

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 Monday, May 15*
- *Second Quarter (April 1 through June 30) is due Tuesday, August 15*
- *Third Quarter (July 1 through September 30) is due Wednesday, November 15*
- *Fourth Quarter (October 1 through December 31) is due Thursday, 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/OCH_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 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 both tabs so do not overlook sections B & C.* 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:
	<p>* 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.</p> <p>* 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.</p> <p>* 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.</p> <p>* 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.</p> <p>* 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.</p> <p>* 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.</p> <p>* 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.</p> <p>* 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.</p> <p>* 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.</p> <p>* Other Non-Health - Include: Life and Property/Casualty coverages.</p>

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@flor.com

Template examples can be viewed on the following 3 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

