



Multiple Medicare Supplement Reporting Florida Office of Insurance Regulation

Pursuant to 627.6737 F.S. and 69O-156.018, F.A.C.

Required Filers and General Reporting Definitions

Pursuant to 627.6737, F.S., “(1) On or before March 1, every insurer or other entity providing Medicare supplement insurance coverage in this state shall report the following information for every individual resident of this state for which the insurer or entity has in force more than one Medicare supplement insurance policy or certificate:

- (a) Policy and certificate number.
 - (b) Date of issuance.
- (2) The items set forth above must be grouped by individual policyholder.”

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

- (1) LIFE AND HEALTH INSURER
- (2) PROPERTY AND CASUALTY INSURER
- (3) FRATERNAL BENEFIT SOCIETY

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

- **no multiple Medicare Supplement policies contracts in force in the State of Florida as of December 31st of the calendar reporting year.**

“**DATA FILING**” is to be used by all other reporting entities

This template is provided for reporting multiple Medicare supplement policies issued by authorized Florida Insurance carriers.

DEADLINE FOR COMPLETING AND SUBMITTING THIS DATA FILING IS MARCH 1. IF THIS DATE OCCURS ON THE WEEKEND, IT IS THE NEXT BUSINESS DAY.

Data must be submitted on an individual company basis only.

Use the Insurance Regulation Filing System (IRFS) at <https://irfs.fldfs.com/> to submit your filing.

COMPONENTS OF THE FILING

Your Florida Multiple Medicare Supplement Reporting Data Filing will include the following components:

- **For a Data Filing** - Reporting Template – This is an Excel file. It is downloaded from within IRFS. You will click on “+” to download successfully.
- **Contacts** – Filers can add other individuals to received correspondence on this filing. Save once all individuals have been included.
- **Data filers** must complete a declaration of facts, signed by a company officer, and formatted as a PDF document, and upload it to the Affidavit Component.
- **No data filers** must complete a certification of no data.
- **Other Information/Documents** – Upload any information in the available formats needed to explain any data or other portion of the filing.

If you have any questions regarding IRFS support, please contact the Market Research and Technology Unit at 850-413-3147, or by email: LTCDDataCall@flor.com

General Instructions

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

- Log in to the IRFS system here: <https://irfs.fldfs.com/> and
- If you already have a DCAM account, you may use your DCAM username and password to sign in to IRFS here: <https://irfs.fldfs.com/>. If you have not used DCAM before you will need to create a new IRFS account by clicking “Create an account” on the login page.

- Once you login, add your company by clicking on “My Account” and selecting “Entity Management” from the drop-down menu.
- Select “+Add Entity”
- Select “Company” and click “Next”.
- Type in the name of your company and click on “Search”.
- Select your company and click on “Add Selected” button at the bottom of the page.
- Return to your Workbench and select “Create Filing”.
- Select the “Begin” button in the “Data Collection” tile.
- Select “Companies”. The select your company and click the “Next” button in the lower right-hand corner of your screen.
- In Step 2, select your data call and hit “Next”. Note: if you see a data call with a pink line through it, that means someone associate with your company has already filed that data call.
- In Step 3, click “Next”.
- In Step 4, select the “Create” button in the lower right-hand corner of the screen and then select “Confirm” in the pop up window.
- You will be automatically returned to your workbench, select your new filing by clicking the “Filing ID”.
- You must repeat steps 1 – 4 to create a Filing for each company that you represent.
- View and edit the filing on the Workbench by clicking the Filing ID in the first column.
- Expand components by clicking on the plus sign to the left of each component.
- Select the Florida Medicare Supplement Multiple Reporting Template. This is a mandatory component for a data filing. Follow the instructions to download the Excel template file to your local PC. Save the template to your local drive – you may add to it as needed and upload it back to the same page in IRFS when you are ready.

Steps for completing the template:

- Open the Contacts page and verify the information displayed.
 1. Please enter the date you are completing this report.
 2. Complete any other responses that are not present or in need of correction so that all data validations on the right-hand are “TRUE”.
- Multiple policy information is entered on the Med Sup tab. Complete the columns as shown:
 1. Policyholder’s Name – Enter the first and last name (This will be repeated for each multiple policy being reported. Reported policies should be grouped by policyholder.)
 2. Policy Number (Enter a Single Policy Per Row)
 3. Certificate Number
 4. Date of Policy Issuance

NOTE – All fields of the row is required to be completed.
- In the Contacts Component, other email accounts subscribed to your company will be listed under Add Company Contact. Include additional email addresses that are not subscribers of the company in the text box. Any email listed in this component will receive email notifications about the filing. Click Save.
- There is an optional Other Information/Documents component if you choose to include a letter or upload relevant documents.

- When all mandatory components are Complete, your filing may be submitted by clicking on the Submit button.

You and any accounts listed in Company Contacts will receive an email receipt with your Filing ID. If you do not receive an email and the submission status does not change to Received, contact the Market Research and Technology Unit (MRTU).

If you have any questions, please contact the MRTU via email: LTCDataCall@flor.com or telephone 850-413-3147.