



Retroactive MSP Employer Size Form

This form is intended for employers to submit retroactive changes to their MSP employer size.

What you need to do:

- Populate the necessary general information fields.
- Select the MSP employer size and populate any accompanying fields on the year(s) the employer would like to retroactively update.
- Please only select the MSP employer size/year(s) the employer would like to retroactively change

Once completed, please submit this completed form to your assigned AmeriHealth account executive.

AmeriHealth will follow-up to confirm completion, or with any questions regarding the submission. If you don't know who your account executive is, call 1-888-YOUR-AH1.

General Employer Information:

1. Enter your Company's name:

2. Enter your Company's ID (CID) Number:

Please ensure your CID Number is correct. It can be found on a previous MSP survey notification letter that you received from AmeriHealth or you may contact your Broker/Account Executive. If the CID Number, you provide is incorrect we will be unable to capture your information.

3. Provide your 9-digit Employer Identification Number (EIN) or Taxpayer Identification Number (TIN):

4. Enter your name:

5. Enter your title:

6. Enter your email address:

Retroactive MSP Employer Size Form:

MSP Employer size is based on the number of employees, and not the number of individuals covered under the group health plan (GHP). CMS advises that when calculating the number of employees, GHPs should use the total number of employees in an organizational structure (i.e., parent companies, subsidiaries, and sibling companies), including subsidiaries of foreign companies.

In calculating employer size, full-time and part-time employees must be included, as well as leased employees if they are counted as employees under Internal Revenue Code § 414(n). Self-employed individuals participating in a GHP are not counted as employees for purposes of determining if the MSP employer size requirements are met if the individual's self-employment income, as determined by the Internal Revenue Service (IRS), was at least equal to the amount specified in § 211(b)(2) of the Social Security Act in the preceding year.

Summary of MSP Employer Size Thresholds:

Small: The company employed **less than 20** employees during the year prior to the selected year and did not meet a Medium or Large threshold detailed below.

- A change to small size can only be effective as of January 1st, based on information from the year prior to the selected year.

Medium: The company employed **20 or more** full, part-time and/or leased employees for each working day in each of 20 or more calendar weeks during the selected calendar year. **The weeks do not have to be consecutive.**

- On the first day of the 20th week the company will be considered Medium for the remainder of the selected year and through the next year.

Large: The company employed **100 or more** full, part-time and/or leased employees for 50% or more of the company's business days during the calendar year prior to the selected year.

- A change to large size can only be effective as of January 1st, based on information from the year prior to the selected year.

Using the threshold guidelines above, please locate the year(s) the employer would like to retroactively change and populate the corresponding effective date:

7. **2019**

Small effective: 1/1/2019

Medium effective date:

- Please enter the exact date the Medium threshold was met during the selected year.

- If the employer is remaining Medium from the prior year, but the Medium threshold was not met during the selected year, please do not enter an effective date.

Reminder: Due to the threshold requirements, Medium size can only be met during or after the month of May (minimum 20 weeks).

Large effective: 1/1/2019

8. **2020**

Small effective: 1/1/2020

Medium effective date:

- Please enter the exact date the Medium threshold was met during the selected year.

- If the employer is remaining Medium from the prior year, but the Medium threshold was not met during the selected year, please do not enter an effective date.

Reminder: Due to the threshold requirements, Medium size can only be met during or after the month of May (minimum 20 weeks).

Large effective: 1/1/2020

9. **2021**

Small effective: 1/1/2021

Medium effective date:

- Please enter the exact date the Medium threshold was met during the selected year.

- If the employer is remaining Medium from the prior year, but the Medium threshold was not met during the selected year, please do not enter an effective date.

Reminder: Due to the threshold requirements, Medium size can only be met during or after the month of May (minimum 20 weeks).

Large effective: 1/1/2021

10. **2022**

Small effective: 1/1/2022

Medium effective date:

- Please enter the exact date the Medium threshold was met during the selected year.

- If the employer is remaining Medium from the prior year, but the Medium threshold was not met during the selected year, please do not enter an effective date.

Reminder: Due to the threshold requirements, Medium size can only be met during or after the month of May (minimum 20 weeks).

Large effective: 1/1/2022

11. **2023**

Small effective: 1/1/2023

Medium effective date:

- _____
- Please enter the exact date the Medium threshold was met during the selected year.
 - If the employer is remaining Medium from the prior year, but the Medium threshold was not met during the selected year, please do not enter an effective date.

Reminder: Due to the threshold requirements, Medium size can only be met during or after the month of May (minimum 20 weeks).

Large effective: 1/1/2023

12. **2024**

Small effective: 1/1/2024

Medium effective date:

- _____
- Please enter the exact date the Medium threshold was met during the selected year.
 - If the employer is remaining Medium from the prior year, but the Medium threshold was not met during the selected year, please do not enter an effective date.

Reminder: Due to the threshold requirements, Medium size can only be met during or after the month of May (minimum 20 weeks).

Large effective: 1/1/2024

13. **2025**

Small effective: 1/1/2025

Medium threshold met during 2025 will be available for submission through the 2025 survey, which will be available 5/1/2025-12/31/2025 at

Large effective: 1/1/2025

14. By providing my initials, I am certifying that I am an authorized representative of Company and the information I am providing to AmeriHealth in this survey is complete and accurate to the best of my knowledge, information and belief. I understand that AmeriHealth will rely on this information in processing claims for enrollees in Company's group health plan and that Company has an obligation to update AmeriHealth promptly regarding changes in the information provided.

Please enter your initials below:

15. Please indicate the date you completed this survey:

Disclaimer: This form is meant to assist you in making employer size determinations. It is not intended to serve as legal advice. It is your company's responsibility to timely and accurately report employer size consistent with the MSP rules. If you have any questions concerning application of the employer size rules under the MSP laws, or your company's legal obligations under the MSP laws, you should contact your legal advisor. Additional information is available in the MSP laws and regulations, and at CMS.gov.