

# 2011 EMPLOYEE BENEFIT DETERMINATION QUESTIONNAIRES

## CMS / MHPAEA

Effective Date \_\_\_\_\_

Exchange/Association \_\_\_\_\_

Company Name \_\_\_\_\_

Company Acct # \_\_\_\_\_

### CMS Status Questionnaire

*Centers for Medicare & Medicaid Services (CMS) Secondary Payer Mandatory Reporting*

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) has mandatory reporting requirements for group health plans. As your Insurance Administrator we are now required to track plan participants including enrolled employees and spouses/ domestic partners, who are also enrolled in Medicare.

**Check One:**

No, we do not have any individuals enrolled in this group plan and also enrolled in Medicare.

Yes, we do have individuals enrolled in this group plan and also enrolled in Medicare. (If yes, please complete the information below for the enrolled employee and spouse/domestic partner if applicable.)

| Participant                        | Last Name | First Name | SSN | Enrolled in Medicare?   |
|------------------------------------|-----------|------------|-----|---|
| <input type="checkbox"/> EMPLOYEE  |           |            |     | <input type="checkbox"/> No <input type="checkbox"/> YES, CHECK ALL THAT APPLY                  |
| <input type="checkbox"/> Spouse/DP |           |            |     | <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D |
| <input type="checkbox"/> EMPLOYEE  |           |            |     | <input type="checkbox"/> No <input type="checkbox"/> YES, CHECK ALL THAT APPLY                  |
| <input type="checkbox"/> Spouse/DP |           |            |     | <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D |
| <input type="checkbox"/> EMPLOYEE  |           |            |     | <input type="checkbox"/> No <input type="checkbox"/> YES, CHECK ALL THAT APPLY                  |
| <input type="checkbox"/> Spouse/DP |           |            |     | <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D |
| <input type="checkbox"/> EMPLOYEE  |           |            |     | <input type="checkbox"/> No <input type="checkbox"/> YES, CHECK ALL THAT APPLY                  |
| <input type="checkbox"/> Spouse/DP |           |            |     | <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D |

### Mental Health Parity & Addiction Equity Act (MHPAEA) Questionnaire

MHPAEA is an Employer Law that applies to large groups (companies averaging 51 or more employees during the previous calendar year) that offer mental health and/or chemical dependency benefits. Groups meeting this criteria and either renewing or entering into benefit plan contracts after 11/1/2009 are required to enroll in MHPAEA compliant plan(s) unless otherwise exempted. In general, MHPAEA compliant plans provide member cost sharing for mental health and substance abuse treatment at a level equal to or less than the cost sharing for medical/ surgical benefits. **Impacted groups enrolling with Health Net will need to pay an additional premium to cover this benefit addition.** Please contact your Administrator or Benefits Consultant for the Health Net MHPAEA rate chart.

**Please Complete:**

The average number of employees (including Full Time, Part time and Union) employed during 2010 was \_\_\_\_\_

YES, OUR COMPANY EMPLOYED MORE THAN 50 EMPLOYEES DURING THE PREVIOUS CALENDAR YEAR.

OUR COMPANY HAS ENROLLMENT IN HEALTHNET AND WE AGREE TO PAY THE ADDITIONAL PREMIUM.

OUR COMPANY DOES NOT HAVE ENROLLMENT IN HEALTHNET SO THERE WILL BE NO ADDITIONAL PREMIUMS DUE.

NO, OUR COMPANY DID NOT EMPLOY MORE THAN 50 EMPLOYEES DURING THE PREVIOUS CALENDAR YEAR.

\_\_\_\_\_  
Signature of Company Owner/Officer \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name of Owner/Officer

\_\_\_\_\_  
Title

|  |                                |   |                               |
|--|--------------------------------|---|-------------------------------|
| <b>Internal Use Only:</b>  |                                |   |                               |
| For CMS purposes, this group is:   |                                |   |                               |
| <input type="checkbox"/> 2-19  | <input type="checkbox"/> 20-49 | <input type="checkbox"/> 50-99                | <input type="checkbox"/> 100+ |
| For MHPAEA Compliance for the 2010-2011 Plan Year, this is a group 51+:        |                                |   |                               |
| <input type="checkbox"/> YES   |                                | <input type="checkbox"/> NO                   |                               |
| If yes and this group has HN, this group has been enrolled with subsidy rates: |                                |   |                               |
| <input type="checkbox"/> YES   |                                | <input type="checkbox"/> NO<br>NOT APPLICABLE |                               |