

THE INFORMATION CONTAINED IN THIS REQUEST AND TRANSMITTED WITH IT IS TO BE USED ONLY FOR THE UNDERWRITING OF STOP-LOSS INSURANCE. IT WILL BE HELD IN THE STRICTEST OF CONFIDENCE AND WILL NOT BE RELEASED TO ANY PARTIES OTHER THAN THE APPROPRIATE INSURANCE CARRIERS FOR THE PURPOSE OF GETTING QUOTES.

GENERAL INFORMATION

Name of HMO			
Street Address			
City, State, Zip			
Executive Director			
Finance Director			
Submitted By		Title	
Phone Fax	PH:	F:	
Email Address			

DOCUMENTS TO ACCOMPANY THIS APPLICATION

The following documents and information are requested in order to process your request.

- Copy of current benefit plan in use (summary of benefits can also be used)
- Provider/Contractual Arrangements with Hospitals and other providers (summary can be used for payment arrangement, outliers/stop-loss provisions should be shown)
- Current reinsurance agreement
- Claims details listing (form attached) on current and past three years for members exceeding 50% of the lowest deductible requested
- Pending or potential claims
- Audited financial statements for the past 3 years – *if requesting insolvency coverage*
- Latest NAIC quarterly statement – *if requesting insolvency coverage*

BACKGROUND

When Did Operations Begin?		The Primary Sponsor is?			
For Profit		Non-Profit			
Federal Qualified?	Yes	No	If not Federal Qualified, Do you Plan to Be?	Yes	No
Type of Plan	Network		Staff	Group	IPA
Does the HMO Offer or is the HMO Planning to Offer Point-of-Services?			Yes		No

SOLVING THE RISKS OF MANAGED CARE

ENROLLMENT

Current enrollment as of: _____ is: _____
(Date) (Members)

Members	# of Members	Members	# of Members	Members	# of Members
Commercial		POS		Exchange	
Medicare Advantage		Medi-Medi (D-SNP)		Medicare C-SNP	
Medicare I-SNP		Medicaid Non-SPD		Medicaid SPD	
Medicaid Expansion		Other		Other	

Other (Define): _____

THE FOLLOWING DATA IS TO BE ON A REINSURANCE YEAR BASIS

Data is for the annual period from: _____ to: _____

MEMBER MONTHS

TYPE	CURRENT POLICY PERIOD # of Months ____	PREVIOUS POLICY PERIOD	TWO YEARS AGO	THREE YEARS AGO	PROJECTED FOR NEXT YEAR
Commercial					
POS					
Exchange					
Medicare Advantage					
Medi-Medi (DSNP)					
Medicare C-SNP					
Medicare I-SNP					
Medicaid Non-SPD					
Medicaid Disabled (SPD)					
Medicaid Expansion					
Other (Define)					

SOLVING THE RISKS OF MANAGED CARE

UTILIZATION STATISTICS (EXCLUDING SUBACUTE & PSYCH)

COMMERCIAL			
YEAR	BED DAYS PER 1,000	# OF HOSPITAL STAYS PER 1,000	AVERAGE PER DIEM
Current Year			
Previous Year			
Two Years Ago			
Three Years Ago			
Projected for Next Year			

MEDICARE (SPLIT BETWEEN MA, D-SNP, C-SNP AND I-SNP IF POSSIBLE)			
YEAR	BED DAYS PER 1,000	# OF HOSPITAL STAYS PER 1,000	AVERAGE PER DIEM
Current Year			
Previous Year			
Two Years Ago			
Three Years Ago			
Projected for Next Year			

MEDICAID (SPLIT BETWEEN MEDICAID NON-SPD, SPD AND EXPANSION IF POSSIBLE)			
YEAR	BED DAYS PER 1,000	# OF HOSPITAL STAYS PER 1,000	AVERAGE PER DIEM
Current Year			
Previous Year			
Two Years Ago			
Three Years Ago			
Projected for Next Year			

CONTRACTS

LIST CONTRACTED HOSPITALS WITH THEIR PER DIEM OR DISCOUNT ARRANGEMENTS. INCLUDE OUTLIER (STOP-LOSS) PROVISIONS, IF ANY, ON A SEPARATE SHEET.

HOSPITAL	MED/SURG	ICU	NICU	UTILIZATION PERCENTAGE

LIST WHERE SERVICES FOR THE FOLLOWING ARE DONE AND THE CONTRACTUAL ARRANGEMENT – INCLUDING ANY OUTLIER PROVISIONS

TYPE	HOSPITAL	CONTRACTUAL ARRANGEMENT
Transplants		
Level IV NICU		

SOLVING THE RISKS OF MANAGED CARE

2441 HONOLULU AVENUE, SUITE 180 | MONTROSE, CA 91020 | PH: (818) 541-7900 | F: (818) 541-7903 | LIC.#0688132

CAPITATION AGREEMENTS (Only list capitated providers who are assuming full risk for all expenses for the member)

PROVIDER	RISK CAPITATED	NO. OF MEMBERS CAPITATED

MANAGEMENT UTILIZATION – What Techniques are used to...?

Control over-utilization:

Control excessive length of stay in hospital:

Provide Peer Review:

PRESENT COVERAGE DETAILS

Present Reinsurer			
Contract Period			
Deductible Per Member	Coinsurance	Rate Per Member Per Month:	

REINSURANCE COVERAGE(S) DESIRED

HOSPITAL OPTIONS	PROFESSIONAL OPTIONS	COMBINED (HOSPITAL & PROFESSIONAL)
\$	\$	\$
\$	\$	\$
\$	\$	\$

COINSURANCE OPTIONS (Above Deductible):	90%	80%
INSOLVENCY?	Yes	No

CAPITATED MEMBERS: Is the HMO responsible for reinsurance on any capitated members; if so, are they to be covered under this reinsurance agreement?

Hospital	Yes	No	Number of Members
Professional	Yes	No	Number of Members

SOLVING THE RISKS OF MANAGED CARE

The information contained in this request and transmitted with it constitutes the data upon which a proposal will be based. In submitting this proposal request, the undersigned warrants that he or she has made a diligent effort to verify the information contained herein; and that, to the best of their knowledge and belief, such information accurately represents the facts; and that no pertinent information has been omitted or altered.

Signature

Date

HMO CLAIMS REINSURANCE DETAIL LISTING – (Excel Spreadsheet Preferred)

For the current year and the prior (3) years (*separated by policy period and separated by member type – Commercial/POS, Exchange, Medicare Advantage, SNP, Dual, Medicaid, SPD, Expansion*), provide details of each member who has incurred or is expected to incur total charges* in excess of fifty (50%) of your lowest requested deductible – PLEASE PROVIDE DETAILS*

NOTE: Please provide paid through date for current policy period.

- Patient ID/Name
- Type of Member (Commercial, POS, Exchange, Medicare Advantage, SNP, Medi-Medi (Dual), Medicaid, Medicaid Disabled, Medicaid Expansion)
- Nature of Illness or Accident
- Dates of Service
- Provider Name
- Billed & Paid Charges
- Total Expected Charges for Current Year and Total Charges Separated for Past Three Years
- Reimbursement Received From Current Carrier (If any outstanding, show expected amount)
- Status of Member (Active, Terminated, Discharged)
- Prognosis
- Expected Charges for New Contract Year

*Charges to include risk covered under the HMO Reinsurance Agreement, i.e. Hospital Charges – Inpatient, Subacute, LTAC, etc.

SOLVING THE RISKS OF MANAGED CARE

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