

**Department of Health and Human Services, Centers for Medicare and Medicaid Services  
Medical Loss Ratio Quarterly Reporting Form - "Mini-Med" Plans**

**Part 1**

Report for: - Corporation - (Fill in below)

\_\_\_\_\_

NAIC Group Code: \_\_\_\_\_

Location: - (Select from the drop-down menu below)

\_\_\_\_\_

Business in the State of: \_\_\_\_\_

NAIC Company Code: \_\_\_\_\_

Corporation Contact Information	
<b>Please provide contact information for the issuer regarding this filing</b>	
Name:	_____
Telephone:	_____
Email:	_____
Mailing Address:	_____

Quarter: \_\_\_\_\_

Year: \_\_\_\_\_

	NAIC SHCE Cross Reference	"Mini-Med"			
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Total Mini-Med 1 + 2 + 3
<b>1. Adjusted premium:</b>					
1.1 Direct premium earned		\$ -	\$ -	\$ -	\$ -
1.2 Federal high risk pools	Pt 1, Ln 1.2				\$ -
1.3 State high risk pools	Pt 1, Ln 1.3				\$ -
1.4 Federal taxes and federal assessments	Pt 1, Ln 1.5				\$ -
1.5 State insurance, premium and other taxes	Pt 1, Ln 1.6				\$ -
1.6 Regulatory authority licenses and fees	Pt 1, Ln 1.7				\$ -
1.7 Adjusted premium (Lines 1.1 + 1.2 + 1.3 - 1.4 - 1.5 - 1.6)		\$ -	\$ -	\$ -	\$ -
<b>2. Claims</b>					
2.1 Incurred claims excluding prescription drugs	Pt 1, Ln 2.1				\$ -
2.2 Prescription drugs	Pt 1, Ln 2.2				\$ -
2.3 Pharmaceutical rebates	Pt 1, Ln 2.3				\$ -
2.4 State stop loss, market stabilization and claim/census based assessments	Pt 1, Ln 2.4				\$ -
3. Incurred medical incentive pools and bonuses	Pt 1, Ln 3	\$ -	\$ -	\$ -	\$ -
4. Deductible Fraud and Abuse Recoveries.	Pt 1, Ln 4	\$ -	\$ -	\$ -	\$ -
5. Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (Should equal Part 2, Line 2.16)		\$ -	\$ -	\$ -	\$ -
<b>6. Improving Health Care Quality Expenses Incurred:</b>					
6.1 Type A. Expenses for health improvements other than Health Information Technology	Pt 1, Ln 6.1				\$ -
6.2 Type B. Health Information Technology expenses related to health improvement	Pt 1, Ln 6.2				\$ -
6.3 Total of defined expenses incurred for improving health care quality (Lines 6.1 + 6.2)	Pt 1, Ln 6.3	\$ -	\$ -	\$ -	\$ -
7. Preliminary MLR (Lines 4 + 5 + 6.3 divided by Line 1.7)		#DIV/0!	#DIV/0!	#DIV/0!	XXX
<b>8. Non-Claims Costs:</b>					
8.1 Cost Containment expenses not included in quality of care expenses in Line 6.3	Pt 1, Ln 8.1				\$ -
8.2 All other claims adjustment expenses	Pt 1, Ln 8.2				\$ -
8.3 Direct sales salaries and benefits	Pt 1, Ln 10.1				\$ -
8.4 Agents and brokers fees and commissions	Pt 1, Ln 10.2				\$ -
8.5 Other taxes	Pt 1, Ln 10.3				\$ -
8.6 Other general and administrative expenses	Pt 1, Ln 10.4				\$ -
8.7 Total non-claims expense (Lines 8.1 + 8.2 + 8.3 + 8.4 + 8.5 + 8.6)		\$ -	\$ -	\$ -	\$ -
8.8 ICD-10 Implementation expenses (informational only)	Pt 1, Ln 16				\$ -
9. Underwriting gain/(loss) (Lines 1.7 - 5 - 6.3 - 8.7)	Pt 1, Ln 11	\$ -	\$ -	\$ -	\$ -
<b>Other Indicators:</b>					
1. Number of certificates/policies	Pt 1 Other, Ln 1				-
2. Number of covered lives	Pt 1 Other, Ln 2				-
3. Number of groups	Pt 1 Other, Ln 3	XX			-
4. Member Months	Pt 1 Other, Ln 4				-

See instructions provided in accompanying document.

**Department of Health and Human Services, Centers for Medicare and Medicaid Services**  
**Medical Loss Ratio Quarterly Reporting Form - "Mini-Med" Plans**  
**Part 2**

		"Mini-Med"				
		1	2	3	4	
		NAIC SHCE Cross Reference	Individual	Small Group Employer	Large Group Employer	Total Mini-Med 1 + 2 + 3
<b>1.</b>	<b>Premium</b>					
1.1	Direct premium written	Pt 2, Ln 1.1				\$ -
1.2	Unearned premium, as of end of prior year	Pt 2, Ln 1.2				\$ -
1.3	Unearned premium, as of end of current quarter	Pt 2, Ln 1.3				\$ -
1.4	Premium write-offs	incl. in Pt 2, Ln 1.8				\$ -
1.5	Group conversion charges	incl. in Supp Form, Ln 2				\$ -
1.6	Adjusted direct premiums earned (Lines 1.1 + 1.2 – 1.3 – 1.4 + 1.5)		\$ -	\$ -	\$ -	\$ -
<b>2.</b>	<b>Claims</b>					
2.1	Paid claims	Pt 2, Ln 2.1				\$ -
2.2	Direct claim liability, as of end of current quarter	Pt 2, Ln 2.2				\$ -
2.3	Direct claim liability, as of end of prior year	Pt 2, Ln 2.3				\$ -
2.4	Direct claim reserves, as of end of current quarter	Pt 2, Ln 2.4				\$ -
2.5	Direct claim reserves, as of end of prior year	Pt.2, Ln 2.5				\$ -
2.6	Direct contract reserves, as of end of current quarter	Pt 2, Ln 2.6				\$ -
2.7	Direct contract reserves, as of end of prior year	Pt.2, Ln 2.7				\$ -
2.8	Paid rate credits	Supp Form, Ln 7				\$ -
2.9	Reserve for rate credits, as of end of current quarter	Supp Form, Ln 7				\$ -
2.10	Reserve for rate credits, as of end of prior year	Supp Form, Ln 7				\$ -
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	Pt 2, Ln 2.8	\$ -	\$ -	\$ -	\$ -
2.11a.	Paid medical incentive pools and bonuses as of end of current quarter	Pt 2, Ln 2.8a				\$ -
2.11b.	Accrued medical incentive pools and bonuses, as of end of current quarter	Pt 2, Ln 2.8b				\$ -
2.11c.	Accrued medical incentive pools and bonuses, as of end of prior year	Pt 2, Ln 2.8c				\$ -
2.12	Healthcare receivables (Lines 2.12a – 2.12b)	Pt 2, Ln 2.9	\$ -	\$ -	\$ -	\$ -
2.12a.	Healthcare receivables, as of end of current quarter	Pt 2, Ln 2.9a				\$ -
2.12b.	Healthcare receivables, as of end of prior year	Pt 2, Ln 2.9b				\$ -
2.13	Contingent Benefit and Lawsuit reserves, as of end of current quarter	Supp Form, Ln 9				\$ -
2.14	Group conversion charges	incl. in Supp Form, Ln 5				\$ -
2.15	Multi-option coverage blended rate adjustment	incl. in Supp Form, Ln 5				\$ -
2.16	Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14 + 2.15)		\$ -	\$ -	\$ -	\$ -
<b>3.</b>	<b>Deductible Fraud and Abuse recovery expense</b>					
3.1	Total Fraud and Abuse recoveries expense (informational only)	Pt 3, Col 7, Ln x.11				\$ -
3.2	Total Fraud and Abuse recoveries of paid claims (informational only)					\$ -
3.3	Deductible Fraud and Abuse recovery expense (the lesser of Line 3.1 or 3.2)	Pt 1, Ln 4	\$ -	\$ -	\$ -	\$ -

See instructions provided in accompanying document.

**Department of Health and Human Services, Centers for Medicare and Medicaid Services  
Medical Loss Ratio Quarterly Reporting Form - Expatriate Plans**

**Part 1**

Report for: - Corporation - (Fill in below)

\_\_\_\_\_

NAIC Group Code:

\_\_\_\_\_

Location: - (Select from the drop-down menu below)

\_\_\_\_\_

Business in the State of: (List All)

\_\_\_\_\_

NAIC Company Code:

\_\_\_\_\_

Quarter:

\_\_\_\_\_

Year:

\_\_\_\_\_

Corporation Contact Information	
<b>Please provide contact information for the issuer regarding this filing</b>	
Name:	_____
Telephone:	_____
Email:	_____
Mailing Address:	_____

		Expatriate			
		NAIC SHCE Cross Reference	1 Small Group National Aggregation	2 Large Group National Aggregation	3 Total Expatriate 1 + 2
1.	Adjusted premium:				
1.1	Direct premium earned		\$ -	\$ -	\$ -
1.2	Federal high risk pools	Pt 1, Ln 1.2			\$ -
1.3	State high risk pools	Pt 1, Ln 1.3			\$ -
1.4	Federal taxes and federal assessments	Pt 1, Ln 1.5			\$ -
1.5	State insurance, premium and other taxes	Pt 1, Ln 1.6			\$ -
1.6	Regulatory authority licenses and fees	Pt 1, Ln 1.7			\$ -
1.7	Adjusted premium (Lines 1.1 + 1.2 + 1.3 - 1.4 - 1.5 - 1.6)		\$ -	\$ -	\$ -
2.	Claims				
2.1	Incurred claims excluding prescription drugs	Pt 1, Ln 2.1			\$ -
2.2	Prescription drugs	Pt 1, Ln 2.2			\$ -
2.3	Pharmaceutical rebates	Pt 1, Ln 2.3			\$ -
2.4	State stop loss, market stabilization and claim/census based assessments	Pt 1, Ln 2.4			\$ -
3.	Incurred medical incentive pools and bonuses	Pt 1, Ln 3	\$ -	\$ -	\$ -
4.	Deductible Fraud and Abuse Recoveries.	Pt 1, Ln 4	\$ -	\$ -	\$ -
5.	Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 - 2.4 + 3) (Should equal Part 2, Line 2.16)		\$ -	\$ -	\$ -
6.	Improving Health Care Quality Expenses Incurred:				
6.1	Type A. Expenses for health improvements other than Health Information Technology	Pt 1, Ln 6.1			\$ -
6.2	Type B. Health Information Technology expenses related to health improvement	Pt 1, Ln 6.2			\$ -
6.3	Total of defined expenses incurred for improving health care quality (Lines 6.1 + 6.2)	Pt 1, Ln 6.3	\$ -	\$ -	\$ -
7.	Preliminary MLR (Lines 4 + 5 + 6.3 divided by Line 1.7)		#DIV/0!	#DIV/0!	XXX
8.	Non-Claims Costs:				
8.1	Cost Containment expenses not included in quality of care expenses in Line 6.3	Pt 1, Ln 8.1			\$ -
8.2	All other claims adjustment expenses	Pt 1, Ln 8.2			\$ -
8.3	Direct sales salaries and benefits	Pt 1, Ln 10.1			\$ -
8.4	Agents and brokers fees and commissions	Pt 1, Ln 10.2			\$ -
8.5	Other taxes	Pt 1, Ln 10.3			\$ -
8.6	Other general and administrative expenses	Pt 1, Ln 10.4			\$ -
8.7	Total non-claims expense (Lines 8.1 + 8.2 + 8.3 + 8.4 + 8.5 + 8.6)		\$ -	\$ -	\$ -
8.8	ICD-10 Implementation expenses (informational only)	Pt 1, Ln 16			\$ -
9.	Underwriting gain/(loss) (Lines 1.7 - 5 - 6.3 - 8.7)	Pt 1, Ln 11	\$ -	\$ -	\$ -
<b>Other Indicators:</b>					
1.	Number of certificates/policies	Pt 1 Other, Ln 1			-
2.	Number of covered lives	Pt 1 Other, Ln 2			-
3.	Number of groups	Pt 1 Other, Ln 3			-
4.	Member Months	Pt 1 Other, Ln 4			-

See instructions provided in accompanying document.

**Department of Health and Human Services, Centers for Medicare and Medicaid Services**  
**Medical Loss Ratio Quarterly Reporting Form - Expatriate Plans**  
**Part 2**

		Expatriate		
		1	2	3
		Small Group National Aggregation	Large Group National Aggregation	Total Expatriate 1 + 2
		NAIC SHCE Cross Reference		
<b>1. Premium</b>				
1.1 Direct premium written	Pt 2, Ln 1.1			\$ -
1.2 Unearned premium, as of end of prior year	Pt 2, Ln 1.2			\$ -
1.3 Unearned premium, as of end of current quarter	Pt 2, Ln 1.3			\$ -
1.4 Premium write-offs	incl. in Pt 2, Ln 1.8			\$ -
1.5 Group conversion charges	incl. in Supp Form, Ln 2			\$ -
1.6 Adjusted direct premiums earned (Lines 1.1 + 1.2 – 1.3 – 1.4 + 1.5)		\$ -	\$ -	\$ -
<b>2. Claims</b>				
2.1 Paid claims	Pt 2, Ln 2.1			\$ -
2.2 Direct claim liability, as of end of current quarter	Pt 2, Ln 2.2			\$ -
2.3 Direct claim liability, as of end of prior year	Pt 2, Ln 2.3			\$ -
2.4 Direct claim reserves, as of end of current quarter	Pt 2, Ln 2.4			\$ -
2.5 Direct claim reserves, as of end of prior year	Pt.2, Ln 2.5			\$ -
2.6 Direct contract reserves, as of end of current quarter	Pt 2, Ln 2.6			\$ -
2.7 Direct contract reserves, as of end of prior year	Pt.2, Ln 2.7			\$ -
2.8 Paid rate credits	Supp Form, Ln 7			\$ -
2.9 Reserve for rate credits, as of end of current quarter	Supp Form, Ln 7			\$ -
2.10 Reserve for rate credits, as of end of prior year	Supp Form, Ln 7			\$ -
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	Pt 2, Ln 2.8	\$ -	\$ -	\$ -
2.11a. Paid medical incentive pools and bonuses as of end of current quarter	Pt 2, Ln 2.8a			\$ -
2.11b. Accrued medical incentive pools and bonuses, as of end of current quarter	Pt 2, Ln 2.8b			\$ -
2.11c. Accrued medical incentive pools and bonuses, as of end of prior year	Pt 2, Ln 2.8c			\$ -
2.12 Healthcare receivables (Lines 2.12a – 2.12b)	Pt 2, Ln 2.9	\$ -	\$ -	\$ -
2.12a. Healthcare receivables, as of end of current quarter	Pt 2, Ln 2.9a			\$ -
2.12b. Healthcare receivables, as of end of prior year	Pt 2, Ln 2.9b			\$ -
2.13 Contingent Benefit and Lawsuit reserves, as of end of current quarter	Supp Form, Ln 9			\$ -
2.14 Group conversion charges	incl. in Supp Form, Ln 5			\$ -
2.15 Multi-option coverage blended rate adjustment	incl. in Supp Form, Ln 5			\$ -
2.16 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14 + 2.15)		\$ -	\$ -	\$ -
<b>3. Deductible Fraud and Abuse recovery expense</b>				
3.1 Total Fraud and Abuse recoveries expense (informational only)	Pt 3, Col 7, Ln x.11			\$ -
3.2 Total Fraud and Abuse recoveries of paid claims (informational only)				\$ -
3.3 Deductible Fraud and Abuse recovery expense (the lesser of Line 3.1 or 3.2)	Pt 1, Ln 4	\$ -	\$ -	\$ -

See instructions provided in accompanying document.