



TEXAS DEPARTMENT OF INSURANCE

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Instructions for Annual Small Employer Health Benefit Plan Report - Figure 48 (Required under Insurance Code Chapter 1501 and 28 TAC §26.20)

Introduction

The Texas Department of Insurance (TDI) has provided the following instructions to help companies in the filing of data relating to 1212 Cert Data Figure 48 as required under Insurance Code Chapter 1501 and [28 Texas Administrative Code \(TAC\) §26.20](#).

Each company required to file a report must submit a reporting form. Respondents should not consolidate information from different companies on one reporting form. Companies that have both A&H and HMO business must file a separate form for each.

Data Call Overview

Companies must complete the data call using an interactive PDF form that is available on the TDI website under the designation "LAHR335" at www.tdi.texas.gov/. This form contains fields that will be completed on-screen. Respondents must have installed Adobe reader 9.0 (or higher) to ensure proper form functionality.

Form LAHR335 contains a "Submit by Email" button that will convert the data in the PDF form to an XML attachment. This XML file is due to TDI via email at HealthData@tdi.texas.gov by **March 1** of each calendar year. TDI will only accept surveys returned in XML format using the prescribed form; **TDI will not accept any survey returned in a different format, including scanned PDF files.**

Cover Sheet

Companies must provide all requested company identifying information, including the NAIC company number, TDI company number, company name, and complete mailing address. Companies must also provide information about the company's primary contact individual, including the person's name, title, direct phone number, mailing address, and email address.

Companies must indicate if they had small employer business to report for the reporting period. Companies that indicate "Yes" continue completing the form. Companies that indicate "No" may proceed to item #12, Data Certification.

Data Requirements By Question

Please note that for each data element listed, the total number of renewed plans reported in a calendar year generally should NOT exceed the total number of plans (newly issued and combined) reported in the previous year. Likewise, the number of lives covered under renewed plans as reported should generally not exceed the total number of lives covered as reported in the previous year. For example, if a company reports a total of 4,500 newly issued and renewed small employer plans combined in one year, the total number of renewed plans reported in the subsequent year should not exceed 4,500. An exception would be if a company assumed a new block of business from another company, thus increasing the number of plans renewed in a subsequent year beyond the total reported for the previous year. If that has occurred, please indicate the assumed company's name and detailed information in item #9a. Please note also that "number of lives" includes all covered individuals, including employees, spouses, and dependents. Do not report solely the number of certificate holders or employees.

1. Insert the total number of small employers that were issued and the number of lives covered under health benefit plans in the previous calendar year. These numbers must be reported separately for newly issued plans and renewed plans (if applicable), and they must include small employer cooperative/coalition business.

NOTE: Questions 2 and 3 (below) break down the business reported in question 1 by group size and plan type. When the responses for question 2 and question 3 are combined, the total newly issued small employer plans, total renewed small employer plans, total lives covered under newly issued plans, and total lives covered under renewed plans should match the totals reported in question 1.

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2. Indicate the number of small employers that were issued and the number of lives covered under insurer consumer choice health benefit plans and HMO consumer choice health benefit plans in the previous calendar year. This data must be grouped by covered-employee size ranges of: under 2, 2 - 9, 10 - 20, 21 - 35, 36 - 50, and 50+. These numbers must be reported separately for newly issued plans and renewed plans (if applicable), and they must include small employer cooperative/coalition business. Only include single life groups of one and small groups with over 50 employees if those plans were initially issued as small employer plans, but due to enrollment changes either declined to one or exceeded 50 during the calendar year for which data is being reported.
3. Indicate the number of small employers that were issued and the number of lives covered under fully-mandated health benefit plans and fully-mandated HMO plans in the previous calendar year. This data should be grouped by covered-employee size ranges of: under 2, 2 - 9, 10 - 20, 21 - 35, 36 - 50, and 50+. These numbers should be reported separately for newly issued plans and renewed plans (if applicable), and they should include cooperative/coalition business. Only include single life groups of one and small groups with over 50 employees if those plans were initially issued as small employer plans, but due to enrollment changes either declined to one or exceeded 50 during the calendar year for which data is being reported.
4. Indicate the number of coalitions and cooperatives that were issued and the number of lives covered under newly issued and renewed plans grouped by insurer consumer choice health benefit plan, HMO consumer choice health benefit plan, fully-mandated insurer health benefit plans, fully-mandated HMO health benefit plans, and small health group cooperative plans issued under 28 TAC §26.409.
NOTE: This question isolates the small employer cooperative/coalition business that was included in questions 1-3.
5. Indicate the number of small employer health benefit plans that were voluntarily not renewed by small employers in the previous calendar year.
6. Indicate the number of small employer health benefit plans that were terminated or non-renewed (for reasons other than nonpayment of premium) by the health carrier in the previous calendar year.
7. Insert the number of small employer health benefit plans that were issued to small employers that were uninsured for at least the two months prior to issue.
8. Indicate the health carrier's gross premiums derived from health benefit plans delivered, issued for delivery, or renewed to small employers in the previous calendar year.
9. Indicate whether or not the carrier assumed a new block of business from another carrier during the calendar year for which data is being reported. If yes and the number of renewals reported exceeds the total reported in the prior year's report, indicate the assumed company's name and detailed information in item #9a.
10. List the number of small employer plans and number of lives covered by the *first three digits* of the ZIP code of the employer's principal place of business.
11. The "Additional Information" memo field is not required to be completed, but gives companies the opportunity to provide important information to TDI about their data. This field can contain data clarifications or explanations.
12. After entering all required data, complete the Data Certification fields on page 4 of form LAHR335. You will not be able to submit your company's data if the Data Certification fields are incomplete. After checking the box next to the attestation statement, enter the name, title, and phone number of a person with the authority to certify your company's data. This individual should be a corporate officer, actuary, attorney, or accountant. If an authorized agent is completing the data call on behalf of this individual, include both parties in the "Name" field. (For example, you could enter **Bob Jones, on behalf of Pam Smith.**) However, the "Title" field should specify the title of the person with the authority to certify your company's data. A separate affidavit is not required.

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Interactive Form Instructions

Form LAHR335 contains form fields that companies must complete on-screen using Adobe reader 9.0 (or higher). You can then print the PDF form or export the form data to a separate file after completion. Following are instructions on how to complete and submit the data collection form.

- Select the Hand tool or use the tab key to navigate between form fields.
- To make form fields easier to identify in the PDF file, do any of the following in the Document Message Bar:
 - To display a light blue color in the background of all form fields, select Highlight Fields.
 - To display a red outline around all form fields that you are required to fill, select Highlight Required Fields. (Using this option will display the form's required fields.) **You will not be able to submit form LAHR335 if you have not completed all required fields.**
- The form fields are preformatted, and the correct formatting will appear when you tab to the next field. The following examples demonstrate the correct data entry format.
 - Round the currency amount in the premium field to the nearest cent. For example, for an average premium of "\$5.25" enter "5.25".
 - Enter numerical (non-currency) data without any formatting. For example, enter "2,500" as "2500".
 - The form will not accept text responses in numerical or currency fields. If requested data is either not applicable or not available, you must provide an adequate explanation in item # 11 (Additional Information).

Data Submission Instructions

After completing the PDF form as described above, print the form for your records by clicking the "Print Form" button located at the bottom of the form. You will not be able to save the completed form. Then, submit the file to TDI as follows:

- If you are using a desktop email application, make sure the application is open before attempting to submit the form. Then click the "Submit by Email" button located at the bottom of the form. A new email message with an XML file attachment should appear. Ensure that the message is addressed to HealthData@tdi.texas.gov and that the subject includes the carrier's NAIC number.
- If you are using an internet-based email application, such as Gmail, Hotmail, etc., the Select Email Client dialog box will appear after you click the "Submit by Email" button located at the bottom of the form. Select the "Internet Email" option, and then click OK. Save the survey file as an XML file using the default filename (lahr335.xml). Then, open your internet-based email application and attach the XML file to your email. Address the message to HealthData@tdi.texas.gov, and enter "1212 CERT DATA - Figure 48 Data Call" as the subject of the message. Include the company's name and NAIC number in the body of the message.

As stated previously, you will not be able to submit form LAHR335 if you have not completed all required fields. If a required field is blank when you click the "Submit by Email" button, you will receive an error message and a red border will appear around the field(s) that requires completion. Once all such fields are completed, submit your data again using the "Submit by Email" button.

To ensure that company data is complete and processed correctly, TDI will only accept surveys returned in XML format as described above. TDI will not accept any survey returned in a different format, including scanned PDF files.

Send all questions concerning the 1212 Cert Data - Figure 48 Data Call via email to HealthData@tdi.texas.gov.