Instructions on Completing 2022 MA Health Insurance Responsibility Disclosure (HIRD) Filing

The filing window for the 2022 Health Insurance Responsibility Disclosure (HIRD) with the Massachusetts Department of Revenue (DOR) will run from **November 15 to December 15, 2022.**

This filing is required of all Massachusetts employers with 6 or more employees. This includes all parishes, regardless of size.

The HIRD form collects information about your employer-sponsored health insurance offerings and will be used to assist MassHealth in identifying its members with access to qualifying insurance who may be eligible for the MassHealth Premium Assistance Program. The Premium Assistance Program helps eligible working individuals and families pay for qualifying employer-sponsored insurance. For more information, please reference the HIRD FAQs.
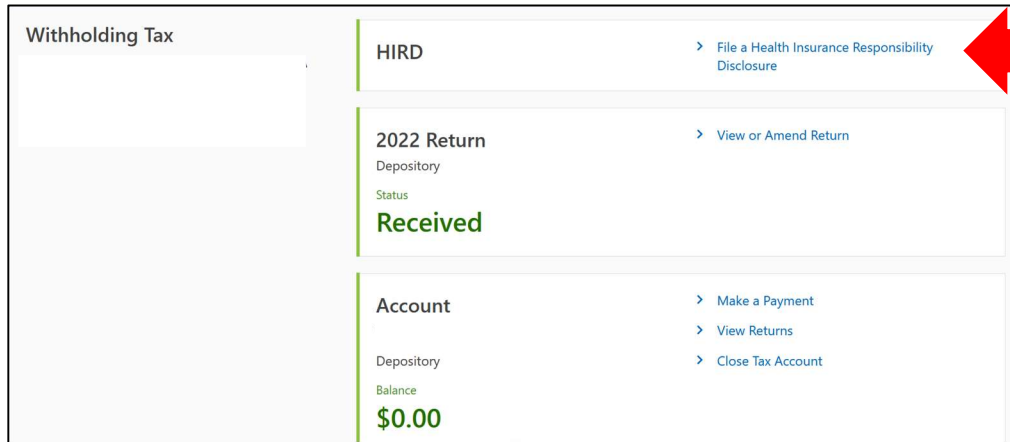
Instruction documents for all of the processes noted below along with a recorded presentation are available on the Administrator Toolkit page of the Benefits Department website: www.catholicbenefits.org/admins/admins.htm.
- First-time user, need to set up online access
- Already have set up online access but need help retrieving your Username or Password

Important Note! Before you begin, find the cost sharing for your location for the Enhanced, Basic and High-Deductible Plans, **even if you have no employees enrolled in those plans**. The HIRD filing process should take approximately 15 minutes once you have that information.
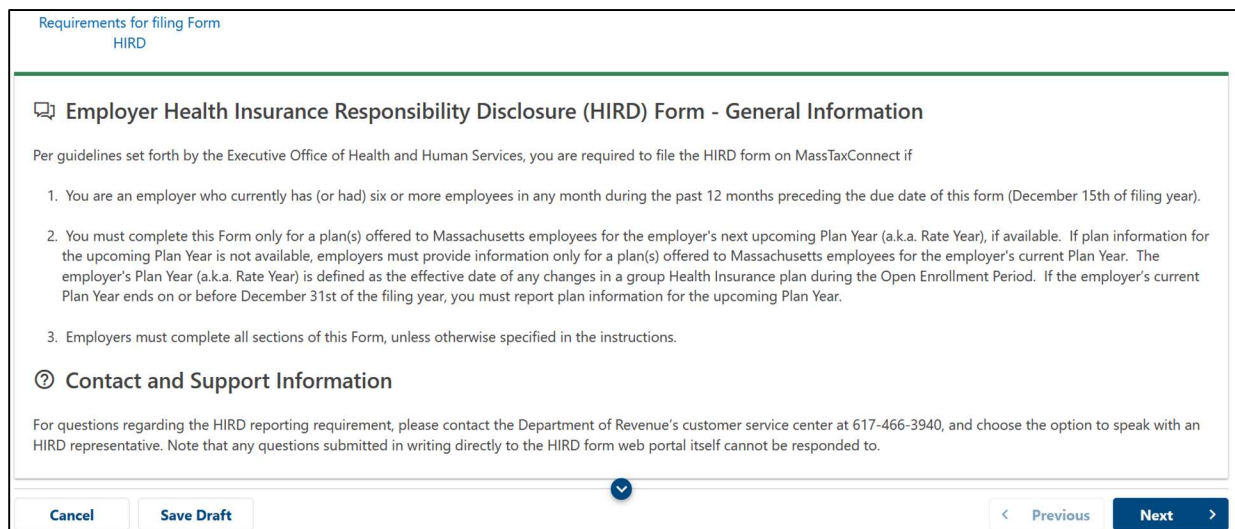
1. Log into your MassTaxConnect Account at https://mtc.dor.state.ma.us/mtc/_/

2. Scroll down to the Withholding Tax section of the Summary page and select the "File a Health Insurance Responsibility Disclosure" link under the HIRD subsection.
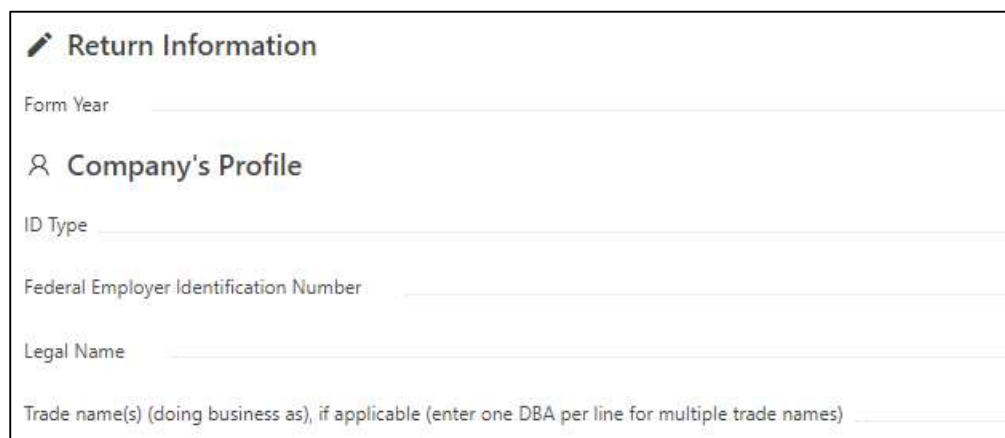

3. Click "Next."

4. Confirm the Company's Profile Information is correct.

5. Enter your contact information as the person completing the form.

6. Complete the questions under Company's Insurance Profile.
   Suggested responses are outlined below, which correspond to the screen shot below.

Question	Suggested Response
Does the employer offer group health insurance?	Yes
What is the minimum number of scheduled hours per week that the employer requires an employee to work to be considered eligible for health plan benefits?	20 for RCAB parish locations; 24 for parish schools; or a higher number (up to 30 per week) if your separately-incorporated location requires more hours to be worked for benefit eligibility.
What is the time period (in months) that a new employee must work before he or she is eligible for health plan benefits?	Enter 1 for any RCAB location; if your separately-incorporated location has a longer waiting period, enter the correct number of months.
Does employer determine employee eligibility for health plan benefits according to employment based categories for different groups of employees?	No
Does employer offer differing health plan benefits / rates for health plan benefits according to employment based categories for different groups of employees?	No, unless your location offers different cost sharing for at least one employee (more on that topic below, if applicable).
Does employer offer health plan(s) which use Massachusetts Health Connector Employee Choice Models?	No

Company's Insurance Profile

	No	Yes
Does the employer offer group health insurance? Click for help	No	**Yes**

What is the minimum number of scheduled hours per week that the employer requires an employee to work to be considered eligible for health plan benefits? Click for help — **20.00**

What is the time period (in months) that a new employee must work before he or she is eligible for health plan benefits? Value must be greater than or equal to 1, and less than or equal to 24. Click for help — **1**

	No	Yes
Does employer determine employee eligibility for health plan benefits according to employment based categories for different groups of employees? Click for help	No	Yes
Does employer offer different health plan benefits / rates for health plan benefits according to employment based categories for different groups of employees? Click for help	No	Yes
Does employer offer health plan(s) which use Massachusetts Health Connector Employee Choice Models? Click for help	No	Yes

Select the employment-based categories that the employer utilizes.
Leave as "No," unless your location offers different cost sharing for at least one employee.

Select the employment-based categories that the employer utilizes. (Select as many employment-based categories as necessary). Click for help

	No	Yes
Regular Full-time	No	Yes
Temporary Full-time	No	Yes
Salaried	No	Yes
Union	No	Yes
Regular Part-time	No	Yes
Temporary Part-time	No	Yes
Hourly	No	Yes
Non-Union	No	Yes
Management	No	Yes
Exempt	No	Yes
Wage Based	No	Yes
Other	No	Yes
Non-Management	No	Yes
Non-Exempt	No	Yes
Intern	No	Yes

Some locations have employees who pay less for health coverage based on date of hire.
If this applies, choose "YES" under "Other" and then add the following under both boxes:

> "The employer offers less expensive health insurance to employees who were hired on or before _____[date]. All employees are eligible for the RCAB Health Plans through Blue Cross if they are scheduled to work at least 1,000 [for separately-incorporated locations requiring more hours, insert correct data here] hours/year."

If the employer answered Yes to "other", describe the "other" employment-based category(ies) and indicate which specific health plan(s) the employees in each "other" category have access to.

If applicable, describe how the employer defines each employment-based category and the employer's eligibility requirements for health plan benefits according to each category. Click for help

For questions on union status and Plan dates:

Does the employer employ any union members who receive Group Health Insurance through a union rather than through the employer?	No. Then leave next box blank.
Open Enrollment period: Start Date Open Enrollment period: End Date	05/16/2022 06/13/2022
Plan year's (a.k.a. rate year) Start date Plan year's (a.k.a. rate year) End date	07/01/2022 06/30/2023

Does the employer employ any union members who receive Group Health Insurance through a union rather than through the employer? Click for help   No   Yes

If applicable, list the unions from which the employer's unionized employees receive group health insurance. Click for help

Open enrollment period: Start Date Click for help   16-May-2022

Open enrollment period: End Date Click for help   13-Jun-2022

Plan year's (a.k.a rate year) Start date Click for help   01-Jul-2022

Plan year's (a.k.a rate year) End date Click for help   30-Jun-2023

Only if necessary, use this space to report additional information not otherwise captured in this form that is necessary to explain the employer's group health insurance offerings and/or eligibility requirements. Click for help

Cancel   Save Draft   ‹ Previous   Next ›

7. Click "Next."

8. The following page will ask you to enter the Plan and cost share information for each of the three Health Plan options offered by RCAB; Enhanced, Basic and High-Deductible. <u>You must enter all three even if you do not have anyone currently enrolled in any one plan.</u>

9. Under **Name of The Insurance Plan**, click "Add a Plan."

10. Enter the below for the **Enhanced Plan** under Plan's Profile:

Name of the Health Insurer	Roman Catholic Archdiocese of Boston
Name of Health Plan	Blue Cross **Enhanced PPO** Health Plan
Plan group numbers (these can be copy and pasted):	002370423 002370425 002370427 002370428 002370429 002370430
Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)?	Yes
Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan?	No
Enter the date on which the following costs and coverage information became or will become effective for this plan.	07/01/2022

Plan's Profile

Name of the Health Insurer. Click for help .... ROMAN CATHOLIC ARCHDIOCESE OI

Name of the Health Plan. (Only report comprehensive health insurance plans; do not report dental or vision plans) Click for help .... BLUE CROSS ENHANCED PPO HEALTI

Plan group number(s) Click for help ....

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002370423
002370425
002370427
002370428
002370429
002370430
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Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)? Click for help

| No | Unknown | **Yes** |

Most health plans offered in Massachusetts satisfy the Minimum Creditable Coverage requirements.

Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan? Click for help

| **No** | Yes |

Enter the date on which the following costs and coverage information became or will become effective for this plan. Click for help .... 01-Jul-2022 📅

If you answered YES to the question **"Does employer offer different benefits / rates for health plan benefits**, then the question "**Indicate the employment-based categories that have access…"** will appear, followed by the category which you selected. Answer **YES,** which will then require you to fill out two plan profiles for the Enhanced Plan—one for each of the different cost-sharing splits. These pages will be identical except for the dollar amounts for the cost-sharing.

If this question does not appear, continue to the "Levels of Coverage" section.

Indicate the employment-based categories that have access to this plan (Select as many employment-based categories as necessary). Click for help

Other

| No | **Yes** |

Which levels of coverage are offered by this plan?

Individual = Yes
Employee Plus One = Yes
Employee Plus Children = <mark>No</mark>
Family = Yes

Levels Of Coverage

Which levels of coverage are offered by this plan? Click for help

Individual		No	**Yes**
Employee Plus One		No	**Yes**
Employee Plus Children		**No**	Yes
Family		No	**Yes**

For the Employee's Monthly Contribution and Employer's Monthly Contribution fields, calculate based on the location's cost sharing. These vary from location to location.

Example: If your cost sharing is **Enhanced Med (25% Ind/ 40% Fam)** Basic Med (15% Ind/ 35% Fam) Den (100% Ind/ 100% Fam):

Employee Enhanced Individual	$768.56 x 25%	= $192.14
Employee Enhanced Individual + 1	$1,728.69 x 40%	= $691.48
Employee Enhanced Family	$2,151.24 x 40%	= $860.50
Employer Enhanced Individual	$768.56 x 75%	= $576.42
Employer Enhanced Individual + 1	$1,728.69 x 60%	= $1,037.21
Employer Enhanced Family	$2,151.24 x 60%	= $1,290.74
Total Monthly Cost Individual	$768.56	
Total Monthly Cost Individual + 1	$1,728.69	
Total Monthly Cost Family	$2,151.24	

The values entered in these fields should not factor in potential reductions from any wellness credits, Health Reimbursement Arrangements, Flexible Spending Arrangements, or Health Savings Accounts.

▤ Employee's Monthly Contribution

Click for help

Individual	192.14
Employee Plus One	691.48
Family	860.50

▤ Employer's Monthly Contribution

Click for help

Individual	576.42
Employee Plus One	1,037.21
Family	1,290.74

▤ Plan's Total Monthly Costs

Click for help

Individual	768.56
Employee Plus One	1,728.69
Family	2,151.24

Add the deductibles and Out of Pocket Max Expenses as shown below:

	In-Network Annual Deductible	Annual Out of Pocket Max Expense
Individual	$500	$3,000
Employee Plus One	$1,000	$6,000
Family	$1,000	$6,000

In-Network Annual Deductibles	
Click for help	
Individual	500.00
Employee Plus One	1,000.00
Family	1,000.00

Annual Out-of-Pocket Max Expenses	
Click for help	
Individual	3,000.00
Employee Plus One	6,000.00
Family	6,000.00

11. Then click "Add a Plan" to enter information for the Blue Cross **Basic** PPO Health Plan.

+ Add a Plan   × Remove a Plan

Cancel   Save Draft   ‹ Previous   Next ›

12. Follow the same steps for the **Basic Plan** under Plan's Profile:

Name of the Health Insurer	Roman Catholic Archdiocese of Boston
Name of Health Plan	Blue Cross **Basic PPO** Health Plan
Group Numbers (these can be copy and pasted):	002370431 002370433 002370435 002370436 002370437 002370438
Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)?	Yes
Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan?	No
Enter the date on which the following costs and coverage information became or will become effective for this plan.	07/01/2022

If you answered YES to the question **"Does employer offer different benefits / rates for health plan benefits**, then the question "**Indicate the employment-based categories that have access…"** will appear, followed by the category which you selected. Answer **YES,** which will then require you to fill out two plan profiles for the Enhanced Plan—one for each of the different cost-sharing splits. These pages will be identical except for the dollar amounts for the cost-sharing.

If this question does not appear, continue to the "Levels of Coverage" section.

Which levels of coverage are offered by this plan?

      Individual = Yes
      Employee Plus One = Yes
      Employee Plus Children = <mark>No</mark>
      Family = Yes

For the Employee's Monthly Contribution and Employer's Monthly Contribution fields, calculate based on the location's cost sharing. These vary from location to location.

Example: If your cost sharing is Enhanced Med (25% Ind/ 40% Fam) **Basic Med (15% Ind/ 35% Fam)** Den (100% Ind/ 100% Fam):

Employee Basic Individual	$653.41 x 15% = $98.01
Employee Basic Individual + 1	$1469.69 x 35% = $514.39
Employee Basic Family	$1,828.95 x 35% = $640.13
Employer Basic Individual	$653.41 x 85% = $555.40
Employer Basic Individual + 1	$1,469.69 x 65% = $955.30
Employer Basic Family	$1,828.95 x 65% = $1,188.82
Total Monthly Cost Individual	$653.41
Total Monthly Cost Individual + 1	$1,469.69
Total Monthly Cost Family	$1,828.95

Fill in the Deductibles and Out of Pocket Max Expenses fields as shown below:

	In-Network Annual Deductible	Annual Out of Pocket Max Expense
Individual	$2,500	$4,500
Employee Plus One	$5,000	$9,000
Family	$5,000	$9,000

13. Then click "Add a Plan" to enter information about the Blue Cross **High Deductible H**ealth Plan.

14. Enter the below for the **High Deductible Plan** under Plan's Profile:

Name of the Health Insurer	Roman Catholic Archdiocese of Boston
Name of Health Plan	Blue Cross **High Deductible** Health Plan
Group Numbers (these can be copy and pasted):	002374258
Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)?	Yes
Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan?	No
Enter the date on which the following costs and coverage information became or will become effective for this plan.	07/01/2022

If you answered YES to the question **"Does employer offer different benefits / rates for health plan benefits**, then the question "**Indicate the employment-based categories that have access…"** will appear, followed by the category which you selected. Answer **YES,** which will then require you to fill out two plan profiles for the Enhanced Plan—one for each of the different cost-sharing splits. These pages will be identical except for the dollar amounts for the cost-sharing.

If this question does not appear, continue to the "Levels of Coverage" section.

Which levels of coverage are offered by this plan?
       Individual = Yes
       Employee Plus One = Yes
       Employee Plus Children = No
       Family = Yes

For the Employee's Monthly Contribution and Employer's Monthly Contribution fields, calculate based on the location's cost sharing. These vary from location to location.
The employee cost share for the HDHP is 5% for individual and 25% for family (select locations would be 0%).

Employee HDHP Individual	$561.05 x 5% = $28.05
Employee HDHP Individual + 1	$1,261.94 x 25% = $315.49
Employee HDHP Family	$1,570.41 x 25% = $392.60
Employer HDHP Individual	$561.05 x 95% = $533.00
Employer HDHP Individual + 1	$1,261.94 x 75% = $946.46
Employer HDHP Family	$1,570.41 x 75% = $1,177.81
Total Monthly Cost Individual	$561.05
Total Monthly Cost Individual + 1	$1,261.94
Total Monthly Cost Family	$1,570.41

Fill in the Deductibles and Out of Pocket Max Expenses fields as shown below:

	In-Network Annual Deductible	Annual Out of Pocket Max Expense
Individual	$4,000	$7,000
Employee Plus One	$8,000	$14,000
Family	$8,000	$14,000

15. Click "Next."

16. Review the Return Summary to ensure it is correct. If you need to go back to fix any data, click "Previous." Note the tabs across the top for the three Plans. Click on the correct tab to edit data.

17. Click the "Confirmation" box then "Submit"

18. Print the Submission page by clicking "Print Confirmation."

You should receive an email from the DOR confirming your submission. You can also return to the Home page and click "Submissions" and view Form HIRD under "Processed" Submissions.