



Employer *Bulletin*

Employer Communication Center (608) 264-7900 Toll free: 1-888-681-3952 <http://etf.wi.gov>

Medicare Data Match Project Forms Attached

Periodically, the Department of Employee Trust Funds (ETF) provides state agencies and participating local government entities with Medicare Data Match Project Part II forms and other information about how to reply to notification of claims payable from a Medicare intermediary or collection agency. The Medicare Data Match Project is a federal program that requires employers and health care plans to provide information about specific former employees covered under the employer health plan.

This *Bulletin* provides:

- A list of health plan contacts;
- The Part II, Group Health Plan (GHP) Information forms used to respond to Medicare inquiries for 2005 to current;
- Forms for Navitus Health Solutions, our pharmacy benefit plan administrator; and
- Dean Health Insurance (DHI), administrator for the retiree Medicare Part D plan in the Wisconsin Public Employers (Local) program.

Medicare's instructions for completing the GHP report for the Data Match have been expanded to include prescription drug coverage under Types of GHPs. Thus, we have included Navitus' and DHI's Part II forms for your use. When you submit a GHP Part II form, Medicare recommends that the health plan

be provided as GHP Report Number 1, followed by the pharmacy benefit as GHP Report Number 2. If other health plan information is required, the numbering will follow sequentially. Note that Navitus and DHI are categorized as a Type of GHP "U Prescription Drug Only (in network)" Medicare GHP plan.

As a reminder, the health plan Medicare Type of GHP codes to be used are:

- For the State Standard Plans - "D. Third Party Administrator arrangement under an Administrative Services Only (ASO) contract without stop loss insurance from any entity".
- For the Local Standard Plans - "E. Third Party Administrator arrangement with stop loss insurance from any entity".
- For the WPS Patient Choice plans in southeast Wisconsin - "C. Preferred Provider Organization (PPO)".
- For all other health plans - "B. Health Maintenance Organization (HMO)".

The Part II forms include required identification information for each plan and are available on ETF's Internet site at <http://etf.wi.gov>. Select the health plan specific forms as needed, complete the information, and submit to Medicare along with other required parts as directed. You may view and print these forms as well as previous Medicare Data Match Project Bulletins, at <http://etf.wi.gov>.

The data match enables Medicare to determine whether former employees were eligible for the employer's group health plan as a primary carrier. The result is that Medicare may contact you for specific dates of employment and health care plans selected by the employee. In some cases, Medicare has paid benefits as the primary carrier prior to payment by the

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* Medicare Data Match Project Forms

employer's plan. After cross-checking dates of coverage and employment, Medicare may pursue recovering some of these benefits.

If you receive a letter from a Medicare intermediary or a collection agency on behalf of Medicare indicating that money is due and/or that money will be taken from your agency's federal funding, please follow these steps:

1. Verify that the employee was identified to Health Care Financing Administration (HCFA) through a data match request and review your records concerning each individual to make sure that you have all the documentation and copies of the documentation from the health plan(s). Health plans are to handle the repayment requests and the HCFA expects the health plans to follow their procedures when responding.
2. Contact your legal counsel for assistance.
3. Prepare a letter to the requestor. Sample letters are attached to *Employer Bulletin*, Vol. 21, No. 8 dated June 17, 2004.
4. Contact the specific health plan representative to determine the current Coordination of Benefits person to whom a copy of the

documents should be sent. You should provide the insurer with an authorization form in order for them to take an active role in resolving the issue. (For more detail on the contents of this authorization, see *Employer Bulletin*, Vol. 21, No. 8 dated June 17, 2004.)

5. You should provide the insurer with an authorization form in order for them to take an active role in resolving the issue. (For more detail on the contents of this authorization, see *Employer Bulletin*, Vol. 21, No. 8 dated June 17, 2004.)
6. Follow up with the health plan contact if the matter is not resolved in a timely manner.

Direct questions concerning the data match letter to Medicare at the contact number listed on the letter. For assistance with questions regarding handling Medicare collection notices, please call the Employer Communication Center toll free at 1-888-681-3952 or the local Madison number (608) 264-7900.

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services, or employment. If you are speech, hearing or visually impaired and need assistance, call the Wisconsin Relay Service at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). We will try to find another way to get the information to you in a usable form.

This *Employer Bulletin* is published by the Wisconsin Department of Employee Trust Funds. Questions should be directed to contact persons listed in the Bulletin, or to the Division of Trust Finance and Employer Services (DTFES). Call John Vincent, DTFES administrator, at (608) 261-7942. Employer agents may copy this Bulletin for further distribution to other payroll offices, subunits or individuals who may need the information. Copies of the most recent Employer Bulletins are available on our Internet site at the following URL: <http://etf.wi.gov/employers.htm>

Wisconsin Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; <http://etf.wi.gov>.

Plan Name	Contact	Address	Phone/Fax	E-mail
Arise Health Plan	Theresa Fox	P O BOX 11625 GREEN BAY WI 54307-1625	(920) 490-6906 Fax: (920) 490-6944	theresa.fox@wpsic.com
Atrium Health Plan For claims with a DOS prior to 09/01/05.	Tammy Hammer	C/O BCBSMN PO BOX 64560 RTE.S-101 ST. PAUL MN 55164-0560	(651) 662-7398	tamara_L_Hammer@bluecrossmn.com
CompCareBlue/ Anthem Blue Cross Blue Shield	Roxanne Sigafus	500 HWY 151 EAST PLATTEVILLE WI 53818	(608) 342-5482 Fax: (608) 348-4080	Roxanne.Sigafus@bcbswi.com
Dean Health Plan	Larry Whitehurst	P O BOX 56099 MADISON WI 53705 OR 1277 DEMING WAY MADISON WI 53717	(608) 827-4189 Fax: (608) 836-1210	larry.whitehurst@deancare.com
Dean Health Insurance (DHI) <i>For local annuitant drug claims</i>	Kay Faherty	P O BOX 56099 MADISON WI 53705	(608) 827-4421 Fax: (608) 827-4212	Kay.faherty@deancare.com
Group Health Cooperative of Eau Claire (GHC-EC)	Heidi Derby	P O BOX 3217 EAU CLAIRE WI 54702	(715) 552-4300 Fax: (715) 552-3500	hderby@group-health.com
Group Health Cooperative of South Central WI (GHC-SCW)	Jody Tilley	1265 JOHN Q. HAMMONS DR P O BOX 44971 MADISON WI 53744-4971	(608) 251-4156 ext. 4269 Fax: (608) 828-4856	jody_tilley@ghc-hmo.com
Gundersen Lutheran Health Plan	Cindee Bottcher	1836 SOUTH AVE LA CROSSE WI 54601	(608) 775-8084 Fax: (608) 775-8060	csbottch@gundluth.org
Health Tradition Health Plan	Dee Olson	P O BOX 188 LA CROSSE WI 54602-0188	(608) 781-9692 Fax: (608) 781-9653	olson.deneen@mayo.edu
Humana Insurance Co.	Sherrie Dulin	101 E. 9 TH ST WATERSIDE BLDG 11 TH FLOOR NE LOUISVILLE KY 40202	(502) 580-5216 Fax: (502) 508-5216	Sdulin@humana.com
Medical Associates Health Plan	Jodi Milius	1605 ASSOCIATES DR SUITE 101 P O BOX 5002 DUBUQUE IA 52004-5002	(563) 584-4836 Fax: (563) 556-5134	www.mahealthcare.com
MercyCare Health Plan	Betsy Fulmer	3430 PALMER DR P O BOX 2770 JANESVILLE WI 53547-2770	(800) 895-2421 Fax: (608) 752-3751	bfulmer@mhsjvl.org
Navitus Health Solutions <i>Pharmacy Benefit Manager</i>	Sue Hill	5 INNOVATION CT SUITE B APPLETON WI 54914	(920) 225-7032	susan.hill@navitus.com

Plan Name	Contact	Address	Phone/Fax	E-mail
Network Health Plan	Laura Rasmussen	P O BOX 120 MENASHA WI 54952	(920) 720-1538 Fax: (920) 720-1910	lrasmuss@networkhealth.com
Physicians Plus Insurance Corp.	Alan Koeppel	P O BOX 2078 MADISON, WI 53701-2078	(608) 260-7119 Fax: (608) 258-1912	alan.koeppel@pplusic.com
Security Health Plan of Wisconsin, Inc.	Jean Worzella	1515 SAINT JOSEPH AVE P O BOX 8000 MARSHFIELD WI 54449-8000	(800) 472-2363 Fax: (715) 221-9500	worzella.jean@marshfieldclinic.org
<i>Standard, Standard II, SMP 1994-2005</i> Blue Cross & Blue Shield of Wisconsin	Roxanne Sigafus	1555 HWY 151 EAST PLATTEVILLE WI 53818	(608) 342-5482 Fax: (608) 348-5168	Roxanne.Sigafus@bcbswi.com
<i>Standard, SMP 2006 and on, see</i> WPS Health Insurance	Greg Nelson	1717 W. BROADWAY P O BOX 8190 MADISON, WI 53707-8190	(608) 226-8048	greg.nelson@wpsic.com
UnitedHealthcare of Wisconsin	Shelly Mailhiot	3100 AMS BLVD GREEN BAY WI 54313	(920) 662-8356	shelly_mailhiot@uhc.com
Unity Health Insurance	Kathleen Heil or Kris Johnson	840 CAROLINA ST SAUK CITY WI 53583	1-800-362-3308 x1728 (Kathleen) or x1688 (Kris) Fax: (608) 643-2564	kathleen.heil@unityhealth.com or kristin.johnson@unityhealth.com
WPS Health Insurance Patient Choice	Greg Nelson	1717 W. BROADWAY P O BOX 8190 MADISON, WI 53707-8190	(608) 226-8048	greg.nelson@wpsic.com

Employer Identification Number _____
Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 20-26601939	GHP Name: Arise Health Plan a.k.a. Prevea or WPS Prevea Health Plan	GHP Address: P O Box 11625 Green Bay WI 54307-1625
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: 20-26601939	Claims Processor Name: Arise Health Plan	Claims Processor Address: P O Box 11625 Green Bay WI 54307-1625
Insurer (Reinsurer) Tax Payer ID No: 47-0574325	Insurer Name: Berkley Insurance Company	Insurer Address: P O Box 11625 Green Bay WI 54307-1625
TPA Tax Payer ID No: N/A	TPA Name: N/A	TPA Address: N/A

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 41-1500859	GHP Name: Atrium Health Plan, Inc.	GHP Address: 400 2 nd St S Ste 270 Hudson WI 54016-5802
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: Not Applicable	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-0138065	GHP Name: Anthem Blue Cross Blue Shield of Wisconsin	GHP Address: 500 Hwy 151 East Platteville WI 53818
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin <i>2005 Standard, SMP and Medicare + \$1M Plans</i>	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name: Anthem BCBSWI	Claims Processor Address: Anthem BCBSWI P O Box 34210 Louisville KY 40232-4210
Insurer Tax Payer ID No: Same as GHP	Insurer Name: Anthem BCBSWI	Insurer Address: Anthem BCBSWI P O Box 34210 Louisville KY 40232-4210
TPA Tax Payer ID No: N/A	TPA Name: N/A	TPA Address:

Employer Identification Number _____
Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1462554	GHP Name: Compcare Health Services Insurance Corporation a.k.a. Anthem Blue Cross Blue Shield of Wisconsin (effective 2008)	GHP Address: 500 Hwy 151 East Platteville WI 53818
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name: Anthem BCBSWI	Claims Processor Address: Anthem BCBSWI P O Box 34210 Louisville KY 40232-4210
Insurer Tax Payer ID No: Same as GHP	Insurer Name: Anthem BCBSWI	Insurer Address: Anthem BCBSWI P O Box 34210 Louisville KY 40232-4210
TPA Tax Payer ID No: N/A	TPA Name: N/A	TPA Address:

Employer Identification Number _____
Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1535024	GHP Name: Dean Health Plan	GHP Address: 1277 Deming Way Madison WI 53717
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name: N/A	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name: N/A	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name: N/A	TPA Address:

Employer Identification Number _____
Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1535024	GHP Name: Dean Health Insurance (DHI) <i>For prescription drug claims for local annuitants on Medicare</i>	GHP Address:
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: 043608530	Claims Processor Name: Navitus Health Solutions	Claims Processor Address: 999 Fourier Drive, Suite 301 Madison, WI 53717
Insurer Tax Payer ID No:	Insurer Name: N/A	Insurer Address:
TPA Tax Payer ID No:	TPA Name: N/A	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-6252984	GHP Name: Group Health Cooperative of Eau Claire	GHP Address: P O Box 3217 Eau Claire WI 54702
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1199466	GHP Name: Group Health Cooperative of South Central Wisconsin	GHP Address: 1265 John Q. Hammons Dr PO Box 44971 Madison WI 53744-4971
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1807071	GHP Name: Gundersen Lutheran Health Plan	GHP Address: 1836 South Ave La Crosse WI 54601
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1545987	GHP Name: Health Tradition Health Plan	GHP Address: P O Box 188 La Crosse WI 54602-0188
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: 41-1547003	Claims Processor Name: MMSI, Inc.	Claims Processor Address: 4001 41 st St NW Rochester MN 55901-8901
Insurer Tax Payer ID No: N/A	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1263473	GHP Name: Humana	GHP Address: Sherri Dulin Humana MSP Specialist 101 E 9 th St Waterside Bldg 11 th floor NE Louisville KY 40202
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 42-1246654	GHP Name: Medical Associates Health Plans	GHP Address: 1605 Associates Drive Suite 101 P O Box 5002 Dubuque IA 52004-5002
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name: Medical Associates Health Plans	Claims Processor Address: 1605 Associates Drive Suite 101 P O Box 5002 Dubuque IA 52004-5002
Insurer Tax Payer ID No: Same as GHP	Insurer Name: Medical Associates Health Plans	Insurer Address: 1605 Associates Drive Suite 101 P O Box 5002 Dubuque IA 52004-5002
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1768192	GHP Name: MercyCare Health Plan	GHP Address: 3430 Palmer Dr P O Box 2770 Janesville WI 53547-2770
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 043608530	GHP Name: Navitus Health Solutions	GHP Address: 5 Innovation Ct Suite B Appleton WI 54914
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin <i>Pharmacy Benefit</i>	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: 41192-4169	Claims Processor Name: Laker Software, Inc.	Claims Processor Address: 3440 Federal Drive Suite 130 Eagan, MN 55122
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1442058	GHP Name: Network Health Plan	GHP Address: P O Box 120 1570 Midway Pl Menasha WI 54952
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1565691	GHP Name: Physicians Plus Insurance Corp.	GHP Address: P O Box 2078 Madison, WI 53701-2078
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: 75-2230700	Claims Processor Name: Perot Systems Healthcare Services LLC	Claims Processor Address: P O Box 269017 Plano TX 75026-9017
Insurer (Reinsurer) Tax Payer ID No: 41-0451140	Insurer Name: ING _ Reliastar Life Insurance Company	Insurer Address: 20 Washington Ave South Minneapolis MN 55401
TPA Tax Payer ID No: 75-2230700	TPA Name: Perot Systems Healthcare Services LLC	TPA Address: P O Box 269017 Plano TX 75026-9017

Employer Identification Number
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1572880	GHP Name: Security Health Plan of Wisconsin, Inc.	GHP Address: 1515 Saint Joseph Ave P O Box 8000 Marshfield WI 54449-8000
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1555888	GHP Name: UnitedHealthcare of Wisconsin	GHP Address: 3100 AMS Blvd Green Bay, WI 54313
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1450766	GHP Name: Unity Health Plans Insurance Corporation	GHP Address: 840 Carolina St Sauk City WI 53583
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address:

Employer Identification Number _____
Employer _____

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No: 39-1268299	GHP Name: Wisconsin Physicians Service Insurance Corp. (WPS)	GHP Address: 1717 W. Broadway P O Box 8190 Madison, WI 53708
Sponsor Tax Payer ID No: 39-1103756	Sponsor Name: State of Wisconsin	Sponsor Address: State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No: Same as GHP	Claims Processor Name:	Claims Processor Address:
Insurer Tax Payer ID No: Same as GHP	Insurer Name:	Insurer Address:
TPA Tax Payer ID No: N/A	TPA Name:	TPA Address: