

VERSION
2_.01.A

TRADE SECRET?
NO



Implemented Health Insurance Measures

Due Date April 1

Form OIR-B2-575

Effective
Date 7/23

69O-137.004

Created by the Florida Office of Insurance Regulation

Health Insurance Measure Data Call

pursuant to Section 627.9175(2)(a), F.S.

The Florida Office of Insurance Regulation (Office) is calling for data from certain insurers pursuant to Section 627.9175(2)(a), Florida Statutes.

DEADLINE FOR COMPLETING AND SUBMITTING THIS DATA FILING IS APRIL 1 OF EACH YEAR.

The provider's submission may be on an individual company basis.

The Insurance Regulation Filing System (IRFS) application is required to be used to submit your data. Locate IRFS at the following address:

<https://irfs.fldfs.com/>

COMPONENTS OF THE FILING

This data will include the following components:

- Contacts Component - This component shows all email accounts subscribed to your company. You may select any to add as a "cc: Contact" for this filing, meaning they will receive notices relevant to the filing and status changes until the filing is closed. You may additionally include outside email addresses in the box below (i.e., those not subscribed to your company). When done click "Save".
- Data Reporting Template -This is an Excel file downloaded when you click on the template icon. Completed the template in Excel on a local computer then upload to the same component when complete. If no errors are received, then the template will appear in the component.

Please note: Additional underlying documentation shall be made available upon request of the Office.

If you have any questions regarding IRFS support, please contact the Market Data Collections Unit at 850-413-3147, or by email:

GAPReporting@flioir.com

Your prompt cooperation in this effort will be greatly appreciated.

The purpose of this template is to satisfy the filing requirements delineated in sections 627.9175(2)(a), Florida Statutes, regarding measures for containing health insurance costs. This annual report is to be submitted to the Florida Office of Insurance Regulation by April 1 of each calendar year.

VALIDATION CHECKS

Contact and General Questions	Responses	Required Data Field Complete?
Please provide the name of the individual responsible for the coordination and submission of this information?		FALSE
What is her or his email address?		FALSE
What is the best number where she or he can be reached?		FALSE
What is the Company's name?		FALSE
What is the Company's NAIC code?		FALSE
What is the Florida company code?		FALSE
What is the Company's FEIN?		FALSE
What is the Company's NAIC group code?		FALSE
Is this filing being submitted as trade secret? <i>If yes is selected once this spreadsheet is uploaded, you must upload the affidavit as required by Section 624.4213, Florida Statutes.</i>		FALSE

Implemented Health Insurance Measures to Contain Cost Data Call
Every line MUST be completed each time you submit this template to the Office of Insurance Regulation.

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