

Annual Section 1557 Covered Entity Questionnaire

Section 1557 prohibits covered entities from discriminating in the provision of a health program or activity based on race, color, national origin, sex, age or disability. Any health program or activity which receives federal funding from the U.S. Department of Health and Human Services (HHS) must comply with Section 1557.

Examples of types of covered entities include health plans, insurers, hospitals, doctors and other healthcare providers which receive federal funding from HHS, including Medicaid, Medicare Parts A, C and D payments (prescription drug subsidies), and tax credits and cost-sharing subsidies under Title I of the Affordable Care Act (ACA). (Medicare Part B is not included.)

Covered entities must comply with certain requirements under Section 1557, including the addition of the following information in their plan document for new plan years starting on or after Jan. 1, 2017:

- 1) an antidiscrimination notice,
- 2) the designation of a Civil Rights Coordinator for those covered entities with 15 or more employees, and
- 3) at least 15 foreign language taglines as required by the federal government. For the top 15 languages in each state, [follow this link](#).

Please let us know whether your company is a covered entity by checking one of the statements below so CoreSource can properly prepare EOBs, benefit letters, and, if applicable, your plan document:

My company is required to comply with Section 1557 of the Affordable Care Act.

I have completed the Civil Rights Coordinator information on the next page.*

I want the following 15 foreign languages:

I want all 64 foreign languages, to be printed on EOBs, benefit letters and, if applicable, plan documents.

Pharmacy Benefit Manager (PBM) vendor: _____

Utilization Review (UR) vendor: _____

My company does not receive federal funding from HHS and is not required to comply with Section 1557 of the Affordable Care Act.

Regardless of the selection above, please provide signature and date from a company officer.

Signature: _____ Date: _____

Note: If your company is subject to Section 1557 of the ACA and does not comply with these requirements, your company may be subject to enforcement mechanisms provided under federal law, including loss of federal funding from HHS.

*Civil Rights Coordinator

Please provide or update the following information for the Civil Rights Coordinator for your company, if applicable.

Group Name: _____ Group No. _____

Name of Civil Rights Coordinator: _____

Title of Civil Rights Coordinator: _____

Mailing Address: _____

Telephone Number (including TTY if available): _____

Fax Number: _____

Email Address: _____

Please email your completed form to your CoreSource Client Management Team.