

Instructions for Completing the Minnesota Department of Health (MDH) Group Market Health Plan Report for Groups with 51 to 100 Employees

For your convenience, electronic versions of the formsets are available by request from Tom Rubey or may be downloaded at:

<http://www.health.state.mn.us/divs/hpsc/hep/mktsurvey/index.html>

It will be necessary to copy the formsets as many times as needed to submit information separately on each plan of benefits your company offers in the 51-100 group size health insurance market for Parts I and III.

Report Form Details

The report consists of five parts. Each part requires information at either the product level or the aggregate market level.

[Part I: Detailed Benefit Plan Description \(product level, due Nov. 8\)](#)

[Part II: Short Form Benefit Plan Description \(product level, due Nov. 8\)](#)

[Part III: Detailed Enrollment \(product level, due Dec. 13\)](#)

[Part IV: Claims Distribution for Calendar Year 2009 \(market level, due Dec. 13\)](#)

[Part VI: Premium and Claims by Group Size \(market level, due Nov. 8\)](#)

Please submit the completed reports via MDH's secure web application at:

https://apps.health.state.mn.us/mdh_upload/

With attention to:

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NOTE: When submitting reports through the secure web application please uniquely name each file and identify the health plan company and survey formset (e.g. BestHealthPlanlarge1, BestHealthPlanlarge2, etc.)

MDH is conducting this survey to study the health plan products offered in the 51-100 group size market. Because your health plan company may have numerous health plans with few enrollees and to reduce the reporting burden, we ask that you provide detailed information on the most popular health plans in the 51-100 group size market that **cumulatively represent 95 percent** of your 51-100 group size market membership. For the remaining health plans, please provide abbreviated information on the report's short form.

Please consider all plans with different benefit sets as different products and report on them separately. If plans offer the same benefits but differ only by provider network, please consider these as separate products. However, a plan with a tiered provider network should be counted as a single product. If plans offer the same benefits but differ only by prescription drug benefits, please consider these as separate products. However, if purchase of prescription drug benefits is optional for a plan, this does not need to be counted as a separate product (there is a location in Part I to identify number of lives covered by pharmacy benefit under a product).

Please include in your reporting closed book of business products that had members enrolled on December 31, 2009. Please do not report data for plans that have no enrolled members. In addition, reporting should NOT INCLUDE coverage that is:

1. limited to disability or income protection coverage;
2. automobile medical payment coverage;
3. supplemental to liability insurance;

4. designed solely to provide payments on a per diem, fixed indemnity, or non-expense-incurred basis;
5. credit accident and health insurance;
6. designed solely to provide dental or vision care;
7. blanket accident and sickness insurance accident-only coverage;
8. a long-term care policy;
9. a Medicare Advantage product or any product issued as a supplement to Medicare
10. workers' compensation insurance

In-Network Benefits- For all of the plans, report information based on the plan of benefits for in-network services. For example, if office visit copayments for a specific plan of benefits vary by in-network versus out-of-network, report only the in-network amount. (This does not apply to reporting of claims, please include in-network and out-of-network claims in reporting)

For the remaining plans (those with cumulatively fewer than 5 percent of the company's total 51-100 group size market enrollment), please complete the short form. If necessary, add rows to the form or spreadsheet.

Please note that the information submitted is classified as non-public and will not be reported in a way that identifies specific insurance products or health plans.