



Accident & Health Gross Annual Premiums (GAP) & Enrollment Data Filing Training Session

Market Research Unit (MRU)
Florida Office of Insurance Regulation (OIR)

January 28, 2010

Market Research Unit (MRU)

- Dianne Williams-Cox, Unit Director
- Dan McDaniel, MRU Supervisor
- Wanda Crawford, Team Leader
- Anu Rawat, Team Leader
- Christine Sampson, Research Assistant
- Patrick Smith, Research Assistant

MRU – What We Do

1. Responsibility Over Various OIR Data Collections
 - These include data collections for Property and Casualty (P&C), Life and Health (L&H), and other ad hoc data calls.
 - GAP is one of these L&H data collections.

MRU – What We Do

2. Ensure Timely Compliance

- Each data collection has its own deadline. Non-compliant filers are IMMEDIATELY referred to the Market Investigations Unit for further action.

MRU – What We Do

- What do we mean by “immediately”?
 - The deadline is 11:59 pm, Eastern Time. Referrals to the Market Investigations Unit occur the next business day.

MRU – What We Do

- What if I need more time? Can I request an extension?
 - MRU has no statutory authority to grant extensions.

MRU – What We Do

3. Validations & Reconciliations

- MRU reviews data collections by validating and reconciling data.

MRU – What We Do

- Validations
 - Validations are conducted to determine if a filing should be a DATA filing or a NO DATA filing.
 - No premium and losses in the calendar year signifies a NO DATA filing.

MRU – What We Do

- Validations
 - Eligible NO DATA filers = EXEMPT letter.
 - The DATA filings are then moved to the reconciliation process.

MRU – What We Do

- Reconciliations
 - Reconciliations are performed using the NAIC State Pages, previous OIR filings, and the OIR's company master database, Company and Other Related Entities (CORE).

MRU – What We Do

4. Re-Filings

- If any GAP data changes are needed, contact MRU quickly so that a re-filing with OIR can be arranged.

MRU – Why We Do It

- MRU is responsible for fulfilling statutory and rule compliance
 - Section 627.9175, Florida Statutes
 - Rules 690-137.004 and 690-154.112(3), Florida Administrative Code

Statutory and Rule Compliance

- Required Filers
 - Required filers include Accident and Health (A&H) companies with active, suspended, surrendered, or revoked Certificates of Authority any time during the calendar year.

Statutory and Rule Compliance

- Reminder Notices
 - A reminder notice is emailed to required filers, one to 15 days after the report period ends, to the financial contact and the last filer.

Statutory and Rule Compliance

- Filing Period
 - The filing period begins January 1 for reporting previous calendar year data.
 - This year is an exception due to this training session.

Statutory and Rule Compliance

- 2010 Template (Form) Modifications
 - Beginning with the Calendar Year 2009 GAP 1094 form filings, there are three areas that have changed.

Statutory and Rule Compliance

- 2010 Template (Form) Modifications
 - 1. Line 19 (Administrative Services Only)
 - 2. Line 37 (Other Premium/Losses)
 - 3. Line 39 (Form Total Premium)

Line	Section B: To be completed by all carriers	TOTAL DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED	RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED AUTO-CALCULATION	WAS THIS COVERAGE ACTIVELY TRANSPORTED DURING THE REPORTING PERIOD?	DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS AUTO-CALCULATION	EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY	PRIMARY ENROLLEES AT END OF REPORTING CY	COVERED ENROLLEE DEPENDENTS AT END OF REPORTING CY	COVERED LIVES AT END OF REPORTING CY AUTO-CALCULATION	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Major Medical and/or Hospital/Surgical/Medical Expense												
1	Guarantee Issue (HIPAA, FS 627.6487(3))											
2	Individually Underwritten											
3	Self-Employed or Sole Proprietor (FS 627.6699)											
4	2 - 5 Member Groups (FS 627.6699)											
5	6 - 50 Member Groups (FS 627.6699)											
6	51+ Member Groups (FS 627.652)											
7	Short Term Major Medical											
8	Conversion											
Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.												
9	Guarantee Issue (HIPAA, FS 627.6487(3))											
10	Individually Underwritten											
11	Self-Employed or Sole Proprietor (FS 627.6699)											
12	2 - 5 Member Groups (FS 627.6699)											
13	6 - 50 Member Groups (FS 627.6699)											
14	51+ Member Groups (FS 627.652)											
15	Short Term Major Medical											
16	Conversion											
OTHER ACCIDENT and HEALTH COVERAGES												
17	Other Prepaid Health Services not listed below: (Includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services)											
18	Discount Medical Plan											
19	Administrative Services Only (ASO) (Please report fees in Columns E and H)											
20	Accident Only											
21	Accidental Death & Dismemberment											
22	Blanket Accident/Sickness											
23	Dental											
24	Disability Income (Includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term)											
25	Excess/Stop Loss (Includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan)											
26	Hospital Indemnity											
27	Limited Benefit (Includes Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)											
28	Long Term Care (includes long term care, nursing home, and home care contracts that provide reimbursement)											
29	Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care)											
30	Medicare Supplement											
31	Champus/Tricare Supplement											
32	Prescription Drug											
33	Sickness											
34	Student											
35	Travel											
36	Vision											
37	Other - NOT to include the following: Medicare (All Titles); Medicare + Choice; MCPP; Medicaid (All Titles); SCHIP; FEHBP; Florida Healthy Kids; Florida Health Flex Plans; self-insured business.											
RECONCILIATION												
38	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees as reported to the Office in Annual Financial Statement											
39	Auto Calculation of the Total of lines 1-38, column (D) above (If different from line 39, address this issue by preparing an explanatory letter addressed to the office via the "Supplementary Information" function in "Filing Component List" section of the Portal.)		\$0									

LAST YEAR'S TEMPLATE

Line	Section 8: To be completed by all carriers	TOTAL DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED	RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED AUTO-CALCULATION	WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?	DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS AUTO-CALCULATION	EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY	PRIMARY ENROLLEES AT END OF REPORTING CY	COVERED ENROLLEE DEPENDENTS AT END OF REPORTING CY	COVERED LIVES AT END OF REPORTING CY AUTO-CALCULATION	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Major Medical and/or Hospital/Surgical/Medical Expense												
1	Guarantee Issue (HPAA, FS 627.6487(3))											
2	Individually Underwritten											
3	Self-Employed or Sole Proprietor (FS 627.6699)											
4	2 - 5 Member Groups (FS 627.6699)											
5	6 - 50 Member Groups (FS 627.6699)											
6	51+ Member Groups (FS 627.652)											
7	Short Term Major Medical											
8	Conversion											
Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.												
9	Guarantee Issue (HPAA, FS 627.6487(3))											
10	Individually Underwritten											
11	Self-Employed or Sole Proprietor (FS 627.6699)											
12	2 - 5 Member Groups (FS 627.6699)											
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14	51+ Member Groups (FS 627.652)											
15	Short Term Major Medical											
16	Conversion											
OTHER ACCIDENT and HEALTH COVERAGES												
17	Other Prepaid Health Services not listed below: (includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services)											
18	Discount Medical Plan											
19	Administrative Services Only (ASO) (Please report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only")											
20	Accident Only											
21	Accidental Death & Dismemberment											
22	Blanket Accident/Sickness											
23	Dental											
24	Disability Income (includes Business Overhead Expense: Short Term; Long Term; and Combined Short Term and Long Term)											
25	Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan)											
26	Hospital Indemnity											
27	Limited Benefit (includes Specified Disease: Critical Illness; Dread Disease: Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)											
28	Long Term Care (includes long term care, nursing home, and home care contracts that provide reimbursement)											
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30	Medicare Supplement											
31	Champus/Tricare Supplement											
32	Prescription Drug											
33	Sickness											
34	Student											
35	Travel											
36	Vision											
37	Other - NOT to include the following: Medicare (All Titles); Medicare + Choice; HCWP, Medicaid (All Titles); SCHIP; FEHBP; Florida Healthy Kids; Florida Health Flex Plans; self-insured business, credit (group and individual), or credit A&H (group and individual)											
RECONCILIATION												
38	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees as reported to the Office in Annual Financial Statement											
39	Auto Calculation of the Total of lines 1-37, "Total Direct Premiums Earned" above (if different from line 38, address this issue by uploading an explanatory letter addressed to the Office via the "Supplementary Information" function in "Filing" component List section of the Portal.)											

THIS YEAR'S TEMPLATE



Line 19

Before

Administrative
Services Only (ASO)
(Please report fees
in Columns E and H)

After

Administrative Services
Only (ASO) (Please
report fees in "Total
Direct Premiums
Earned" and "Direct
Premiums Earned for
New Business Only")



Line 37

Before

Other - **NOT** to include the following: Medicare (All Titles), Medicare + Choice, HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business.

After

Other - **NOT** to include the following: Medicare (All Titles), Medicare + Choice, HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business, credit (group and individual), or credit A&H (group and individual).

Line 39

Before

Auto Calculation of the Total of lines 1-38, column (E) above (if different from line 39, address this issue by uploading an explanatory letter addressed to the Office via the “Supplementary Information” function in “Filing Component List” section of the I-Portal).

After

Auto Calculation of the Total of lines 1-37, “Total Direct Premiums Earned” above (if different from line 38, address this issue by uploading an explanatory letter addressed to the Office via the “Supplementary Information” function in “Filing Component List” section of the I-Portal).

Statutory and Rule Compliance

- 2010 Template (Form) Modifications
 - Make sure your template reads “Version 2” before uploading the form to OIR!

Statutory and Rule Compliance

- 2010 Template (Form) Modifications
 - There will be a future workshop that will cover these template changes. We are seeking industry input for other improvements.



Find Your GAP Reports

Look under “Accident and Health Gross Annual Premium and Enrollment Summary”

<http://www.floir.com/DataReports/DataReports.aspx#Life%20and%20Health%20-%20Data>

(Under “Newsroom” Menu, Industry Data & Reports, L&H Compiled OIR Data, First Entry on page)



Market Research Unit

Questions?



Market Research Unit Contact Information

Email your questions and comments to us at:

AnnualA&HReporting_1094-1386@flair.com