

## HMO Reinsurance RFP Data Request



### Membership

Historical and projected monthly membership by Line of Business (Commercial, Medicare, Medicaid) and Subpopulation{1} for current and prior four (4) years that aligns with claims data.

### Claim Reports

Claim reports for the current year and four (4) years prior for each Line of Business and Subpopulation{1} that includes member claims that are at 50% of the deductible for all eligible services combined. (Include pending diagnoses that are anticipated to reach 50% of the deductible and any member on a transplant waiting list).

Name (or other identifier)	Provider Name
Claim Number	ICD Code
First Date of Service	ICD Description
Last Date of Service	DRG Code (if applicable)
Admit Date (Hosp or Inst)	Procedure Code - CPT, Revenue, HCPCS, Modifier
Discharge Date (Hosp or Inst)	Billed Amount
Number of units/days	Contracted Allowable (if applicable)
Line of Business (Commercial, Medicare, Medicaid)	Paid Amount
Subpopulation{1}	Pending Amounts
Contract or Network Provider (Yes/No)	Check Date/Paid Date
Place of Service CMS Standard Code	Transplant (Yes/No)

#### High Claimant Report:

For each of the past four (4) years (to coincide with reinsurance coverage periods), please provide sufficient claims information for those members whose paid claims exceed 25% of the lowest requested deductible.

{1} Subpopulations categories may vary significantly from State to State:

Commercial subpopulations may include Individual Exchange, Individual Off-Exchange, Small Group, Large Group

Medicare subpopulations may include Medicare Advantage, Duals, Medi-Medi, SNP, D-SNP, I-SNP, FIDA, PACE

Medicaid subpopulations may be AFDC, CHIP, SSI, TANF, ABD, HIV/AIDS, Healthy Family/Healthy Kids, Medicaidconnect

### Management Reports

#### Carrier Reports:

Carrier recovery reports for current year and prior four (4) years.

If quoting hospital-only or combined coverage, the following additional data is required by OneBeacon Accident & Health to issue a HMO Reinsurance Quote (including renewals):

- Inpatient Days/1000 by line of business (e.g., Commercial, Medicare, and Medicaid).
- Average inpatient cost per day by line of business (e.g., Commercial, Medicare, and Medicaid).
- Hospital contract summary outlining per diems, case rates, and/or % of billed charge including outliers at the primary hospitals being utilized by the group's membership.

### Provider Network and Reimbursement

Please provide and identify any significant changes to the composition of the provider network and reimbursement levels during the past four years for each type of membership.

Especially important are changes to contracts at tertiary facilities and other payment arrangements for your highest cost claims including ESRD, Specialty Rx, and other emerging treatments.

Please describe any and all transplant networks used by your organizations for transplant cases.

#### Financial Information (Only provide if requesting Continuation of Benefits (Insolvency Coverage))

Provide Year-end annual Statutory financial statements:

Most current complete quarter end Statutory financial statements.

Annual RBC Assessment information for the HMO if it is not included in the Statutory filing.

Provide Year-end annual Audited financial statements:

If health plan is a subsidiary of a larger organization, does a parental guarantee exist?

If so please provide

If the health plan is expanding into new products or geographic areas please provide pro forma financial statement.

#### New Populations (No claims data available)

For new populations or subpopulations for which claim data is not available please provide business plans and actuarial projections including, but not limited to:

- ~ A business plan that describes the market opportunity and projected enrollment, revenue, and profits.
- ~ Actuarial projections and memorandum completed by internal staff or external consultants.
- ~ Uniform Rate Review Template (URRT) for individual and small group product lines.
- ~ State capitation rates for Medicaid populations.

#### Medicaid Populations

Please define the Medicaid populations your health plan accepts risk for from the state.

Does your state assume the risk for any high cost diagnosis such as Transplants, Specialty Rx, NICU, etc.?

If yes, please define

#### Medical Management

Please provide any information that briefly describes new or modified methods for managing utilization of high cost and/or chronic patients. Please comment on expectations of maintenance or reduction of utilization rates relative to historic levels.

Please indicate whether these initiatives reflect vendor initiatives or in-house activities.

#### HMO Reinsurance Agreements

Please provide the following information/documents:

Current and Prior year HMO Reinsurance Agreements.

Expiring premium rates, pay rates, retro rates, and or inner aggregate rates by line of business.

#### Broker

Broker/Consulting Firm

Broker of Record

If yes, number of years as BOR

Commissions/Fees

Expiring

Requesting

#### Location

Please define the authorized service area (counties, zip code, etc.) for each licensed HMO product.

For products offered through an Insurance Company please define the areas where the Insurance products are offered.

If rental networks are used for out-of-network claims, which networks are used and when?

#### Organization

Please provide a thorough overview of the customer including their ownership, their mission, and their strategic priorities that may impact their reinsurance purchase and risk management needs.

Please identify any material changes to operations, line of business, product offerings, or service area that have occurred within the last four years or may occur during the course of the requested reinsurance coverage.