

# **2010 HMO Annual and Quarterly Supplement Report Instructions**

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**D I F P**  
Department of Insurance  
Financial Institutions &  
Professional Registration

## **Summary of Changes made to the 2010 HMO Annual and Quarterly Supplement Report Instructions**

1. All pages – section name change. Changed from Managed Care Section to Life & Healthcare Section.
2. Page 3, 13 – wording change. Changed will NOT too may not. Now reads - “The 2011 HMO Report will go to press soon after June 15, 2011. The deadline cannot be extended beyond this date. Information submitted in amendment documents after this deadline may not be included in the report.”
3. Page 3, 13 – Statement of Authorization changes. No longer has to be mailed. Can be sent electronically with the filing in pdf format.
4. Page 6 – Applied Behavior Analysis (ABA). ABA costs are to be reported independent from other mental health costs. ABA encounters, which are on Table 4 under “Other Professional Provider Encounters”, are separate from mental health again. ABA costs and encounters should not be double counted. They are mental health services, but they should not appear in both the existing mental health lines and in the ABA lines.
5. Page 8, 20 – Applied Behavior Analysis (ABA) line added to Table 4 under ‘Other Professional Provider Encounters’. With this addition, please notice the order of this category and the subtotal is now Sum of 1-4.
6. Page 9 – Applied Behavior Analysis (ABA) cost category added. Costs incurred due to utilization reported on Table 4 – Applied Behavior Analysis (line 22). The design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use direct observation, measurement, and functional analysis of the relationships between environment and behavior. Again with this addition, please take note the line item order of the table.
7. Page 3- Added ‘SERFF: Not Required’

## **Deadlines:**

All requested information (Tables 1-7, Cost of Service Table and Supplements\*) for the relevant reporting period, should be submitted by the dates listed below:

<b><i>2010 Reportings</i></b>	<b><i>Deadlines:</i></b>
First Quarter Supplement (January 1, 2010 to March 31, 2010):	July 15, 2010
Second Quarter Supplement (April 1, 2010 to June 30, 2010):	October 15, 2010
Third Quarter Supplement (July 1, 2010 to September 30, 2010):	January 15, 2011
Annual Report Supplement (January 1, 2010 to December 31, 2010):	April 15, 2011
<b><i>Final submission deadline of amendments</i></b>	<b><i>June 15, 2011</i></b>

**The 2010 HMO Report will go to press soon after June 15, 2011. The deadline cannot be extended beyond this date. Information submitted in amendment documents after this deadline may not be included in the report.**

**Also, please note that the Health Maintenance Organization is subject to penalties pursuant to section §354.444 RSMo if these deadlines are not met.**

**\*NOTE:** Supplements 2 and 3 are required **annually only**. Do not send these supplements with the quarterly filings. Send both supplements with the Annual Filing only.

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**Filing fee: \$50.00 (§354.495 RSMo)**

**TD-1: Not Required**

**SERFF: Not Required**

**The Statement of Authorization (page 13) should be sent electronically, preferably in pdf format, with the quarterly and annual filings:**

**Where to E-Mail the Filing:** [Jeanne.Robey@insurance.mo.gov](mailto:Jeanne.Robey@insurance.mo.gov) or [Anne.Rehagen@insurance.mo.gov](mailto:Anne.Rehagen@insurance.mo.gov)

### **How to contact the Life & Healthcare Section:**

Direct inquiries regarding the quarterly and annual supplement filings to the Life & Healthcare Section via telephone at (573) 522-8562, or via e-mail at [jeanne.robey@insurance.mo.gov](mailto:jeanne.robey@insurance.mo.gov) or (573) 751-0794, or via e-mail at [anne.rehagen@insurance.mo.gov](mailto:anne.rehagen@insurance.mo.gov)

### **DIFP on the World Wide Web:**

Information regarding this and other required filings may also be obtained on the DIFP website at: <http://www.insurance.mo.gov/>.

# **General Instructions for Tables 1-7, Cost of Services Table, Supplements 1, 2 and 3**

## **How to define Missouri Membership:**

Find out how enrollment and utilization is broken down for the Financial Statements, and utilize that methodology. If your company prepares the Financial Statements on some basis other than “Live or Work”, then a Special State Page will be required. The Special State Page will be prepared utilizing the “Live or Work” rule.

**LIVE:** If it is done on a residential (enrollee/subscriber's home Zip Code) basis, then the only activity reported in this Supplemental Filing should be for Missouri Zip Codes (63001 - 65899).

**WORK:** If it is done on a group (contracts entered into with Missouri employers) basis, then the activity reported in this Supplemental Filing should be that of all enrollees or subscribers associated with those Missouri Groups.

**Supplement 1 - Enrollment by Zip Code:** This report should also be prepared using one of the methodologies stated above. For residential-based reporting, this report will contain only the Missouri Zip Codes (63001 - 65899) of current enrollees/subscribers. For group-based reporting, this report will contain the residential zip codes for all enrollees/subscribers associated with the Missouri groups, which may fall outside of the State of Missouri.

## **Tables (1-7), Cost of Services and Supplements: Instructions and Formatting Guidelines**

1) Please submit Tables 1-7, the Cost of Services Table, and Supplements via e-mail to: [jeanne.robey@insurance.mo.gov](mailto:jeanne.robey@insurance.mo.gov) or [anne.rehagen@insurance.mo.gov](mailto:anne.rehagen@insurance.mo.gov). We ask that Tables 1-7, Cost of Services Table and Supplements be downloaded from our website at: <http://www.insurance.mo.gov/industry/filings/mc/index.htm>. When you are e-mailing the filings, they MUST be in a 'zipped' format, due to DIFPs' e-mail security firewall.

2) **Tables 1-7 and the Cost of Services Table constitute a Set of Tables.** A Set of Tables must be submitted for each product a company offers, AND a Set of Tables for combined commercial products (HMO plus POS), if the company offers both these products. For example, Company X has an HMO, Medicare, Medicaid and POS product. They would need to submit **five** Sets of Tables:

**Company X:**

**HMO (Tables 1-7 and Cost of Services Table)**

**POS (Tables 1-7 and Cost of Services Table)**

**Medicare (Tables 1-7 and Cost of Services Table)**

**Medicaid (Tables 1-7 and Cost of Services Table)**

**HMO & POS (Tables 1-7 and Cost of Services Table)**

**These five sets of tables are to be submitted in one "workbook" (see Pages 17-24)**

3) The Utilization Tables 1-7, Cost of Services Table, and the supplements must be filed containing information based on Missouri's "**Live or Work**" Rule. Also, "dates of service" should reflect the date incurred, not the date the claim was received from the provider. If you report on a Work basis, and you have enrollees with Illinois residential zip codes you will need to do a separate Table 1 for Illinois. If you report on a work basis, and have enrollees with Kansas residential zip codes you will need to do a separate Table 1 for Kansas. You do **not** need extra Illinois or Kansas tables for Tables 2-7 or the Cost of Services Table. You do **not** need extra Illinois or Kansas table 1's if you are reporting on a LIVE basis.

4) **General Formatting Notes:** (See Pages 17-24 for examples of acceptable format). Each table must be labeled to indicate:

- the table number, (i.e. Table 1, Table 2, etc.)
- the category of membership the table concerns, (i.e. HMO, POS, HMO/POS, MDCR, MDCA)
- the state (only applicable to Table 1s prepared using the WORK method), (i.e. IL, KS, MO)
- the name of the company,
- the reporting period (see below),
- the table title.

5) **Reporting Periods:** Please provide data corresponding to the following reporting periods:

<b>Reporting Period</b>	<b>Time Frame for the Reported Period</b>
Quarter 1, 2010	January 1, 2010 – March 31, 2010
Quarter 2, 2010	April 1, 2010 – June 30, 2010
Quarter 3, 2010	July 1, 2010 – September 30, 2010
Annual 2010	January 1, 2010 – December 31, 2010

6) **DO NOT** include any Administrative Services Only (ASO) or Statements of Statutory Accounting Principals (SSAP) #47 enrollment, membership or utilization data in any of the Tables submitted.

**Note:** ASO enrollees are defined as enrollees of the Health Maintenance Organization (HMO) for which the HMO performs administrative services only, such as claims processing for self-insured entities (third party at risk). The HMO has not issued an insurance policy (regardless of whether an identification card is issued) and therefore is not subject to any type of loss or liability caused by claims incurred by the ASO enrollees. SSAP #47 enrollees are defined as similar to ASO in that the business is considered self-insured. However, it's found to actually represent insurance risk for the company. One example is reinsurance, but some network rental contracts also fall under this category.

7) Any tables with negatives, blanks or zeros will be considered an incomplete filing unless the company submits a written statement that the service in question is not offered.

- 8) **POS Out-of-Network activity:** All POS activity should be included, both in-network and out-of-network, regardless of how POS Out-of-Network is reflected in the financial statements. However, only the **best** level of benefits from the member’s point of view is considered “in network” for purposes of the Supplement Report. All activity that that occurs should be reported, but the activity that occurs at less than the **best** level of benefits should be reported as “out-of-network” for Table 3 and for the POS and AGG Cost of Services Table general questions.
- 9) **Applied Behavior Analysis (ABA):** ABA costs are to be reported independent from other mental health costs. ABA encounters, which are on Table 4 under “Other Professional Provider Encounters”, are separate from mental health again. ABA costs and encounters should not be double counted. They are mental health services, but they should not appear in both the existing mental health lines and in the ABA lines.
- 10) If you contract out one or several services, you must obtain the utilization and cost information from the company/network with whom you contract and incorporate that data into Tables 1-7 and the Cost of Services Table. **The Missouri Department of Insurance, Financial Institutions and Professional Registration will not accept a separate filing from the company/network with whom you have contracted to provide specified services.**
- 11) Consistency between tables, supplements 1, 2, 3, and other required DIFP filings is very important. We have provided you with detailed comparison forms (see page 14 and 15). It will be to your advantage to thoroughly review these forms before submitting your data to DIFP. If your HMO consistently fails the basic correlation tests detailed on page 14 and 15, then the DIFP will mandate that you submit a completed page 14 and 15 with your filing. Also, to ensure that the tables are formatted and titled correctly, we have provided a sample Set of Tables (see pages 17-28).
- 12) When the review process results in a request for corrected data, please submit only those portions cited.
- 13) Please remember that Dates of Service should reflect the date incurred, not the date the claim was received from the provider.

## **Instructions Specific to Each Table**

### **TABLE 1 – See Page 17**

#### **Average Enrollment and Cumulative Member Months by Gender and Age:**

- A. **Average enrollment** should be reported in each age and gender category using total enrollment at the end of each month, adding the totals together and dividing by the number of months in the reporting period.

#### **EXAMPLE 1:**

##### **Second Quarterly Filing-**

	<b>a</b>	<b>m</b>	<b>j</b>	<b>a+m+j/3</b>
<b>Age</b>	<b>April 30<sup>th</sup></b>	<b>May 31<sup>st</sup></b>	<b>June 30<sup>th</sup></b>	<b>Average Enrollment</b>
<1	3	5	2	$3+5+2/3 = 3^*$
1-4	7	10	11	$7+10+11/3 = 9^*$
etc...				

\*(Please round to the nearest whole person.)

#### **EXAMPLE 2:**

##### **Annual Filing**

Enrollment on:

$$\frac{\text{Jan 31<sup>st</sup> + Feb 28<sup>th</sup> + Mar 31<sup>st</sup> + Apr 30<sup>th</sup> + May 31<sup>st</sup> + Jun 30<sup>th</sup> + Jul 31<sup>st</sup> + Aug 31<sup>st</sup> + Sept 30<sup>th</sup> + Oct 31<sup>st</sup> + Nov 30<sup>th</sup> + Dec 31<sup>st</sup>}{12}$$

for each age category.

- B. **Cumulative Member Months (CMM)** should be reported in each age and gender category.

CMM = total enrollment at the end of each month.

#### **From example above, CMM is:**

	<b>a</b>	<b>m</b>	<b>j</b>	<b>a+m+j</b>
<b>Age</b>	<b>April 30<sup>th</sup></b>	<b>May 31<sup>st</sup></b>	<b>June 30<sup>th</sup></b>	<b>CMM</b>
<1	3	5	2	$3+5+2= 10$
1-4	7	10	11	$7+10+11= 28$
etc...				

**TABLE 2 – See Page 18**

**Hospital Utilization:**

**A. General Hospital/Acute Care Facility**

1. **Medical/Surgical:** Refers to general hospital/acute inpatient care; includes any hospital days for services except maternity and mental health, e.g. pediatric, gynecology, neurology, etc.
2. **Maternity:** Refers to care connected with a live birth in a general hospital or acute care facility; only mothers' days should be counted, not newborns'. Please be sure and break down this data into the following categories:

**Normal**  
**C-Section**  
**Other**

Please add a footnote to Table 2 explaining the data captured in the 'Other' maternity category.

3. **Newborn:** A newborn is considered admitted to the hospital, only after the mother has been discharged. Please count 'Days' as days accrued by the newborn after the mother is discharged.
4. **Mental Health:** Inpatient days when provided in acute care facilities, as opposed to psychiatric long-term institutions or wards. Acute Mental Health care in an Acute Care Facility. Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions. This data should be broken down into two subcategories:

**Chemical Dependency**  
**Other**

5. **Subtotal for Part A:** The sum of points 1-5. (NOTE: The Subtotal for Part A 'Days' and 'Admissions' should be equal to the Total 'Days' and 'Admissions' on Table 6.)

**B. Specialty Facility - Refers to inpatient stays in freestanding specialized facilities as opposed to acute inpatient hospital stays, except for Mental Health (see below).**

1. **Rehabilitation:** inpatient stays at a freestanding rehabilitation facility.
2. **Nursing Home (SNF/ICF):** An SNF provides services to patients who require primarily restorative or skilled nursing care. An ICF provides services to patients not requiring the degree of care provided by a hospital or SNF but who require care and services provided at institutional facilities.
3. **Mental Health:** Inpatient days when provided in specialized institutions or wards (specific area within an Acute Care Facility). Long-term Mental Health Care provided in a specialized institution, or a specific area within an Acute Care facility. Mental Health provided in a Residential Care setting. Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions. This data should be broken down into two subcategories:

**Chemical Dependency/Detoxification**  
**Other**

4. **Subtotal B:** Sum of points 1-4.

**C. Grand Total Inpatient Utilization- Subtotal for Part A plus Subtotal for Part B.**

**TABLE 3 – See Page 19**

**Hospital Emergency Care:** ER utilization should be based upon members who were **not** admitted to the hospital from the ER. Admits to hospital from ER should be captured in Table 2 and again on Table 6. See page 6 for definition of in-network and out-of-network.

- A. **In-Network ER Utilization:** Emergency Room utilization with in the contracted network.
- B. **Out-of-Network ER Utilization:** Emergency Room utilization outside of the contracted network. (NOTE: includes out of town utilization as well as local non-contracted ER utilization).
- C. **TOTAL:** Sum of A and B.

**TABLE 4 – See Page 20**

**Ambulatory Utilization by Provider Type:** Ambulatory Care includes services provided on an ambulatory basis (patient received care by going to physicians' offices, outpatient departments or health centers) by both physicians and non-physicians. Excludes emergency room care and services specifically captured in Table 5. Please note: See page 16 for American Medical Association Medical Provider Code breakdown. There is also a list of codes that should not appear on this table. The excluded codes represent medical professionals that an enrollee would not schedule an appointment with to receive care.

**A. Physician Encounters by Specialty:**

1. **Primary Care:** Member encounters with Primary Care Physicians
2. **Pediatric Specialists:** Encounters with Pediatric Specialists
3. **OB/GYN:** Obstetricians and Gynecologist
4. **Mental Health/Psychiatry/Chemical Dependency**
5. **Specialists:** Specialist encounters that do not fall in the above mentioned categories
6. **Subtotal:** sum of 1-5.

**B. Other Professional Provider Encounters:** Consists of all other non-physician type providers meeting the Ambulatory Care criteria, e.g. Mental Health, Optometry, Podiatry, Dentistry, Chiropractic, Physician Assistants, Nurse Practitioners, etc...

1. **Mental Health** (i.e. Psychologist)
2. **Chiropractic**
3. **Applied Behavior Analysis (ABA)**
4. **All Others:** Please footnote the category(s) of data being captured.
5. **Subtotal:** Sum of 1-4.

**C. Total:** Sum of part A subtotal and part B subtotal. (**NOTE: Total for Table 4 must be equal to Total for Table 7.**)

**TABLE 5 – See Page 21**

**Other Services (Non-Admissions):** Intended to capture other non-admission types of services such as Home Health Care visits, Surgery in a free-standing facility, same day hospital surgery, birthing rooms, psychiatric daycare, non-residential mental health care, etc...

- A. **Home Health Care Visits:** Care provided by health care personnel in the patients' home.
- B. **Surgical Center (non-hospital):** Same-day surgery performed in a freestanding surgical center.
- C. **In/Out Surgery (hospital) or Ambulatory Same-Day Surgery:** Surgery performed in a hospital but does not entail admission into the hospital.
- D. **Birthing Center/Room:** Normal delivery in a birthing center or room not entailing admission to the hospital.
- E. **Non-Residential Mental Health Care:** Mental health care provided in an institution during the daytime or nighttime only (beyond a simple ambulatory care encounter). Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions.
- F. **Other:** All other non-admissions that do not fall into one of the above-mentioned categories. Please footnote the category (s) of data being captured.
- G. **TOTAL:** Sum of A-F.

**TABLE 6 – See Page 22**

**General Hospital/Acute Care Facility Utilization by Age and Gender:** Days and Admissions should be based on age at the time the service was rendered.

Table 6 Total 'Days' for male and female and Total 'Admissions' for male and female must be equal to the Total of Part A on Table 2. (See Table 2 Part A – see page 7.)

Only capture acute hospital admissions. **Do not capture sub-acute, long-term care or specialty facility admits.**

**TABLE 7 – See Page 23**

**Ambulatory Utilization by Age and Gender:** Ambulatory Encounters should be based on age at the time the service was rendered.

Table 7 Total Ambulatory Encounters for male and female must equal the Total of Table 4. (See Table 4 instructions-see pages 7-8.)

Do **not** include the types of services captured in Table 5 (see page 8).

**COST OF SERVICES TABLE – See Page 24** – This is actual "Claims-Based" information, not IBNR.

**Capitation is defined as:** A per-member, monthly payment to a provider that covers contracted services and is due in advance of care delivery. In essence, a provider agrees to provide specified services to plan members for this fixed, predetermined payment for a specified length of time, regardless of how many times the member uses the service. The rate can be fixed for all members or it can be adjusted for the age and gender of the member, based on actuarial projections of medical utilization.

### Definitions of Column Headings:

- A. **Total Medical Cost:** Total cost incurred for services provided to enrollees during the reporting period, net of any negotiated discounts with providers.
- B. **Deductibles/Co-payments:** Total amount of payments made by enrollees in the form of any required co-payment or coinsurance.
- C. **COB Savings:** Coordination of Benefit Savings – Total amount of any savings related to coordination of benefits for enrollees with coverage under more than one plan.
- D. **Other Offsets:** Total amount of any reduction in payment due to prior over-payments, capitation withholds, and other amounts by which payments to medical providers are reduced, such as risk sharing arrangements, which aren't captured in co-pay and COB columns already. It should EXCLUDE: co-insurance, non-covered items or services, or re-insurance expenses.
- E. **Total Paid:** Total Paid = Total Medical Cost-Deductibles/Co-payments-COB-Other Offsets
- F. **Per Member Per Month:** PMPM = Total Paid / Cumulative Member Months (from Table 1)
- G. **Re-Insurance:** If the HMO has reinsurance and chooses to report reinsurance on this table, reinsurance should be reported in this column. If the reinsurance recovery amount is specific to one of the cost categories on this table, put the amount in that cost category.

### Definitions of Cost Categories:

- A. **Inpatient Hospital:** Costs incurred due to the utilization reported on Table 2, Part A, excluding mental health costs.
- B. **Outpatient Hospital:** Costs incurred due to the utilization reported on Table 5 - In/Out Surgery Hospital/Ambulatory-Same Day Surgery (line 10), excluding Non-Hospital services.
- C. **Prescription Drugs (not inpatient):** All covered outpatient prescription costs.
- D. **Inpatient Physician, Surgeon, Anesthesia, etc.:** Physician costs incurred as a result of the utilization reported on Table 2, Part A, as well as hospitalist costs, if any.
- E. **Outpatient Physician, Surgeon, Anesthesia, etc.:** Physician costs incurred as a result of the utilization reported on Table 4, excluding Mental Health/Psychiatry/Chemical Dependency (line 12), Mental Health (line 21) and Chiropractic (line 22).
- F. **Emergency Room:** Costs incurred due to the utilization reported on Table 3.
- G. **Chiropractic:** Costs incurred due to the utilization reported on Table 4 – Chiropractic (line 22).
- H. **Hair Prostheses & Expenses:** Costs incurred due to the RSMo 376.1222, as applicable to only Medicaid and MCHCP.
- I. **Inpatient Mental Health:** Costs incurred due to the utilization reported on Table 2 – Mental Health (lines 18 and 36). Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions.
- J. **Outpatient Mental Health:** Costs incurred due to the utilization reported on Table 4 – Mental Health (lines 12 and 21) and Table 5 – Mental Health (line 12). Please note that mental health care includes care for any condition listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including psychiatric, mental retardation and developmental disability conditions.
- K. **Applied Behavior Analysis (ABA):** Costs incurred due to utilization reported on Table 4 – Applied Behavior Analysis (line 22). The design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use direct observation, measurement, and functional analysis of the relationships between environment and behavior.
- L. **Diagnostic, X-ray, Laboratory:** Imaging, pathology, X-ray and lab charges due to utilization reported on Tables 2 through 5
- M. **Other:** On this line, report financial figures for all other Cost Categories not listed in this table. Please footnote what 'Other' includes.
- N. **Total Capitation Costs:** Include here all costs for which payment is made on a capitated basis (see definition of Capitation on page 8). NOTE: **If Capitation Costs are reported, you must footnote what those costs refer to, (e.g. mental health services, etc...).** **If you have more than one category listed in this footnote, please break out your Capitation Costs by each category.**
- O. **Don't forget to fill in the general questions concerning average membership, total membership, cumulative member months, average age of members, total number of members who received services that resulted in a claim and the POS Out-of-Network activity questions.**

**Cost Categories:** Please be sure to include all Categories listed on the attached example table. Your filing will be considered incomplete if you report that you are unable to provide all the Cost Category data requested. (For example: you must be able to separate Inpatient and Outpatient Hospital costs, Inpatient and Outpatient Physician costs, etc...) Costs from subcontractors should be incorporated in the appropriate categories.

## **Supplement 1: Instructions and Formatting Guidelines – see page 25.**

1) Please submit Supplement 1 via e-mail to [Jeanne.Robey@insurance.mo.gov](mailto:Jeanne.Robey@insurance.mo.gov) or [Anne.Rehagen@insurance.mo.gov](mailto:Anne.Rehagen@insurance.mo.gov). When you are e-mailing the filings, they MUST be in a ‘zipped’ format, due to DIFPs’ e-mail security firewall. Also you must virus check the e-mail attachment(s) before sending it to the Missouri Department of Insurance, Financial Institutions and Professional Registration.

2) The company is to submit the requested data in spreadsheet format. **NOTE: The filing will be considered incomplete if column headings/field names are incorrect or missing from the files. Please see below for further instruction.**

3) Supplement 1 should include information pertaining to Missouri and the adjacent metropolitan areas (as defined on page 4, item 3) that extend into Illinois and Kansas, in a manner that conforms to Missouri’s “Live or Work” Rule. This information should conform to the methodology used by the Company to prepare the Quarterly/Annual Financial Statement. If your company prepares the Financial Statements on some basis other than “Live or Work”, then a Special State Page will be required. The Special State Page will be prepared utilizing the “Live or Work” rule.

4) On Supplement 1 **do not** include any Administrative Services Only (ASO) membership. **Note:** ASO enrollees are defined as enrollees of the Health Maintenance Organization (HMO) for which the HMO performs administrative services only, such as claims processing for self-insured entities (third party at risk). The HMO has not issued an insurance policy (regardless of whether an identification card is issued) and therefore is not subject to any type of loss or liability caused by claims incurred by the ASO enrollees. SSAP #47 enrollees are defined as similar to ASO in that the business is considered self-insured. However, it’s found to actually represent insurance risk for the company. One example is reinsurance, but some network rental contracts also fall under this category.

### **SUPPLEMENT 1**

#### **Enrollment by Zip Code- Reporting Period (e.g. Q2\_2010)**

##### **Company Name**

<b>Zip Code</b>	<b>HMO</b>	<b>POS</b>	<b>Medicare</b>	<b>Medicaid</b>
<b>63125</b>	<b>250</b>	<b>50</b>	<b>0</b>	<b>20</b>
<b>65201</b>	<b>117</b>	<b>33</b>	<b>0</b>	<b>16</b>
<b>etc...</b>				

- A. Zip Code:** Enrollment for all of Missouri and the adjacent metropolitan areas of Illinois and Kansas should be included in Supp1. Each record must contain a unique Zip Code. Please check your file carefully for duplicate Zip Codes before you submit your file to DIFP. **NOTE: If duplicate Zip Codes are found your filing will be considered unsatisfactory.**
1. If this supplement is being prepared on a “Live” basis, there will only be Missouri zip codes.
  2. If this supplement is being prepared on a “Work” basis, then we will see zip codes for Missouri as well as that of the surrounding states.
  3. Total Enrollment is reported as of the last day of the Reporting Period.
- B. HMO:** Must contain all HMO product enrollment for the reporting period.
- C. POS:** Must contain all POS product enrollment for the reporting period.
- D. Medicare:** Must contain all Medicare product enrollment for the reporting period.
- E. Medicaid:** Must contain all Medicaid product enrollment for the reporting period.

**Annual Supplement 2 – see page 26.**

**Small and Large Employer Contracts and Enrollment – Annual Only**

A. Annual Supplement 2 is prepared in order to allow the Missouri Department of Insurance, Financial Institutions and Professional Registration to report on HIPAA related items and issues, to the Centers for Medicare & Medicaid Services regarding access to coverage for small and large employers in Missouri.

B. **ANNUAL SUPPLEMENT 2 IS REQUIRED ONLY FOR THE ANNUAL FILING. IT IS NOT REQUIRED FOR ANY OF THE QUARTERLY FILINGS.**

Please EXCLUDE any information regarding:

- Individual enrollment
- Medicare enrollment
- ASO & SSAP #47 enrollment
- Medicaid enrollment

C. The federal Health Insurance Portability and Accountability Act (HIPAA) and state law define Small Employers as groups of two to fifty (2-50).

**Please INCLUDE data reflecting contracts and enrollment as of year-end.**

D. For Total Group, add item's 1+ 2. **DO NOT ADD** item's 1 + 1a + 1b + 2 + 2a + 2b as this will double count small/large employers.

a) Item 1 represents activity pertaining to Small Employers

i) Item 1a represents Small Employers in associations with rate differentials exceeding 20 percent.

ii) Item 1b represents Small Employers in associations with rate differentials not exceeding 20 percent.

b) Item 2 represents Large Employers (over 50 Employees)

i) Item 2a represents Large Employers in associations with rate differentials exceeding 20 percent.

ii) Item 2b represents Large Employers in associations with rate differentials not exceeding 20 percent.

c) By definition, if data is reported on line 1a, data must also be reported on line 2a. Similarly, if data is reported on line 1b, data must also be reported on line 2b.

d) Lines 1a and 2a – Report business for associations in which the index rate for any class of business exceeds the rate for any other class by more than 20 percent. This business should be exempt from the rating provisions of 379.936.1(1) RSMo, as per 376.421.1(5)(e) RSMo.

e) Lines 1b and 2b – Includes business for associations in which the index rate for any rating period for any class of business does not exceed any other class of business by more than 20 percent.

E. Please note that Total Group Enrollment will be compared to the State Page of the Annual Financial Statement.

F. If any of the above mentioned directions are not followed, your ANNUAL filing will be considered incomplete.

**Annual Supplement 3 – See page 27**  
**Annual Questionnaire – Annual Only**

- A. Annual Supplement 3 is prepared to allow the Missouri Department of Insurance, Financial Institutions and Professional Registration to report specific information in the HMO Annual Report.
- B. **ANNUAL SUPPLEMENT 3 IS REQUIRED ONLY FOR THE ANNUAL FILING. IT IS NOT REQUIRED FOR ANY OF THE QUARTERLY FILINGS.**

1	HMO:			
2	President:			
3	Secretary:			
4	Chief Financial Officer:			
5	Chief Medical Officer:			
6	Mental Health Provider:			
7	Company web address:			
8	NCQA Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:
9	URAC Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:
10	JCAHO Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:
11	Tax Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	
12	Other Officers:	(3 others, besides those above)		
13	For fully insured, commercial business only (not applicable to Medicare and Medicaid business), please list all the Missouri counties in which the actively solicited and sold new contracts for fully insured business, as of 12/31. This would exclude counties in which you renew existing contracts but don't sell any new coverage. This would exclude any counties where the only new contracts are for self insured business.			
14	Please list the Missouri counties in which the company actively markets and sells coverage in conjunction with a contract with the federal Services (CMS) related to the Medicare program. This includes Medicare Advantage, Medicare Part D stand-alone plans, Medicare Special other CMS contracted program.			
15	Please list Kansas and Illinois counties in the HMO's service area as of 12/31.			
Kansas counties: _____				
Illinois counties: _____				

# Before E-Mailing the Filing!!!

- **Review your filing and verify that all information is accurate. *The Missouri Department of Insurance, Financial Institutions and Professional Registration will not process faulty data.***
- **Make sure that the Company representative that completed the supplemental filing signs the following Statement of Authorization.**
- **Be sure and send an electronic copy, preferably pdf format, of the signed original along with the supplemental filing.**
- **Take note that if corrected information is not received by DIFP by June 15, 2010, it may not be included in the 2010 HMO Annual Report.**

## **Important Reminder:**

To ensure uniformity and accuracy in data reporting and to maintain a standard of fairness, these instructions, both for content and format, must be adhered to. If submitted data is found to be out of compliance with the 2010 instructions the company must correct the filing and resubmit to Missouri Department of Insurance, Financial Institutions and Professional Registration. Please note that failure to meet specified deadlines may subject an HMO to forfeiture pursuant to §354.444 RSMo.

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## **Statement of Authorization**

I hereby certify that I have investigated the qualifications and accuracy of this filing and that the submitted data meets all requirements under this State's insurance statutes and regulations. I am duly authorized to release said data on behalf of the organization to which this request applies. I certify that the submitted e-mail attachment(s) (or diskette(s)) has/have been checked for viruses by an anti-virus software package and does not contain any viruses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name above typed or printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Phone Number

**Check List for Reviewing Tables 1-7 and Cost of Service Table**

COMPANY NAME: \_\_\_\_\_

The following lines of data should match in value:

**TABLE 2 and TABLE 6**

TABLE 2- Total for Part A

Table 2 (days): \_\_\_\_\_ Table 2 (admissions): \_\_\_\_\_

TABLE 6- Total

Table 6 (days): \_\_\_\_\_ Table 6 (admissions): \_\_\_\_\_

**TABLE 4 and TABLE 7**

Table 4 (total): \_\_\_\_\_

Table 7 (total): \_\_\_\_\_

**ENROLLMENT:**

Within each set of tables, Average Enrollment from Table 1 and the Cost of Services Table must be equal.

Cost of Services and Supplement 1 Total Enrollment as of last day of the period reported should be equal. **Note: Total Enrollment is reported using Missouri’s “Live or Work” Rule.**

DIFP expects Total Enrollment to be within  $\pm 5\%$  of Average Enrollment for the reporting period unless written notification of extenuating circumstances (such as rapid growth of a new product, or elimination of a product) is provided with the filing.

A) Average Enrollment

Table 1 \_\_\_\_\_  
Cost of Services \_\_\_\_\_

B) Total Enrollment (as of last day of the period reported)

Supplement 1 \_\_\_\_\_  
Cost of Services \_\_\_\_\_

C) Is point B (total enrollment) within  $\pm 5\%$  of Point A (average enrollment)? **YES or NO**

If **NO**, why not? \_\_\_\_\_

**Table 1 Cumulative Member Months should equal Cost of Services Cumulative Member Months.**

Table 1 Cumulative Member Months \_\_\_\_\_  
Cost of Services Cumulative Member Months \_\_\_\_\_

**Check List for Reviewing Correlation between Quarterly/Annual Managed Care Filing and Quarterly/Annual Financial Statement**

Correlation between the Quarterly/Annual Financial Statement will be done utilizing the 'State Page' and Schedule T of the Financial Statement.

COMPANY NAME: \_\_\_\_\_

The following should correlate:

**SUPPLEMENT 1 TOTAL ENROLLMENT AND TOTAL MEMBERS**

Supplement 1 \_\_\_\_\_

Total Members \_\_\_\_\_

Are Supplement 1 and Total Members within  $\pm 5\%$ ? YES or NO

If NO, please explain: \_\_\_\_\_

**TABLE 1 CUMULATIVE MEMBER MONTHS AND CURRENT MEMBER MONTHS**

Table 1 (Member Months) \_\_\_\_\_

Current Member Months \_\_\_\_\_

Are Table 1 and Member Months within  $\pm 5\%$ ? YES or NO

If NO, please explain: \_\_\_\_\_

**TABLE 2 HOSPITAL UTILIZATION AND HOSPITAL PATIENT DAYS INCURRED AND NUMBER OF INPATIENT ADMISSIONS**

Table 2 Total for Part A

Table 2 (days) \_\_\_\_\_

Hospital Patient Days Incurred \_\_\_\_\_

Table 2 (admissions) \_\_\_\_\_

Number of Inpatient Admissions \_\_\_\_\_

Is Table 2 Part A and Hospital Patient Days Incurred and Number of Inpatient Admissions within  $\pm 5\%$ ? YES or NO

If NO, please explain: \_\_\_\_\_

**TABLE 4 AMBULATORY UTILIZATION BY PROVIDER TYPE AND TOTAL AMBULATORY ENCOUNTERS**

Table 4 (Physician Encounters) \_\_\_\_\_

Physician \_\_\_\_\_

Table 4 (Other Professional Providers Encounters) \_\_\_\_\_

Non-Physician \_\_\_\_\_

Table 4 (Total) \_\_\_\_\_

Total \_\_\_\_\_

Are Table 4 and Total Ambulatory Encounters within  $\pm 5\%$ ? YES or NO

If NO, please explain: \_\_\_\_\_

**COST OF SERVICES TABLE AND AMOUNT INCURRED FOR PROVISION OF HEALTH CARE SERVICES**

Cost of Services Table (Total Paid) \_\_\_\_\_

Amount Incurred for Provision of Health Care Services \_\_\_\_\_

Are Cost of Services Table and Amount Incurred for Provision of Health Care Services within  $\pm 5\%$ ? YES or NO

If NO, please explain: \_\_\_\_\_

Below is a listing of Medical Providers as defined by the American Medical Association.

**APPROVED MEDICAL PROVIDERS:**

Aerospace Medicine	Occupational Medicine	Surgery-Oro-Facial Plastic
Allergy	Ophthalmology	Surgery-Orthopedic
Allergy and Immunology	Other (specify)	Surgery-Otorhinolaryngology & Oro-Facial Plastic
Anesthesiology	Otolaryngology	Surgery-Plastic
Cardiology	Otology	Surgery-Plastic & Reconst.
Cardiovascular Diseases	Otorhinolaryngology	Surgery-Thoracic
Child Psychiatry	Physical Medicine & Rehab	Surgery-Thoracic Cardiovascular
Critical Care Medicine	Prevent Med/Aerospace Med	Surgery-Traumatic
Dermatology	Prevent Med/Occup Med.	Surgery-Urological
Diabetes	Prevent Med/Occup-Environmental Med	Surgery-Vascular
Diagnostic Radiology	Prevent Med/Public Health	Therapeutic Radiology
Diagnostic Roentgenology	Proctology	Urology
Emergency Medicine	Psychiatry	OB/GYN:
Endocrinology	Psychoanalysis	Gynecological Oncology
Family Practice	Public Health	Gynecology
Gastroenterology	Pulmonary Diseases	Maternal & Fetal Medicine
General Practice	Radiation Oncology	Neonatal/Perinatal Medicine
General Preventive Medicine	Radiation Therapy	OB/GYN
Geriatrics	Radiology	Obstetrics
Hematology	Rehabilitation Medicine	Surgery-Obstetrics/GYN
Hematology and Oncology	Reproductive Endocrinology	
Immunology	Rheumatology	PEDIATRICS:
Infectious Diseases	Roentgenology	Adolescent Medicine
Internal Medicine	Sclerotherapy	Child Neurology
Laryngology	Special Proficiency Osteopathic Manipulative Med	Neonatology
Med. Diseases of the Chest	Surgery-Abdominal	Pediatric Allergy
Medical Oncology	Surgery-Cardiovascular	Pediatric Cardiology
Neoplastic Diseases	Surgery-Colon & Rectal	Pediatric Endocrinology
Nephrology	Surgery-Facial Plastic	Pediatric Hematology/Oncology
Neurology	Surgery-General	Pediatric Nephrology
Neurology and Psychiatry	Surgery-General Vascular	Pediatric Pulmonology
Nuclear Medicine	Surgery-Hand	Pediatric Radiology
Nuclear Radiology	Surgery-Head and Neck	Pediatrics
Nutrition	Surgery-Neurological	Surgery-Pediatric

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**EXCLUDED PROVIDERS:**

Anatomic Path. & Lab. Med.	Clinical Pharmacology	Laboratory Medicine
Anatomic Pathology	Cytopathology	Legal Medicine
Anatomic/Clinical Pathology	Dermatopathology	Medical Microbiology
Bloodbanking Pathology	Diagnostic Laboratory	Neuropathology
Chemical Pathology	Forensic Pathology	Pathology
Clinical Pathology	Immunopathology	Radioactive Isotopes

**TABLE 1**

	A	B	C	D	E
1			Table 1 - AGG		
2			(Company Name)		
3			For the reporting period ending: (insert appropriate date)		
4					
5			<b>Average Enrollment and Cumulative Member Months by Gender and Age:</b>		
6					
7			Avg. Membership	Cumulative Member Months	
8	Age Categories	male	female	male	female
9	<1	=T1HMO!B9+T1POS!B9	=T1HMO!C9+T1POS!C9	=T1HMO!D9+T1POS!D9	=T1HMO!E9+T1POS!E9
10	1-4	=T1HMO!B10+T1POS!B10	=T1HMO!C10+T1POS!C10	=T1HMO!D10+T1POS!D10	=T1HMO!E10+T1POS!E10
11	5-9	=T1HMO!B11+T1POS!B11	=T1HMO!C11+T1POS!C11	=T1HMO!D11+T1POS!D11	=T1HMO!E11+T1POS!E11
12	10-14	=T1HMO!B12+T1POS!B12	=T1HMO!C12+T1POS!C12	=T1HMO!D12+T1POS!D12	=T1HMO!E12+T1POS!E12
13	15-19	=T1HMO!B13+T1POS!B13	=T1HMO!C13+T1POS!C13	=T1HMO!D13+T1POS!D13	=T1HMO!E13+T1POS!E13
14	20-24	=T1HMO!B14+T1POS!B14	=T1HMO!C14+T1POS!C14	=T1HMO!D14+T1POS!D14	=T1HMO!E14+T1POS!E14
15	25-29	=T1HMO!B15+T1POS!B15	=T1HMO!C15+T1POS!C15	=T1HMO!D15+T1POS!D15	=T1HMO!E15+T1POS!E15
16	30-34	=T1HMO!B16+T1POS!B16	=T1HMO!C16+T1POS!C16	=T1HMO!D16+T1POS!D16	=T1HMO!E16+T1POS!E16
17	35-39	=T1HMO!B17+T1POS!B17	=T1HMO!C17+T1POS!C17	=T1HMO!D17+T1POS!D17	=T1HMO!E17+T1POS!E17
18	40-44	=T1HMO!B18+T1POS!B18	=T1HMO!C18+T1POS!C18	=T1HMO!D18+T1POS!D18	=T1HMO!E18+T1POS!E18
19	45-49	=T1HMO!B19+T1POS!B19	=T1HMO!C19+T1POS!C19	=T1HMO!D19+T1POS!D19	=T1HMO!E19+T1POS!E19
20	50-54	=T1HMO!B20+T1POS!B20	=T1HMO!C20+T1POS!C20	=T1HMO!D20+T1POS!D20	=T1HMO!E20+T1POS!E20
21	55-59	=T1HMO!B21+T1POS!B21	=T1HMO!C21+T1POS!C21	=T1HMO!D21+T1POS!D21	=T1HMO!E21+T1POS!E21
22	60-64	=T1HMO!B22+T1POS!B22	=T1HMO!C22+T1POS!C22	=T1HMO!D22+T1POS!D22	=T1HMO!E22+T1POS!E22
23	65-69	=T1HMO!B23+T1POS!B23	=T1HMO!C23+T1POS!C23	=T1HMO!D23+T1POS!D23	=T1HMO!E23+T1POS!E23
24	70-74	=T1HMO!B24+T1POS!B24	=T1HMO!C24+T1POS!C24	=T1HMO!D24+T1POS!D24	=T1HMO!E24+T1POS!E24
25	75-79	=T1HMO!B25+T1POS!B25	=T1HMO!C25+T1POS!C25	=T1HMO!D25+T1POS!D25	=T1HMO!E25+T1POS!E25
26	80+	=T1HMO!B26+T1POS!B26	=T1HMO!C26+T1POS!C26	=T1HMO!D26+T1POS!D26	=T1HMO!E26+T1POS!E26
27					
28		Subtotal =SUM(B9:B26)	=SUM(C9:C26)	=SUM(D9:D26)	=SUM(E9:E26)
29					
30		Total =SUM(B28:C28)		=SUM(D28:E28)	
31					
32	<b>Enrollment:</b>		HMO & POS		
33	T1(average)		=B30		
34	COS(average)		=COS AGG!C24		
35	COS(total)		=COS AGG!C25		
36	Sup1(total)		[entered from Sup1]		
37	%diff,T1avg from Sup1total		=(C33-C36)/C33		
38	Quarter/Annual Fin. Stmt		(entered from State Page)		
39	%diff,Sup1 to Fin. Stmt		=(C36-C38)/C36		
40					
41	<b>Member Months:</b>				
42	T1		=D30		
43	COS		=COS AGG!C26		
44	%diff, T1 from COS		=(C42-C43)/C42		
45	Quarter/Annual Fin. Stmt		(entered from State Page)		
46	%diff,T1 to Fin. Stmt		=(C42-C45)/C42		
47					
<span>←</span> <span>→</span> <span>↔</span> SUPP1 / T1 HMO / T1 POS / <b>T1 AGG</b> / T1 MDCR / T1 MDCD / T2 HMO / T2 POS / T2 AGG / T2 MDCR					
Ready					

**TABLE 2**

	A	B	C	D							
1		Table 2 - AGG									
2		(Company Name)									
3		For the reporting period ending: (insert appropriate date)									
4											
5		<b>Hospital Utilization:</b>									
6											
7	<b>A) General Hospital/Acute Care Facility</b>	<b>Days</b>	<b>Admissions</b>								
8	Medical/Surgical (non-maternity, non-mental health)	= 'T2 HMO'B8+'T2 POS'B8	= 'T2 HMO'C8+'T2 POS'C8								
9	Maternity										
10	Normal	= 'T2 HMO'B10+'T2 POS'B10	= 'T2 HMO'C10+'T2 POS'C10								
11	C-Section	= 'T2 HMO'B11+'T2 POS'B11	= 'T2 HMO'C11+'T2 POS'C11								
12	Other	= 'T2 HMO'B12+'T2 POS'B12	= 'T2 HMO'C12+'T2 POS'C12								
13	Subtotal Maternity	= SUM(B10:B12)	= SUM(C10:C12)								
14	Newborn	= 'T2 HMO'B14+'T2 POS'B14	= 'T2 HMO'C14+'T2 POS'C14								
15	Mental Health										
16	Chemical Dependency	= 'T2 HMO'B16+'T2 POS'B16	= 'T2 HMO'C16+'T2 POS'C16								
17	Other Mental Health	= 'T2 HMO'B17+'T2 POS'B17	= 'T2 HMO'C17+'T2 POS'C17								
18	Subtotal Mental Health	= SUM(B16:B17)	= SUM(C16:C17)								
19											
20	<b>Subtotal - Part A.</b>	<b>=B8+B13+B14+B18</b>	<b>=C8+C13+C14+C18</b>								
21											
22		Table 6 = 'T6 AGG'B29	= 'T6 AGG'IC29								
23		% Variance =(B20-B22)/B20	=(C20-C22)/C20								
24											
25	Quarterly/Annual Financial Statement	(entered from State Page)	(entered from State Page)								
26		% Variance =(B20-B25)/B20	=(C20-C25)/C20								
27											
28	<b>B) Specialty Facility</b>										
29											
30	Rehabilitation Care	= 'T2 HMO'B27+'T2 POS'B27	= 'T2 HMO'C27+'T2 POS'C27								
31	Nursing Home (SNF/ICF)	= 'T2 HMO'B28+'T2 POS'B28	= 'T2 HMO'C28+'T2 POS'C28								
32	Mental Health	= 'T2 HMO'B29+'T2 POS'B29	= 'T2 HMO'C29+'T2 POS'C29								
33	Chemical Dependency	= 'T2 HMO'B30+'T2 POS'B30	= 'T2 HMO'C30+'T2 POS'C30								
34	Other Mental Health	= 'T2 HMO'B31+'T2 POS'B31	= 'T2 HMO'C31+'T2 POS'C31								
35	Subtotal Mental Health	= SUM(B33:B34)	= SUM(C33:C34)								
36											
37	<b>Subtotal - Part B.</b>	<b>=B30+B31+B35</b>	<b>=C30+C31+C35</b>								
38											
39	<b>Grand Total</b>	<b>=B20+B37</b>	<b>=C20+C37</b>								
40											
41											
42											
43											
	◀ ▶	SUPP1	T1 HMO	T1 POS	T1 AGG	T1 MDCR	T1 MDCD	T2 HMO	T2 POS	T2 AGG	T2 MDCR

**TABLE 3**

	A	B
1	Table 3 - AGG	
2	(Company Name)	
3	For the reporting period ending: (insert appropriate date)	
4		
5	<b>Hospital Emergency Care:</b>	
6		
7	Member Encounters	
8	In-Network ER Utilization	= 'T3 HMO'!B8+'T3 POS'!B8
9	Out-of-Network ER Utilization	= 'T3 HMO'!B9+'T3 POS'!B9
10		
11	<b>Total</b>	<b>=SUM(B8:B9)</b>
12		
13	% ON ER	=B9/B11
14		
15	Average Cost per Encounter	= 'COS AGG'!F11/'T3 AGG'!B11
16		
17		
18		
19		
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25		
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Ready		

**TABLE 4**

A	B
1	Table 4 - AGG
2	(Company Name)
3	For the reporting period ending: (insert appropriate date)
4	
5	<b>Ambulatory Utilization by Provider Type:</b>
6	
7	Member Encounters
8	<b>Physician Encounters</b>
9	Primary Care = 'T4 HMO'!B9+'T4 POS'!B9
10	Pediatric Specialists = 'T4 HMO'!B10+'T4 POS'!B10
11	OB/GYN = 'T4 HMO'!B11+'T4 POS'!B11
12	Mental Health/Psychiatry/Chemical Dependency = 'T4 HMO'!B12+'T4 POS'!B12
13	Specialties = 'T4 HMO'!B13+'T4 POS'!B13
14	
15	<b>Subtotal =SUM(B9:B13)</b>
16	
17	Quarterly/Annual Financial Statement (entered from State Page)
18	% Variance =(B15-B17)/B15
19	
20	<b>Other Professional Provider Encounters</b>
21	Mental Health = 'T4 HMO'!B18+'T4 POS'!B18
22	Applied Behavior Analysis = 'T4 HMO'!B19+'T4 POS'!B19
23	Chiropractic = 'T4 HMO'!B20+'T4 POS'!B20
24	All Others = 'T4 HMO'!B21+'T4 POS'!B21
25	
26	<b>Subtotal =SUM(B21:B24)</b>
27	
28	Quarterly/Annual Financial Statement (entered from State Page)
29	% Variance =(B26-B28)/B26
30	
31	<b>Total =B15+B26</b>
32	
33	Table 7 = 'T7 AGG'!B29
34	% Variance =(B31-B33)/B31
35	
36	Quarterly/Annual Financial Statement (entered from State Page)
37	% Variance =(B31-B36)/B31
38	
39	
40	

**TABLE 5**

	A	B
2	(Company Name)	
3	For the reporting period ending: (insert appropriate date)	
4		
5	<b>Other Services (Non-Admissions)</b>	
6		
7		Member Encounters
8	Home Health Care Visits	= 'T5 HMO'!B8+'T5 POS'!B8
9	Surgical Center (non-hospital)	= 'T5 HMO'!B9+'T5 POS'!B9
10	In/Out Surgery (Hospital/ Ambulatory-Same Day Surgery)	= 'T5 HMO'!B10+'T5 POS'!B10
11	Birth Center/Room	= 'T5 HMO'!B11+'T5 POS'!B11
12	Non-Residential Mental Health Care	= 'T5 HMO'!B12+'T5 POS'!B12
13	Other (not specified above)**	= 'T5 HMO'!B13+'T5 POS'!B13
14		
15	<b>Total</b>	<b>=SUM(B8:B13)</b>
16		
17		% OTHER = B13/B15
18		
19		
20		
21		
22		
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24		
25		
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**TABLE 6**

	A	B	C	D	E
1	Table 6 - AGG				
2	(Company Name)				
3	For the reporting period ending: (insert appropriate date)				
4					
5	<b>General Hospital/Acute Care Facility Utilization by Age and Gender:</b>				
6					
7	Male			Female	
8	Age Categories	Days	Admissions	Days	Admissions
9	<1	=T6 HMO'IB9+T6 POS'IB9	=T6 HMO'IC9+T6 POS'IC9	=T6 HMO'D9+T6 POS'D9	=T6 HMO'IE9+T6 POS'IE9
10	1-4	=T6 HMO'IB10+T6 POS'IB10	=T6 HMO'IC10+T6 POS'IC10	=T6 HMO'D10+T6 POS'D10	=T6 HMO'IE10+T6 POS'IE10
11	5-9	=T6 HMO'IB11+T6 POS'IB11	=T6 HMO'IC11+T6 POS'IC11	=T6 HMO'D11+T6 POS'D11	=T6 HMO'IE11+T6 POS'IE11
12	10-14	=T6 HMO'IB12+T6 POS'IB12	=T6 HMO'IC12+T6 POS'IC12	=T6 HMO'D12+T6 POS'D12	=T6 HMO'IE12+T6 POS'IE12
13	15-19	=T6 HMO'IB13+T6 POS'IB13	=T6 HMO'IC13+T6 POS'IC13	=T6 HMO'D13+T6 POS'D13	=T6 HMO'IE13+T6 POS'IE13
14	20-24	=T6 HMO'IB14+T6 POS'IB14	=T6 HMO'IC14+T6 POS'IC14	=T6 HMO'D14+T6 POS'D14	=T6 HMO'IE14+T6 POS'IE14
15	25-29	=T6 HMO'IB15+T6 POS'IB15	=T6 HMO'IC15+T6 POS'IC15	=T6 HMO'D15+T6 POS'D15	=T6 HMO'IE15+T6 POS'IE15
16	30-34	=T6 HMO'IB16+T6 POS'IB16	=T6 HMO'IC16+T6 POS'IC16	=T6 HMO'D16+T6 POS'D16	=T6 HMO'IE16+T6 POS'IE16
17	35-39	=T6 HMO'IB17+T6 POS'IB17	=T6 HMO'IC17+T6 POS'IC17	=T6 HMO'D17+T6 POS'D17	=T6 HMO'IE17+T6 POS'IE17
18	40-44	=T6 HMO'IB18+T6 POS'IB18	=T6 HMO'IC18+T6 POS'IC18	=T6 HMO'D18+T6 POS'D18	=T6 HMO'IE18+T6 POS'IE18
19	45-49	=T6 HMO'IB19+T6 POS'IB19	=T6 HMO'IC19+T6 POS'IC19	=T6 HMO'D19+T6 POS'D19	=T6 HMO'IE19+T6 POS'IE19
20	50-54	=T6 HMO'IB20+T6 POS'IB20	=T6 HMO'IC20+T6 POS'IC20	=T6 HMO'D20+T6 POS'D20	=T6 HMO'IE20+T6 POS'IE20
21	55-59	=T6 HMO'IB21+T6 POS'IB21	=T6 HMO'IC21+T6 POS'IC21	=T6 HMO'D21+T6 POS'D21	=T6 HMO'IE21+T6 POS'IE21
22	60-64	=T6 HMO'IB22+T6 POS'IB22	=T6 HMO'IC22+T6 POS'IC22	=T6 HMO'D22+T6 POS'D22	=T6 HMO'IE22+T6 POS'IE22
23	65-69	=T6 HMO'IB23+T6 POS'IB23	=T6 HMO'IC23+T6 POS'IC23	=T6 HMO'D23+T6 POS'D23	=T6 HMO'IE23+T6 POS'IE23
24	70-74	=T6 HMO'IB24+T6 POS'IB24	=T6 HMO'IC24+T6 POS'IC24	=T6 HMO'D24+T6 POS'D24	=T6 HMO'IE24+T6 POS'IE24
25	75-79	=T6 HMO'IB25+T6 POS'IB25	=T6 HMO'IC25+T6 POS'IC25	=T6 HMO'D25+T6 POS'D25	=T6 HMO'IE25+T6 POS'IE25
26	80+	=T6 HMO'IB26+T6 POS'IB26	=T6 HMO'IC26+T6 POS'IC26	=T6 HMO'D26+T6 POS'D26	=T6 HMO'IE26+T6 POS'IE26
27					
28	Subtotal	=SUM(B9:B26)	=SUM(C9:C26)	=SUM(D9:D26)	=SUM(E9:E26)
29	Total	=B28+D28	=C28+E28		
30					
31	Table 2	=T2 AGG'IB20	=T2 AGG'IC20		
32	% Variance	=(B29-B31)/B29	=(C29-C31)/C29		
33					
34					
35					
36					
37					
38					
39					
40					
<span>◀ ▶</span> T5 MDCD T6 HMO T6 POS <b>T6 AGG</b> T6 MDCR T6 MDCD T7 HMO T7 POS T7 AGG					

**TABLE 7**

	A	B	C
1	Table 7 - AGG		
2	(Company Name)		
3	For the reporting period ending: (insert appropriate date)		
4			
5	<b>Ambulatory Utilization by Age and Gender:</b>		
6			
7			Encounters:
8	Age Categories:	Male	Female
9	<1	= 'T7 HMO'!B9+'T7 POS'!B9	= 'T7 HMO'!C9+'T7 POS'!C9
10	1-4	= 'T7 HMO'!B10+'T7 POS'!B10	= 'T7 HMO'!C10+'T7 POS'!C10
11	5-9	= 'T7 HMO'!B11+'T7 POS'!B11	= 'T7 HMO'!C11+'T7 POS'!C11
12	10-14	= 'T7 HMO'!B12+'T7 POS'!B12	= 'T7 HMO'!C12+'T7 POS'!C12
13	15-19	= 'T7 HMO'!B13+'T7 POS'!B13	= 'T7 HMO'!C13+'T7 POS'!C13
14	20-24	= 'T7 HMO'!B14+'T7 POS'!B14	= 'T7 HMO'!C14+'T7 POS'!C14
15	25-29	= 'T7 HMO'!B15+'T7 POS'!B15	= 'T7 HMO'!C15+'T7 POS'!C15
16	30-34	= 'T7 HMO'!B16+'T7 POS'!B16	= 'T7 HMO'!C16+'T7 POS'!C16
17	35-39	= 'T7 HMO'!B17+'T7 POS'!B17	= 'T7 HMO'!C17+'T7 POS'!C17
18	40-44	= 'T7 HMO'!B18+'T7 POS'!B18	= 'T7 HMO'!C18+'T7 POS'!C18
19	45-49	= 'T7 HMO'!B19+'T7 POS'!B19	= 'T7 HMO'!C19+'T7 POS'!C19
20	50-54	= 'T7 HMO'!B20+'T7 POS'!B20	= 'T7 HMO'!C20+'T7 POS'!C20
21	55-59	= 'T7 HMO'!B21+'T7 POS'!B21	= 'T7 HMO'!C21+'T7 POS'!C21
22	60-64	= 'T7 HMO'!B22+'T7 POS'!B22	= 'T7 HMO'!C22+'T7 POS'!C22
23	65-69	= 'T7 HMO'!B23+'T7 POS'!B23	= 'T7 HMO'!C23+'T7 POS'!C23
24	70-74	= 'T7 HMO'!B24+'T7 POS'!B24	= 'T7 HMO'!C24+'T7 POS'!C24
25	75-79	= 'T7 HMO'!B25+'T7 POS'!B25	= 'T7 HMO'!C25+'T7 POS'!C25
26	80+	= 'T7 HMO'!B26+'T7 POS'!B26	= 'T7 HMO'!C26+'T7 POS'!C26
27			
28	Subtotal by Gender	=SUM(B9:B26)	=SUM(C9:C26)
29	Total	=SUM(B28:C28)	
30			
31	Table 4	= 'T4 AGG'!B31	
32	% Variance	= (B29-B31)/B29	
33			
34			
35			
36			
37			
38			
39			
40			

# COST OF SERVICES TABLE

## HMO, MDCD & MDCR COS Table

A	B	C	D	E	F	G	H
Cost of Services Table - HMO (Company Name)							
For the reporting period ending: (insert appropriate date)							
	Total Medical Costs	Deductible/ Co-payments	COB Savings	Other Offsets	Total Paid	Per Member Month	Per Re-Insurance
5 Cost Category:							
6 Inpatient Hospital	0	0	0	0	=B6-C6-D6-E6	=F6/G6/H6	0
7 Outpatient Hospital	0	0	0	0	=B7-C7-D7-E7	=F7/G7/H7	0
8 Prescription Drugs (not inpatient)	0	0	0	0	=B8-C8-D8-E8	=F8/G8/H8	0
9 Inpatient Physician, Surgeon, Anesthesia, etc.	0	0	0	0	=B9-C9-D9-E9	=F9/G9/H9	0
10 Outpatient Physician, Surgeon, Anesthesia, etc.	0	0	0	0	=B10-C10-D10-E10	=F10/G10/H10	0
11 Emergency Room	0	0	0	0	=B11-C11-D11-E11	=F11/G11/H11	0
12 Chiropractic visits	0	0	0	0	=B12-C12-D12-E12	=F12/G12/H12	0
13 Hair Prostheses & Expenses	0	0	0	0	=B13-C13-D13-E13	=F13/G13/H13	0
14 Inpatient Mental Health	0	0	0	0	=B14-C14-D14-E14	=F14/G14/H14	0
15 Outpatient Mental Health	0	0	0	0	=B15-C15-D15-E15	=F15/G15/H15	0
16 Applied Behavior Analysis	0	0	0	0	=B16-C16-D16-E16	=F16/G16/H16	0
17 Diagnostic, X-Ray, Laboratory	0	0	0	0	=B17-C17-D17-E17	=F17/G17/H17	0
18 Other	0	0	0	0	=B18-C18-D18-E18	=F18/G18/H18	0
19 Total Medical Costs	=SUM(B6:B18)	=SUM(C6:C18)	=SUM(D6:D18)	=SUM(E6:E18)	=SUM(F6:F18)	=SUM(G6:G18)	=SUM(H6:H18)
20 Total Capitation Costs	0	0	0	0	=B20-C20-D20-E20	=F20/G20/H20	0
21 Total Medical Costs Less Capitation Costs	=B19-B20	0	0	0	=F19-F20	=G19-G20	0
<b>General Questions</b>			Table 1	Supplement 1	% Variance		
24 Average # of plan members during reporting period:	0	=T1 HMO*IC33	0	0	=(C24-D24)/C24	0	0
25 Total # of plan members during reporting period:	0	0	0	=T1 HMO*IC36	=(C25-E25)/C25	0	0
26 Cumulative plan member months during reporting period:	0	0	0	=T1 HMO*IC40	=(C26-D26)/C26	0	0
27 Average age of plan members:	0	0	0	0	0	0	0
28 # of plan members who received services for which a claim was incurred	0	0	0	0	0	0	0
33 Average Cost per Mental Health Encounter	=(F14+F15)/(T2 HMO*IB18+T2 HMO*IB32+T4 HMO*IB12+T4 HMO*IB18+T5 HMO*IB12)						

## POS & AGG COS Table

A	B	C	D	E	F	G	H
Cost of Services Table - AGG (Company Name)							
For the reporting period ending: (insert appropriate date)							
	Total Medical Costs	Deductible/ Co-payments	COB Savings	Other Offsets	Total Paid	Per Member Per Month	Per Re-Insurance
5 Cost Category:							
6 Inpatient Hospital	=COS HMO*IB6+COS POS*IB6	=COS HMO*IC6+COS POS*IC6	=COS HMO*ID6+COS POS*ID6	=COS HMO*IE6+COS POS*IE6	=B6-C6-D6-E6	=F6/G6/H6	=COS POS*IH6+COS HMO*IH6
7 Outpatient Hospital	=COS HMO*IB7+COS POS*IB7	=COS HMO*IC7+COS POS*IC7	=COS HMO*ID7+COS POS*ID7	=COS HMO*IE7+COS POS*IE7	=B7-C7-D7-E7	=F7/G7/H7	=COS POS*IH7+COS HMO*IH7
8 Prescription Drugs (not inpatient)	=COS HMO*IB8+COS POS*IB8	=COS HMO*IC8+COS POS*IC8	=COS HMO*ID8+COS POS*ID8	=COS HMO*IE8+COS POS*IE8	=B8-C8-D8-E8	=F8/G8/H8	=COS POS*IH8+COS HMO*IH8
9 Inpatient Physician, Surgeon, Anesthesia, etc.	=COS HMO*IB9+COS POS*IB9	=COS HMO*IC9+COS POS*IC9	=COS HMO*ID9+COS POS*ID9	=COS HMO*IE9+COS POS*IE9	=B9-C9-D9-E9	=F9/G9/H9	=COS POS*IH9+COS HMO*IH9
10 Outpatient Physician, Surgeon, Anesthesia, etc.	=COS HMO*IB10+COS POS*IB10	=COS HMO*IC10+COS POS*IC10	=COS HMO*ID10+COS POS*ID10	=COS HMO*IE10+COS POS*IE10	=B10-C10-D10-E10	=F10/G10/H10	=COS POS*IH10+COS HMO*IH10
11 Emergency Room	=COS HMO*IB11+COS POS*IB11	=COS HMO*IC11+COS POS*IC11	=COS HMO*ID11+COS POS*ID11	=COS HMO*IE11+COS POS*IE11	=B11-C11-D11-E11	=F11/G11/H11	=COS POS*IH11+COS HMO*IH11
12 Chiropractic visits	=COS HMO*IB12+COS POS*IB12	=COS HMO*IC12+COS POS*IC12	=COS HMO*ID12+COS POS*ID12	=COS HMO*IE12+COS POS*IE12	=B12-C12-D12-E12	=F12/G12/H12	=COS POS*IH12+COS HMO*IH12
13 Hair Prostheses & Expenses	=COS HMO*IB13+COS POS*IB13	=COS HMO*IC13+COS POS*IC13	=COS HMO*ID13+COS POS*ID13	=COS HMO*IE13+COS POS*IE13	=B13-C13-D13-E13	=F13/G13/H13	=COS POS*IH13+COS HMO*IH13
14 Inpatient Mental Health	=COS HMO*IB14+COS POS*IB14	=COS HMO*IC14+COS POS*IC14	=COS HMO*ID14+COS POS*ID14	=COS HMO*IE14+COS POS*IE14	=B14-C14-D14-E14	=F14/G14/H14	=COS POS*IH14+COS HMO*IH14
15 Outpatient Mental Health	=COS HMO*IB15+COS POS*IB15	=COS HMO*IC15+COS POS*IC15	=COS HMO*ID15+COS POS*ID15	=COS HMO*IE15+COS POS*IE15	=B15-C15-D15-E15	=F15/G15/H15	=COS POS*IH15+COS HMO*IH15
16 Applied Behavior Analysis	=COS HMO*IB16+COS POS*IB16	=COS HMO*IC16+COS POS*IC16	=COS HMO*ID16+COS POS*ID16	=COS HMO*IE16+COS POS*IE16	=B16-C16-D16-E16	=F16/G16/H16	=COS POS*IH16+COS HMO*IH16
17 Diagnostic, X-Ray, Laboratory	=COS HMO*IB17+COS POS*IB17	=COS HMO*IC17+COS POS*IC17	=COS HMO*ID17+COS POS*ID17	=COS HMO*IE17+COS POS*IE17	=B17-C17-D17-E17	=F17/G17/H17	=COS POS*IH17+COS HMO*IH17
18 Other	=COS HMO*IB18+COS POS*IB18	=COS HMO*IC18+COS POS*IC18	=COS HMO*ID18+COS POS*ID18	=COS HMO*IE18+COS POS*IE18	=B18-C18-D18-E18	=F18/G18/H18	=COS POS*IH18+COS HMO*IH18
19 Total Medical Costs	=SUM(B6:B18)	=SUM(C6:C18)	=SUM(D6:D18)	=SUM(E6:E18)	=SUM(F6:F18)	=SUM(G6:G18)	=SUM(H6:H18)
20 Total Capitation Costs	=COS HMO*IB20+COS POS*IB20	0	0	0	=B20-C20-D20-E20	=F20/G20/H20	0
21 Total Medical Costs Less Capitation Costs	=B19-B20	0	0	0	=F19-F20	=G19-G20	0
<b>General Questions</b>			Table 1	Supplement 1	% Variance		
24 Average # of plan members during reporting period:	=COS POS*IC24+COS HMO*IC24	=T1 AGG*IC33	0	0	=(C24-D24)/C24	0	0
25 Total # of plan members during reporting period:	=COS POS*IC25+COS HMO*IC25	0	0	=T1 AGG*IC36	=(C25-E25)/C25	0	0
26 Cumulative plan member months during reporting period:	=COS POS*IC26+COS HMO*IC26	0	0	=T1 AGG*IC42	=(C26-D26)/C26	0	0
27 Average age of plan members:	0	0	0	0	0	0	0
28 # of plan members who received services for which a claim was incurred during the reporting period	=COS POS*IC28+COS HMO*IC28						
29 Does your company have POS Authority per 354.551?							
30 Is your POS Out-of-Network on the HMO's state page or on the underwriting insurers's state page?							
31 From line 18, Total Paid Column, what is the \$ amount for POS Out-of-Network?							
32 Average Cost per Mental Health Encounter	=(F14+F15)/(T2 AGG*IB18+T2 AGG*IB35+T4 AGG*IB12+T4 AGG*IB18+T5 AGG*IB12)						

SUPPLEMENT 1

	A	B	C	D	E	F
1	<b>Supplement 1</b>					
2	<b>ENROLLMENT BY ZIP CODE</b>					
3	(Company Name)					
4	<b>For the reporting period ending:</b>			enter period		
5						
6	ZIPCODE	HMO	POS	MEDICARE	MEDICAID	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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33						
34						

## ANNUAL SUPPLEMENT 2

**Supplement 2 - SMALL AND LARGE EMPLOYER CONTRACTS AND ENROLLMENT**

(Company Name)

For the reporting period ending: December 31. (Enter appropriate year)

Enrollment Categories	Number of Contracts as of 12/31	Number of Enrollees as of 12/31	Number of Insured Employers	Direct Premiums Written	Direct Premiums Earned	Direct Losses Paid	Direct Losses Incurred
(1) Small Employer (2-50 employees)							
(1a) Small employers in associations with rate differentials exceeding 20 percent							
(1b) Small employers in associations with rate differentials <i>not</i> exceeding 20 percent							
(2) Large Employer/Union (over 50 employees)							
(2a) Large employers in associations with rate differentials exceeding 20 percent							
(2b) Large employers in associations with rate differentials <i>not</i> exceeding 20 percent							
<b>Total Group (item 1 plus item 2)</b>	<b>0</b>	<b>0</b>					

  

Enrollees		Premiums		Losses	
Small Employer	0	Small Employer	0	Small Employer	0
Large Employer/Union	0	Large Employer/Union	0	Large Employer/Union	0
Individual (PEAU Table)	from Pg.29.MO, L5, C2	Individual (PEAU Table)	from Pg.29.MO, L15, C2	Individual (PEAU Table)	from Pg.29.MO, L18, C2
Total	0	Total	0	Total	0
Supplement 1	from Suppl Commercial	Premiums	from Pg.29.MO, L15, C2,3,7	Losses	from Pg.29.MO, L18, C2,3,7
<b>% Variance</b>	<b>#VALUE!</b>	<b>% Variance</b>	<b>#VALUE!</b>	<b>% Variance</b>	<b>#VALUE!</b>

**INSTRUCTIONS FOR ANNUAL SUPPLEMENT 2**

**For Total Group, add items 1 + 2. DO NOT ADD items 1-1a-1b-2-2a-2b as this will double count small/large employers.**

- a) Item 1 represents activity pertaining to Small Employers as defined under federal law in HIPAA.
  - b) Item 2 represents activity pertaining to Large Employer/Union, which also includes FEHBP.
- Number of Contracts shall not exceed Number of Enrollees

**Comparison of Supplement 2 and Individual to Supplement 1 Commercial and PEAU Table.**

- a) Enrollees - Supplement 2 Number of Enrollees and Individual Enrollees reported on the PEAU table (Page 29.MO, Line 5, Column 2) should be within 5% of Supplement 1 Total Enrollment.
- b) Premiums - Supplement 2 Direct Premiums Earned and Individual Direct Premiums Earned reported on the PEAU Table (Page 29.MO, Line 15, Column 2) should be within 5% of Commercial Premiums Earned on the PEAU Table (Page 29.MO, Line 15, Columns 2,3,7).
- c) Losses - Supplement 2 Direct Losses Incurred and Individual Direct Losses Incurred reported on the PEAU Table (Page 29.MO, Line 18, Column 2) should be within 5% of Commercial Direct Losses Incurred on the PEAU Table (Page 29.MO, Line 18, Columns 2,3,7).

**Additional instructions for reporting association health plans that combine both small and large employers (1a, 1b, 2a, 2b):**

Lines 1a, 1b, 2a, 2b are intended to capture information about employer association plans as defined in 376.421.(5)(e) RSMo. Data should be reported only if all of the following conditions apply.

1. Business is issued to an association whose membership includes *both* small employers (2-50 employees) and large employers (more than 50 employees).
2. The health benefit plan is underwritten and rated as a *signal* employer.
3. The health plan has a uniform benefit design option or options for all participating association members or employers.
4. The health plan has guarantee issue to all association members and all eligible employees of any participating association member company.

Data should be reported separately for small employers in such associations (lines 1a and 1b) and large employers (lines 2a and 2b).

**By definition, if data is reported on line 1a, data must also be reported on line 2a.** Similarly, if data is reported on line 1b, data must also be reported on line 2b.

**Lines 1a and 2a** - Report business for associations in which the index rate for any class of business *exceeds* the rate for any other class by *more than* 20 percent. This business should be exempt from the rating provisions of 379.936.(1) RSMo, as per 376.421.(5)(e) RSMo.

**Lines 1b and 2b** - Includes business for associations in which the index rate for any rating period for any class of business *does not exceed* any other class of business by more than 20 percent.

For additional information, please consult 376.421 RSMO, available on the internet at <http://www.moga.mo.gov/statutes/C300-399/3760000421.HTM>

- Direct Premiums Written** - is the amount charged when an enrollee contracts for insurance coverage before reinsurance has been ceded and/or assumed.
- Direct Premiums Earned** - the part of premium attributable to the coverage already provided in a given period before re-insurance has been ceded and/or assumed.
- Direct Losses Paid** - The sum of all payments made during the year for the benefit of insurance claimants, before reinsurance has been ceded and/or assumed. These payments include amounts paid in the current year for claims arising from coverage in prior years and exclude amounts which will be paid in the future years for claims arising from the current year. Hence, this item is not a measure of the actual cost of current coverages, but only of current cash flows.
- Direct Losses Incurred** - The sum of direct losses paid plus an estimate at the close of the year of the amounts to be paid in the future for all claims arising from the current and all prior years, minus the corresponding estimate made at the close of business for the preceding year. Incurred losses reported include estimated amounts unpaid for incurred-but-not-reported (IBNR) claims.

### ANNUAL SUPPLEMENT 3

1	HMO:			
2	President:			
3	Secretary:			
4	Chief Financial Officer:			
5	Chief Medical Officer:			
6	Mental Health Provider:			
7	Company web address:			
8	NCQA Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:
9	URAC Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:
10	JCAHO Accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:
11	Tax Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	
12	Other Officers:	(3 others, besides those above)		
<p>13 For fully insured, commercial business only (not applicable to Medicare and Medicaid business), please list all the Missouri counties in which the company actively solicited and sold new contracts for fully insured business, as of 12/31. This would exclude counties in which you renew existing contracts but don't sell any new coverage. This would exclude any counties where the only new contracts are for self insured business.</p>				
<p>14 Please list the Missouri counties in which the company actively markets and sells coverage in conjunction with a contract with the federal Services (CMS) related to the Medicare program. This includes Medicare Advantage, Medicare Part D stand-alone plans, Medicare Special other CMS contracted program.</p>				
<p>15 Please list Kansas and Illinois counties in the HMO's service area as of 12/31.</p>				
<p>Kansas counties: _____</p>				
<p>Illinois counties: _____</p>				

LIVE METHODOLOGY: Below is a sample of what the tabs should look like in your workbook, when you have multiple product types in one workbook. This process makes linking formulas a simpler task.

The image shows a portion of an Excel spreadsheet. The rows are numbered 35 through 41 in the left margin. The spreadsheet grid is empty. Below the grid is the Excel tab bar, which contains the following tabs: 'cos hmo', 'cos pos', 'cos agg', 't1 hmo', 't1 pos', 't1 agg', 't2 hmo', 't2 pos', and 't2 agg'. Each tab is separated by a vertical line and has a small arrow icon on its right side.

WORK METHODOLOGY: Below is a sample of what the tabs should look like in your workbook, when you have multiple product types and your Group Enrollment “overflows” into a surrounding state.

The image shows a portion of an Excel spreadsheet. The rows are numbered 51 through 57 in the left margin. The spreadsheet grid is empty. Below the grid is the Excel tab bar, which contains the following tabs: 'COShmo', 'COSpos', 'COSagg', 't1hmo', 't1hmoll', 't1hmokS', 't1pos', 't1posL', 't1posKS', and 't1agg'. Each tab is separated by a vertical line and has a small arrow icon on its right side.