

Health (2021)

INTERROGATORIES

		Response (Yes/No)	Comments
01	In-Exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report? (Y/N)		--
02	In-Exchange - Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report? (Y/N)		--
03	In-Exchange - Does the company have Catastrophic data to report? (Y/N)		--
04	In-Exchange - Does the company have Multi-State (Individual) data to report? (Y/N)		--
05	In-Exchange - Does the company have Multi-State (Small Group) data to report? (Y/N)		--
06	In-Exchange - Number of small groups in-force at the end of the reporting period.	--	
07	In-Exchange - Does the company have an additional voluntary level of review for grievances? (Y/N)		--
08	In-Exchange Comments.	--	Comment (if necessary)
09	Out-of-Exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report? (Y/N)		--
10	Out-of-Exchange - Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report? (Y/N)		--
11	Out-of-Exchange - Does the company have Grandfathered or Transitional plan data to report? (Y/N)		--
12	Out-of-Exchange - Does the company have Catastrophic data to report? (Y/N)		--
13	Out-of-Exchange - Does the company have Large Group comprehensive major medical and managed care (Minimum Essential Coverage policies) data to report? (Y/N)		--
14	Out-of-Exchange - Does the company have Student Coverage data to report? (Y/N)		--
15	Out-of-Exchange - Number of small groups in-force at the end of the reporting period.	--	
16	Out-of-Exchange - Number of large groups in-force at the end of the reporting period.	--	
17	Out-of-Exchange - Does the company have an additional voluntary level of review for grievances? (Y/N)		--
18	Out-of-Exchange Comments.	--	Comment (if necessary)

IN-EXCHANGE

		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
Policy Administration																						
19	Earned premiums for Reporting Year.																					
20	Number of new policies issued during the period.						--	--	--	--	--							--	--	--	--	--
21	Number of policies renewed during the period.						--	--	--	--	--							--	--	--	--	--
22	Member months for policies issued during the period.																					
23	Member months for policies renewed during the period.																					
24	Number of policy terminations and cancellations initiated by the policyholder.						--	--	--	--	--							--	--	--	--	--
25	Number of policy terminations and cancellations due to non-payment of premium.						--	--	--	--	--							--	--	--	--	--

Health (2021)

		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
26	Number of insured lives impacted on terminations and cancellations initiated by the policyholder.																					
27	Number of insured lives impacted on policies terminated and cancelled due to non-payment.																					
28	Number of rescissions.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
29	Number of insured lives impacted by rescissions.																					
Prior Authorizations (Prospective Utilization Review Requests)																						
Excluding Pharmacy																						
30	Number of prior authorizations requested.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
31	Number of prior authorizations approved.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
32	Number of prior authorizations denied.																					
33	Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.																					
34	Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied.																					
35	Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.																					
Prior Authorizations (Prospective Utilization Review Requests)																						
Pharmacy Only																						
36	Number of prior authorizations requested.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
37	Number of prior authorizations approved.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
38	Number of prior authorizations denied.																					
Claims Administration (Excluding Pharmacy)																						
39	Number of claims received.																					
40	Number of claims submitted by network providers.																					
41	Number of claims submitted by out-of-network providers.																					
42	Number of claim denials for in-network claims.																					
43	In-network claims denied within 0-30 days.																					
44	In-network Claims denied within 31-60 days.																					
45	In-network Claims denied within 61-90 days.																					
46	In-network Claims denied beyond 90 days.																					
47	Number of in-network denied, rejected or returned - Claims Submission Coding Error(s).																					
48	Number of in-network denied, rejected or returned - Prior Authorization Needed.																					

Health (2021)

		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
49	Number of in-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.																					
50	Number of in-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits)																					
51	Number of in-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).																					
52	Number of claim denials for out-of-network claims.																					
53	Out-of-network claims denied within 0-30 days.																					
54	Out-of-network Claims denied within 31-60 days.																					
55	Out-of-network Claims denied within 61-90 days.																					
56	Out-of-network Claims denied beyond 90 days.																					
57	Number of out-of-network denied, rejected or returned - Claims Submission Coding Error(s).																					
58	Number of out-of-network denied, rejected or returned - Prior Authorization Needed.																					
59	Number of out-of-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.																					
60	Number of out-of-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits)																					
61	Number of out-of-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).																					
62	Number of paid claims for in-network services.																					
63	In-network claims paid within 0-30 days.																					
64	In-network claims paid within 31-60 days.																					
65	In-network claims paid within 61-90 days.																					
66	In-network claims paid beyond 90 days.																					
67	Number of paid claims for out-of-network services.																					
68	Out-of-network claims paid within 0-30 days.																					
69	Out-of-network claims paid within 31-60 days.																					
70	Out-of-network claims paid within 61-90 days.																					
71	Out-of-network claims paid beyond 90 days.																					
72	Claims Paid.																					
73	Insured/beneficiary co-payment responsibility.																					
74	Insured coinsurance responsibility.																					
75	Insured deductible responsibility.																					

Health (2021)

		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Catastrophic	Multi-State(Individual)					Multi-State (Small Group)				
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total
Claims Administration (Pharmacy Only)																						
76	Number of claims received.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
77	Number of claim denials for in-network claims.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
78	Number of claim denials for out-of-network claims.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
79	Number of paid claims for in-network services.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
80	Number of paid claims for out-of-network services.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
81	Claims Paid.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
82	Insured/beneficiary co-payment responsibility.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
83	Insured coinsurance responsibility.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
84	Insured deductible responsibility.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
Consumer Requested Internal Reviews (Grievances - Including Pharmacy)																						
85	Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)																					
86	Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)																					
87	Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)																					
88	Number of customer requests for internal reviews of grievances not involving adverse determinations.																					
Consumer Requested External Reviews (Including Pharmacy)																						
89	Number of customer requested appeals on final adverse determinations to an external review organization.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
90	Number of final adverse determinations upheld upon request for external review.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	
91	Number of final adverse determinations overturned upon request for external review.	--	--	--	--		--	--	--	--			--	--	--	--		--	--	--	--	

Health (2021)

OUT-OF-EXCHANGE

		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans				Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total			
Policy Administration																		
92	Earned premiums for Reporting Year.																	
93	Number of new policies issued during the period.						--	--	--	--	--		--		--			
94	Number of policies renewed during the period.						--	--	--	--	--		--		--			
95	Member months for policies issued during the period.																	
96	Member months for policies renewed during the period.																	
97	Number of policy terminations and cancellations initiated by the policyholder.						--	--	--	--	--		--		--			
98	Number of policy terminations and cancellations due to non-payment of premium.						--	--	--	--	--		--		--			
99	Number of insured lives impacted on terminations and cancellations initiated by the policyholder.																	
100	Number of insured lives impacted on policies terminated and cancelled due to non-payment.																	
101	Number of rescissions.	--	--	--	--		--	--	--	--								
102	Number of insured lives impacted by rescissions.																	
Prior Authorizations (Prospective Utilization Review Requests) Excluding Pharmacy																		
103	Number of prior authorizations requested.	--	--	--	--		--	--	--	--								
104	Number of prior authorizations approved.																	
105	Number of prior authorizations denied.	--	--	--	--		--	--	--	--								
106	Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.																	
107	Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied.																	
108	Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.																	
Prior Authorizations (Prospective Utilization Review Requests) Pharmacy Only																		
109	Number of prior authorizations requested.	--	--	--	--		--	--	--	--								
110	Number of prior authorizations approved.																	
111	Number of prior authorizations denied.	--	--	--	--		--	--	--	--								

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		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans				Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total			
Claims Administration(Excluding Pharmacy)																		
112	Number of claims received.																	
113	Number of claims submitted by network providers.																	
114	Number of claims submitted for by out-of-network providers.																	
115	Number of claim denials for in-network claims.																	
116	In-network claims denied within 0-30 days.																	
117	In-network Claims denied within 31-60 days.																	
118	In-network Claims denied within 61-90 days.																	
119	In-network Claims denied beyond 90 days.																	
120	Number of in-network denied, rejected or returned - Claims Submission Coding Error(s).																	
121	Number of in-network denied, rejected or returned - Prior Authorization Needed.																	
122	Number of in-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.																	
123	Number of in-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits).																	
124	Number of in-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).																	
125	Number of claim denials for out-of-network claims.																	
126	Out-of-network claims denied within 0-30 days.																	
127	Out-of-network Claims denied within 31-60 days.																	
128	Out-of-network Claims denied within 61-90 days.																	
129	Out-of-network Claims denied beyond 90 days.																	
130	Number of out-of-network denied, rejected or returned - Claims Submission Coding Error(s).																	
131	Number of out-of-network denied, rejected or returned - Prior Authorization Needed.																	
132	Number of out-of-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.																	
133	Number of out-of-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits)																	
134	Number of out-of-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).																	
135	Number of paid claims for in-network services.																	
136	In-network claims paid within 0-30 days.																	

Health (2021)

		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans				Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total			
137	In-network claims paid within 31-60 days.																	
138	In-network claims paid within 61-90 days.																	
139	In-network claims paid beyond 90 days.																	
140	Number of paid claims for out-of-network services.																	
141	Out-of-network claims paid within 0-30 days.																	
142	Out-of-network claims paid within 31-60 days.																	
143	Out-of-network claims paid within 61-90 days.																	
144	Out-of-network claims paid beyond 90 days.																	
145	Claims Paid.																	
146	Insured/beneficiary co-payment responsibility.																	
147	Insured coinsurance responsibility.																	
148	Insured deductible responsibility.																	
Claims Administration (Pharmacy Only)																		
149	Number of claims received.	--	--	--	--		--	--	--	--								
150	Number of claim denials for in-network claims.	--	--	--	--		--	--	--	--								
151	Number of claim denials for out-of-network claims.	--	--	--	--		--	--	--	--								
152	Number of paid claims for in-network services.	--	--	--	--		--	--	--	--								
153	Number of paid claims for out-of-network services.	--	--	--	--		--	--	--	--								
154	Claims Paid.	--	--	--	--		--	--	--	--								
155	Insured/beneficiary co-payment responsibility.	--	--	--	--		--	--	--	--								
156	Insured coinsurance responsibility.	--	--	--	--		--	--	--	--								
157	Insured deductible responsibility.	--	--	--	--		--	--	--	--								
Consumer Requested Internal Reviews (Grievances - Including Pharmacy)																		
158	Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)																	
159	Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)																	
160	Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)																	
161	Number of customer requests for internal reviews of grievances not involving adverse determinations.																	

Health (2021)

		Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student					Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies					Grandfathered/Transitional Plans				Catastrophic	All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies	For Student Coverage
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	Large Group	Small Group	Individual	Total			

Consumer Requested External Reviews (Including Pharmacy)

162	Number of customer requested appeals on final adverse determinations to an external review organization.	--	--	--	--		--	--	--	--							
163	Number of final adverse determinations upheld upon request for external review.	--	--	--	--		--	--	--	--							
164	Number of final adverse determinations overturned upon request for external review.	--	--	--	--		--	--	--	--							

Health Attestation

		First Name	Middle Name	Last Name	Suffix	Title	Comments
165	First Attestor Information						----
166	Second Attestor Information						----
167	Overall Comments for the Filing Period	----	----	----	----	----	