

May 30, 2018

Account Number: 5555555 Reference Number: 9999999



BUSINESS NAME JOHN DOE 123 ANY STREET PO BOX 555 ANY CITY, ST 01010-3333

Dear JOHN DOE:

Enclosed you will find Blue Cross Blue Shield of Massachusetts' annual surveys that we send to our accounts. The data collected will be used to satisfy federal government requirements. The surveys included are:

- 1. Employer Tax ID (EIN). This survey collects information to facilitate 1095 employee reporting obligations.
- 2. Medicare Secondary Payer (MSP) Calculation. This survey helps us determine the total number of employees who worked at your company in 2017 and 2018 so that we can properly determine payment primacy for your employees' claims.
- 3. Patient Protection and Affordable Care Act (PPACA) Calculation. This survey helps us determine the size of your company (small vs. large) so we can calculate our Medical Loss Ratio (MLR) for the companies we insure, and determine if you are eligible for any rebates.

Please note: Although both the MSP and the PPACA surveys ask about employee size, we must receive answers to both surveys to comply with federal regulations. This is because the two surveys have different purposes and they each calculate employer group size differently, so it is important that you fill out both.

What is the deadline for returning the surveys? Please respond to all three surveys within the next 10 business days. We prefer you respond online, but you can also do so by mail, phone, or fax if needed. See below for details. If we don't hear from you within the next 10 business days, you will receive follow up calls and/or letters.

| | To respond online , visit BCBSMA.gro requested information. You will need y (located at the top right of this page). | oupsizeupdatecenter.com and provide the your Account Number and Reference Number |
|---------------------|---|--|
| ≢ = 7 | To respond by mail, please complete the enclosed survey and send to: | To respond by phone, please contact us at 888-703-7302 |
| | Blue Cross Blue Shield of Massachusetts P.O. Box 69006 Omaha, NE 68106 | To respond by fax , please complete the enclosed surveys and fax them to 402-384-6695 |

More questions? If you have more questions, see our Frequently Asked Questions (enclosed) or contact us at 888-703-7302. Thank you in advance for your timely response!

Sincerely

Blue Cross Blue Shield of Massachusetts Enclosure: Surveys (Part 1 & 2), FAQs





Medicare Secondary Payer Calculation Employer Group Size Survey–Part 1

Employer Name: BUSINESS NAME Account Number: 5555555

Reference Number: 9999999

Employer Identification Number (EIN): 123456789

Step 1. If your primary EIN (listed above) is incorrect or blank, please supply the correct EIN

Step 2. What was your final employee count at the end of 2017?

Note: Please count each associate employed as one employee. This count must include all full-time and part-time employees associated with the group numbers relating to your specific account.

Step 2a. Please read through all three options below and indicate below, by checking a single box, the employer group size that accurately represented your organization for 2017. Week 1 began January 1, 2017.

OPTION 1

19 or Fewer Employees My company employed **19 or fewer** full and/or part-time employees for **33 or more weeks** in 2017.

Please indicate the month in which your company reached the 33rd week (does not have to be consecutive weeks) of employing 19 or fewer employees and <u>continue to</u> <u>Step 3:</u>

| July 🗌 | October 🗌 |
|-------------|------------|
| August 🗌 | November 🗌 |
| September 🗌 | December 🗌 |

OPTION 2 20–99 Employees

My company employed **20–99** full and/or part-time employees for **20 or more weeks** in 2017.

Please indicate the month in which your company reached the 20th week of employing 20-99 employees (does not have to be consecutive weeks) and <u>continue to Step 3:</u>

| September 🗌 | May 🗌 |
|-------------|---------|
| October 🗌 | June 🗌 |
| November 🗌 | July 🗌 |
| December 🗌 | ugust 🗌 |

OPTION 3 100+ Employees

My company employed **100+** full and/or part-time employees for **50%** or more of its regular business days in 2017.

Please indicate the month in which your company reached 50% of its regular business days employing 100+) and <u>continue to Step 3:</u>

| June 🗌 | September 🗌 |
|----------|-------------|
| July 🗌 | October 🗌 |
| August 🗌 | November 🗌 |
| | December 🗌 |





Page 1 of 3

Step 3. What is your current employee count for 2018?

Note: Please count each associate employed as one employee. This count must include all full-time and part-time employees associated with the group numbers relating to your specific account.

Step 3a. Please read through all three options below and indicate, by checking a single box, the employer group size that accurately corresponds to your organization for 2018. Week 1 began January 1, 2018. Note: If none of the below categories currently describe your company due to not yet reaching the sufficient number of weeks, please know that you are obligated to inform BCBSMA if/when your company changes categories from the previous year.

| 19 or fewe My company emplo full and/or part-time or more weeks in 2 | employees for 33 | My company e | Employees mployed 20–99 full e employees for 20 or 2018. | My company en and/or part-time | nployees nployed 1 00+ full employees for 50% or lar business days in | ccount Number: 55555 |
|--|---|---|--|--------------------------------|---|----------------------|
| Please indicate the your company rea week (does not ha consecutive week or fewer employee the reverse side: | ched the 33rd we to be s) of employing 19 | your company week of emplo (does not have | e the month in which / reached the 20th bying 20-99 employees e to be consecutive ontinue to the reverse | your company regular busine | e the month in which reached 50% of its ss days employing s and <u>continue to the</u> | 555555 |
| July 🗌 | October 🗌 | May 🗌 | September 🗌 | June 🗔 | September 🖂 | 366 |
| August 🗌 | November 🗌 | June 🗌 | October 🗌 | July 🗌 | October ∏ | 666666 |
| September 🗌 | December 🗌 | July 🗌 | November | August 🗌 | November 🗌 | |
| | | August 🗌 | December 🗌 | | December 🗌 | |

Please Complete the Patient Protection and Affordable Care Act MLR **Calculation Survey on the Next Page**

Patient Protection and Affordable Care Act MLR Calculation Employer Group Size Survey–Part 2

Reference Number: 9999999

Employer Name: BUSINESS NAME

Account Number: 5555555

| This survey will determine whether your company is a small or large group. This determination will help us calculate the 2018 medical loss ratio (MLR) as well as your company's eligibility for any potential MLR rebates. |
|---|
| Please complete the following: |
| Please indicate the average number of employees* your company employed in 2017, as defined below for calculating the medical loss ratio, by selecting your employer size: |
| Small Employer-Average of 50 or less employees AND at least one employee on January 1, 2018. |
| Large Employer-Average of 51 or more employees AND at least two employees on January 1, 2018. |
| * For purposes of counting employees and determining group size: An employer's number of employees is determined by averaging the total number of all employees employed on business days during the <u>preceding calendar year</u> . [Section PHS Act §2791(e)(2) and (4)] Please note: this number includes each full-time, part- time, and seasonal employee. An employee is "any individual employed by an employer." [PHS Act §2791(d)(5)] If your company is a sole proprietorship, do not count yourself or your spouse as employees (for purposes of this survey only). |
| This employer size categorization will be used to calculate the 2018 medical loss ratio (MLR) and help determine |

We will also rely on you to distribute rebate funds (if applicable) proportionally to your employees, according to federal guidelines.

whether your company will be eligible for 2018 rebates, if any are required to be issued in 2019.

Sign and Return: By signing and returning this form (or by completing this survey), you certify the accuracy of this information and confirm your understanding that we rely on your answers to process your claims in accordance with Medicare Secondary Payer law and to calculate Medical Loss Ratio (MLR) and any associated rebates as required by federal law. Please return the completed, signed form within the next 10 business days.

Name & Title (Please Print)

Signature

Date

Page 3 of 3





| MSPMA1 |
|---------------|
| |

No. Question 17 ဖ ω 1 σ G 4 ω N 5 ភ 14 $\vec{\omega}$ ざ 10 Why do you ask if my company employed 1–19 employees for 33 weeks, when the Medicare rule states that we must be in that category for 20 or number (EIN)? What if my company has out-of-state employees? What if my company has been bought or sold? premium payments or benefits? When is an employer considered to have 20 or more Cross Blue Shield of Massachusetts just go by the considered the primary payer? Why is it important for me to report this information need my company's employee identification Why does Blue Cross Blue Shield of Massachusetts total employee count? complete the survey? more weeks? Could my answers to these questions affect my count? Do I need to include retirees in my total employee considered an employee? employee count? Do I have to include part-time employees in my total employees? number of employees enrolled on our plan? When is Medicare considered the primary payer? to Blue Cross Blue Shield of Massachusetts? What is the Medicare secondary payer law? Do I need to include deceased employees in my Are religious accounts or organizations required the survey? I am a Sole Proprietor. Do I still need to complete I am a self-employed owner of my company. Am I Why is this certification form necessary? Can't Blue When is Blue Cross Blue Shield of Massachusetts ಕ or more weeks in the calendar year. We ask the question in a different way so that we can accurately determine primacy. Because there are 52 weeks in the calendar year, we ask if you have employed less than 20 people for 33 weeks, to avoid situations where a company may have employed both less than and more than 20 employees for 20 weeks. An employer is considered to employ 20 or more employees when the employer has 20 or more employees for each working day in each of 20 or more calendar weeks in the current year or preceding year. In applying the Medicare Secondary Payer provisions, CMS considers the corporation's total amount of employees both inside and outside the employees. Primacy determination for working aged is based on when the company fell below 20 employees or when the company employed 20, or more employees. Please refer to the Medicare secondary payer provision regarding the employees' requirement for more information. A member is counted as an active employee if the member of the religious order has not taken a vow of poverty. Definition to this survey determine that a primacy change is necessary, Blue Cross Blue Shield of Massachusetts will contact you to explain what this FICA taxes. For a more detailed description of an employee, please see the important definitions section on the back of this form health plan Medicare secondary payer law requirements are based on the total number of employees, not on the number of employees enrolled in the Specific rules dictate when Blue Cross Blue Shield of Massachusetts is considered the primary payer. For additional information, please refer to the rules and definitions on the back of this FAQ form, specifically Working Aged rule, Disability rule, and End-Stage Renal Disease (ESRD) Specific rules dictate when Mediare is considered the primary payer. For additional information, please refer to the rules and definitions on the back of this FAQ form, specifically the Working Aged rule, Disability rule, and End-Stage Renal Disease (ESRD) rule. Blue Cross Blue Shield of Massachusetts requires this information to pay your employees' claims in accordance with the Medicare secondary first. The rules are outlined on the back of your survey form, but if you have specific questions about your company's Medicare secondary payer obligations, please contact the Centers for Medicare and Medicaid Services (CMS) at **1-800-999-1118** or your own legal counsel. subgroups, then we only need to capture the primary account's EIN for the purposes of this survey. Response Centers for Medicare and Medicaid Services (CMS) at 1-800-999-1118 or your own legal counsel status" as defined by the law. If you have specific questions about your company's Medicare Secondary Payer obligations, please contact the previous calendar year. You should count or consider deceased employees at a time when they were working and had "current employment Medicare Secondary Payer Rules are dependent upon the number of employees an employer had over a period of time during the current or United States or sold the company. Primacy determination for disability is based on when the company fell below 100 employees or employed 100 or more means to your company and how it does or does not impact your premium payments and benefits companies that employ less than 20 or less than 100 employees would apply. Retirees are generally not counted as employees, because they are not receiving payments subject to FICA taxes; however, if a retiree receives payment subject to FICA taxes (for example, consulting work), they must be counted as an employee. Yes. For purposes of this questionnaire, an employee is defined as an individual who received payments from the employer that are subject to rule payer law. health plans to provide them with the EIN (also referred to as tax identification number or TIN) of each account. Medicare uses this information Just as Medicare requires health plans to provide information about the number of employees in each of our accounts, Medicare also requires The Centers for Medicare and Medicaid Services (CMS) determines primacy based on company size only, not on the organization that bought The Medicare primacy rule that applies to accounts with fewer than 20 employees states that you must have fewer than 20 employees for 20 The purpose of the survey is to determine the correct way to process claims for your company to ensure Medicare compliance. If your answers Yes. The Federal Government classifies sole proprietorships as small businesses; therefore, the Medicare secondary payer rules regarding No, you are not considered an employee. You are considered a self-employed owner of a company. to more accurately ensure that claims are paid in the correct primacy (priority) relative to each account's size. If your company includes many The Medicare secondary payer law is a federal law that determines whether Medicare or an employer group health plan pays for health claims 2. Individual from the religious order is receiving remuneration for services provided, whether or not the religious order pays taxes on behalf of that member 1. Religious order pays FICA taxes on behalf of the member.

Medicare Secondary Payer Rules and Definitions

Medicare Secondary Payer Rules:

employer payer for a plan participant who is entitled to Medicare due to age, and who has coverage under the plan by virtue of his or her current employment status with the Working Aged Rule – A group health plan of an employer with 20 or more employees for 20 or more weeks in the current or previous calendar year is the primary

plan participants entitled to Medicare due to age. employment status with the employer. If a plan is the primary payer for plan participants entitled to Medicare due to disability, then it is also the primary payer for year, is the primary payer for a plan participant who is entitled to Medicare due to disability and who has coverage under the plan by virtue of his or her current Disability Rule – A group health plan of an employer with 100 or more employees on 50 percent or more of its regular business days during the previous calendar

End-Stage Renal Disease (ESRD) Rule – A group health plan of an employer of any size is the primary payer for a plan participant (other than a health plan that only covers the self-employed owner) who is entitled to Medicare due to ESRD for the first 30 months of the ESRD Medicare entitlement.

Important Definitions:

and Blue Shield of Massachusetts. Thus, for purposes of this questionnaire, you should count the employees in all controlled or affiliated corporations. If you affiliated service group of corporations, such as a parent company, even if not all of the corporations participate in the same health care plan through Blue Cross participate in a multiple-employer health plan, where two or more unaffiliated companies offer a single health plan to their employees, "Your Company" means the company with a greater number of employees at any given time. Your Company – For purposes of this document, "Your Company" includes any other corporations that are part of the same controlled group of corporations or

A self-employed company owner is *not* counted as an employee. A retiree is only counted as an employee if they are receiving payments subject to FICA taxes. (e.g., working as a consultant). All employees meeting the definitions above should be counted regardless of their status as full-time or part-time employees, Employee – For purposes of this questionnaire, an employee is defined as an individual who received payments from the employer that are subject to FICA taxes leased employees, consultants, or seasonal employees.

Medicare / CMS Resources:

Link to Medicare Secondary Payer – Working Aged MSP Course

Payer/Downloads/MSP-Working-Aged.pdf https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-

Annual Medical Loss Ratio Calculation Frequently Asked Questions (FAQs)

| No. | Question | Response |
|-----|---|--|
| | What is the Patient Protection and Affordable Care Act's (PPACA) medical loss ratio (MLR)? | The Patient Protection and Affordable Care Act is a federal law. One requirement of this law is that health insurance companies report their medical loss ratio to federal regulators and pay rebates if certain medical loss ratio targets are not met. The calculation of the medical loss ratio is based, in part, on the size of the insurance company's employer groups. In order to calculate medical loss ratio for 2018 and determine if any rebates are due in 2019, we need to know whether your company should be categorized as a "small" or "large" employer group, as defined by the Patient Protection and Affordable Care Act. |
| N | What are the definitions of "small" and "large" employer groups for the purposes of the Patient Protection and Affordable Care Act and medical loss ratio? | A small employer is an employer that employed an average of at least 1, but not more than 50 employees on business days during the preceding calendar year, and that employs at least 1 employee on the first day of the plan year. A large employer is an employer that employed an average of at least 51 employees on business days during the preceding calendar year, and that employee on the first day of the plan year, and that employee on the first day of the plan year, and that employees on business days during the preceding calendar year, and that employs at least 1 employee on the first day of the plan year. |
| ω | What if my company was a new employer and did not have any employees in 2017? | If your company was not in existence in 2017, you should base your group-size count on the average number of employees you reasonably expect to employ on business days in 2018. |
| 4 | Why is it important for me to report this information to Blue Cross Blue Shield of Massachusetts? | Medical loss ratio is calculated separately for small and large employer group markets. To calculate MLR for 2018, and determine if any rebates are due to your company in 2019, we need to know whether your company should be categorized as a "small" or "large" employer group for the 2017 reporting year. |
| თ | Why is this certification form necessary? Can't Blue Cross Blue Shield of | According to federal law, employer size, for medical loss ratio calculation purposes, is based on the average number of employees employed on business days during the preceding calendar year. [For reference, see Section PHS Act §2791(e)(2) and (4)] This calculation includes each full- |
| | Massachusetts just go by the number of employees enrolled on our plan to | time, part-time, and seasonal employee. Since the total number of employees enrolled on your plan may be different than the total number of employees working during the time frame noted above, we need you to provide us with the correct information, as we do not know the total number |
| ი | determine our group size? Do I have to include part-time employees | of employees at your organization in 2017. Yes. For the purposes of this questionnaire, your employee count includes all full- and part-time employees. |
| 7 | I own my company. Am I considered an | Yes. |
| | employée? | |
| 00 | Do I need to include retirees in my total employee count? | No, unless they were active employees for all or a portion of 2017. Count only employees who were active during the 2017 calendar year. Retirees are not considered employees. |
| 9 | My company is a sole proprietorship. Does this survey apply to me? | Yes. |
| 10 | Could my answers to these questions affect my premium payments? | Possibly. The purpose of this survey is to determine your employer group size to calculate our medical loss ratio and to determine if any rebates are due in 2019. Indirectly, the medical loss ratio calculations could lead to future changes in your premium, as Blue Cross Blue Shield of Massachusetts reviews premium rates on each employer's anniversary date to determine if changes are necessary. |
| 11 | Should I include out-of-state employees in my count? | Yes. You should count all of your employees who were active for all or a portion of 2017, regardless of whether they were enrolled in your Blue Cross Blue Shield of Massachusetts plan or where they were located. |
| 12 | Does this mean my company might be considered a large group for MLR purposes, even though I am a small group for other purposes? | Yes. Because the definitions of employer size are different for various federal laws and programs, your organization might be classified differently for different purposes. |
| 13 | If it is determined that my company is due a rebate, when will I receive it? | If your company is due a rebate, Blue Cross Blue Shield of Massachusetts will issue a rebate on your premium in time for you to distribute rebates to employees by September 30, 2019. |