

Health (2017)

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)		
80	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

		other tl	nan trar	sitiona	urance cove al, grandfatl ophic or stu	nered,	other th	nan trar	nsitiona	surance cov al, grandfath e policies	_	Catastrophic		Multi-Sta	te(Indiv	vidual)		Multi-State (Small Group)						
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		
Pol	icy 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 consumer.																							
25	Number of policy terminations and cancellations due to non-payment of premium.										- 1													
26	Number of lives impacted on terminations and cancellations initiated by the policyholder.																							

				urance cove					surance co														
				al, grandfatl		other th			al, grandfatl	nered,	Catastrophic		Multi-Sta	ite(Indi	vidual)		Multi-State (Small Group)						
	muiti-	-state, c	atastro	ophic or stu	aent		or mu	iti-state	e policies														
	Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		
27 Number of lives impacted on policies terminated and																							
cancelled due to non-payment.																							
28 Number of rescissions.																							
29 Number of lives impacted by rescissions.																							
Prior Authorizations (Prospective Utilization Review Requ	uests)																						
Excluding Pharmacy																							
30 Number of prior authorizations requested.																							
31 Number of prior authorizations approved.																							
32 Number of prior authorizations denied.																							
Claims Administration (Excluding Pharmacy)							•																
, , , , , , , , , , , , , , , , , , , ,				1										1									
33 Number of claims received.																							
34 Number of claims submitted by network providers.																							
Number of claims submitted by out-of-network providers.																							
36 Number of claim denials for in-network claims.																							
37 In-network claims denied within 0-30 days.																							
38 In-network Claims denied within 31-60 days.																							
39 In-network Claims denied within 61-90 days.																							
40 In-network Claims denied beyond 90 days.																							
41 Number of claim denials for out-of-network claims.																							
42 Out-of-network claims denied within 0-30 days.																							
43 Out-of-network Claims denied within 31-60 days.																							
44 Out-of-network Claims denied within 61-90 days.																							
45 Out-of-network Claims denied beyond 90 days.																							
46 Number of paid claims for in-network services.																							
47 In-network claims paid within 0-30 days.																							
48 In-network claims paid within 31-60 days.																							
49 In-network claims paid within 61-90 days.																							
50 In-network claims paid beyond 90 days.																							
51 Number of paid claims for out-of-network services.																							
52 Out-of-network claims paid within 0-30 days.																							
53 Out-of-network claims paid within 31-60 days.																							
54 Out-of-network claims paid within 61-90 days.																							
55 Out-of-network claims paid beyond 90 days.																							
56 Claims Paid.																							
57 Insured/beneficiary co-payment responsibility.																							
58 Insured coinsurance responsibility.																							
59 Insured deductible responsibility.																							

		other th	an tran	sitiona	urance cove II, grandfath phic or stud	nered,		nan trai	nsitiona	surance cov al, grandfath e policies		Catastrophic		Multi-Sta	ate(Indi	vidual)		Multi-State (Small Group)					
		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total		Bronze	Silver	Gold	Platinum	Total	Bronze	Silver	Gold	Platinum	Total	
Clai	ms Administration (Pharmacy Only)																						
60	Number of claims received.																						
61	Number of claim denials for in-network claims.																						
62	Number of claim denials for out-of-network claims.																						
63	Number of paid claims for in-network services.	-			-																-	1	
64	Number of paid claims for out-of-network services.	-			-																-		
65	Claims Paid.																						
66	Insured/beneficiary co-payment responsibility.		-				1			-													
67	Insured coinsurance responsibility.						-			-													
68	Insured deductible responsibility.																					İ	
(Gri	sumer Requested Internal Reviews evances - Including Pharmacy)							ı											ı				
69	Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)																						
70	Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)																						
71	Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)																						
72	Number of customer requests for internal reviews of grievances not involving adverse determinations.																						
	sumer Requested External Reviews luding Pharmacy)																						
73	Number of customer requested appeals on final adverse determinations to an external review organization.																						
74	Number of final adverse determinations upheld upon request for external review.																						
75	Number of final adverse determinations overturned upon request for external review.	1	1	-			-			1											1		

OUT-OT-EXCHANGE																All Large Group	
	other th	nan trar	sitiona	urance cove al, grandfat ophic or stu	hered,		nan trar	sitiona	surance cov al, grandfath e policies	_		ered/Tra	nsitional Plai	ns	Catastrophic	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																	
76 Earned premiums for Reporting Year.																	
77 Number of new policies issued during the period.																	
78 Number of policies renewed during the period.									-								
79 Member months for policies issued during the period.																	
80 Member months for policies renewed during the period.																	
81 Number of policy terminations and cancellations initiated by consumer.																	
82 Number of policy terminations and cancellations due to non-payment of premium.								1	1	-1				-			
83 Number of lives impacted on terminations and cancellations initiated by the policyholder.																	
84 Number of lives impacted on policies terminated and cancelled due to non-payment.																	
85 Number of rescissions.							-										
86 Number of lives impacted by rescissions.																	
Prior Authorizations (Prospective Utilization																	
Review Requests) Excluding Pharmacy																	
87 Number of prior authorizations requested.		1					1		1								
88 Number of prior authorizations approved.																	
89 Number of prior authorizations denied.																	
Claims Administration(Excluding Pharmacy)																	
90 Number of claims received.																	
91 Number of claims submitted by network providers.																	
92 Number of claims submitted for by out-of-network providers.																	
93 Number of claim denials for in-network claims.																	
94 In-network claims denied within 0-30 days.																	
95 In-network Claims denied within 31-60 days.																	
96 In-network Claims denied within 61-90 days.																	
97 In-network Claims denied beyond 90 days.																	
98 Number of claim denials for out-of-network claims.																	
99 Out-of-network claims denied within 0-30 days.																	
100 Out-of-network Claims denied within 31-60 days.																	
101 Out-of-network Claims denied within 61-90 days.																	
102 Out-of-network Claims denied beyond 90 days.																	
103 Number of paid claims for in-network services.																	
104 In-network claims paid within 0-30 days.																	
105 In-network claims paid within 31-60 days.																	
106 In-network claims paid within 61-90 days.																	

	other th	han trar	nsitiona	urance cove al, grandfatl ophic or stu	nered,		nan trar	nsitiona	surance cov al, grandfath e policies		Grandfath		insitional Pla	ns	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	Individual	Total			
107 In-network claims paid beyond 90 days.												Group					
108 Number of paid claims for out-of-network services.																	
109 Out-of-network claims paid within 0-30 days.																	
110 Out-of-network claims paid within 31-60 days.																	
111 Out-of-network claims paid within 61-90 days.																	
112 Out-of-network claims paid beyond 90 days.																	
113 Claims Paid.																	
114 Insured/beneficiary co-payment responsibility.																	
115 Insured coinsurance responsibility.																	
116 Insured deductible responsibility.																	
Claims Administration (Pharmacy Only)															!	'	
117 Number of claims received.																	
118 Number of claim denials for in-network claims.																	
119 Number of claim denials for out-of-network claims.																	
120 Number of paid claims for in-network services.																	
·																	
121 Number of paid claims for out-of-network services.																	
122 Claims Paid.																	
123 Insured/beneficiary co-payment responsibility.																	
124 Insured coinsurance responsibility.																	
125 Insured deductible responsibility.																	
Consumer Requested Internal Reviews																	
(Grievances - Including Pharmacy)				I					I				1		1		
126 Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.)																	
127 Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.)																	
128 Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.)																	
129 Number of customer requests for internal reviews of grievances not involving adverse determinations.																	
Consumer Requested External Reviews (Including Pharmacy)																	
130 Number of customer requested appeals on final adverse determinations to an external review organization.																	
Number of final adverse determinations upheld upon request for external review.						-											
Number of final adverse determinations overturned upon request for external review.																	