

**Instructions:** Please complete the highlighted fields and return by December 15, 2023.

Group/Employer Name

Street Address

City, State/Zipcode

Group Number

RE: CMS Regulations, Employee Count

Dear Group Administrator:

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (the Act) established mandatory reporting requirements for group health plans such as Dean Health Plan. As a result, Dean Health Plan must provide certain information to the Centers for Medicare and Medicaid Services (CMS), including a count of the number of your employees. It is very important that you complete the information below and return this form to Dean Health Plan.

For the first four questions listed below, please include all full-time, part-time, and seasonal employees regardless of their enrollment in Dean Health Plan. *Employer size must be based on the size of the entire company or corporation, not just the subsidiary. When calculating the number of employees, the Responsible Reporting Entity (RRE) should use the total number of employees in an organizational structure (parent, subsidiaries, and siblings) rather than just the number of employees in a particular subsidiary being reported on.* (GHP User Guide Version 6.9, Rev. 2023/2 October)

**1. In 2023, did you have 100 or more employees during 50% of the business days?**

Please indicate your employee count:

*“An employer will be considered to employ 100 or more employees on a particular day if the employer has at least 100 full-time or part-time employees on his/her employment rolls on that day. This condition is met as long as the total number of individuals on the employer’s rolls adds up to at least 100 regardless of the number of employees who work or who are expected to report for work on that day.”*

Medicare Secondary Payer Manual, Chapter 3, Section 30.2 - The 100 or More Employees Requirement (Rev. 11755, Issued: 12-21-2022, Effective: 01-23-2023, Implementation: 01-23-23)

**2. In 2023, did you have 20 or more employees for 20 or more calendar weeks?**

Please indicate your employee count:

*“An employer is considered to have 20 or more employees for each working day of a particular week if the employer has at least 20 full-time or part-time employees on its employment rolls each working day of that week.”* Medicare Secondary Payer Manual, Chapter 3, Section 10.3 - The 20-or-More Employees Requirement (Rev. 11755, Issued: 12-21-2022, Effective: 01-23-2023, Implementation: 01-23-23)

If your employee count for 20 or more calendar weeks during 2023 was 19 and under and question 2 is now yes, please provide the date in 2023 when your group size increased to 20 or more.

*Note: If you answered NO to Question 2 for 2023, and in 2024 your employee count changes to 20 or more employees for at least 20 calendar weeks, you must notify Dean Health Plan immediately.*

- 3. In 2023 did your organization participate in a multi or multiple-employer group health plan in which there was at least 1 employer who had 100 or more employees during 50% of their business days?**
  
- 4. In 2023, did your organization participate in a multi or multiple-employer group health plan in which there was at least one employer who had 20 or more employees for 20 or more calendar weeks?**

Please update Dean Health Plan as this information changes throughout the year. Failure to supply this information and any updates may result in incorrect payments for your employees' claims and may raise issues for your group under applicable federal laws. Visit [cms.gov](https://www.cms.gov) for further information.

Additional Group Information required:

- 5. Over the most recent calendar year, please indicate the average number of active full-time employees. Full-time employees are those that work an average of 130 hours or more per month.**
  
- 6. Over the most recent calendar year, please indicate the average number of active employees that are not considered full-time, by calculating the Full-Time Equivalent (FTE) number of employees. You can calculate this number by taking the number of hours worked for each month by each of these employees and dividing by 120 to get the FTE number for each month and then indicate the average of those 12 months here.**
  
- 7. Total number of current employees - please include full and part-time employees at all locations and subsidiaries. This should be active full-time employees plus FTE for non-full-time employees.**
  
- 8. From the number in Question 7 please list the total number of current employees that are eligible for your group health insurance coverage.**
  
- 9. Indicate the number of employees from Question 8 that are waiving coverage for other health insurance such as spousal coverage or Medicare.**
  
- 10. Are you contributing at least 25% of the single premium for all employees?**

**Contact Name**

**Title**

**Date**

**Phone number/email**

Thank you for your cooperation. We will contact you if we need any additional information upon receipt of your completed form. Please contact Dean Health Plan at 800-279-1301 (TTY: 711).