

Instructions to the Additional Data Statement Form

(Form IC-13A-HC and Form IC-14-HMO)

General Instructions

Please note that Form IC-13A-HC and Form IC-14-HMO apply to every Health Care Service Contractor (HCSC), Health Maintenance Organization (HMO) and Multiple Employer Welfare Association (MEWA), regardless of the domicile state of the HCSC, HMO or MEWA.

We are collecting the subtotals of revenues and expenses instead of most of the detail lines. The line numbers and descriptions are still from the health annual statement blank. You may need to calculate the detail lines to ensure the subtotals are accurate.

Complete the information for business in the state of Washington. Fill in the reporting year, full legal company name, and NAIC number (company code).

Companies must report in actual dollars; rounding to thousands or larger is not acceptable.

Individual, Small Group, and Large Group are as defined in the NAIC Annual Statement Instructions.

For the purpose of filling out this Form in Schedules II and III:

- Column 2: The individual is a policyholder or a dependent of a policyholder.
- Column 3: The small employer is the master policyholder.
- Other Large Group in column 4(c) is any large group that is neither a Pathway 1 Association Health Plan nor a Public Employee Benefit Board plan. The large employer is the master policyholder.
- Pathway 1 Association Health Plan is defined in WAC 284-43-8100. For the purposes of filling out columns 4b and 4c, a Pathway 1 Association Health Plan is one that is officially filed with OIC, meaning that the issuer has filed the applicable rate and form filings for the reporting year.

CHIP—Report the State Children’s Health Insurance Program (CHIP) as **Comprehensive**. In Schedules II and III, report CHIP in its own column. Report the Medical Care Services (MCS) program in the *Other Health/Other* columns.

We strongly encourage companies to cross-check the data and form before filing. We will require amendments to correct data that does not cross-check or when the form is incomplete.

After you complete and save the form, you must upload it as is.
Uploading a scanned image of the form is not a valid filing.

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I. Analysis of Washington Operations by Lines of Business

For companies operating solely in Washington, the figures will be identical to those respective lines on the *Analysis of Operations by Lines of Business* (AOLB) in the health annual statement. Such Washington-only companies have an option to not fill in Schedule I by marking the “*See annual statement*” check box in the left corner of the first row of the form.

II. Analysis of the Washington Comprehensive Line

Cross-check 1: Column 1 of this schedule will be identical to column 2 of Schedule I, and, if operating solely in Washington, it will also be identical to column 2 of the AOLB.

Cross-check 2: Individual Contracts, the sum of columns 2a and 2b of the Subtotal (line 15) will tie to the Amount Incurred for Provision of Health Care Services Comprehensive (Hospital & Medical) Individual column in the Washington State Page (Exhibit of Premiums, Enrollment and Utilization).

Column 6: List the full legal name of each Pathway 1 Association Health Plan included in column 4b at the time of the original filing of this Additional Data Statement form. If you have more than 25 Pathway 1 Association Health Plans to report, continue listing them on page 3.

III. Enrollment in Washington

Enrollment means the headcount of enrollees.

Cross-check: All lines of column 1 must be identical to the respective Comprehensive lines (Individual and Group) of the Washington State Page.

IV. Indemnity Calculation

Note: The Annual Statement cross-references presume operating solely in Washington.

Health Care Service Contractor (HCSC):

1.) All HCSCs MUST enter the Premiums Collected on line A1.

2.) Line B1, column 1 is the sum of the Health Subtotal, column 3 and column 4 of Underwriting and Investment Exhibit *Part 2B – Analysis of Claims Unpaid - Prior Year-Net of Reinsurance*. Then, separate the total amount from column 1 into columns 2 (Service Benefits) and 3 (Non-Service Benefits). Input the Non-Service Benefits figure only; the form will calculate the difference for the Service Benefits figure.

3.) Line B2 will calculate the percentage distribution of columns 2 (Service Benefits) and 3 (Non-Service Benefits) to line B1, column 1. In the absence of a better basis, the percentage distribution may be based upon the percentage of claims paid during the reporting year to participating providers,

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as defined by RCW 48.44.010. Non-Service Benefits (Uncovered Expenditures, as defined in RCW 48.44.010), refers to the HCSC's liability for services rendered by providers who are not participating providers.

4.) For line B3, HCSCs should estimate the increase or decrease of claims for the ensuing year due to changes in enrollment, utilization, inflation, rate increases, etc.

5.) Input the Aggregate Health Policy Reserves from *Liabilities, Capital and Surplus*, column 3 into line B5, column 1. The form will automatically multiply that amount by the expected experience for Non-Service Benefits percentage.

6.) Input Premiums Received in Advance from *Liabilities, Capital and Surplus*, column 3 into line B6, column 1. The form will automatically multiply this figure by the expected experience for Non-Service Benefits percentage.

7.) If an increase in the indemnity is required, do so immediately.

Limited Health Care Service Contractor:

Certificate of Registration held three years or more:

1.) For Line C1 (Uncovered Expenditures), input the figure from Total Hospital and Medical in *Statement of Revenues and Expenses*, column 1.

2.) For line C2, companies should estimate the increase or decrease of claims for the ensuing year due to changes in enrollment, utilization, inflation, rate increases, etc.

3.) For Line C6, input the Aggregate Health Policy Reserves from *Liabilities, Capital and Surplus*, column 3.

4.) For Line C7, input the Premiums Received in Advance from *Liabilities, Capital and Surplus*, column 3.

5.) If an increase in the indemnity is required, do so immediately.

Certificate of Registration held for LESS than three years:

On line D4, enter the full legal name and the NAIC company code of the insurance company providing the insurance or guarantee.