

September 26, 2010

Alderman Michael Murphy, Chairman
City of Milwaukee Common Council Finance and Personnel Committee
200 East Wells Street, Room 205
Milwaukee, WI 53202

File No:100605 Application for ERRP funds

Dear Alderman Murphy:

Under file 100605 the Department of Employee Relations would be authorized to apply for federal funding under the US Department of Health and Human Services Early Retiree Reinsurance Program (ERRP).

The City, like other employees, is eligible for reimbursement of 80% of the health care expenditures after June 1, 2010 for those retirees under 65 who have cost over \$15,000 and not more than \$90,000 as long as the funds are used to control long term the costs of this group of retirees. The federal government has a total of \$5B dollars that will be allocated on a first come first serve basis. The City could be eligible for as much as \$3M in 2010 through this program.

The Department is proposing to work with Ingenix to administer this effort for the City with the two health plans and the prescription benefit administrator. The Department of Health and Human Services requires an administrator to submit the claims electronically and monthly for the individuals who have costs over \$15,000 and under \$90,000. The City does not have the ability to do this. Ingenix is providing these services for the Milwaukee Public Schools and Milwaukee County. Ingenix has agreed to provide these services in 2010 based on the attached agreement for approximately \$43,000.

A copy of the proposed application is attached. A resolution is attached

Please call me if you have any questions or comments regarding this file.

Sincerely,

Michael Brady
Employee Benefits

CC: Maria Monteagudo, DER
Troy Hamblin, DER
Ellen Tangen, City Attorney's Office

ERRP

Early Retiree Reinsurance Program Application



U.S. Department of Health and Human Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1087. The time required to complete this information collection for this application is estimated to average 35 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HHS Form # CMS-10321



Please note that if any information in this Application changes or if the sponsor discovers that any information is incorrect, the sponsor is required to promptly report the change or inaccuracy.

Send, using the U.S. Postal Service, a hardcopy of the signed original ERRP Application (i.e. not a photocopy) and Attachments (if any) to:

HHS ERRP Application Center
4700 Corridor Place
Suite D
Beltsville, MD 20705



An asterisk (*) identifies a required field.

PART I: Plan Sponsor and Key Personnel Information	
1) *Organization's Name (Must correspond with the information associated with the Federal Employer Tax Identification Number (EIN): <u>City of Milwaukee, 39-6005532</u>	
2) *Type of Organization (Check the one category that best describes your organization): <input checked="" type="checkbox"/> Government <input type="checkbox"/> Union <input type="checkbox"/> Religious <input type="checkbox"/> Commercial <input type="checkbox"/> Non-profit	
3) *Organization's Employer Identification Number (EIN): <u>39 - 6005532</u>	
4) *Organization's Telephone Number: <u>414 - 286 - 2317</u> ext. _____	
5) Organization's FAX Number: <u>414 - 286 - 2106</u> ext. _____	
6) *Organization's Address (must be the address associated with the EIN provided above): * Street Line 1: <u>200 East Wells Street</u> Street Line 2: <u>Room 706</u> *City: <u>Milwaukee</u> *State: <u>Wisconsin</u> *Zip Code: <u>53202</u>	
7) Organization's Website Address: <u>www.milwaukee.gov/der</u>	
B. Authorized Representative Information	
1) *First Name: <u>Michael</u> Middle Initial: <u>J</u> *Last Name: <u>Brady</u>	
2) *Job Title: <u>Employee Benefits Director</u>	
3) Date of Birth: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.	
4) Social Security Number: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.	
5) *Email Address: <u>10/22/1947</u>	
6) *Telephone Number: <u>392 - 46 - 3368</u> ext. _____	
7) FAX Number: <u>414 - 286 - 2106</u> ext. _____	
8) *Employer Name: <u>City of Milwaukee</u>	



9) * Authorized Representative Business Address:
 * Street Line 1: 200 East Wells Street
 Street Line 2: Room 706
 *City: Milwaukee
 *State: Wisconsin
 *Zip Code: 53202

C. Account Manager Information

1) *First Name: Edwin Middle Initial: _____
 *Last Name: Reyes

2) *Job Title: Business Operations Manager

3) Date of Birth: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.

4) Social Security Number: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.

5) *Email Address: ereyes@milwaukee.gov

6) *Telephone Number: 414 - 286 - 2988 ext. _____

7) FAX Number: 414 - 286 - 0800 ext. _____

8) *Employer Name: City of Milwaukee Department of Employee Relations (DER)

9) *Account Manager Business Address:
 * Street Line 1: 200 East Wells Street
 Street Line 2: Room 706
 *City: Milwaukee
 *State: Wisconsin
 *Zip Code: 53202



PART II: Plan Information

A. Plan Information

1) *Plan Name: City of Milwaukee Basic Plan

2) *Plan Year Cycle: Start Month/Day: 01 / 01 End Month/Day: 12 / 31

B. Benefit Option(s) Provided Under This Plan (If the plan has more than one benefit option for which you intend to seek program reimbursement, please include the information below for each benefit option, on a separate copy of the Attachment below.)

1a) *Benefit Option Name: Basic Plan

1b) *Unique Benefit Option Identifier: Basic Plan

1c) *Benefit Option Type: Self-Funded Insured Both

1d) *Benefit Administrator Company Name: Anthem Blue Cross Blue Shield



C. *Programs and Procedures for Chronic and High-Cost Conditions

A sponsor cannot participate in the Early Retiree Reinsurance Program unless, as of the date of its application for the program is submitted, its employment-based plan has in place programs and procedures that have generated or have the potential to generate cost savings with respect to plan participants with chronic and high cost conditions. The program regulations define "chronic and high cost condition" as a condition for which \$15,000 or more in health benefit claims are likely to be incurred during a plan year by one plan participant. Please identify the chronic and high cost conditions for which the employment-based plan has such programs and procedures in place, and summarize those programs and procedures, including how it was determined that the identified conditions satisfy the \$15,000 threshold. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

See Attachment #1, C. Programs and Procedures for Chronic and High Cost Conditions on separate sheet of paper



Attachment #1

C. Programs and Procedures for Chronic and High Cost Conditions

As demonstrated via ongoing actuarial analysis of the programs, engagements result in measurable savings to the plan sponsor and positive impact on the health of members. As such, it is reasonable to expect these programs will have a positive impact on medical costs and outcomes for members engaged in these programs who have chronic and high cost conditions.

City of Milwaukee's Total Population Management solution includes the following:

NurseLine

A single, toll-free number, available 24 hours a day, seven days a week, 365 days a year is used to provide members with access to registered nurses to drive better health outcomes. Members receive access to symptom decision support, evidence-based health information, as well as education and medication information that improves care-seeking behavior, helps avoid unnecessary emergency room visits and reduces absenteeism. These nurses serve as a navigational hub, referring members to high-quality providers and other available care management programs as appropriate. NurseLine is available to all members regardless of condition.

Treatment Decision Support

Assistance for members to choose appropriate treatments and access cost-effective, quality care by providing access to nurses with information about their medical conditions, treatment options and the clinical and cost ramifications of treatment choices. Focuses on common conditions that are major drivers of medical spend, addressed by multiple clinical approaches and lack practice pattern uniformity, and where affected members frequently do not make the best treatment decisions. Treatment Decision Support conditions include back pain, knee and hip replacement, benign or cancer prostate disease, breast cancer, benign uterine conditions and hysterectomy, heart or coronary disease, CABG, angioplasty.

Notification

An intake process involving the provider/consumer advising of planned services as required by the provider contract or member benefit plan. UnitedHealthCare's Notification program serves as a gateway into the clinical programs, including but not limited to, Inpatient Care Management program, Case Management, Disease Management, and Complex Condition Management.

Inpatient Care Management

Clinical program that promotes efficient execution of the physician's treatment plan by reviewing against evidenced based criteria, identifies and prevents potential delays in care/tests/procedures, facilitates prompt access to specialists and consultants, facilitates appropriate level of care,

coordinates discharge-planning services, identifies and refers appropriately for post-discharge follow-up. The Inpatient Care Management Program applies to all members, regardless of condition.

Case Management

Access to collaborative and member-focused programs that leverage Transitional Case Management, Condition Management and Complex Case Management to assist high-cost, high-risk members manage their conditions and care. These programs involve the process of identifying those at risk, assessing health care needs, planning and executing outcome-based care decision support that will ultimately change behavior to impact the quality and affordability of the health care experience. Focuses on engaging members who have a significant impact on medical spend through a wide array of methods, regardless of condition, including high-cost claimant triggers, predictive modeling and pharmacy identification criteria.

Complex Medical Conditions

A suite of programs that identifies leading health care providers and guides members to them for care to promote better patient outcomes and significant cost savings for customers. Carefully chosen Centers of Excellence (COE) networks span across the nation bringing together the best physicians and clinics in areas such as organ transplantation, while specialty case managers work directly with members for transplantation. COE facilities and UnitedHealth Premium providers, combined with case management, result in members being treated by experienced, knowledgeable physicians; and better care leads to shorter hospital stays, higher success rates, faster recoveries and lower costs.

Physical Health – includes Chiro network, PT/OT/ST network, Complimentary Alternative Medicine network, Chiro Clinical Support Program and PT/OT Clinical Support Program]

A program that offers access to chiropractic, physical and occupational therapy, and complementary and alternative medicine networks throughout the nation. Through integrated relevant health guidance, technology and services, this program helps decrease the costs of musculoskeletal treatment.

Wellness

Health and Wellness portal, formerly known as Health A-Z Resources that offer relevant information to help members manage their health and well-being through a comprehensive set of features that offer relevant information for individuals in all stages of the health risk in order to proactively minimize member costs.

Biometric Screenings Biometric screening services measure the most common modifiable risk factors among populations and help members understand their results, the impact of their numbers on their health status and information to improve their results.

D. *Estimated Amount of Early Retiree Reinsurance Program Reimbursements

Please estimate the projected amount of proceeds you expect to receive under the Early Retiree Reinsurance Program for the plan identified in this application, for each of the first two plan year cycles identified in this application. If you wish, you may provide a range of expected program proceeds that includes: (1) a low-end estimate of expected program proceeds, (2) an estimate that represents your most likely amount of program proceeds, and (3) a high-end estimate of expected program proceeds. For purposes of this estimate only, please assume for each of those plan year cycles that there will be sufficient program funds to cover all claims submitted by the Plan Sponsor that comply with program requirements. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

See Attachment #2 Healthcare Reform Bill – Reinsurance for Early Retirees on separate paper



Data 1 Assumptions
 2009 claim dollars are grossed up for trend and Re-conf 1.09 trend end grossed up by dividing by 0.99 to get to net of medical and PDI
 Claims prior to June 1st are not included and capped at \$15,000/claimant
 Net Paid covers net of costs paid by the plan. Covered claims reflect costs paid by the plan plus member cost share.
 COB reimbursements have been netted from Covered claims.

Liabilities and Un-
 The purpose of this report is to provide a reasonable estimate of potential subsidy/reimbursement on the above-referenced program. Actual 2010 results for a claim could vary due to trend inflation, actual claims experience, covered retirees or future stipulation or changes in the regulations. We do not make any assumptions as to the actual availability of the funds and the procedures published and administered by the HHS by which an employer would qualify and receive the subsidy.

2010 Estimate

Plan:	Customer Name:	Aug 2009 member eligible for subsidy:	1,484															
000712461	CITY OF MILWAUKEE	1,484																
<table border="1"> <tr> <th>Claimants with less than \$15,000 in net Paid</th> <th>Claimants with \$15,000 to \$30,000 in net Paid</th> <th>Claimants with greater than \$30,000 in net Paid</th> <th>Claimants with greater than \$30,000 in net Paid</th> <th>Total Subsidy Qualified Claimants - Based on Adjusted Net Paid Claims</th> </tr> <tr> <td>1,187</td> <td>181</td> <td>18</td> <td>207</td> <td></td> </tr> <tr> <td>\$ 3,898,595</td> <td>\$ 5,880,871</td> <td>\$ 2,892,354</td> <td>\$ 8,293,628</td> <td>\$ 17,065,448</td> </tr> </table>				Claimants with less than \$15,000 in net Paid	Claimants with \$15,000 to \$30,000 in net Paid	Claimants with greater than \$30,000 in net Paid	Claimants with greater than \$30,000 in net Paid	Total Subsidy Qualified Claimants - Based on Adjusted Net Paid Claims	1,187	181	18	207		\$ 3,898,595	\$ 5,880,871	\$ 2,892,354	\$ 8,293,628	\$ 17,065,448
Claimants with less than \$15,000 in net Paid	Claimants with \$15,000 to \$30,000 in net Paid	Claimants with greater than \$30,000 in net Paid	Claimants with greater than \$30,000 in net Paid	Total Subsidy Qualified Claimants - Based on Adjusted Net Paid Claims														
1,187	181	18	207															
\$ 3,898,595	\$ 5,880,871	\$ 2,892,354	\$ 8,293,628	\$ 17,065,448														
<table border="1"> <tr> <th>Claimants with less than \$15,000 in net Covered</th> <th>Claimants with \$15,000 to \$30,000 in net Covered</th> <th>Claimants with greater than \$30,000 in net Covered</th> <th>Total Subsidy Qualified Claimants - Based on Adjusted Covered Claims</th> </tr> <tr> <td>1,185</td> <td>183</td> <td>16</td> <td>208</td> </tr> <tr> <td>\$ 3,892,982</td> <td>\$ 5,759,987</td> <td>\$ 2,610,117</td> <td>\$ 12,263,086</td> </tr> </table>				Claimants with less than \$15,000 in net Covered	Claimants with \$15,000 to \$30,000 in net Covered	Claimants with greater than \$30,000 in net Covered	Total Subsidy Qualified Claimants - Based on Adjusted Covered Claims	1,185	183	16	208	\$ 3,892,982	\$ 5,759,987	\$ 2,610,117	\$ 12,263,086			
Claimants with less than \$15,000 in net Covered	Claimants with \$15,000 to \$30,000 in net Covered	Claimants with greater than \$30,000 in net Covered	Total Subsidy Qualified Claimants - Based on Adjusted Covered Claims															
1,185	183	16	208															
\$ 3,892,982	\$ 5,759,987	\$ 2,610,117	\$ 12,263,086															

LOW END of subsidy estimate, based on net paid amount

HIGH END of subsidy estimate, based on covered amount

2011 Estimate

Plan:	Customer Name:	Aug 2009 member eligible for subsidy:	1,414												
000712461	CITY OF MILWAUKEE	1,414													
<table border="1"> <tr> <th>Claimants with less than \$15,000 in net Paid</th> <th>Claimants with \$15,000 to \$30,000 in net Paid</th> <th>Claimants with greater than \$30,000 in net Paid</th> <th>Total Subsidy Qualified Claimants - Based on Adjusted Net Paid Claims</th> </tr> <tr> <td>1,178</td> <td>155</td> <td>33</td> <td>208</td> </tr> <tr> <td>\$ 3,850,800</td> <td>\$ 6,446,573</td> <td>\$ 5,983,691</td> <td>\$ 16,281,064</td> </tr> </table>				Claimants with less than \$15,000 in net Paid	Claimants with \$15,000 to \$30,000 in net Paid	Claimants with greater than \$30,000 in net Paid	Total Subsidy Qualified Claimants - Based on Adjusted Net Paid Claims	1,178	155	33	208	\$ 3,850,800	\$ 6,446,573	\$ 5,983,691	\$ 16,281,064
Claimants with less than \$15,000 in net Paid	Claimants with \$15,000 to \$30,000 in net Paid	Claimants with greater than \$30,000 in net Paid	Total Subsidy Qualified Claimants - Based on Adjusted Net Paid Claims												
1,178	155	33	208												
\$ 3,850,800	\$ 6,446,573	\$ 5,983,691	\$ 16,281,064												
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1,175	188	33	238												
\$ 3,715,560	\$ 6,465,970	\$ 6,501,180	\$ 16,682,710												

LOW END of subsidy estimate, based on net paid amount

HIGH END of subsidy estimate, based on covered amount

E. *Intended Use of Early Retiree Reinsurance Program Reimbursements

- 1) Please summarize how your organization will use the reimbursement under the Early Retiree Reinsurance Program to reduce health benefit or health benefit premium costs for the sponsor of the employment-based plan (i.e., to offset increases in such costs); or reduce, or offset increases in, premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs (or combination of these) for plan participants; or reduce a combination of any of these costs (whether offsetting increases in sponsor costs or reducing, or offsetting increases in, plan participants' costs). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

The funds received from the Early Retiree Reinsurance Program will be used in the short term to reduce or offset the increases in total costs of the health care premiums for 2012 and when possible the retiree contributions. Collective bargaining agreements limit the ability of the City to change benefits structure and contribution formulas.

Funds will also be used in the long term to control health care costs increases through (1) a comprehensive effort to educate retirees about effective lower cost medications, (2) a comprehensive effort to provide opportunities for retirees to become better consumers of health care through use of knowledge about high quality lower cost providers and hospitals, and (3) a comprehensive effort through education about the benefit of end of life care through living wills.

All of these long term efforts will be coordinated with the assistance of the Milwaukee Retiree Association, the Employee Retirement System of the City of Milwaukee, Milwaukee labor unions, the two health plans, the prescription benefit manager and the Department of Employee Relations.



E. *Intended Use of Early Retiree Reinsurance Program Reimbursements (continued)

2) If a sponsor decides to apply the reimbursement for its own use, it may only use the reimbursement to offset increases in its health benefit premium costs, if an insured plan, or its health benefit costs, if it is self-funded. If any amount of the reimbursement is used to offset increases in health benefit premium or health benefit costs of your organization (as opposed to offsetting increases to, or reducing, plan participants' costs), please summarize how program funds, as a result of being used by your organization for such purposes, will relieve your organization of using its own funds to subsidize such increases, thereby allowing your organization to instead use its own funds to maintain its level of financial contribution to the employment-based plan. (In other words, please explain how your organization will continue to maintain the level of support for this plan, and if it applies the reimbursement for its own use, will use the program reimbursement to pay for increases in health benefit premium costs or health benefit costs, as applicable). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

[Empty response box for providing details on the intended use of reimbursements.]



PART III: Banking Information for Electronic Funds Transfer	
1) *Bank Name:	_____
2) *Bank Address:	
* Street Line 1:	_____
Street Line 2:	_____
*City:	_____
*State: Select One	
*Zip Code:	_____
3) *Account Number:	_____
4) *Name of Organization Associated with Account:	_____
5) *Account type: (Checking or Savings Account) Select One	_____
6) *Bank Routing Number:	_____
7) *Bank Contact Name:	
*First Name:	_____ Middle Initial: _____
*Last Name:	_____
8) *Email address:	_____
9) *Telephone Number:	____-____-____ ext. _____



PART IV. Plan Sponsor Agreement	
1.	Compliance: In order to receive program reimbursement(s), Plan Sponsor agrees to comply with all of the terms and conditions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and in other guidance issued by the Secretary of the U.S. Department of Health & Human Services (the Secretary), including, but not limited to, the conditions for submission of data for obtaining reimbursement and the record retention requirements.
2.	Reimbursement-Related and Other Representations Made by Designees: Plan Sponsor may be given the opportunity to identify one or more Designees (i.e., individuals the Sponsor will authorize to perform certain functions on behalf of the Sponsor related to the Early Retiree Reinsurance Program, such as individual(s) who will be involved in making program reimbursement requests). Plan Sponsor certifies that all individuals that will be identified as Designees will have first been given authority by the Plan Sponsor to perform those respective functions on behalf of the Plan Sponsor. Plan Sponsor understands that it is bound by any representations such individuals make with respect to the Sponsor's involvement in the Early Retiree Reinsurance Program, including but not limited to the Sponsor's reimbursement under, the program.
3.	Written Agreement: Plan Sponsor certifies that, prior to submitting a Reimbursement Request, it has executed a written agreement with its health insurance issuer or employment-based plan regarding disclosure of information, data, documents, and records to HHS, and the issuer or plan agrees to disclose to HHS, on behalf of the Plan Sponsor, at a time and in a manner specified by the HHS Secretary in guidance, the information, data, documents, and records necessary for the Plan Sponsor to comply with the requirements of the Early Retiree Reinsurance Program, as specified in 45 C.F.R. 149.35.
4.	Use of Records: Plan Sponsor understands and agrees that the Secretary may use data and information collected under the Early Retiree Reinsurance Program only for the purposes of, and to the extent necessary in, carrying out Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 including, but not limited to, determining reimbursements and reimbursement-related oversight and program integrity activities, or as otherwise allowed by law. Nothing in this section limits the U.S. Department of Health & Human Services' Office of the Inspector General's authority to fulfill the Inspector General's responsibilities in accordance with applicable Federal law.
5.	Obtaining Federal Funds: Plan Sponsor acknowledges that the information furnished in its Plan Sponsor application is being provided to obtain Federal funds. Plan Sponsor certifies that it requires all subcontractors, including plan administrators, to acknowledge that information provided in connection with a subcontract is used for purposes of obtaining Federal funds. Plan Sponsor acknowledges that reimbursement of program funds is conditioned on the submission of accurate information. Plan Sponsor agrees that it will not knowingly present or cause to be presented a false or fraudulent claim. Plan Sponsor acknowledges that any excess reimbursement made to the Plan Sponsor under the Early Retiree Reinsurance Program, or any debt that arises from such excess reimbursement, may be recovered by the Secretary. Plan Sponsor will promptly update any changes to the information submitted in its Plan Sponsor application. If Plan Sponsor becomes aware that information in this application is not (or is no longer) true, accurate and



	complete, Plan Sponsor agrees to notify the Secretary promptly of this fact.
6.	Data Security: Plan Sponsor agrees to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged under this Plan Sponsor application. Plan Sponsor recognizes that the use and disclosure of protected health information (PHI) is governed by the Health Insurance Portability and Accountability Act (HIPAA) and accompanying regulations. Plan Sponsor certifies that its employment-based plan(s) has established and implemented appropriate safeguards in compliance with 45 C.F.R. Parts 160 and 164 (HIPAA administrative simplification, privacy and security rule) in order to prevent unauthorized use or disclosure of such information. Sponsor also agrees that if it participates in the administration of the plan(s), then it has also established and implemented appropriate safeguards in regard to PHI. Any and all Plan Sponsor personnel interacting with PHI shall be advised of: (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.
7.	Depository Information: Plan Sponsor hereby authorizes the Secretary to initiate reimbursement, credit entries and other adjustments, including offsets and requests for reimbursement, in accordance with the provisions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R Part 149 and applicable provisions of 45 C.F.R. Part 30, to the account at the financial institution (hereinafter the "Depository") indicated under the Electronic Funds Transfer (EFT) section of the Plan Sponsor application. Plan Sponsor agrees to immediately pay back any excess reimbursement or debt upon notification from the Secretary of the excess reimbursement or debt. Plan Sponsor agrees to promptly update any changes in its Depository information.
8.	Policies and Procedures to Detect Fraud, Waste and Abuse. The Plan Sponsor attests that, as of the date this Application is submitted, has in place policies and procedures to detect and reduce fraud, waste, and abuse related to the Early Retiree Reinsurance Program. The Plan Sponsor will produce the policies and procedures, and necessary information, records and data, upon request by the Secretary, to substantiate existence of the policies and procedures and their effectiveness, as specified in 45 C.F.R. Part 149.
9.	Change of Ownership: The Plan Sponsor shall provide written notice to the Secretary at least 60 days prior to a change in ownership, as defined in 45 C.F.R, 149.700. When a change of ownership results in a transfer of the liability for health benefits costs, this Plan Sponsor Agreement is automatically assigned to the new owner, who shall be subject to the terms and conditions of this Plan Sponsor Agreement.
<p>Signature of Plan Sponsor Authorized Representative</p> <p>I, the undersigned Authorized Representative of Plan Sponsor, declare that I have legal authority to sign and bind the Plan Sponsor to the terms of this Plan Sponsor Agreement, and I have or will provide evidence of such authority. I declare that I have examined this Plan Sponsor Application and Plan Sponsor Agreement. My signature legally and financially binds the Plan Sponsor to the statutes, regulations, and other guidance applicable to the Early Retiree Reinsurance Program including, but not limited to Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and applicable provisions of 45 C.F.R. Part 30 and all other applicable statutes and regulations. I certify that the information contained in this Plan Sponsor Application and Plan Sponsor Agreement is true, accurate and complete to the best of my knowledge and belief, and I authorize the Secretary to verify this information. I understand that, because program</p>	



reimbursement will be made from Federal funds, any false statements, documents, or concealment of a material fact is subject to prosecution under applicable Federal and/or State law.

*Signature: _____

Only the Authorized Representative specified in Part I.B. can sign this agreement



Attachment: Additional Benefit Options

(Complete this form for each unique benefit option not already specified above in Part II.B)

1a) *Benefit Option Name: _____

1b) *Unique Benefit Option Identifier: _____

1c) *Benefit Option Type: Self-Funded Insured Both

1d) *Benefit Administrator Company Name: _____

