

Medicare Secondary Payer (MSP) Plan Status Questionnaire

Medicare is generally the secondary payer to group health coverage when an individual (employee or dependent) is eligible for Medicare based on Age or Disability. However, certain small employers are exempt from the rule:

- Employers with fewer than **20 Employees** are exempt from Age Based MSP rules.
- Employers with fewer than **100 Employees** are exempt from Disability Based MSP rules.

Beginning in 2009, the Centers for Medicare and Medicaid Services (CMS) requires that group health plans electronically file data on Medicare eligible covered employees and dependents. As your TPA, we will be providing CMS with periodic electronic files on behalf of your Company's group health plan. CMS requires that the electronic eligibility file include data regarding the Group Health Plan's Medicare Secondary status. In order to update our records as to whether Medicare should be primary or secondary for your Group Health Plan, we need you to provide the following information:

1. Did your Company employ 100 or more employees (full or part-time) for at least 50 percent (50%) of your regular business days during the 2016 calendar year (check the appropriate box)?

Yes No

If you answered "Yes" to Question 1; Stop, You do not need to answer Question 2.
If you answered "No" to Question 1; please proceed to Question 2.

2. Did your Company employ 20 or more employees for each working day in at least 20 weeks in the 2016 calendar year? Yes No

**Note: If you answer "No" to question 2, we will need to provide updated information for 2016 should your Company, at any time, employ 20 or more employees for each working day in at least 20 weeks in the current calendar year. Should this occur, please notify your Account Executive immediately.*

Note: In counting employees for purposes of the small employer exemption, you need to consider the following definition of Current Employment Status:

- Actively working as an employee, is the employer (including a self-employed person), or is associated with the employer in a business relationship; or
- The individual is not actively working and is receiving disability benefits from an employer for up to six months (the first six months of employer disability benefits are subject to FICA taxes); or not actively working, but meets **all** of the following conditions:
 - Retains employment rights in the industry;
 - Has not had their employment terminated by the employer if the employer provides the coverage or has not had his/her membership in the employee organization terminated if the employee organization provides the coverage;
 - Is not receiving disability benefits from an employer for more than six months;
 - Is not receiving Social Security disability benefits; and
 - Has employment based GHP (group health plan) coverage that is not COBRA continuation of coverage?

Employer Name: _____

Group Number: _____

Authorized Person's Name: _____

Title: _____

Signature: _____

Date: _____

Please fax the completed Questionnaire to: (860) 295-0340; Attention: Account Executive