

<MF02>

<MF28>

<MF07> <MF08>

<MF09>

<MF10>

<MF11>, <MF12> <MF13>

Account Number: <MF06>

Reference Number: <MF05>

Dear <MF07> <MF08>:





Enclosed you'll find the annual surveys from Blue Cross Blue Shield of Massachusetts. We collect and use this data to satisfy federal government requirements. The surveys included are:

1. **Employer Tax ID (EIN).** This survey collects information to facilitate Internal Revenue Service Form 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 2020 and 2021, 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 or large) so we can calculate our Medical Loss Ratio (MLR) for the companies we insure, and determine if you're eligible for a rebate.

NOTE: Although both the MSP and the PPACA surveys ask about employee size, you must complete both surveys to comply with federal regulations. This is because these surveys have different purposes, and calculate employer group size differently.

What Is the Deadline for Returning the Surveys?

Please respond to all three surveys **within the next 10 business days** to avoid receiving follow-up calls and letters. Your timely response to these surveys will help us determine if your company will receive a rebate for reporting year 2021. Rebates would be issued in 2022. We prefer that you respond online, but you can also respond by mail, phone, or fax. See below for details.

 To respond online , visit <MF18> and provide the requested information. You'll need your Account Number and Reference Number (located at the top right of this page).	
 To respond by mail , please complete the enclosed surveys and send them to: Blue Cross Blue Shield of Massachusetts <<MF21>> <<MF22>> <<MF23>>, <<MF24>> <<MF25>>	 To respond by phone , please call us at: <MF26>  To respond by fax , please complete the enclosed surveys and fax them to: <MF27>

Questions?

If you have questions, refer to the enclosed *Frequently Asked Questions* sheet, or call us at <MF26>. Thank you for your response.

Sincerely,

Blue Cross Blue Shield of Massachusetts

Enclosures: Surveys (Part 1 & 2), FAQs

Part 1: Medicare Secondary Payer Calculation Employer Group Size Survey

Employer Name: <MF28>
Account Number: <MF06>

Reference Number: <MF05>

Employer Identification Number (EIN): <MF31>

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

Note: If primary EIN is correct, skip to the next step.

Step 2. What was your final employee count at the end of 2020? _____

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 check a single box to indicate the employer group size that accurately represented your organization for 2020ek 1 began January 1, 2020.

OPTION 1

19 or Fewer Employees
My company employed **19 or fewer** full- and/or part-time employees for **33 or more weeks** in 2020.

Please indicate the month in which your company reached the 33rd week (doesn't have to be consecutive weeks) of employing 19 or fewer employees, and continue to Step 3:

August October
September November
December

OPTION 2

20–99 Employees
My company employed **20–99** full- and/or part-time employees for **20 or more weeks** in 2020.

Please indicate the month in which your company reached the 20th week (doesn't have to be consecutive weeks) of employing 20–99 employees, and continue to Step 3:

May September
June October
July November
August December

OPTION 3

100+ Employees
My company employed **100+** full- and/or part-time employees for **50% or more** of its regular business days in 2020.

Please indicate the month in which your company reached 50% of its regular business days employing 100+ employees, and continue to Step 3:

June September
July October
August November
December

<<MF15>>

<<MF06>>

Account Number: <<MF06>>

<<MF05>>

<<MF04>>

Step 3. What is your current employee count for 2021? _____

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 check a single box to indicate the employer group size that accurately corresponds to your organization for 2021. Week 1 began January 1, 2021.

Note: If none of the categories below currently describes your company, due to not yet reaching the sufficient number of weeks, you're still obligated to inform Blue Cross Blue Shield of Massachusetts if/when your company changes categories from the previous year.

OPTION 1

19 or Fewer Employees

My company employed 19 or fewer full- and/or part-time employees for 33 or more weeks in 2021.

Please indicate the month in which your company reached the 33rd week (doesn't have to be consecutive weeks) of employing 19 or fewer employees, and continue to the reverse side:

- August October
September November
December

OPTION 2

20–99 Employees

My company employed 20–99 full- and/or part-time employees for 20 or more weeks in 2021.

Please indicate the month in which your company reached the 20th week (doesn't have to be consecutive weeks) of employing 20–99 employees, and continue to the reverse side:

- May September
June October
July November
August December

OPTION 3

100+ Employees

My company employed 100+ full- and/or part-time employees for 50% or more of its regular business days in 2021.

Please indicate the month in which your company reached 50% of its regular business days employing 100+ employees, and continue to the reverse side:

- June September
July October
August November
December

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

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

Employer Name: <MF28>

Account Number: <MF06>

Reference Number: <MF05>

This survey will determine whether your company is a "small" or "large" employer group. This determination will help us calculate the 2021 Medical Loss Ratio (MLR), as well as your company's eligibility for any potential MLR rebate.

Please indicate the average number of employees* your company employed in 2020, as defined below for calculating the MLR, by selecting your employer size:

- Sole Proprietorship (don't count yourself or your spouse as employees (for purposes of this survey only))
- Small Employer (average of 50 or fewer employees AND at least one employee on January 1, 2021)
- Large Employer (average of 51 or more employees AND at least two employees on January 1, 2021)

* 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 preceding calendar year [Section PHS Act §2791(e)(2) and (4)]. This includes each full-time, part-time, and seasonal employee. An employee is "any individual employed by an employer" [PHS Act §2791(d)(5)].

We'll use this employer size categorization to calculate the 2021 MLR and help determine whether your company will receive a rebate for reporting year 2021. Rebates would be issued in 2022.

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

Sign and Return: By signing and returning this form and 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 MLR and any associated rebate as required by federal law. **Please return the completed and signed form within the next 10 business days.**

Name and Title (Please Print)

Signature

Date