Office of Insurance Regulation

MEMORANDUM

DATE: January 29, 2016

TO: Prepaid Health Clinics - Financial Statement Contact Person

FROM: Carolyn Morgan, Director
       Life & Health Financial Oversight

SUBJECT: 2016 FILING REQUIREMENTS

This package is designed to assist Prepaid Health Clinics in preparing their filings with the Florida Office of Insurance Regulation (Office). This information provides the filing requirements for companies holding a Certificate of Authority. Please be advised that this checklist is provided as a reference document only and is not intended to alter, amend, or replace statutory requirements.

This package has been designed to conform to the format adopted by the NAIC Standard Reporting Formats Working Group. The working group’s objective is to move towards uniformity in the states’ filing requirements checklists.

Filings shall be made utilizing the 2015 Annual Statement Instructions and Blanks and the 2016 Quarterly Statement Instructions and Blanks adopted by the National Association of Insurance Commissioners (NAIC).

All filings should be made electronically through the Regulatory Electronic Filing System (REFS) via the Industry Portal located at https://iportal.fldfs.com/ifile/default.asp. This checklist has been revised to reflect the electronic requirements.

Notable highlights from this year’s package include:

- See the Notes and Instructions section for the proper filing of the checks for payment of filing fees.
- Changes in Actuary now requires a letter from the actuary addressed to the Prepaid Health Clinic stating whether the actuary agrees with the statements contained in the Prepaid Health Clinic’s letter, and if not, stating the reasons for which he does not agree. The Prepaid Health Clinic shall provide both of these letters to the Office.
1. The checklist indicates that the deadlines for filing statements are within 90 days of the fiscal year ending date, and within 45 days of the quarter-ending date. Do they have to be received by the Office on that due date or postmarked by these dates?

> The REFS filings must be received by the Office no later than 5:00 PM on the applicable due date.

2. If a filing requirement deadline falls on a weekend or holiday when is the filing due?

> The deadline would be moved to the first business day following the original deadline.

3. Will companies submitting late statements be fined?

> Yes. Furthermore, failure to timely file statements is grounds for suspension of the company's Certificate of Authority.

4. May I attach my check for the Annual Statement filing fee to my filing?

> Remit Annual Statement filing fees directly to the Florida Department of Financial Services in accordance with instructions provided in this guide. Since the filings submitted to the Office will now be done electronically through REFS, a copy of the check and invoice can be scanned and attached through REFS.

5. Are all PHCs required to file certain documents electronically through REFS?


6. If the PHC does not have anything to report on a schedule or exhibit of the financial report, should the page be included in the report?

> Yes, the page should be filed with "NONE" written on it.

7. I have read the entire package but I still have questions regarding financial filings and/or solvency requirements (vs. rate/form or other). How can I reach the financial analyst in charge of my company?

> To reach Life & Health Financial Oversight directly, dial (850) 413-3153. Support Staff will guide you to the individual analyst assigned to your company. The analyst can then give you his/her direct dial number for future reference.
1. Each prepaid health clinic (PHC) must file with the Office annually, within 3 months after the end of its fiscal year, a report verified by the oath of at least two officers covering the preceding fiscal year.

2. Each PHC must file with the Office, within 45 days from the quarter end for the first three quarters of the year, quarterly financial statements verified by the oath of at least two officers.

3. Such reports must be on forms prescribed by the Office (Newly created forms in REFS and State forms OIR-A2-949 and OIR-A2-950).
### I. NAIC Financial Statements

<table>
<thead>
<tr>
<th>Check-list</th>
<th>(2) Line #</th>
<th>(3) REQUIRED FILINGS FOR THE ABOVE STATE</th>
<th>(4) NUMBER OF COPIES*</th>
<th>(5) DUE DATE</th>
<th>(6) FORM SOURCE **</th>
<th>(7) APPLICABLE NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Annual Statement (8 1/2&quot; x 14&quot;)</td>
<td>N/A</td>
<td>90 days from fiscal year end</td>
<td>REFs &amp; NAIC</td>
<td>D, E, F, G, H, J</td>
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<tr>
<td>1.1</td>
<td></td>
<td>Printed Investment Schedule detail (Pages E01-E-27)</td>
<td>N/A</td>
<td>90 days from fiscal year end</td>
<td>NAIC</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td>Quarterly Financial Statement (8 1/2&quot; x 14&quot;)</td>
<td>N/A</td>
<td>45 days from quarter end</td>
<td>REFs &amp; NAIC</td>
<td>D, E, F, G, H, J</td>
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</tbody>
</table>

### II. NAIC Supplements

<table>
<thead>
<tr>
<th>Check-list</th>
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<th>(6) FORM SOURCE **</th>
<th>(7) APPLICABLE NOTES</th>
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<tr>
<td>10</td>
<td></td>
<td>Accident &amp; Health Policy Experience Exhibit</td>
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<td>N/A</td>
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<td>11</td>
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<td>Actuarial Opinion</td>
<td>REFs</td>
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<td>Investment Risk Interrogatories</td>
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<tr>
<td>13, 14, 15, 16</td>
<td></td>
<td>Life Supplemental</td>
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<td>90 days from fiscal year end</td>
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<tr>
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<td>Long Term Care Experience Reporting Forms</td>
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<tr>
<td>18</td>
<td></td>
<td>Management Discussion &amp; Analysis</td>
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<td>REFs</td>
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<tr>
<td>19</td>
<td></td>
<td>Medicare Supplement Insurance Experience Exhibit</td>
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<td>90 days from fiscal year end</td>
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<tr>
<td>20</td>
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<td>0</td>
<td>90 days from fiscal year end; 45 days from quarter end</td>
</tr>
<tr>
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<td>Property/Casualty Supplement</td>
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<td>N/A</td>
<td>0</td>
<td>90 days from fiscal year end</td>
</tr>
<tr>
<td>23</td>
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<td>Risk-Based Capital Report</td>
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<td>90 days from fiscal year end</td>
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<td>24</td>
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<td>Schedule SIS</td>
<td>REFs</td>
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<td>REFs</td>
<td>90 days from fiscal year end</td>
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<tr>
<td>25</td>
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<td>Supplemental Compensation Exhibit</td>
<td>REFs</td>
<td>N/A</td>
<td>REFs</td>
<td>90 days from fiscal year end</td>
</tr>
</tbody>
</table>

### IV. Audit/Internal Control Related Reports

<table>
<thead>
<tr>
<th>Check-list</th>
<th>(2) Line #</th>
<th>(3) REQUIRED FILINGS FOR THE ABOVE STATE</th>
<th>(4) NUMBER OF COPIES*</th>
<th>(5) DUE DATE</th>
<th>(6) FORM SOURCE **</th>
<th>(7) APPLICABLE NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td></td>
<td>Accountants Letter of Qualifications</td>
<td>REFs</td>
<td>N/A</td>
<td>REFs</td>
<td>90 days from fiscal year end</td>
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<tr>
<td>72</td>
<td></td>
<td>Audited Financial Statements</td>
<td>REFs</td>
<td>N/A</td>
<td>REFs</td>
<td>90 days from fiscal year end</td>
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<td>73</td>
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<td>Audited Financial Statements Exemption Affidavit</td>
<td>REFs</td>
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<td>REFs</td>
<td>90 days from fiscal year end</td>
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<tr>
<td>74</td>
<td></td>
<td>Communication of Internal Control Related Matters Noted in Audit</td>
<td>REFs</td>
<td>N/A</td>
<td>REFs</td>
<td>90 days from fiscal year end</td>
</tr>
<tr>
<td>75</td>
<td></td>
<td>Independent CPA Awareness Letter</td>
<td>REFs</td>
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<td>REFs</td>
<td>12/31</td>
</tr>
<tr>
<td>76</td>
<td></td>
<td>Notification of Adverse Financial Condition</td>
<td>REFs</td>
<td>N/A</td>
<td>REFs</td>
<td>5 days</td>
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<tr>
<td>77</td>
<td></td>
<td>Request for Exemption to File</td>
<td>REFs</td>
<td>N/A</td>
<td>REFs</td>
<td>5 days</td>
</tr>
</tbody>
</table>

### V. State Required Filings***

<table>
<thead>
<tr>
<th>Check-list</th>
<th>(2) Line #</th>
<th>(3) REQUIRED FILINGS FOR THE ABOVE STATE</th>
<th>(4) NUMBER OF COPIES*</th>
<th>(5) DUE DATE</th>
<th>(6) FORM SOURCE **</th>
<th>(7) APPLICABLE NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td></td>
<td>Filings Checklist (with Column 1 completed)</td>
<td>1</td>
<td>N/A</td>
<td>1</td>
<td>90 days from fiscal year end; 45 days from quarter end</td>
</tr>
<tr>
<td>102</td>
<td></td>
<td>State Filing Fees</td>
<td>1</td>
<td>N/A</td>
<td>1</td>
<td>90 days from fiscal year end</td>
</tr>
<tr>
<td>103</td>
<td></td>
<td>Disclosure of Material Transactions</td>
<td>REFs</td>
<td>N/A</td>
<td>1</td>
<td>As Required</td>
</tr>
<tr>
<td>104</td>
<td></td>
<td>Number of Contracts Issued and Outstanding</td>
<td>1</td>
<td>N/A</td>
<td>1</td>
<td>90 days from fiscal year end</td>
</tr>
<tr>
<td>105</td>
<td></td>
<td>Number and amount of Damage Claims for Medical Injury</td>
<td>1</td>
<td>N/A</td>
<td>1</td>
<td>90 days from fiscal year end</td>
</tr>
<tr>
<td>106</td>
<td></td>
<td>Evidence of Adequate Insurance</td>
<td>1</td>
<td>N/A</td>
<td>1</td>
<td>90 days from fiscal year end</td>
</tr>
<tr>
<td>107</td>
<td></td>
<td>Projected balance sheet, operating statement and cash budget</td>
<td>1</td>
<td>N/A</td>
<td>1</td>
<td>90 days from fiscal year end</td>
</tr>
</tbody>
</table>

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*Column 4 State-EO (electronic only filing) and the Office does not need a hard copy. The Adobe Life Cycle forms in REFs need to be completed for the quarterly or annual financial statements as indicated.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.
**NOTES AND INSTRUCTIONS (A-N APPLY TO ALL FILINGS)**

| A | Required Filings Contact Person: LaTasha Davis; Tommy Bower or Taris Smalls  
Financial Examiner/Analyst Supervisor  
Life & Health Financial Oversight, Health Section  
Florida Office of Insurance Regulation  
(850) 413-5226; (850) 413-2466 or (850) 413-5061 |
|---|---|

| B | Mailing Address:  
**By Mail**  
Office of Insurance Regulation  
Attn: Life and Health  
Financial Oversight  
200 East Gaines Street  
Tallahassee, Florida 32399-0327  
(850) 413-3153  
OIR web site: [www.floir.com](http://www.floir.com)  
Direct REFS Link - [https://apps8.fldfs.com/refs/Account/Login](https://apps8.fldfs.com/refs/Account/Login) |
|---|---|

| C | **Filing Fees, Florida Statutes 641.412(1)(b):**  
The $150.00 Annual Statement Filing Fees should be attached to a letter identifying the regulated entity, and the purpose of the check (filing fee pursuant to 641.412(1)(b), F.S.) and should be submitted to the Florida Department of Financial Services, Revenue Processing Section, P. O. Box 6100, Tallahassee, Florida 32314-6100.  
A copy of the check and invoice form can be scanned, and uploaded into REFS as evidence of submission to DFS. |
|---|---|

| D | **Delivery Instructions:**  
Annual and Quarterly Financial Statement filings (with all printed schedules and exhibits), must be electronically submitted through REFS no later than 5 p.m. on the indicated due date. If the due date falls on a weekend or holiday, the deadline would be moved to the first business day following the original due date. |
|---|---|

| E | **Late Filings, Florida Statutes 641.41(2):**  
Companies will be fined for late filings, up to $100 per day. The company’s license may be suspended if filings are not received timely. |
|---|---|

| F | **Original Signatures:**  
Original signatures are required on annual and quarterly statements filed by all PHCs. After the jurat page is signed by the officers and notarized, the signed jurat page should be scanned and uploaded as a document in REFS |
|---|---|

| G | **Signature/Notarization/Certification:**  
Annual and Quarterly financial statement filings must have at least two original signatures of executive officers whose names appears on the jurat page with a notary seal. |
|---|---|

| H | **Amended Filings:**  
See NAIC Annual Statement Instructions for guidance on amended filings. |
|---|---|

| I | **Exceptions from Normal Filings:**  
Any request for an extension of filing the annual report shall be in writing and the reason(s) for the extension explained in detail. All requests must be filed with the Office fifteen (15) days prior to the deadline date for filing the annual report.  
Any extension request received less than fifteen (15) days prior to due date will be denied except for unavoidable circumstances. Unavoidable circumstances include, but are not limited to, death of key personnel or destruction of records by fire, hurricane, or other natural disasters. |
|---|---|

| J | **Filings Checklist Instructions:**  
Attach a Required Filings Checklist to each filing submitted to the Office. Fill in the company name, federal employer identification number, and NAIC company code (if applicable). In column (1) check off the items being submitted and attach the checklist as the cover page. |
|---|---|

| K | **NONE Filings:**  
In the annual statement, a) a disclosure or response must be provided for every item (indicate “none” or “not applicable” if appropriate), and b) the company must not alter the number scheme of the notes. |
L  **Statement of Actuarial Opinion, Rule 69O-194.009(2)(f):**
Each PHC licensed to do business in this state shall annually, with its annual statement, submit an actuarial report certified by a qualified independent actuary or qualified employee, that:
1. The prepaid health clinic is actuarially sound, which certification shall consider the rates, benefits, and expenses of, and any other funds available for, the payment of obligations of the organization.
2. The rates being charged or to be charged are actuarially adequate to the end of the period for which rates have been guaranteed.
3. Incurred but not reported claims and claims reported but not fully paid have been adequately provided for.

M  **Audited Financial Statement, Rule 69O-194.009(2)(b):**
The Audited Financial Report must be filed with this Office within three (3) months after the end of each fiscal year. The Annual Audited Financial Report shall report the financial position of the PHC as of the end of the most recent fiscal year and the results of its operations, cash flows, and changes in capital and net worth for the year then ended in conformity with statutory accounting practices prescribed, or otherwise permitted by the Office. The Annual Audited Financial Report shall include the following:
5. Statement of changes in capital and net worth.
6. Notes to financial statements. These notes shall be those required by the appropriate NAIC Annual Statement instructions and any other notes required by generally accepted accounting principles and shall also include:
   a. A reconciliation of differences, if any, between the Audited Financial Report and the Annual Statement with a written description of the nature of these differences.
   b. A summary of ownership and relationships of the PHC and all affiliated companies.
7. The financial statements included in the Audited Financial Report shall be prepared in a form and using language and groupings substantially the same as the relevant sections of the Annual Statement of the PHC filed with the Office. The financial statements shall be comparative, presenting the amount as of the current year and the amounts as of the immediately preceding fiscal year end.

N  **Accountant's Letter of Qualifications:**
The accountant shall furnish a Letter of Qualifications to the PHC for filing with the Annual Audited Financial Report. The letter shall state:
1. That the accountant is independent with respect to the PHC and conforms to the standards of his/her profession.
2. The background and experience in general, and the experience in audits of PHCs of the staff assigned to the engagement and whether each is an independent Certified Public Accountant.
3. That the accountant understands the annual Audited Financial Report, and his/her opinion thereon will be filed in compliance with the Florida Statutes, and that the Office will be relying on this information in the monitoring and regulation of the financial position of PHCs.
4. That the accountant consents and agrees to make the workpapers available for review by the Office.
5. A representation that the accountant is properly licensed by an appropriate state licensing authority.

O  **Notification of Adverse Financial Condition:**
All PHCs required to furnish the annual Audited Financial Report shall require the independent Certified Public Accountant to report in writing, to the board of directors or its audit committee any determination by the accountant that the PHC has materially misstated its financial condition as reported to the Office as of the balance sheet date currently under examination, or that the PHC does not meet the minimum capital and surplus requirement of the Florida Insurance Code. A PHC who has received such a report shall forward a copy to the Office within 5 business days.

P  **Disclosure of Material Transactions:**
All PHCs are required to submit with each annual report adequate disclosure of material transactions between the PHC and related parties. A list of the names and residence addresses of all persons responsible for the conduct of its affairs, together with a disclosure of the extent and nature of any contracts or arrangements between such persons and the prepaid health clinic, including any possible conflicts of interest.

Q  **Independent CPA/Awareness Letter:**
Designation of independent C.P.A. must be filed by the company’s fiscal year end date.

R  **The Number of PHC Contracts Issued and Outstanding and the Number of PHC Contracts Terminated:**
As required by Section 641.41(1)(c), Florida Statutes, the annual report shall include the number of PHC contracts, issued and outstanding, and the number of prepaid health clinic contracts terminated. Form OIR-A2-949 should be completed. This form can be submitted as an attachment in REFS.
| S | **The Number and Amount of Damage Claims for Medical Injury:**  
As required by Section 641.41(1)(e), Florida Statute, the annual report shall include the number and amount of damage claims for medical injury initiated against the PHC, and if known, any of the providers engaged by it during the reporting year, broken down into claims with and without formal legal process, and the disposition, if any, of each such claim. Form OIR-A2-950 should be completed. This form can be submitted as an attachment in REFS. |
|---|---|
| T | **Evidence of Adequate Insurance:**  
As required by F.A.C. 69O-194.004, evidence of the existence of insurance or a plan for self-insurance approved by the Office must be submitted at least 30 days prior to the expiration date of the policy and with each annual report. The Office shall consider the potential general liability and potential malpractice liability of a PHC in determining an appropriate amount of insurance. |
| U | **Projected Balance Sheet, Operating Statement and Cash Budget:**  
As required by F.A.C. 69O-194.009(2)(c-e), the annual report shall include a projected balance sheet for the end of the next reporting period, a projected monthly operating statement for the next reporting period and a projected monthly cash budget covering the next reporting period. |
| V | **Communication of Internal Control Related Matters Noted in Audit**  
(has replaced Report of Significant Deficiencies in Internal Control):  
1. In addition to the annual Audited Financial Report, each Prepaid Health Clinic shall furnish the Office with a written communication as to any material weaknesses in its Internal control over financial reporting noted during the audit. Such communication shall be prepared by the accountant within sixty (60) days after the filing of the annual Audited Financial Report, and shall contain a description of any material weakness (as the term material weakness is defined by AU Section 325 of the Professional Standards of the AICPA, Communicating Internal Control Related Matters Identified in an Audit) as of December 31 immediately preceding (so as to coincide with the Audited Financial Report discussed in subsection (4)) in the Prepaid Health Clinic’s Internal control over financial reporting noted by the accountant during the course of their audit of the financial statements. If no material weaknesses were noted, the communication should so state.  
2. The Prepaid Health Clinic is required to provide a description of remedial actions taken or proposed to correct material weaknesses if the actions are not described in the accountant’s communication. |