



EMPLOYER BULLETIN

Employer Communication Center
(608) 264-7900, toll free 1-888-681-3952

Vol. 23, No. 13
August 18, 2006

Medicare Data Match Project Forms Attached

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. The Centers for Medicare and Medicaid Services (CMS) may direct questions to you regarding these employees.

The Department of Employee Trust Funds (ETF) previously provided 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. This Bulletin updates the list of health plan contacts and the Part II, Group Health Plan Information forms, used to respond to Medicare inquiries for 2002 through 2006. The Part II forms include required identification information for each health plan and are available on the ETF 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, listed below, at etf.wi.gov.

- Vol. 21, No. 8 dated June 17, 2004 – Authorization form allowing insurer to provide information to Medicare
- Vol. 20, No. 8 dated May 27, 2003 – Plan Contacts and Reminder
- Vol. 19, No. 10 dated June 27, 2002 – Claims Payable/Dispute Information
- Vol. 18, No. 13 dated August 16, 2001 – How to Respond to Claims Repayment Request
- Vol. 17, No. 5 dated March 8, 2000 – How to Respond to Claims Repayment Request
- Vol. 16, No. 13 dated September 20, 1999 – Part II forms (attachment updated 11/08/2002)

Medicare may contact you for specific dates of employment and health care plans selected by the employee. The data match enables Medicare to determine if former employees were eligible for the employer's group health plan as a primary carrier. In some cases, Medicare has paid benefits as the primary carrier prior to payment by the employer's plan. After cross-checking dates of coverage and employment, Medicare may pursue recovering some of these benefits.

In the event 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 (list attached) 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 the *Employer Bulletin*, Vol. 21, No. 8 dated June 17, 2004.)
5. 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 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 (608) 266-0728 or TTY (608) 267-0676. We
- will try to find another way to get the information to you in a usable form.

.....

The ETF EMPLOYER BULLETIN is published by the Wisconsin Department of Employee Trust Funds. There are three editions: one for all employers, one for local employers with items just for their interest, and one for state agencies. Questions should be directed to contact persons listed, or to the Division of Trust Finance & Employer Services. Call John Vincent at (608) 261-7942.

EMPLOYER AGENTS: This Bulletin may be copied 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 <http://etf.wi.gov>.

Plan Name	Contact Name	Address	Phone / Fax	E-mail
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	Karen Thys	401 W MICHIGAN AVE MILWAUKEE WI 53203	(608) 342-5352 fax: (608) 348-2528	karen.thys@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@dean-care.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.	Teri Hehemann	3 WEST 101 E MAIN ST LOUISVILLE KY 40202	(502) 580-7154 fax: (502) 508-7154	thehemann@humana.com
Medical Associates Health Plan	Judy Martens	P O BOX 5002 DUBUQUE IA 52004-5002	(563) 584-4826 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
Network Health Plan	Laura Rasmussen	P O BOX 120 MENASHA WI 54952	(920) 720-1538 fax: (920) 720-1910	lasmuss@networkhealth.com
Physicians Plus Insurance Corp.	Alan Koepfel	P O BOX 909953 MILWAUKEE WI 53209-9953	(608) 260-7119 fax: (608) 258-1912	alan.koepfel@pplusic.com
Prevea Health Plan (aka WPS Prevea)	Theresa Fox	P O BOX 11625 GREEN BAY WI 54307-1625	(920) 490-6906 fax: (920) 490-6944	theresa.fox@wpsic.com
Security Health Plan of Wisconsin, Inc.	Jean Wozella	1515 SAINT JOSEPH AVE P O BOX 8000 MARSHFIELD WI 54449-8000	(800) 472-2363 fax: (715) 221-9500	worzella.jean@marshfieldclinic.org

Plan Name	Contact Name	Address	Phone / Fax	E-mail
<i>Standard, Standard II, SMP 1994-2005</i> Blue Cross & Blue Shield of Wisconsin	Jody Bartels	500 HWY 151 E PLATTEVILLE WI 53818	(608) 342-5334 fax: (608) 348-5168	jody.bartels@bsbsw.com
<i>Standard, SMP 2006 and on</i> WPS Health Insurance	Kris Nichols	1717 W. BROADWAY P O BOX 8190 MADISON, WI 53707-8190	(608) 226-8048	kristina.nichols@wpsic.com
Touch Point Health Plan	Barbara Gerrits	5 INNOVATION CT APPLETON WI 54914	(920) 831-6982 fax: (920) 831-6886	barbara.gerrits@theda-care.org
UnitedHealthcare of Wisconsin	Andrea Darling	3100 AMS BLVD GREEN BAY WI 54313	(920) 634-3097	andrea_m_darling@uhc.com
Unity Health Insurance	Sandy Enge	840 CAROLINA ST SAUK CITY WI 53583	(608) 643-2491 ext. 1652 fax: (608) 643-2564	sandra.enge@unityhealth.com
Valley Health Plan, Inc.	Jody Bartels	500 HWY 151 E PLATTEVILLE WI 53818	(608) 342-5334 fax: (608) 348-5168	jody.bartels@bsbsw.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. 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 _____

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. 39-0138065	GHP Name Anthem Blue Cross Blue Shield of Wisconsin	GHP Address 145 S Pioneer Rd PO Box 110 Fond Du Lac WI 54936-0110
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 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	GHP Address 401 W Michigan Milwaukee WI 53203
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 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	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. 39-6252984	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 PO Box 188 LaCrosse 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 Mayo Management Services, 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 _____

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. 39-1263473	GHP Name Humana	GHP Address Teri Hehemann Humana MSP Specialist 3 West 101 E Main St 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. 39-1519198	GHP Name Medical Associates Health Plan	GHP Address 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	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. 39-1768192	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 Employee Trust Funds	Sponsor Address 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. 39-1442058	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 _____

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. 39-1565691	GHP Name Physicians Plus Insurance Corp.	GHP Address PO Box 909953 Milwaukee WI 53209-9953
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 _____

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 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 WPS Prevea Health Plan	Claims Processor Address P O Box 11625 Green Bay WI 54307-1625
Insurer (Reinsurer) Tax Payer ID No. 20-26601939	Insurer Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual 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 _____

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. 39-1572880	GHP Name Security Health Plan of Wisconsin, Inc.	GHP Address 1515 Saint Joseph Ave PO 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 _____

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. 39-1597910	GHP Name Touchpoint	GHP Address 5 Innovation Ct Appleton WI 54914
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. 39-1555888	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 _____

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. 39-1450766	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 _____

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. 39-1616369	GHP Name Valley Health Plan, Inc.	GHP Address 500 HWY 151 E 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. N/A	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. 39-1268299	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