

Read instructions on page 2 before completing form

FIS 0323 (11/09) Office of Financial and Insurance Regulation

Data Collection for 3515(3) Report

Filing is required for:
All HMOs reporting commercial group
business

2010
DUE
November 15, 2010

Name of HMO _____ NAIC Group number and Co. code _____

Reporting Change in Commercial Employer Groups and Enrollees	A Commercial Employer Groups	B Commercial Enrollees	C Do the numbers in column B agree with those reported in the HMO's :
1. Total number as of September 30, 2009 →			2009 Q3 Statement <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Total number as of September 30, 2010 →			2010 Q3 Statement <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Increases in the number of employers and employees between September 30, 2009 and September 30, 2010 that resulted from greater flexibility in the annual co-payment and coinsurance levels			<i>If you answered "No" to either question above, attach an explanation of the difference.</i>

4. Indicate by amount for each type, where the new commercial employer groups listed in 3A had previous health care coverage:

_____ Nonprofit Health Care Corp.	_____ Uninsured
_____ Traditional Insurers	_____ Other: _____
_____ PPOs	_____ Other: _____
_____ Self-Insured	_____ Total

Describe each insurer type for any entries under "Other."

Marketing Information

- Attach a listing of new products (certificate of coverage or riders) where annual co-payment and coinsurance levels increased since September 30, 2009, and the effective date of each product.
- Attach a narrative describing how the HMO marketed its new products with increased annual co-payment and coinsurance levels to commercial employer groups.
- Attach a narrative describing the process used to track any increase in the number of commercial employer groups and enrollees that resulted from new products with increased annual co-payment and coinsurance levels.

Certification

I certify that I am an officer of the HMO named in this report, and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature _____	Date signed _____	Person and phone number to contact regarding this report _____
Signer's name and title typed or printed _____		



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Instructions for FIS 0323

Public Act 306 of 2005 created a new reporting requirement for the Commissioner. MCL 500.3515(3) now requires the Commissioner to prepare and submit a report that makes a determination whether greater flexibility in co-payment and coinsurance levels, as permitted in the Act, resulted in an increase in the number of employers who contract for health maintenance organization services, and the number of employees (covered enrollees) receiving those services. The report is an annual requirement.

Prior to Public Act 306, MCL 500.3515(2) limited co-payment levels to nominal amounts. The general guidance followed by our office for determining whether the levels were nominal resulted in annual co-payment and coinsurance levels of \$3,000 for individuals and \$6,000 for families. This information is provided solely to give HMOs a baseline range to consider when completing this form.

Reporting Change in Commercial Employer Groups and Enrollees

Line 1: Number of commercial employer groups and enrollees as of September 30, 2009 will be used as a baseline for this reporting year.

Table column C: If the number of enrollees agrees with the amount reported in the 2009 3rd quarter statement and 2010 3rd quarter statement in the Exhibit of Premiums, Enrollment and Utilization, column 3, line 5, check the "Yes" checkbox. If the number of enrollees is different check the "No" checkbox. Attach an explanation of the difference between the numbers reported on this form and the numbers reported on the corresponding statement.

Line 3: Do not include new commercial employer groups or commercial enrollees joining the HMO coming from another HMO.

Line 4: Report the number for each the categories listed. The total of the categories should equal the number of new employer groups reported in table cell 3A. Nonprofit Health Care Corporations would include Blue Cross Blue Shield Plans.

Marketing Information

Line 5: A separate attachment is required that provides a listing of products having annual co-payments and coinsurance exceeding the previous general guidance level of \$3,000 for individuals and \$6,000 for families. The attachment should include the following information:

- Type of product (certificate of coverage or rider)
- OFIR filing number and product name (need identifier to confirm with OFIR files)
- Effective date of the product
- Indicate if the product has been sold to any employer

Lines 6 and 7: The narrative descriptions should be of sufficient detail to allow us to understand fully how the product(s) were marketed to employers, and if the products were marketed differently than products previously sold. Our office also needs to understand the process the company used to track results, and ensure the proper reporting of the increases in commercial employer groups and enrollees.

Additional Information

In addition, the company may want to provide a separate attachment with suggestions to increase the number of commercial employer groups purchasing health care coverage from health maintenance organizations. This information will be considered, and may be included in the Commissioner's report.

Return completed form and attachments to:

By mail to: OFIR - Supervisory Affairs & Insurance
Monitoring
PO Box 30220
Lansing, MI 48909-7720

Or by delivery to: OFIR - Supervisory Affairs & Insurance
Monitoring
611 W. Ottawa Street
Lansing, MI 48933-1020