

Cobra and Medicare Survey

In order to ensure compliance with state and federal laws, it is necessary to update Memorial Hermann Health Plan (MHHP) annually with your company’s COBRA and Medicare status. While eligibility for both is determined per a threshold of 20 employees, your group’s status is calculated differently for COBRA and Medicare purposes as detailed below. Failure to supply updated information may result in incorrect payments for your employees’ claims and may raise issues for your group under certain applicable federal laws.

Attention Group No.: _____

Tax Identification Number (TIN): _____

Group Name: _____

Group Address: _____

City State Zip: _____

Please complete this form and mail to the following address:

Memorial Hermann Health Plan
929 Gessner Road, Suite 1500
Houston, TX 77024

Or email to: Sales.Installation@memorialhermann.org

COBRA and Medicare Eligibility

Please provide the requested information for the preceding calendar year. For Medicare status, a worksheet on which to record your group’s weekly employee count is included. Include all employees, regardless of their enrollment in a plan with MHHP.

COBRA Status						
<p>A. How many full-time employees did your company have for at least 50% of the business days in the preceding calendar year?</p> <table border="0"> <tr> <td style="text-align: center;"><u>Include</u></td> <td style="text-align: center;"><u>Exclude</u></td> </tr> <tr> <td style="text-align: center;">Seasonal Owners Officers</td> <td style="text-align: center;">Self-employed persons Independent Contractors Directors</td> </tr> </table>	<u>Include</u>	<u>Exclude</u>	Seasonal Owners Officers	Self-employed persons Independent Contractors Directors	<p>Enter number from Box A here</p> <p>_____</p>	
<u>Include</u>	<u>Exclude</u>					
Seasonal Owners Officers	Self-employed persons Independent Contractors Directors					
<p>B. How many part-time employees did your company have for at least 50% of the business days in the preceding calendar year?</p> <table border="0"> <tr> <td style="text-align: center;"><u>Include</u></td> <td style="text-align: center;"><u>Exclude</u></td> </tr> <tr> <td style="text-align: center;">Seasonal Owners Officers</td> <td style="text-align: center;">Self-employed persons Independent Contractors Directors</td> </tr> </table> <p>Examples:</p> <ol style="list-style-type: none"> If an employee works 30 hours per week for 10 weeks during the year, DO NOT count as a part-time employee because he or she worked less than 50% of the year. If an employee works 10 hours per week for 30 weeks during the year, DO count as a part-time employee because he or she worked less than 50% of the year. 	<u>Include</u>	<u>Exclude</u>	Seasonal Owners Officers	Self-employed persons Independent Contractors Directors	<p>Enter number from Box B here</p> <p>_____</p>	
<u>Include</u>	<u>Exclude</u>					
Seasonal Owners Officers	Self-employed persons Independent Contractors Directors					
<p>C. How many full-time equivalents (FTEs) can be derived from the total number of full and part-time employees listed above?</p> <ul style="list-style-type: none"> • 1 Full-Time Employee = 1 FTE • 1 Part-Time Employee = a fraction of 1 FTE <p>Example: Company’s full workweek is 40 hours per week and it has three full-time employees and three part-time employees.</p> <table border="0"> <tr> <td>1 Part-Time Employee works 10 hours per week = 1/4 FTE</td> <td rowspan="4" style="vertical-align: middle;">Company’s Total Full-Time Equivalents = 4 1/2 FTEs 3</td> </tr> <tr> <td>1 Part-Time Employee works 20 hours per week = 1/2 FTE</td> </tr> <tr> <td>1 Part-Time Employee works 30 hours per week = 3/4 FTE</td> </tr> <tr> <td>Full-Time Employees work 40 hours per week = 3 FTEs</td> </tr> </table>	1 Part-Time Employee works 10 hours per week = 1/4 FTE	Company’s Total Full-Time Equivalents = 4 1/2 FTEs 3	1 Part-Time Employee works 20 hours per week = 1/2 FTE	1 Part-Time Employee works 30 hours per week = 3/4 FTE	Full-Time Employees work 40 hours per week = 3 FTEs	<p>Enter the number of FTEs as calculated in Box C here</p> <p>_____</p>
1 Part-Time Employee works 10 hours per week = 1/4 FTE	Company’s Total Full-Time Equivalents = 4 1/2 FTEs 3					
1 Part-Time Employee works 20 hours per week = 1/2 FTE						
1 Part-Time Employee works 30 hours per week = 3/4 FTE						
Full-Time Employees work 40 hours per week = 3 FTEs						
<p>Based on the information provided above, please indicate your group’s COBRA status:</p> <p><input type="checkbox"/> Non-Federal COBRA eligible (Less than 20 Full-Time Equivalents)</p> <p><input type="checkbox"/> Federal COBRA eligible (20 or more Full-Time Equivalents)</p>						

Medicare Status

A. How many employees did your company have for at least 20 or more calendar weeks during the year?

Enter number from Box D here

<p><u>Include</u> Full-Time Part-Time Seasonal Owners Officers</p>	<p><u>Exclude</u> Self-employed persons Independent Contractors Directors</p>
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Wk 1 ___	Wk 2 ___	Wk 3 ___	Wk 4 ___	Wk 5 ___	Wk 6 ___
Wk 7 ___	Wk 8 ___	Wk 9 ___	Wk 10 ___	Wk 11 ___	Wk 12 ___
Wk 13 ___	Wk 14 ___	Wk 15 ___	Wk 16 ___	Wk 17 ___	Wk 18 ___
Wk 19 ___	Wk 20 ___	Wk 21 ___	Wk 22 ___	Wk 23 ___	Wk 24 ___
Wk 25 ___	Wk 26 ___	Wk 27 ___	Wk 28 ___	Wk 29 ___	Wk 30 ___
Wk 31 ___	Wk 32 ___	Wk 33 ___	Wk 34 ___	Wk 35 ___	Wk 36 ___
Wk 37 ___	Wk 38 ___	Wk 39 ___	Wk 40 ___	Wk 41 ___	Wk 42 ___
Wk 43 ___	Wk 44 ___	Wk 45 ___	Wk 46 ___	Wk 47 ___	Wk 48 ___
Wk 49 ___	Wk 50 ___	Wk 51 ___	Wk 52 ___		

Based on the information provided above, please indicate your group's Medicare status:

- Medicare Prime (Less than 20 Full-Time and Part-Time Employees)
- Memorial Hermann Health Plan Prime (20 or more Full-Time and Part-Time)

Should you have any questions regarding this form, please call your MHHP agent or Customer Service at 1.888.594.0671.

Group Administrator's Name (please print)

Group Administrator's Signature

Fax Number

Telephone Number

Date

Please check this box to allow MHHP to use the above data to ensure your group contact information is current.