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**ATTENTION: Medicare Supplement Insurers:**  
**Notification Regarding VHCURES Regulation H-2008-01 Exempting Medicare**  
**Supplement Insurers from Requirement To Submit Claims Data**  
**April 15, 2010**

The purpose of this notice is to clarify Vermont reporting requirements for the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) pertaining to Medicare Supplement insurers subject to Department Regulation H-2008-01. This notification is an update to and replaces the prior notification addressing Medicare Supplement reporting dated March 26, 2009 titled, "Clarification of VHCURES Reporting Requirements: Medicare Supplement."

Data obtained through Regulation H-2008-01 is critical to a complete understanding of Vermont's health care system, yet the Department remains amenable to suggestions for revising reporting requirements in a manner that reduces the burden on insurers where such an accommodation will not limit our access to pertinent data. The Department also remains committed to ongoing efforts to harmonize reporting requirements with similar data collection initiatives underway in other states in order to promote data uniformity and reporting efficiencies for insurers doing business in multiple states. We offer the following guidance in the spirit of continuing to collect pertinent information that is meaningful to the State in an efficient manner. If you have any questions regarding the following guidance, contact Dian Kahn ([Dian.Kahn@state.vt.us](mailto:Dian.Kahn@state.vt.us)) at the Department.

**Revised Scope Limits Medicare Supplement Data Collection to Eligibility Records**

Effective immediately, the State of Vermont will no longer require the submission of claims files by insurers providing Medicare Supplement policies covering Vermont residents. ***However, insurers meeting a minimum threshold of 200 covered Vermont lives are required to submit the eligibility files for Vermont residents per the reporting requirements specified under H-2008-01.*** If insurers choose to continue to include the claims data in the file submissions, the Department will accept these files.

**Questions About Specific Reporting and Coding Requirements Pertaining to Eligibility Files**

For technical assistance with questions about coding and file submission, please contact Onpoint Health Data at [vtinfo@onpointcdm.org](mailto:vtinfo@onpointcdm.org)



Q: How should ME003 be coded?

A: ME003 should be coded as "SP".

Q: For ME007, what code should be used for individual plans when there is an insured and a spouse or an insured and dependent child?

A: Insured and spouse should be coded as "ESP" and insured and dependent child should be coded as "ECH".

Q: For ME008, ME011, ME101 – 106, please explain the difference between a "Subscriber" and a "Member" in individual coverage.

A: As defined in the Regulation H-2008-01, "Subscriber" is the individual responsible for payment of premiums or whose employment is the basis for eligibility for membership in a health benefit plan. "Member" is the insured subscriber and any spouse and/or dependent covered by the subscriber's policy.

Q: For ME008 and ME011, we do not have Social Security numbers for all insureds. Every customer does have a Client Number. Can that identifier be used? If so, does this field need to be encrypted?

A: ME008 must be populated with the subscribers SSN # if available. If not, ME009 must be populated with the unique identifier that describes the subscriber. ME011 must be populated if the members SSN is available. If SSN is not available in fields ME008 or ME011, please leave the field as null.

Q: For ME017, we have only the first five zip code digits for some insureds. In these situations, will a five-digit code be acceptable in lieu of variable length fields?

A: Yes, five digit zip codes will be accepted.

Q: Related to ME101, Section 5 A. (12) of H-2008-01 states we are not to identify individual policy owners with non-group coverage. Our exposure is with Individual Medicare Supplement plans.

A: Section 5: A. (12) of H-2008-01 applies to the reporting of the Insured Group Name associated with each Insured Group or Policy Number that is reported in ME006. Individual Medicare Supplement policies will not have an Insured Group Name or Policy Number associated with them. Therefore, ME032 should be populated as IND for individual Medicare Supplement policies.

The proposed action is for insured group name to be populated as follows:

- \* Actual insured group name for all group policies
- \* The word IND for individual or non-group policies
- \* The work BLANK if group name information is not available

Q: Are elements ME101 through ME106 to be left blank?

A: ME101 through ME106 are required data elements. These elements will be encrypted before leaving your office using the Onpoint Claims Data Manager software.