Quarterly Comprehensive Health Reporting

Pursuant to: Sections 624.316, 624.318(2), & 641.27, F.S.

Reportable Scope Period is by Calendar Quarter

This data call is for all Health Maintenance Organizations (HMOs) and life and health insurers operating at any time during the reporting Quarter.

The Insurance Regulation Filings System (IRFS) application is to be used to submit your data. It can be found by clicking on the below address:

https://irfs.fldfs.com/

Section 624.316, F.S., authorizes the Office of Insurance Regulation to examine all insurers regarding "affairs, transactions, accounts, records, and assets."

Section 624.318(2), F.S., also states that "[e]very person being examined or investigated, and its officers, attorneys, employees, agents, and representatives, shall make freely available to the department or office or its examiners or investigators the accounts, records, documents, files, information, assets, and matters in their possession or control relating to the subject of the examination or investigation. . . ."

Section 641.27, F.S, authorizes the Office of Insurance Regulation to examine all health maintenance organizations regarding "affairs, transactions, accounts, business records, and assets."

The quarterly reporting deadline for submitting data to the office are as follows: Data must be received at the Office no later than 11:59PM Eastern Time on the deadline date in order to avoid referral to the Market Investigations Unit for action. The reporting periods and deadline dates are described in the initial Reminder Notice delivered at the start of the reporting period and the individual templates of this data call which may be downloaded from within IRFS.

- *First Quarter (January 1 through March 31) is due Tuesday, May 15*
- *Second Quarter (April 1 through June 30) is due Wednesday, August 15*
- *Third Quarter (July 1 through September 30) is due Thursday, November 15*
- *Fourth Quarter (October 1 through December 31) is due Friday, March 1*

The required reporting template and survey for each reporting quarter will be available within IFRS on the first day after each reporting quarter has concluded (*Example: the First Quarter report may be filed beginning April 1*). These are the items to be included in your company's submission:

- The data template, which must be downloaded from within IFRS at the close of each reporting period, must be completed, and then uploaded. It may be completed and uploaded in Excel 2007 (.xlsx) format.
- Your company's submission must contain a Notarized Affidavit, signed by a company officer, stating the information provided is accurate to the best of their knowledge. A link to a sample version can be found below.
- Any additional and optional information that is deemed important to the overall submission. These optional items may be uploaded as PDF documents under the "Supporting Documentation" component.
- The "Response to Request for Clarification" component should be used only as a response area after submission; upload documents to this component should the Office request additional information to complete your filing.

Helpful Links:

A sample copy of a company officer affidavit:

http://www.floir.com/siteDocuments/QCH_Notarized_Affidavit_Sample.doc

If you have any questions regarding this request, please contact the Market Research Unit at 850-413-3147 or via email:

QCHReporting@floir.com

Your prompt cooperation in this effort is greatly appreciated.

STEPS FOR PROCESSING AND REPORTING DATA TO THE FLORIDA OFFICE OF INSURANCE REGULATION:

OVERVIEW PROCESS:

- Enter IFRS using the link https://irfs.fldfs.com/
- If you have used DCAM before, you should be able to log in with that USER NAME and password. If not, you must first create an account and subscribe to a company(s) using the provided instructions.
- Click on your name in the upper left and select USER MENU followed by ENTITY MANAGEMENT. Continue by selecting ADD COMPANY. Search for your company, select it then ADD SELECTED.
- Click CREATE FILING then BEGIN.
- Step 1: On the company tab, select the company for which you are creating the filing (you must do this for each company you represent).
- Step 2: Select Quarterly Comprehensive Health Reporting.
- Skip Step 3.
- Step 4: Click Create.
- The system takes you to the WORKBENCH. View the components by clicking on the Filing ID.
- There are five components. Select components by clicking the + to the left of the component name.
- All filers are required to complete the QCH reporting template. Click on the QCH Reporting component and download the template to your local drive.
- Complete the template per instructions then upload the template to this same component screen on the upload tab.
- Make corrections to your data template if you receive DATA EXTRACTION ERRORS.
- Correct and upload your data template until there are no errors.
- All filers are required to complete the CONTACTS component. Filers can add other individuals to receive correspondence on this filing. SAVE once all individuals have been included.
- All filers must provide a NOTARIZED AFFIDAVIT, signed by a company officer in PDF format. Upload it to the NOTARIZED AFFIDAVIT component.
- Upload any additional documents that are necessary to explain your filing under the "Supporting Documentation" (this is optional) component.
- Do not upload documents to the "Response to Request for Clarification" component; this is for later use to address any questions that arise about your submission.
- When all mandatory components are marked complete, click SUBMIT transmit your filing to the Office.
- You will receive an email a few minutes after submitting. The email acknowledges receipt by the office and lists your file log number.

Only DATA filings are accepted for this data collection. *Please note, some companies are required to complete all tabs so do not overlook sections B, C, and D.* The data template contained in this category includes (actual template can be viewed at the end of this document):

1) Section A: General Information

Section A (General Information): To be completed by all submitters.	
Consumer Information Website	This is the website to which you would like to direct Florida consumers with inquiries about your company. Must begin with either www. Or http:// or https://
Toll Free Florida Consumer Information Number	This is the toll free number to which you would like to direct Florida consumers with inquiries about your company. It should be a ten digit number. If your consumer toll free number is formatted differently, please contact the Office for assistance.

2) Section B: State of Florida Enrollment by County Report, County_Enroll

Section B: To be completed by all Health Maintenance Organizations and Private Insurers operating in Florida during the reporting quarter.	
Enrollment of Florida Residents by County	All cells should be completed with enrollment numbers by county and market; all cells should be completed and contain a positive, whole number or zero. Other enrollees is to be used to report any covered enrollees who reside outside of Florida.

3) Section C: Quarterly Analysis of Operations by Line of Business Report, Ana_Ops_LOB

Section C: To be completed by all Health Maintenance Organizations and Private Insurers filing on the health blank and operating in Florida during the reporting quarter.	
Analysis of Operations by Line of Business	Unlocked cells should be completed. Lines validate on the basis of column 1 being equal to the sum of columns 2-10. Gray shaded cells are to be left blank.
Detailed instructions:	A detailed list of column definitions can be found below:
	* ***Total*** - The amounts in this column are to be equal to the sum of columns 2-10 and should be the same as those found on page 4, column 2 of your company's quarterly report.
	* ***Comprehensive (Hospital & Medical)*** - **Include:** Business that provides for medical coverages including hospital, surgical and major medical. ***Include:*** State Children's Health Insurance Program (SCHIP) Medicaid Program (Title XXI), risk contracts. **Exclude:** Administrative Services Only (ASO), other non-underwritten business, administrative services contracts (ASC), Federal Employees Health Benefit Plan (FEHBP) premiums, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Medicare Supplement, Vision only and Dental only business.
	* ***Medicare Supplement*** - **Include:** Business reported in the Medicare Supplement Insurance Experience Exhibit of the annual statement. **Exclude:** Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Vision only and Dental only business.
	* ***Dental Only*** - **Include:** Policies providing for dental only coverage issued as stand alone dental or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits. **Exclude**: Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Medicare Supplement and Vision only business.
	* ***Vision Only*** - **Include:** Policies providing for vision only coverage issued as stand alone vision or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits. Exclude: Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contract, Medicare Supplement, and Dental only business.
	* ***Federal Employees Health Benefits Plans (FEHBP)*** - **Include:** Business allocable to the Federal Employees Health Benefits Plan (FEHBP) premium that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code. **Exclude:** Administrative services only (ASO), other non-underwritten business administrative services contracts (ASC), comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Medicare Supplement, Vision only and Dental only business.
	* ***Title XVIII - Medicare*** - **Include:** Business where the reporting entity charges a premium and agrees to cover the full medical costs of Medicare subscribers. Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product. **Exclude:** Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefits plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicaid (Title XIX) risk contracts, Medicare Supplement, Vision only and Dental only business. Policies providing stand alone Medicare Part D Prescription Drug Coverage.
	* ***Title XIX - Medicaid*** - **Include:** Business where the reporting entity charges a premium and agrees to cover the full medical costs of Medicaid subscribers. **Exclude:** Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefits plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) risk contracts, Medicare Supplement, Vision only and Dental only business.
	* ***Other Health*** - **Include:** Other health coverages such as stop loss, disability income, long-term care and prescription drug plans and coverages not specifically addressed in any other columns. Policies providing stand alone Medicare Part D Prescription Drug Coverage. On Line 20, expenses and reimbursements from administrative services only (ASO), other non-underwritten business and administrative services contracts (ASC). **Exclude:** Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.
	* ***Other Non-Health*** - **Include:** Life and Property/Casualty coverages.

4) Section D: Summary of Transactions with Providers, Sum_Prov_Trans

Section D: Summary of Transactions with Providers: Required to be completed by all HMO and private insurers filing on the health blank.

Line Number 1 - Medical Groups include capitation payments made to contracting physician groups other than intermediaries.

Line Number 2 - Intermediaries include capitation payments to contracting business entities (not licensed as a medical providers) that arrange, by contracts with physicians and other licensed medical providers, to deliver health srevices for a reporting entity and its enrollees via a separate contract between the intermediary and the reporting entity.
Exclude- Capitation payments to captitated affiliates that employ providers and pay them non-contingent salaries, and where the affiliated intermediary has a contract only with the affiliated reporting entity.

Line Number 3 - All Other Providers include capitation payments to other contracting providers for services other than physician services such as dental, inpatitent, outpatient, vision, etc.

Line Number 4 - Total Capitation Payments is an auto-calculated fields which is the sum of Lines 1, 2, and 3.
Line Number 5 - Fee-for-service includes fee for service charges, discounted fee for service (based upon charges), usual customary and reasonable (UCR) schedules, relative value scales (RVS) where neither the payment base nor the RV factor are fixed by contract or where they are fixed by contract for one year or less, retroactive payments to capitated providers or intermediaries whether by capitation or other payment method, and capitation paid to providers or intermediaries that have received retroactive payments for prior years.

Line Number 6- Contractual Fee Payments include hospital per diems, Diagnostic Rated Groups (DRGs), other hospital case rates, non-adjustable professional case and global rates, provider fee schedules, RVS where the payment base and the RV factor are fixed by contract for more than one year, and ambulatory payment classification (APC's).

Line Number 7- Bonus/Withhold Arrangements - Fee-for-Service includes payments to contracting providers that, absent the withhold arrangement or bonus arrangement, would otherwise be reported on Line 5, fee-for-service.

Line Number 8- Bonus/Withhold Arrangements - Contractual Fee Payments includes payments to contracting providers that, absent the withhold or bonus arrangement, would otherwise be reported on Line 6.

Line Number 9- Non-contingent Salaries include salaries paid to providers of medical care that cannot be adjusted based upon utilization of services (e.g. # of patients seen or the intensity of the illnesses treated), and the portion of payments to affiliated entities that is passed on as non-contingent salaries to persons directly providing care where the entity has a contract only with its affiliated reporting entity.
Line Number 10- Aggregate Cost Arrangements include payments to a corporate entity that directly provides care, where (1) the health plan is contractually required to pay the total operating costs of the corporate entity, less any income to the entity from other users of services, and (2) there are mutual unlimited guarantees of solvency between the entity and the health plan that put their respective capital and surplus at risk in guaranteeing each other.

Line Number 11- All Other Payments include stop-loss payments for coverage as defined in the Analysis of Operations, and loss payments for disability income, long-term care, accidental death and dismemberment, hospital indemnity, specified disease and other accident coverage.
Line Number 12- Total Other Payments is an auto-calculated field which is the sum of Lines 5 to 11.
Line Number 13- Total is an auto-calculated field which is the sum of Lines 4 plus 12.

Reportable Lines of Business and Assessable Lines of Business

These require filers include the following Florida Certification of Authority Categories:

1) HEALTH MAINTENANCE ORGANIZATIONS (HMOS)
2) LIFE AND HEALTH INSURERS

If you have any questions regarding this request, please contact the Market Research Unit at 850-413-3147 or via email:

QCHReporting@floir.com

Template examples can be viewed on the following 4 pages:

Tab: Contacts

Section A: Contact Information THIS IS REQUIRED INFORMATION that is to be provided each time the reinsurance data template is submitted to the Office of Insurance Regulation.			VALIDATION CHECKS Required Data Field Complete?
1	Reporting Period - Year and Quarter	2016 - 1st Quarter	TRUE
2	Please provide the name of the individual responsible for the coordination and submission of this report.		FALSE
3	What is her or his email address?		FALSE
4	What is the best number where she or he can be reached?		FALSE
6	What is the Company's name?		FALSE
5	What is the Company's NAIC code?		FALSE
7	Florida Company Code		FALSE
8	FEIN Number		FALSE
9	What is the State of domicile?		FALSE
10	What is the company's Consumer Information Website address?		FALSE

Tab: County_Enroll

Section B: Required to be completed by Managed Care (HMO) submitters and Private Insurers	Small Group	Large Group	Individual	Commercial Group Conversion	Other Commercial	Healthy Kids	Medicaid	Medicare	Federal Employees	VALIDATION CHECKS
Total Enrollment	0	0	0	0	0	0	0	0	0	TRUE
Other Enrollees (Please report any enrollees residing OUTSIDE of Florida in this line.)										
Florida Resident Enrollees by County	0	0	0	0	0	0	0	0	0	
Alachua										
Baker										
Bay										
Bradford										
Brevard										
Broward										
Calhoun										
Charlotte										
Citrus										
Clay										
Collier										
Columbia										
Dade										
De Soto										
Dixie										
Duval										
Escambia										
Flagler										
Franklin										
Gadsden										
Gilchrist										
Glades										
Gulf										
Hamilton										
Hardee										
Hendry										
Hernando										
Highlands										
Hillsborough										
Holmes										
Indian River										
Jackson										
Jefferson										
Lafayette										
Lake										
Lee										
Leon										
Levy										
Liberty										
Madison										
Manatee										
Marion										
Martin										
Monroe										
Nassau										
Okaloosa										
Okeechobee										
Orange										
Osceola										
Palm Beach										
Pasco										
Pinellas										
Polk										
Putnam										
Santa Rosa										
Sarasota										
Seminole										
St. Johns										
St. Lucie										
Sumter										
Suwannee										
Taylor										
Union										
Volusia										
Wakulla										
Walton										
Washington										

Tab: Ana_Ops_LOB

Section C: Analysis of Operations By Lines of Business: Required to be completed by all HMO and private insurers filing on the health blank.												VALIDATION CHECKS
		1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health	Required Data Field Complete?
1.	Net Premium income											TRUE
2.	Change in unearned premium reserves for rate and credit											TRUE
3.	Fee-for-service (net of $.....medical expenses)											TRUE
4.	Risk revenue											TRUE
5.	Aggregate write-ins for other health care related revenues											TRUE
6.	Aggregate write-ins for other non-health care related revenues											TRUE
7.	Total revenues (Lines 1 to 6)											TRUE
8.	Hospital/medical benefits											TRUE
9.	Other professional services											TRUE
10.	Outside referrals											TRUE
11.	Emergency room and out-of-area											TRUE
12.	Prescription drugs											TRUE
13.	Aggregate write-ins for other hospital and medical											TRUE
14.	Incentive pool, withhold adjustments and bonus amounts											TRUE
15.	Subtotal (Lines 8 to 14)											TRUE
16.	Net reinsurance recoveries											TRUE
17.	Total hospital and medical (Lines 15 minus 16)											TRUE
18.	Non-health claims (net)											TRUE
19.	Claims adjustment expenses including $.....cost containment expenses											TRUE
20.	General administrative expenses											TRUE
21.	Increase in reserves for accident and health contracts											TRUE
22.	Increase in reserves for life contracts											TRUE
23.	Total underwriting deductions (Lines 17 to 22)											TRUE
24.	Net underwriting gain or (loss) (Line 7 minue Line 23)											TRUE
DETAILS OF WRITE-INS												TRUE
0501.												TRUE
0502.												TRUE
0503.												TRUE
0598.	Summary of remaining write-ins for Line 5 from overflow											TRUE
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)											TRUE
0601.												TRUE
0602.												TRUE
0603.												TRUE
0698.	Summary of remaining write-ins for Line 6 from overflow											TRUE
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)											TRUE
1301.												TRUE
1302.												TRUE
1303.												TRUE
1398.	Summary of remaining write-ins for Line 13 from overflow											TRUE
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)											TRUE

Tab: Sum_Prov_Trans

	Section D: Summary of Transactions with Providers: Required to be completed by all HMO and private insurers filing on the health blank.			VALIDATION CHECKS
LINE CODE	LINE NUMBER	LINE DESCRIPTION	1 Direct Medical Expense Payment	Required Data Field Complete?
		Capitation Payments:		TRUE
1	1	Medical groups		FALSE
2	2	Intermediaries		FALSE
3	3	All other providers		FALSE
4	4	Total capitation payments	$0	TRUE
		Other Payments:		TRUE
5	5	Fee-for-service		FALSE
6	6	Contractual fee payments		FALSE
7	7	Bonus/withhold arrangements - fee-for-service		FALSE
8	8	Bonus/withhold arrangements - contractual fee payments		FALSE
9	9	Non-contingent salaries		FALSE
10	10	Aggregate cost arrangements		FALSE
11	11	All other payments		FALSE
12	12	Total other payments	$0	TRUE
13	13	Total (Line 4 plus Line 12)	$0	TRUE