Texas Health Plan Compare

Instructions for Reporting

Introduction

Insurance Code Sections 843.155 and 1301.009 require issuers of comprehensive health coverage to file a report each year with certain information pertaining to financial, enrollment, performance, and other measures related to health plan costs. By law, information submitted to the Texas Department of Insurance (TDI) must be made publicly available on TDI's website.

Applicability

All health plan issuers are required to respond. Non-HMO issuers with $10 million or less in group coverage premiums or $2 million or less in individual coverage premiums may submit an abbreviated report consisting mostly of financial and enrollment data. However, non-HMO issuers with premiums below the reporting thresholds may still choose to submit a full report.

Format

All information must be entered into the provided Microsoft Excel reporting form.

Prefilling

For most health plan issuers, TDI will prefill the forms with known issuer-specific information before sending them to the issuers. The information that TDI adds will come from resources such as the National Association of Insurance Commissioners (NAIC) and internal TDI databases. **Issuers will be responsible for reviewing all information on the reporting form before submitting it to TDI**. Issuers must complete the reporting form and update any prefilled information before submitting it to TDI.

Completing the 'General Info' worksheet

Enter information about the company in the 'Company Information' fields. Information in these fields will be subject to publication on TDI's Health Plan Compare website. A significant portion of the visitors to this website will be consumers seeking to purchase health coverage, so contact information submitted for the issuer will be publicly available to consumers.

Enter information in the 'Contact Information' fields. Information entered here will not be posted to the website. TDI will use this contact information to correspond with company staff regarding the information submitted for this project.

Issuers must also select whether they will offer large group health coverage in the upcoming year. If a company indicates that it will offer large group coverage, the company's name will go on a list of issuers offering large group coverage posted to the website.

Completing the 'Financial and Enrollment Info' worksheet

All health plan issuers, including those non-HMO issuers with less than $10 million in group coverage premiums or less than $2 million in individual coverage premiums, must complete this worksheet. TDI will prefill most of the fields on this worksheet with information from company NAIC filings.

The first enrollment field seeks information on the total lives covered in the previous calendar year. This includes lives that were covered at any point during the calendar year, even if the coverage was terminated for any reason.

The last field asks about the total enrollments terminated in the previous calendar year. This includes enrollments that were terminated by the enrollee or the company.

Non-HMO health plan issuers with less than $10 million in group coverage premiums or less than $2 million in individual coverage premiums, that do not wish to provide detailed cost information for health plans are not required to complete additional worksheets beyond this one.

Completing the 'Additional Info' worksheet

Health plan issuers must complete two fields for speed of claims payment. The first field asks for the number of claims paid on time in the previous calendar year, and the second field asks for the number of claims paid late in the previous calendar year. In both cases, health plan issuers must respond with data for all claims paid, including electronic and non-electronic, pharmacy and non-pharmacy, as well as claims paid by a delegated entity. Most health plan issuers already report this data to TDI through quarterly prompt pay reports.

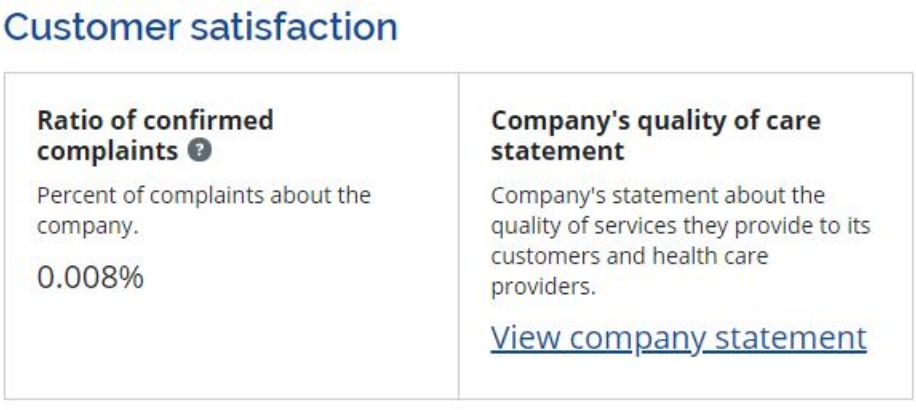
Issuers should not enter anything into the fields about the ratios of claims paid on time and late, as these are ratios that are automatically calculated based on the data entered in the first two fields.

An example of how information on timely payment of claims will be displayed:

TDI gauges enrollee satisfaction by the number of complaints reported to and confirmed by TDI in relation to the number of enrollees covered. TDI will prefill the form with the number of complaints confirmed by TDI in the previous calendar year – meaning they were reviewed by TDI and found to be valid. The form will use the number of confirmed complaints factored by the number of covered lives reported on December 31 of the previous calendar year (reported on the 'Financial and Enrollment Info' worksheet of the reporting form). The reporting form will automatically calculate this ratio.

Issuers may make a 'Statement of Evaluation of Quality of Care' using up to 3,000 characters. The statement must be related to the evaluation of quality of care. An example of this would be an issuer describing the results of a survey where enrollees answered questions about the care they receive.

An example of how customer satisfaction will be displayed:



Health plan issuers should list the accrediting entities in the section for accreditation. Common entities for health plan issuers are the Utilization Review Accreditation Commission and the National Committee for Quality Assurance. Issuers may also include the entity's designation of the issuer's accreditation status. Some examples of accreditation status are "accredited", "interim", "commendable", "provisional", and "in process". Issuers that are not accredited may leave the fields blank.

Completing the 'Full Benefit Plan Info' worksheet

Complete the fields for each individual and small group comprehensive health plan that the issuer offers, regardless of whether it is offered on the federal exchange or not. Begin with the plan ID for each plan and enter data for each field according to the information described in the column headers. Information for each plan should go on a separate row. TDI will prefill this worksheet with information from health plan templates filed with the Centers for Medicare and Medicaid Services (CMS).

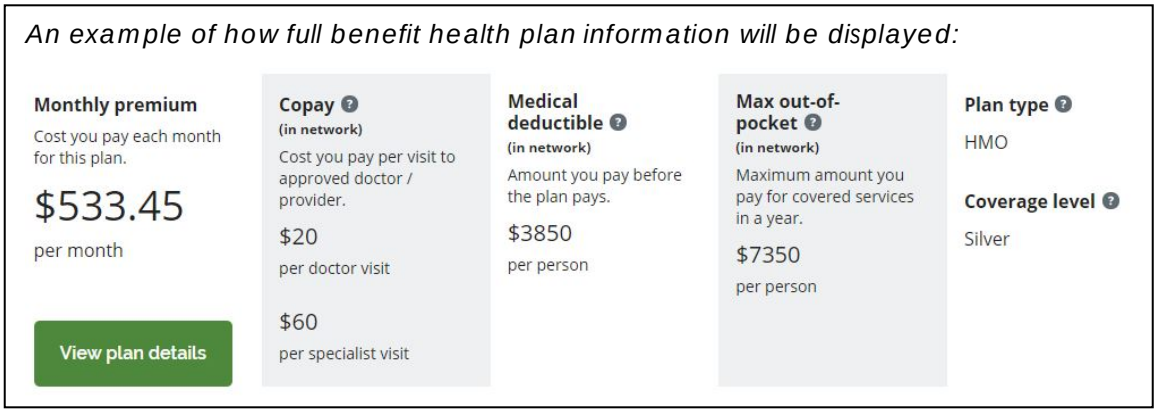
Completing the 'Full Benefit Plan Cost Sharing' worksheet

The 'Full Benefit Plan Cost Sharing' worksheet collects information about each health plan's cost-sharing terms. This information gives the consumer an idea of the out-of-pocket costs associated with the plan. Again, information for each plan should go on a separate row. TDI will prefill this worksheet with information from health plan templates filed with CMS.

Completing the 'Full Benefit Plan Premium' worksheet

The 'Full Benefit Plan Premium' worksheet collects premium information for comprehensive individual health plans. This project will not collect premium information for group plans or short-term plans, so issuers not issuing individual plans should leave this worksheet blank. TDI will prefill this worksheet with information from health plan templates filed with CMS.

An example of how full benefit health plan information will be displayed:



Completing the 'Short Term Plan Cost Sharing' worksheet

This worksheet collects cost-sharing information for short term and limited benefit plans. Since these plans might not have a federally recognized plan ID, please use the unique plan marketing name when describing them. Cost information entered for these plans might consist of ranges. For example, the coinsurance could be reported as "25%" or "25% - 100%". Similarly, the medical deductible could be reported as "$1,000" or "$2,000 - $5,000", depending on the plan's options. This project does not collect premium information for short-term and limited-benefit plans. Issuers not issuing these types of plans may leave this worksheet empty.

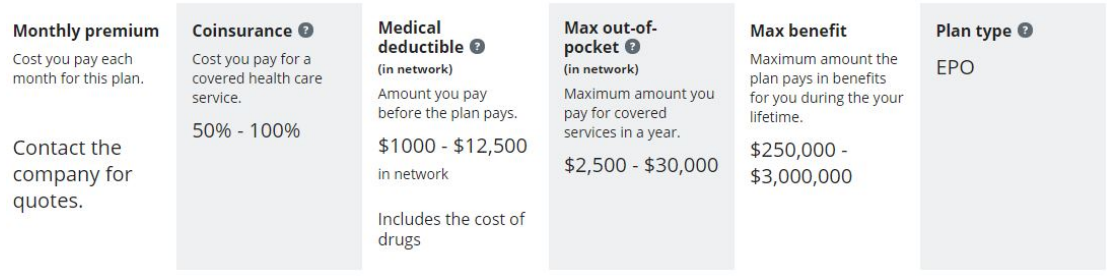
Completing the 'Short Term Plan Availability' worksheet

Issuers offering short-term health plans must provide the marketing name of the plan and the three-digit Texas ZIP code prefix where it is offered. If the plan is offered in more than one ZIP code prefix, use a separate line for each unique ZIP code prefix.

An example of how the 'Short Term Plan Availability' worksheet should be completed:

1	Short Term Plan Marketing Name	Texas 3-Digit ZIP Code Prefix
2	American Value Health Insurance Company Plan AB-1	787
3	American Value Health Insurance Company Plan AB-1	768
4	American Value Health Insurance Company Plan AB-1	786
5	American Value Health Insurance Company Plan AB-1	778
6	American Value Health Insurance Company Plan AB-1	773
7	American Value Health Insurance Company Plan AB-1	770
8	American Value Health Insurance Company Plan EW-5	787
9	American Value Health Insurance Company Plan EW-5	788
10	American Value Health Insurance Company Plan EW-5	780
11	American Value Health Insurance Company Plan EW-5	783

An example of how short-term limited benefit plan cost information will be displayed:



Using the 'Texas ZIP Code Prefixes' worksheet

TDI has provided a list of three-digit ZIP code prefixes in Texas that can be used as a reference by issuers completing the 'Short Term Plan Availability' worksheet. Issuers do not need to enter any information in this worksheet.

Submitting the Completed Report

Once issuers have completed the report, please send it to HealthPlanInfo@tdi.texas.gov as an email attachment.