management and the Social Security Administration, as follows:

## Data Exchange Agreement

✓ OPM and SSA agree that the data obtained from SSA will be used only for the administration of the Federal Employees Health Benefits Program (Chapter 89, title 5, United States Code) and in coordinating benefits through the individual health benefits carriers who contract with OPM;

✓ to restrict access to the records created by the exchange to authorized personnel whose duties and responsibilities require access;

✓ that the records involved in the exchange and the data contained therein will be provided adequate security;

✓ that the files exchanged will not be duplicated or disseminated within or outside OPM or SSA without written authority except as allowed by regulations which permit disclosures among Federal or federally assisted programs;

✓ files provided by OPM will remain the property of OPM, and files provided by SSA will remain the property of SSA;

✓ access to the data will be restricted to only those authorized employees and officials who need it to perform their official duties in connection with the intended use of the data;

✓ the data will be processed under the immediate supervision and control of authorized personnel in a manner which will protect the confidentiality of the data in such a way that unauthorized persons cannot retrieve the data by means of a computer, remote terminal or other means;

✓ personnel who will have access to the data will be advised of the confidential nature of the information and the civil sanctions for noncompliance contained in the applicable Federal Statutes;

✓ the data will be stored in an area that is physically safe from access by unauthorized persons during duty hours as well as non-duty hours or when not in use; and

✓ to reserve the right to make on-site inspections or to make other provisions to ensure that adequate safeguards are being maintained."

Further, by the signature below, the Carrier acknowledges that the Medicare match information was obtained under assurances by OPM that all actions would be applied prospectively; therefore, the Carrier agrees that no action will be taken to collect overpaid benefit payments from subscribers based solely on information supplied by this match.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

*[Authorized Contracting Official]*

Name & Title

\_\_\_\_\_

Name of Company

\_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

Address:



**OFFICE OF INSURANCE PROGRAMS  
ROUTING AND TRANSMITTAL SLIP**

Date  
1/7/99

**To:** (Name, office, room number,

Ellen Tunstall

Frank Titus

Abby Block

Shirley Patterson

Dan Green

Vince Smithers

David Lewis

Action

File

Note and Return

Approval

1 For Clearance

Per Conversion

As requested

For Correction

Prepare

Reply

Circulate

For Your Information

See Me

Comment

Investigate

2 Signature

Circulation

Justify

For Consideration

**REMARKS**

We'll prepare each plan's Enclosure A separately and will FedEx letters as we get them prepared. We will start with the plans that will get their Match data on diskette or cartridge tape. We want them to be ready to accept the birth dates in the new Y2K-compliant format. For the other plans there's not much change from last year.

Please return the letter to me after signature for preparation/mailing.  
Thanks much.

DO NOT use this form as a RECORD of approvals, clearances, and similar actions

**FROM:** (Name, organization)

Agnes Kalland

Room No.

Phone Number