WPS HEALTH INSURANCE

Wisconsin Physicians Service Insurance Corporation
1717 W. Broadway | P.O. Box 8190 | Madison, WI 53708-8190
608-221-4711

Group Size Questionnaire

Please provide the number of employees at your institution. The applicability of many state and federal requirements, including The Patient Protection and Affordable Care Act (PPACA) (P.L. 111-148), based on the number of employees in your group. These provisions require detailed information regarding total number of employees as defined under the federal government guidelines for small and large group classification. This information will be provided to the government each calendar year and will be used (in part) to determine WPS Health Plan's applicable loss ratio (MLR), should that regulation apply to your group. This information will also be used to determine whether you (as the policyholder) and your enrollees are entitled to any rebates under MLR. For practical purposes, an employee is typically any person for which the company issues a W-2, regardless of full-time, part-time, or seasonal status, or whether or not they have medical coverage.

Additional, existing regulations issued from the Centers for Medicare & Medicaid Services (CMS) require that insurers and third-party administrators collect and report on an employer's group size. This information helps CMS identify Medicare beneficiaries enrolled in group health plans and to keep track of primary/ secondary payer status.

We have created the following questionnaire and table to help you determine group size for each month of the preceding calendar year, which will enable us to administer your plan appropriately. To complete the following questionnaire, please refer to the attached How to Count Employees Guide at the end of this questionnaire.

In the chart below, please enter the total number of employees for each month of 2017, regardless of whether you had coverage with us, had coverage with a previous carrier, or were in business but did not offer coverage. Include all employees, including owners, board of directors, elected officials, etc. (see How to Count Employees Guide), and including those not covered under your WPS plan. Multi-employer plans should count all individuals in current active employment status.

If you are a new business, enter the number of employees in the appropriate months and use a "0" (zero) for those months you were not in business. Use the total number of employees at the end of the month. Remember to sign this document and attest that the information is correct. Please complete and return the Group Size Collection form within 10 business days of receiving this letter. Completed forms may be mailed, faxed, or completed online at: **wpsic.com/employers/group_coworkercount_form.shtml**.

WPS Group Size Collection Form
2017 Employee Counts

Group Name: Group No/Subgroup:

	Column A. Total number of full- time employees (as of the end of the month)	Column B. Total number of part-time/seasonal employees (as of the end of the month)	Column C. Others Not Reported in Column A or B (ex: officers, directors)	Combined total (add total from all columns (A+B+C)
January 2017				
February 2017				
March 2017				
April 2017				
May 2017				
June 2017				
July 2017				
August 2017				
September 2017				
October 2017				
November 2017				
December 2017				

2. Are you part of a group of affiliated employers? ☐Yes ☐No

If yes, please explain ____

3. In the last year, has your total employee count increased to 20 or more employees or decreased to 19 or less employees? ☐ Yes ☐ No

Employer Address
(CMS will contact you at this address)

____
Street Address

____
City State ZIP code

Phone Number ______________________

4. Group Information
Full Legal Name of Employer

____

Employer Identification Number (EIN)/
Tax Identification Number (TIN)

____

Employer Email Address ______________

____

5. Employer Verification

____
Print Group Leader Name

Print Group Leader Title

____
Group Leader Signature

____
Date

If, after completing this form, your group size changes during the year, please submit your updates to WPS Health Insurance by fax, mail, or by completing the online form.

Fax: 1-608-243-6152
Online: www.wpsic.com/employers/index.shtml
Mail: WPS, Attn: Member Services, P.O. Box 8190, Madison, WI 53708

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