Certification Required for CMS Section 111 Reporting Iowa

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., Allamakee, Clayton, Fayette, etc.): _____

2. Confirm the number of full-time equivalent eligible employees employed on at least 50% of the employer's working days during 2026 (include all locations): _____
   Part-time employees count as a fraction of a full-time employee and should be counted in this manner.

   Medicare Secondary Payer provisions apply to employers based on the number of employees. Medicare uses different employee counting standards for Medicare Secondary Payer disability provisions and Medicare Secondary Payer general provisions.

Medicare Secondary Payer disability provisions

3. Did you employ 100 or more full-time and/or part-time employees on 50% or more of your regular business days during 2026?

   ☐ Yes ☐ No

   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.

Medicare Secondary Payer general provisions

4. Did you or will you employ 20 or more full-time and/or part-time employees for each working day in each of the 20 or more calendar weeks in 2026?

   ☐ Yes ☐ No

   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.

   If you answered "No" above, you must notify us if you have an increased size of 20 or more fill-time and/or part-time employees for 20 or more weeks during the current calendar year.

5. COBRA applies to employers based on total employee counts. Part-time employees count as a fraction of a full-time employee and should be counted in this manner.

   Did you or will you have 20 or more full-time and/or part-time employees on 50% of the business days during 2026?

   ☐ Yes ☐ No

6. To determine compliance with the Participation Requirements stated in your Group Master Policy Agreement, provide the following:

   - _____ Total number of employees
   - _____ Number of eligible employees*
   - _____ Number of enrolled

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

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 contract signature required)

Title: _____

(Please print)

Company name _____