

Texas Department of Insurance



HMO SUPPLEMENT

for filing

2023 Annual

Financial Analysis Section

INSTRUCTIONS FOR EXHIBITS I AND II

EXHIBIT I
Indicates the HMO’s projected revenues and expenses for the following calendar year.
Must be completed on a total dollar amount basis only . Projected enrollees and projected member months must be reported on lines 1 and 2, respectively. Non-risk enrollees and member months are required only if a type of business represented lends itself to maintenance of an enrollee count. Examples of non-risk business are “Administrative Services Only” and “Fee-for-Service”.
Amounts budgeted for each Division’s Exhibit must add to the amounts reported in the Consolidated Exhibit.
EXHIBIT II
Separate pages are required to break out Current Quarter information from Year-to-Date information for each exhibit submitted.
DEFINITION OF A DIVISION
A division is an operation that meets at least one of the following conditions: <ol style="list-style-type: none"> 1. <i>A separate geographical area</i> whereby the geographical location of an enrollee or a group contract holder is used in determining charges or rates; or 2. <i>A service area that crosses state lines</i> or international boundaries is considered to have a separate divisional operation in each state or country and requires separate cost centers and reports. <p><i>For EXAMPLE, at a <u>minimum</u>, service areas for Dallas/Ft. Worth, Austin/San Antonio, Houston/Galveston/Beaumont, Corpus Christi/Rio Grande Valley, El Paso, and Lubbock/Amarillo shall each require separate divisional reporting. For HMOs writing Medicaid business, divisional reporting shall be, at a <u>minimum</u>, according to service areas defined by the Texas Health and Human Service Commission.</i></p>
GENERAL INSTRUCTIONS
A separate form is required for the Consolidated and for each Division.
Additional information, by specific type of business, may be requested at any time throughout the reporting year. The HMO should be prepared to report its financial condition at this level of detail when requested.
Disclosure must be made in the Management’s Discussion & Analysis (MDA) stating how indirect costs are apportioned among lines of business and divisional operations .
HMO DEFINITIONS
Commercial risk is defined as all business generated under HMO coverage contracts directly issued to individuals or groups, whether single service HMO coverage, limited-service HMO coverage, or basic service HMO coverage, with the exception of Medicare and Medicaid premiums paid by the Federal Government or the State of Texas and the CHIP program. Medicare supplement premiums paid by an individual or on that individual’s behalf by an employer would be included in “Commercial risk business.”
Medicare business to be reported in this exhibit pertains to premiums paid by the Federal Government for coverage under the Medicare program. This business is to include premiums paid directly to the HMO by the Federal Government and supplemental charges as allowed by the Federal Government to be charged to Medicare enrollees as a part of Medicare risk coverage but is not to include indirect Medicare business obtained through another HMO. Medicare business is divided into Basic, Medicare Advantage and stand-alone Medicare Part D Prescription Drug Coverage.
A Point-of-service rider is defined in Texas Insurance Code, §843.108.
Assumed risk pertains to indirect business obtained from other HMOs (or Approved non-profit health corporations) for a set capitation and which places the reporting HMO at risk. In this instance, another HMO is the direct writer of business and the reporting HMO obtained this business as a provider. Assumed risk includes Medicare and Medicaid business obtained from another HMO.
Children’s Health Insurance Plan is to include all business generated under the Children’s Health Insurance Plan.
Non-Risk & Other HMO: Non-risk business pertains to business without underwriting risk. Examples of this type of business include “Administrative Services Only” plan, Administrative Services Contract (ASC) plan, fee-for-service revenues, whether directly from the public at large or from another carrier for services provided to beneficiaries of that carrier, and management or administrative fees received for managing or administering operations of another company. The reporting of non-risk enrollees and member months that lends itself to maintenance of an enrollee count is optional.
NON-HMO: other products (e.g., PPO, Life, P&C) Non-HMO business includes Life and/or P&C business for companies that carry “dual license” to do HMO and Life (or P&C). This column also includes PPO business provided by the HMO.

EXHIBIT I (Filed Annually)
PROJECTED REVENUES AND EXPENSES FOR THE FOLLOWING YEAR

Annual Projections

	1. TOTAL	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business) BASIC ADVANTAGE PART D			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as a Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK & OTHER HMO*	9. NON-HMO
1. ENROLLEES AT THE END OF REPORTING PERIOD.....											
2. MEMBER MONTHS.....											
3. Direct premium income.....							XXXXXX				
4. Net premium income.....											
5. Change in unearned premium reserves and reserve for rate credits...											
6. Fee-for-service (gross revenues).....		XXXXXXXX				XXXXXX	XXXXXX	XXXXXXXX			
7. Risk revenue.....		XXXXXXXX			XXXXX	XXXXXX		XXXXXXXX			
8. Aggregate write-ins for other health care related revenues											
9. Aggregate write-ins for other non-health revenues											
10. TOTAL REVENUE (Lines 4 to 9).....											
11. Hospital and medical benefits.....											
12. Net reinsurance recoveries.....											
13. TOTAL HOSPITAL AND MEDICAL (Lines 11 minus 12).....											
14. Claims adjustment expenses.....											
15. General administrative expenses.....											
16. Increase in reserves for accident and health contracts.....											
17. TOTAL UNDERWRITING DEDUCTIONS (Lines 13 to 16).....											
18. NET UNDERWRITING GAIN/(LOSS) (Lines 10 minus 17)											
19. Net Investment Gains/(Losses).....											
20. Aggregate write-ins for other income or expenses.....											
21. INCOME/(Loss) after cap. gains tax before FIT Items (Lines 18 to 20)											
22. Federal and foreign income taxes incurred.....											
23. NET INCOME (LOSS) (Lines 21 minus 22)											
24. Medical Loss Ratio											

* Non-Risk & Other HMO: identify product(s): e.g. ASO, Non-Risk Business. (Note: PPO should be reported under NON-HMO.);

EXHIBIT II (Quarter/Annual)

Indicate Reporting Period:

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Current Quarter: ___ Year-to-date: ___

	1. TOTAL	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as a Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK & OTHER HMO*	9. NON-HMO
			BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPORTING PERIOD											
2. MEMBER MONTHS											
3. Direct premium income.....							XXXXXX				
4. Net premium income											
5. Change in unearned premium reserves and reserve for rate credits											
6. Fee-for-service (gross revenues).....		XXXXXXXX				XXXXXX	XXXXXX	XXXXXXXX			
7. Risk revenue.		XXXXXXXX			XXXXX	XXXXXX		XXXXXXXX			
8. Aggregate write-ins for other health related revenues.....											
9. Aggregate write-ins for other non-health revenues											
10. TOTAL REVENUE (Lines 4 to 9).....											
11. Hospital & medical benefits											
12. Net reinsurance recoveries.....											
13. TOTAL HOSPITAL & MEDICAL (Lines 11 minus 12)											
14. Claims adjustment expenses.....											
15. General administrative expenses.....											
16. Increase in reserves for accident and health contracts											
17. TOTAL UNDERWRITING DEDUCTIONS (Lines 13 to 16).....											
18. NET UNDERWRITING GAIN/(LOSS) (Lines 10 minus 17).....											
19. Net Investment Gains / (Losses).....											
20. Aggregate write-ins for other expenses or income											
21. INCOME /(LOSSES) after cap. gains tax before FIT Items (Lines 18 to 20)											
22. Federal and foreign income taxes incurred.....											
23. NET INCOME / (LOSS) (Lines 21 minus 22)											
24. Medical Loss Ratio											
25a. NON-TAXABLE COMMERCIAL RISK ENROLLEES			(Examples of non-taxable enrollees are State of Texas enrollees & Federal employees.)			*Non-Risk & Other HMO: identify product(s): e.g., ASO, Non-Risk Business. (Note: PPO should be reported under NON-HMO.): _____					
25b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS											

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF _____

OF THE _____

REPORT FOR DIVISION: _____

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A & H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	0													
3. Second Quarter	0													
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	0													
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-Physician	0													
9. Total	0													
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written	0													
13. Life Premiums Direct	0													
14. Property & Casualty Premiums Written	0													
15. Health Premiums Earned	0													
Property/Casualty														
16. Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	0													
18. Amount Incurred for Provision of Health Care Services	0													

TEXAS DEPARTMENT OF INSURANCE HMO SUPPLEMENT - ANNUAL

EXHIBIT III

CONTRACTS BETWEEN PRIMARY HMOs/ANHCs AND PROVIDER HMOs/ANHCs

FOR THE PERIOD ENDING _____ **OF THE** _____
 (Name of Company)

EXHIBIT III - PART 1 (To be completed by: HMOs or ANHCs Acting as PROVIDER HMOs and ANHCs)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
NAME OF PRIMARY HMO AND/OR ANHC	HEALTH CARE SERVICES TO BE PROVIDED	ENROLLEES AT YEAR END	MEMBER MONTHS FOR YEAR	RISK REVENUE RECEIVED DURING YEAR	RISK REVENUE EARNED DURING YEAR	COMPENSATION OTHER THAN RISK REVENUE RECEIVED DURING YEAR	COMPENSATION OTHER THAN RISK REVENUE EARNED DURING YEAR	AMOUNTS PAYABLE	AMOUNTS RECEIVABLE
				XXXXX	XXXXX	XXXXX	XXXXX		
				XXXXX	XXXXX	XXXXX	XXXXX		
				XXXXX	XXXXX	XXXXX	XXXXX		
				XXXXX	XXXXX	XXXXX	XXXXX		
				XXXXX	XXXXX	XXXXX	XXXXX		
				XXXXX	XXXXX	XXXXX	XXXXX		
				XXXXX	XXXXX	XXXXX	XXXXX		
9999999 TOTALS		XXXXX	XXXXX						

EXHIBIT III - PART 2 (To be completed by: PRIMARY HMOs and ANHCs Contracting with Provider HMOs and/or ANHCs)

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
NAME OF PROVIDER HMO AND/OR ANHC	STATUS	HEALTH CARE SERVICES TO BE PROVIDED	ENROLLEES AT YEAR END	MEMBER MONTHS FOR YEAR	CAPITATION PAID DURING YEAR	CAPITATION ACCRUED DURING YEAR	COMPENSATION OTHER THAN CAPITATION PAID DURING	COMPENSATION OTHER THAN CAPITATION ACCRUED	AMOUNTS PAYABLE	AMOUNTS RECEIVABLE
9999999 TOTALS			XXXXX	XXXXX						

HMO SUPPLEMENT - ANNUAL and QUARTERLY

STATEMENT FOR THE PERIOD ENDING _____, OF THE _____

**EXHIBIT IV
Supplemental Interrogatories**

1. Complete information below for each line of business.

	(1)	(2)	(3)	(4)	(5)	(6)
				Medical & Hospital Expenses Incurred*	Administrative & Other Expenses Incurred**	Net Income/ Loss
Direct Business:	Ending Enrollment	Member Months	Premiums Earned	(Total Year-To-Date)		
a. Medicare						
b. Medicaid						
c. CHIP						
Commercial:						
d. Large group						
e. Small group						
f. Individual						
ACO Business						
Assumed Risk:						
g. Medicare						
h. Medicaid						
i. CHIP						
Commercial:						
j. Large group						
k. Small group						
l. Individual						

* Medical & Hospital Expense also means "benefit" expense.

** Administrative & Other Expenses include claim adjustment expenses as well as administrative and all other non-benefit expenses.

2. Does the HMO participate in the State of Texas Employee Retirement System's Uniform Group Insurance Program (write coverage for Texas state employees)? **YES / NO**

If "YES", then in relation to the Uniform Group Insurance Program coverage what are the:

- a. number of enrollees _____
- b. number of member months _____
- c. premium revenue _____
- d. medical and hospital expense _____
- e. loss ratio _____
- f. net income/loss from business _____
- g. major metropolitan area(s) covered _____

TEXAS DEPARTMENT OF INSURANCE

HMO Supplemental Information - Annual

EXHIBIT V

ANNUAL STATEMENT FOR THE YEAR _____

OF _____
(Name of Organization)

- 1. Texas premiums received from the Federal Government for Title XVIII (Medicare), Federal Social Security Act _____
 - a. Texas enrollees that pertain to above premiums at the end of the:
 - 1st Quarter (3/31) _____
 - 2nd Quarter (6/30) _____
 - 3rd Quarter (9/30) _____
 - 4th Quarter (12/31) _____
 - b. Texas member months during year that pertain to Line 1 premiums. _____
- 2. Premiums on HMO Contracts Applicable to the Texas Employees Uniform Group Insurance Program (State employees) _____
 - a. Texas enrollees that pertain to above premiums at the end of the:
 - 1st Quarter (3/31) _____
 - 2nd Quarter (6/30) _____
 - 3rd Quarter (9/30) _____
 - 4th Quarter (12/31) _____
 - b. Texas member months during year that pertain to Line 2 premiums. _____
- 3. Premiums on HMO Contracts Applicable to Federal Employees located in Texas. _____
 - a. Texas enrollees that pertain to above premiums at the end of the:
 - 1st Quarter (3/31) _____
 - 2nd Quarter (6/30) _____
 - 3rd Quarter (9/30) _____
 - 4th Quarter (12/31) _____
 - b. Texas member months during year that pertain to Line 3 premiums. _____
- 4. Other non-taxable premiums (specify source and reason):
 - _____
 - _____
 - _____
 - a. Texas enrollees that pertain to other non-taxable premiums at the end of the:
 - 1st Quarter (3/31) _____
 - 2nd Quarter (6/30) _____
 - 3rd Quarter (9/30) _____
 - 4th Quarter (12/31) _____
 - b. Texas member months during year that pertain to Line 4 premiums. _____
- 5. Total Non-taxable Premiums (1 to 4) _____

TEXAS DEPARTMENT OF INSURANCE

HMO Supplemental Information - Annual

EXHIBIT V-CONTINUED

ANNUAL STATEMENT FOR THE YEAR _____

OF _____
(Name of Organization)

6.	Texas premiums received from the State for Welfare Benefits		
a.	Medicaid	_____	
b.	CHIP	_____	
c.	Total of both CHIP and Medicaid		_____
d.	Texas enrollees that pertain to above premiums at the end of the:	<u>Medicaid</u>	<u>CHIP</u>
1 st	Quarter (3/31)	_____	_____
2 nd	Quarter (6/30)	_____	_____
3 rd	Quarter (9/30)	_____	_____
4 th	Quarter (12/31)	_____	_____
e.	Texas member months during year that pertain to Line 6 premiums.	_____	_____
7.	Texas Subscribers at Year End (A Subscriber is the holder of an individual policy. In the case of a group contract, a Subscriber is the holder of an individual certificate.)	_____	
8.	Gross Reinsurance Premiums Paid on all business (do not net reinsurance recoveries)	_____	
a.	Gross Reinsurance Premiums Paid on Texas business only (do not net reinsurance recoveries)	_____	
9.	Net Premiums in Force*	_____	
a.	Net Premiums in Force on Texas business*	_____	
10.	Uncovered Health Care Expenses Incurred in Texas	_____	
11.	Total Taxable Premiums written in Texas during year (include Medicaid & CHIP).		_____
a.	Total Taxable Enrollees in Texas (include Medicaid & CHIP) at the end of the:		
1 st	Quarter (3/31)	_____	
2 nd	Quarter (6/30)	_____	
3 rd	Quarter (9/30)	_____	
4 th	Quarter (12/31)	_____	
b.	Total Taxable Member Months in Texas during the year (include Medicaid & CHIP)	_____	
12.	Does the HMO participate in the Affordable Care Act? If "YES", then in relation to the ACA Program coverage what are the:	YES / NO	
a.	Number of enrollees	<u>Exchange</u>	<u>Off-Exchange</u>
b.	Premium revenue	_____	_____

*Net premiums in force constitutes the premiums written which resulted in coverage being in force for the reporting date, net of any reinsurance expense pertaining to a reduction or limitation of risk retained by the company/HMO on the reporting date.

13. Does the HMO have a Dual License with the Texas Dept of Insurance?

YES / NO

If "YES", then in relation to the license, what are the:

- a. Individual
- b. Group
- c. Medicare Supplement
- d. Dental
- e. Vision
- f. FEBHP
- g. Medicare
- h. Medicaid
- i. Credit A&H
- j. Disability Income

	<u>Premiums - HMO</u>	<u>Premiums - Non-HMO</u>
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0