



Certification Required for CMS Section 111 Reporting – Illinois

In accordance with Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007, we are required to verify your employer group size annually. This mandatory verification provides us with the necessary data to report Medicare Secondary Payer information to the Centers for Medicare and Medicaid Services (CMS). This information also allows us to determine whether your group is considered a large or small group under Affordable Care Act regulations and accurately apply state and federal regulations as they relate to your group. Failure to accurately respond may result in penalties imposed by the federal government.

- 1) Please provide the county in which your company is primarily located within the Quartz Service Area (i.e., Boone, Carroll, Jo Daviess, Lee, Ogle, Stephenson or Winnebago, etc.):

- 2) Please list your company's Federal Employer Identification Number (Tax ID): *Include any subsidiaries and their Tax IDs, if applicable.*

List Company Name and Subsidiary Name(s):

Tax ID Number(s)

- 3) Is this a Multi-Employer Plan: Yes No
A multi-employer plan exists when two or more employers are sponsors or contributors to a multi-employer plan and at least one of the employers has 20 or more full and / or part-time employees. For example, company ABC and company DEF purchase health insurance coverage together under the DEF company name.

- 4) Enter the average number of full, part-time, and seasonal employees employed during the preceding calendar year (include all locations): _____

**If you have a parent / brother / sister company or subsidiaries, please refer to Illinois Statutes 215 ILCS 97/5 to determine whether you may be treated as a single employer.*

- 5) Medicare Secondary Payer provisions apply to employers that have 20 or more full-time and / or part-time employees for each working day in each of 20 or more calendar weeks in the current or preceding year. When calculating your number of full-time and part-time employees you must use the total number of employees in your organizational structure including the parent company, subsidiaries, etc.

2 – 19 employees 20 or more employees

6) Medicare Secondary Payer disability provisions have a different rule for reporting group size for disabled employees. When calculating your number of full-time and part-time employees you must use the total number of employees in your organizational structure including the parent company, subsidiaries, etc. Did you employ 100 or more full-time and part-time employees on 50% or more of your regular business days during the previous calendar year?

Yes

No

The Medicare Secondary Payer regulations as dictated by CMS require you to report any changes in employment during the course of the year that could impact your employer size determination related to the 20 employees or more requirements described above. In other words, you must notify us when you have had an increase to a size of 20 or more full-time and part-time employees for 20 or more weeks during the current calendar year.

7) To determine compliance with Participation Requirements stated in your Group Master Policy Agreement provide the following:

_____ Total Number of Employees

_____ Number of Eligible Employees*

_____ Number Enrolled

*Eligible Employees do not include persons with continuation coverage as a former member of an employer group or other credible coverage unless such coverage is sponsored by the employer.

8) A minimum contribution of 50% of the single premium is required. Confirm the percentage of employer paid premium:

_____ % Single

_____ % Family

CERTIFICATION

I HEREBY CERTIFY that I have read the above statement and to the best of my knowledge and belief, it is a true, correct and complete statement prepared in accordance with the applicable instructions.

I attest that I have the authority to sign on behalf of the company represented in this survey.

Signature: _____ Date: ___/___/___
(Officer / Owner or Group's Contact Signature Required)

Title: _____
(Please Print)

Company Name: _____