

Florida Office of Insurance Regulation
Accident and Health Premium and Enrollment Quarterly Data Filing Requirements
If you have any questions during your submission process, please contact
Data Collection and Statistical Reporting Unit
Via email: QuarterlyAandHReporting_1117-1657@fldfs.com

Required Filers and General Reporting Definitions

Section 624.307, FS, establishes the authority of the Office of Insurance Regulation (Office) to “collect, propose, publish, and disseminate information relating to the subject matter of any duties imposed upon it by law.”

Specifically in regards to Section B of this data template:

Section 627.6699(8)(d), FS states that: “Each small employer carrier must file with the office quarterly an enrollment report as directed by the office. Such report shall not constitute proprietary or trade secret information.”

And, Section 627.6699(5)(i)4: “The commission shall, by rule, require each small employer carrier to report, on or before March 1 of each year, its gross annual premiums for all health benefit plans issued to small employers during the previous calendar year, and also to report its gross annual premiums for new, but not renewal, standard and basic health benefit plans subject to this section issued during the previous calendar year. No later than May 1 of each year, the office shall calculate each carrier's percentage of all small employer group health premiums for the previous calendar year and shall calculate the aggregate gross annual premiums for new, but not renewal, standard and basic health benefit plans for the previous calendar year.”

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

(1) HEALTH MAINTENANCE ORGANIZATION (HMO)

(2) LIFE AND HEALTH INSURER

having one of the following Florida Lines of Business active during the reporting quarter:

a. ACCIDENT AND HEALTH

b. HEALTH MAINTENANCE ORGANIZATIONS

“**NO DATA FILING**” is to be used if the reporting entity had

- **no** direct Florida premiums (written or earned) during the reporting quarter

AND

- **no** direct Florida losses incurred during the reporting quarter

AND

- **no** enrolled Florida resident groups or primary insureds as of end of the reporting quarter.

“**DATA FILING**” is to be used by all other reporting entities. The data template contained in this category includes:

(1) *State of Florida Employee Health Care Access Act Enrollment Report, OIR-DO-1117*

(2) *State of Florida Health Maintenance Organization Enrollment by County Report, OIR-DO-1657*

Required Data Fields and Data Definitions:

Section A (General Information): To be completed by all submitters.	
Consumer Information Website	<p>This is the website to which you would like to direct Florida consumers with inquiries about your company.</p> <p>Must begin with www. or http:// or https://</p>
Toll Free Florida Consumer Information Number	<p>This is the toll free to which you would like to direct Florida consumers with inquiries about your company.</p> <p>It is a ten digit number. If your consumer toll free number is formatted differently, please contact the Office at QuarterlyAandHReporting_1117-1657@fldfs.com for assistance.</p>
If applicable, Small Employer Group Reinsurance Pool Election Status, pursuant to Section 627.6699(9), FS	<p>"Reinsuring carrier" means your company has elected to comply with the requirements set forth in subsection (11) of Section 627.6699, FS.</p> <p>"Risk-assuming carrier" means your company has elected to comply with the requirements set forth in subsection (10) of Section 627.6699, FS.</p> <p>"Withdrawing from the Market" means your company has elected discontinue active participation in the Small Employer Group Health market and is in the process of disenrolling all groups.</p> <p>"Not Applicable" means your company is not required to file Section B of this data template.</p>
Section B (OIR-DO-1117): To be completed by those submitters reporting Small Employer Group Health Coverage Data pursuant to Section 627.6699, F.S.	
EMPLOYER GROUPS at the end of the reporting quarter	<p>EMPLOYER GROUPS, with respect to this reporting means, any person, sole proprietor, self-employed individual, independent contractor, firm, corporation, partnership, or association that is actively engaged in business, has its principal place of business in this state, employed an average of at least 1 but not more than 50 eligible employees on business days during the preceding calendar year, and employs at least 1 employee on the first day of the plan year. For purposes of this reporting, a sole proprietor, an independent contractor, or a self-employed individual is considered a small employer only if all of the conditions and criteria established in this Section 627.6699, FS, are met.</p> <p>All cells should contain a positive, whole number or zero.</p>
COVERED EMPLOYEES at the end of the reporting quarter	<p>COVERED EMPLOYEES means an employee who has coverage under the employer's plan. This employee works full time, having a normal workweek of 25 or more hours, and has met any applicable waiting-period requirements or other requirements of Section 627.6699, FS. The term includes a self-employed individual, a sole proprietor, a partner of a partnership, or an independent contractor, if the sole proprietor, partner, or independent contractor is included as an employee under a health benefit plan of a small employer, but does not include a part-time, temporary, or substitute employee.</p> <p>All cells should contain a positive, whole number or zero.</p>
COVERED EMPLOYEE DEPENDENTS at the end of the reporting quarter	<p>COVERED EMPLOYEE DEPENDENTS means the spouse or child of an eligible employee, subject to the applicable terms of the health benefit plan covering that employee.</p> <p>All cells should contain a positive, whole number or zero.</p>

<p>Total DIRECT PREMIUMS EARNED during the Reporting Quarter</p>	<p>Requested data is your company’s direct premium earned from first day of each calendar quarter through last day of each calendar quarter, inclusive. The dollar amount in this cell should equal the amount you report on your Quarterly Financial Statement.</p> <p>All cells should contain a whole number or zero.</p>
<p>WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?</p>	<p>This cell is used to indicate whether or not your company is conducting active insurance transaction in the associated coverage in each row.</p> <p>Section 624.10, FS, defines an insurance transaction as:</p> <ul style="list-style-type: none"> • Solicitation or inducement. • Preliminary negotiations. • Effectuation of a contract of insurance. • Transaction of matters subsequent to effectuation of a contract of insurance and arising out of it. <p>Responding “YES” means active transactions did occur during the calendar reporting quarter.</p> <p>Responding “NO” means no active transactions occurred during the calendar reporting quarter.</p>
<p>DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY during the Reporting Quarter</p>	<p>The data contained in this cell is a subset of your total direct premiums earned and should be included in the total reported for “Total DIRECT PREMIUMS EARNED during the Reporting Quarter.”</p> <p>All cells should contain a whole number or zero.</p> <p>If the coverage associated with this cell was actively transacted during the reporting quarter, this cell should be entered as a whole number or zero. Otherwise, please enter zero.</p>
<p>Section C (OIR-DO-1657): Required to be completed by Managed Care (HMO) submitters - Private Insurers are urged to complete on a voluntary basis.</p>	
<p>Enrollment of Florida Residents by County</p>	<p>All cells should contain a positive, whole number or zero.</p> <p>“Other Enrollees” is to be used to report any covered enrollees who resident outside of Florida.</p>

The electronic filing via the Industry Portal (<https://iportal.fldfs.com>) of this information is required.

Specific instructions on the use of the Industry Portal's Data Reporting module are as follows:

Go to the Florida Office of Insurance Regulation Industry Portal located at: <https://iportal.fldfs.com>

If you have not already done so, you will need to set up an I-Portal account. This can be accomplished by clicking on the "Set up an account" link under Common Tasks on the left side of the screen. You will receive a confirmation email of this action.

Once you have your account, return to the Industry Portal. Then, select the "Data Reporting" category.

Use the next screen "Log on to the Industry Portal" to log into the system.

Click on the name of the reporting category you wish to submit.

Search for the company for which you are submitting the report. You can search using the Company Name, NAIC Company Code, Florida Company Code, or Federal Employer Identification Number (FEIN). Click Next.

Select your company by clicking the radio button next to your company's name. Click Next.

From the "Select Reporting Event" screen, click the radio button next to the desired reporting event. Click Next.

The next screen - "Select Data Reporting" - allows you to declare whether or not you have data to report. In general, a "NO DATA filing" is selected when you don't meet the reporting threshold and merely need to indicate your compliance with the filing requirement. "DATA filing" is selected when you need to submit data. However, this does vary for the different types of data reports, so you should always check the instructional packet associated with your specific data report.

Now that you have selected your data report type, click next. Whichever choice you made, the next screen will provide you with a summary of what you have select so far. This is called the "Filing Verification" screen. Please review this information carefully. If the information seems incorrect, you simply click on the "Cancel" icon and start anew. If all seems correct, click on "Continue."

At the "New Filing Created" screen, the Filing Name and Password fields are optional. As a filing tip, it is good practice to name your submission using the Filing Name field. Use a name that will be easily recognizable for your specific reporting. After you click "Done", the system will send you an email confirming that you have started a data filing.

You are now at your "Filing Workbench." Please select the data submission filing you have just started by clicking on the "Work Unit Number" located in the left-hand corner of the workbench grid. (Please note: The "Delete Filing" icon should only be used sparingly. If you feel you need to delete a filing from your workbench, please contact the Office's Data Collection and Statistical Reporting Unit at 850.413.3147 to help you with this process.)

The "Filing Component List" is designed to help you make certain all the various parts your data submission are complete before you actually submit your data filing. You can complete these components in any order, but these instructions will take you through the four components most common to all the Office's data filings as they appear on the screen.

Company Data:

Click on the "Company Data" component name.

Click on the "Company Data" link and confirm that the correct company has been selected.

Now, click on Return to Component List. (Please note: The status of that component has changed to “Complete”.)

Data Template:

Click on the “Data Template” component.

Step One: Download the data template and the associated instructional documentation by clicking on the links below. Save them on your desktop or in another folder of your choice on your computer/network.

Step Two: Complete the data template as directed in the instructional documentation.

Step Three: Prepare to upload the completed data template for that reporting period by Clicking on Add File, then Browse. Locate and select the correct file, then clicking on Open. If you wish to rename the document, you can do so in the Title field on this screen.

Step Four: Click on Upload to complete the File Upload process.

Step Five: Click on Continue when the upload progress screen appears.

Step Six: Click Done to return to the Filing Component List. The component status has been changed to “Complete”.

Originator Information:

Click on the “Originator Information” component name.

Once you have completed the required fields, click Save to save the provided contact information and return to the Filing Component List. The component status has been changed to “Complete”.

These first three components are REQUIRED components. You will not be able to submit your data report without completing all three of them.

Supplementary Information:

The Supplementary Information component may be to upload the additional documents into your data filing.

Click on the “Supplemental Information” component name, then follow the same Steps 3-6 you used to upload your Data Template.

As before, click Done to return to the Filing Component List. This component should now read, “Included.” This is because this component is optional. Your data filing submission need not include this unless otherwise directed in the data reporting instructions specific to your data report.

Now that all your required and optional components indicate that they are upload, you will find that a “SUBMIT FILING” icon now appears on the “Filing Component List” screen.

Click the “SUBMIT FILING” icon.

Clicking the “SUBMIT FILING” icon triggers a confirmation email, explaining that the filing has been submitted but the uploaded documents must be reviewed as compatible with the system. Once the documents are determined to be compatible, a final email will sent with a File Log tracking number.

Sample data template:

Section B: To be completed by those submitters reporting Small Employer Group Health Coverage Data pursuant to Section 627.6699, F.S.		COLUMN E	COLUMN F	COLUMN G	COLUMN H	COLUMN I	COLUMN J	COLUMN K
		EMPLOYER GROUPS at the end of the reporting quarter	COVERED EMPLOYEES at the end of the reporting quarter	COVERED EMPLOYEE DEPENDENTS at the end of the reporting quarter	Total DIRECT PREMIUMS EARNED during the Reporting Quarter	WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?	DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY during the Reporting Quarter	Actively Transacting New Business Validation Alert
Line	MARKET SEGMENT DESCRIPTION	<i>If the number of Employers/Groups reported is zero, then the number of Covered Employees and the number of Covered Employee Dependents must also be zero.</i>						
1	TOTAL BASIC PLANS IN FORCE	0	0	0	\$0		\$0	
2	W/ HEALTH SAVINGS ACCOUNT (HSA)							
3	W/ HEALTH REIMBURSEMENT ARRANGEMENT (HRA)							
4	w/ NO HRA or HSA							
5	TOTAL STANDARD PLANS IN FORCE	0	0	0	\$0		\$0	
6	W/ HEALTH SAVINGS ACCOUNT (HSA)							
7	W/ HEALTH REIMBURSEMENT ARRANGEMENT (HRA)							
8	w/ NO HRA or HSA							
9	TOTAL OTHER SMALL GROUP PLANS (STREET PLANS) IN FORCE	0	0	0	\$0		\$0	
10	W/ HEALTH SAVINGS ACCOUNT (HSA)							
11	W/ HEALTH REIMBURSEMENT ARRANGEMENT (HRA)							
12	w/ NO HRA or HSA							
13	ALL SMALL GROUP PLANS IN FORCE	0	0	0	\$0		\$0	
14	W/ HEALTH SAVINGS ACCOUNT (HSA)	0	0	0	\$0		\$0	
15	W/ HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	0	0	0	\$0		\$0	
16	w/ NO HRA or HSA	0	0	0	\$0		\$0	

Section C: Required to be completed by Managed Care (HMO) submitters - Private Insurers are urged to complete on a voluntary basis.	Small Group	Small Group Enrollment Validation Alert	Large Group	Individual	Commercial Group Conversion	Other Commercial	Healthy Kids	Medicaid	Medicare	Federal Employees
Total Enrollment	0		0	0	0	0	0	0	0	0
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										

Data Submission Validation Process

Computerized Validations:

There are two stages of data validation performed on your data template before it can be received by the Office.

The first of these are built into the data template itself. As you navigate the template, you will be given various “Validation Assistance” alerts. For example: “If Employer/Groups is zero, then Covered Employees must be zero. If the number of Covered Employees reported is zero, then the number of Covered Employee Dependents must be zero.”

The second stage of computerized validations is performed at the time you submit your data template. These validations are performed “behind the scenes” by the Office’s computer system. These checks notify you by email if you have missed a required cell or made a similar type of data entry error on the data template. At the time your email notification is sent, your data template is returned to your Industry Portal workbench area so that corrections can be made. If you feel you need assistance with the corrections, please contact the Office via email at:

QuarterlyAandHReporting_1117-1657@fldfs.com

Reviewer Validations:

Once your data submission reaches the Office, a staff member rechecks your data for reasonability. This can include comparing your submitted data to other sources and previous data submission received from your company.

If the reviewer has a question or needs clarification, he/she will contact you by email or phone. This clarification letter will reference the “file log number” assigned to your data submission by the Office. This tracking number will be used on all communication from the Office about your data.

Once the reviewer is satisfied with your data submission, you will receive a final disposition letter by email which closes your data submission filing. Final disposition you will see in these letters include:

1. **FILING NOT REQUIRED:** This means your company is not required to report this data. No further action will be needed on your part.
2. **SUBMISSION ERROR:** This means your submission does not meet the filings standards for this specific reporting requirement. Depending on the type of error your submission contained, you may or may not need to resubmit your data under another Office tracking number.
3. **EXEMPT:** This final disposition means your submission of “NO DATA” meets the reporting requirement for this reporting period. No further action will be needed on your part for the reporting period covered by your data submission. Please note: Receiving an exemption letter does not preclude the necessity of filing additional data or no data filings in the future. In most cases, your company will need to continue to file each reporting period.
4. **WITHDRAWN:** This means your company requested your submission under the assigned file log number be closed by the Office. In most cases, this is done so that you can “start from scratch” and re-file your data under a new file log number.
5. **ACCEPTED:** A final disposition letter of acceptance means that the reviewer has completed his/her reasonability checks and feels your data submission is valid. No further action is required at this time.
6. **REFERRED:** This type of letter means that based on the data submitted and any additional information provided, your data submission will be referred to the Office’s Market Investigation Unit for additional follow up.