

Note: this questionnaire has been combined with the “Group size for Oregon Continuation / COBRA” form, which is added on page 3.

Group size questionnaire

Medicare coordination of benefits

Please return completed form to PHPMADCMsmailling@providence.org

Determining order of benefits for individuals aged 65 and older

1. Have you employed 20 or more employees (full-time, part-time, seasonal, or union members) at any time during the current or prior calendar year?
Yes
No

If you answered “**Yes**,” please continue to question 2 and 3.

If you answered “**No**,” please sign page 2 and return this form.

2. How many weeks of the prior calendar year did you employ 20 or more employees (these do not have to be consecutive weeks)?

If your answer was 20 or more weeks, at what point during the previous calendar year did you employ 20 or more employees for 20 or more weeks?

3. How many weeks of the current calendar year have you employed 20 or more employees (these do not have to be consecutive weeks)?

If your answer was 20 or more weeks, at what point during the current calendar year did you employ 20 or more employees for 20 or more weeks?

If you did not have 20 or more employees for 20 or more weeks in either year, skip questions 4 and 5, and sign and return this form.

Note: Medicare is secondary to the employer’s group health plan coverage if the employer’s size equals 20 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year. If your employer size has not equaled 20 or more employees in each of 20 or more calendar weeks in the current or prior calendar year, then Medicare is the primary payer and this change may immediately affect certain individuals covered under your group health plan.

You should promptly notify us if at any time your employer size equals 20 or more employees for 20 or more weeks as described in this questionnaire.

Determining order of benefits for disabled individuals

4. Did you employ 100 or more employees (full-time or part-time) on 50 percent or more of your business days during the prior calendar year?

Yes

No

5. Have you or will you employ 100 or more employees (full-time or part-time) on 50 percent or more of your business days during the current calendar year?

Yes

No

Note: Medicare is secondary to the employer's group health plan coverage for disabled individuals if the employer's size was 100 or more employees for 50 percent or more of its business days during the prior calendar year. If the employer size was not 100 or more employees for 50 percent of its business days during the prior calendar year, then Medicare is the primary payer for disabled individuals.

You should promptly notify us if at any time your employer size equals 100 or more employees for 50 percent of your business days as described in this questionnaire.

Group Name:

Group Number:

Signature: _____

Date:

For more information, please see the Medicare Secondary Payer Manual at www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html

Group size for Oregon Continuation/COBRA

Background

Employers are responsible for ensuring that they satisfy all COBRA requirements in accordance with federal rules, including calculation of the employer's COBRA group size.

However, not all situations are simple. For groups not subject to COBRA under federal law, members are entitled to Oregon Continuation coverage (nine months of continuation coverage). Additionally, for Oregon employers, in any year in which the employer is not subject to COBRA due to a change in group size, the employer must offer Oregon Continuation.

A group is not subject to COBRA if it employed fewer than 20 employees on 50% of its business days in the preceding calendar year (the counting is done based on a "look back" of the last calendar year). When a group changes size during the calendar year, it should switch from COBRA to Oregon Continuation (or vice versa) as of January 1 of the following year. Effected employers could have employees subject to both COBRA and Oregon Continuation, depending on the year their active coverage terminated. Please see the following page for detailed examples.

Determining group size for Oregon Continuation/COBRA

Have you employed 20 or more employees on 50% of the business days in the preceding calendar year?

Yes

No

Please note, both full-time and part-time employees are counted. However, each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours that the part-time employee worked divided by the hours an employee must work to be considered full time.

If you answered **Yes**, your group is subject to COBRA as of January 1 of the following year. If you answered **No**, your group is subject to Oregon Continuation as of January 1 of the following year.

Please note which coverage applies to your group, as well as the effective date, and sign and return this form.

COBRA Oregon Continuation Effective date January 1,

Signature: _____

Date: _____

(this is the date you are completing this questionnaire)

COBRA effective date

If a group employed 20 active employees as of 4/20/22, the effective date of COBRA coverage would be 1/1/23.

Oregon Continuation effective date

If a group employed less than 20 active employees as of 4/20/22, the effective date of Oregon continuation coverage would be 1/1/23.

Groups switching size

The below examples are taken from IRS regulation §54.4980B-2 and are built around the “switch” happening on the first of the year.

Example (1) An employer maintains a group health plan. The employer employed 20 employees on more than 50 percent of its working days during 2001, and consequently the plan is not excepted from COBRA during 2002. Employee E resigns and does not work for the employer after January 31, 2002. Under the terms of the plan, E is no longer eligible for coverage upon the effective date of the resignation, that is, February 1, 2002. The employer does not hire a replacement for E. E timely elects and pays for COBRA continuation coverage. The employer employs 19 employees for the remainder of 2002, and consequently the plan is not subject to COBRA in 2003. The plan must nevertheless continue to make COBRA continuation coverage available to E during 2003 until the obligation to make COBRA continuation coverage available ceases under the rules of §54.4980B-7. The obligation could continue until August 1, 2003, the date that is 18 months after the date of E's qualifying event, or longer if E is eligible for a disability extension.

Example (2) The facts are the same as in Example 1. The employer continues to employ 19 employees throughout 2003 and 2004 and consequently the plan continues to be excepted from COBRA during 2004 and 2005. Spouse S is covered under the plan because S is married to one of the employer's employees. On April 1, 2002, S is divorced from that employee and ceases to be eligible for coverage under the plan. The plan is subject to COBRA during 2002 because the employer normally employed 20 employees during 2001. S timely notifies the plan administrator of the divorce and timely elects and pays for COBRA continuation coverage. Even though the plan is generally excepted from COBRA during 2003, 2004, and 2005, it must nevertheless continue to make COBRA continuation coverage available to S during those years until the obligation to make COBRA continuation coverage available ceases under the rules of §54.4980B-7. The obligation could continue until April 1, 2005, the date that is 36 months after the date of S's qualifying event.

Example (3) The facts are the same as in Example 2. C is a dependent child of one of the employer's employees and is covered under the plan. A dependent child is no longer eligible for coverage under the plan upon the attainment of age 26. C attains age 26 on November 16, 2005. The plan is excepted from COBRA with respect to C during 2005 because the employer normally employed fewer than 20 employees during 2004. Consequently, the plan is not obligated to make COBRA continuation coverage available to C (and would not be obligated to make COBRA continuation coverage available to C even if the plan later became subject to COBRA again). The plan is obligated to make state continuation coverage available to C.