

(Company Letterhead Must be part of the request)

Date: 90 days prior to the effective date (law allows carrier 30 days to respond...therefore, if request is made 90 days in advance then needed information would arrive with 60 days until renewal)

Policy # (s)

Number of Subscribers \_\_\_\_\_ Number of Members \_\_\_\_\_

Agent of Record \_\_\_\_\_

To Whom It May Concern:

I hereby certify that the plan documents comply with the requirements of 45 C.F.R. Section 164.504 (f)(2) and that I (the plan sponsor) will safeguard and limit the use and disclosure of PHI that the plan sponsor may receive from the group health plan to perform the plan administration functions. (This should suffice as my PHI certification)

Per House Bill 2015 as a certified plan sponsor (see above), I am requesting the following reports:

1. For the 36-month period preceding the date of the report (production):
  - A. Aggregate paid claims experience by month, including claims experience for medical, dental and pharmacy.
  - B. Total premium paid by month
  - C. Total number of covered employees on a monthly basis by coverage tier. Tiers are defined as:
    - i. Employee only
    - ii. Employee with dependents only
    - iii. Employee with spouse only
    - iv. Employee with spouse and dependent
  - D. Total dollar amount pending as of the date of the report
2. During the 12-month period preceding the date of the report (production);
  - A. A separate description and individual claims report for any individual whose total paid claims exceeded \$15,000. Report information to include:
    - i. A unique identifying number, characteristic, or code for the individual
    - ii. Amounts paid
    - iii. Dates of service
    - iv. Procedure codes, and
    - v. Diagnosis codes
3. For claims that are not part of the report (#1 or #2, above) a statement describing pre-certification requests for hospital stays of 5 days or longer that were made during the 30-day period preceding the date of the report (production).
4. Also, I would like any additional (prognosis or recovery if available and, for individuals in active case management, the most recent case management information, including any future expected costs and treatment plan) information concerning individuals whose total paid claims exceeded \$15,000.

According to the requirements on HB 2015, I expect to have these reports by X date (30 days after the request is received).

Regards,

Name \_\_\_\_\_ Date \_\_\_\_\_

Certified Plan Sponsor Signature

\_\_\_\_\_  
Certified Plan Sponsor Name Printed

Email Address to return data: must have ability to receive secure email