

Covered Lives Worksheet
For 2011 Health Benefit Plan Reporting Form
AccessTN Assessment

Calculation of Covered Lives subject to AccessTN Assessment as of December 31, 2010

What counts as Health Coverage?

“**Health Coverage**” has a specific meaning for purposes of the AccessTN assessment. “Health Coverage” is any type of individual or group health benefit plan or other health benefits not specifically excluded by the AccessTN enabling statute or by the Board of Directors. It is **not** just Health Coverage by an Insurer. It also means any hospital and medical expense incurred policy, nonprofit health care service plan contract, health maintenance organization subscriber contract, or any other health care plan or arrangement that pays for or furnishes health care services, whether by insurance or otherwise. Note: AccessTN refers to “health insurance coverage” as “Health Coverage” to reduce confusion with health insurers regulated by the State of Tennessee. Calculations for Box A will be based on this worksheet. Attach additional pages as necessary. For any Health Coverage types on this worksheet for which your company has no Covered Lives in Tennessee, enter “0”. See page 2 for the meaning of “Covered Lives.”

Note: For Health Coverage in which benefits are divided between a Reporting Entity providing behavioral or mental health benefits **ONLY** and a Reporting Entity providing other medical benefits, the medical benefit provider shall be primary for purposes of assessment. See Section 6 if applicable.

Health Coverage does **NOT** include the following product lines - Accident Only, Auto Policy Medical Payment/PIP or Auto Policy Optional Medical With/Without Fault, Credit Only, Dental/Vision Only, Disability Only, General Liability Only or Medical Supplement to Liability Insurance, Long Term Care, or Worker’s Compensation Coverage. Those products are NOT deemed Health Coverage and are not included in the count of Health Coverage/health benefit plan Covered Lives in Section 2 below.

SECTION 1

Some categories of Health Coverage are excluded for the purposes of assessment. These lives should be reported on Line 1 below, but should NOT be included in the total number of Covered Lives reported on Line 2 for the purposes of the assessment.

1. Total Number of Covered Lives in Excluded Health Coverage products (sum of lines 1a thru 1j - including Insurers or Third Party Administrators providing coverage for individuals in these product lines).		1.
<u>Type of Policy</u>	<u>Number of Covered Lives</u>	<u>Type of Policy</u>
1a. Cancer only or other Specified Disease only	1a. _____	1f. Hospital Indemnity only or other Fixed Indemnity only
1b. Medicare, including Part D Plans & Medicare Advantage	1b. _____	1g. Medicare, including Part D Plans & Medicare Advantage – behavioral and/or mental health coverage <u>only</u>
1c. Medicare Supplement Plans	1c. _____	1h. TRICARE/CHAMPUS
1d. SCHIP State Children’s Health Insurance Program – (CoverKids)	1d. _____	1i. SCHIP State Children’s Health Insurance Program – (CoverKids) – behavioral and/or mental health coverage <u>only</u>
1e. Medicaid (TennCare) medical or other health coverage	1e. _____	1j. Medicaid (TennCare) behavioral and/or mental health coverage <u>only</u>
		1j. _____

SECTION 2

Line 2 should include all Covered Lives for which the Reporting Entity (Company) completing this form is providing Health Coverage in any capacity - Insurer, Reinsurer, Stop-loss or Excess-loss Carrier, Third Party Administrator, or as a Self-insured Insurance Arrangement.

For purposes of assessment, "Insurer" includes, but is not limited to, an insurance company, a health maintenance organization, a preferred provider organization, a hospital and medical service corporation, a surplus lines Insurer, an Insurer providing Stop-loss or Excess-loss insurance to a group health plan, a reinsurer reinsuring health insurance in this state, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation. Be sure to review "What counts as Health Coverage?" on page 1 of this Covered Lives Worksheet.

"Covered Lives" as counted on Line 2 shall include all Tennessee residents covered by fully insured, self-insured, or partially self-insured health benefit plans. Line 2 includes all individual or group health plan Covered Lives whether provided through an Insurer, Reinsurer, Excess-loss, or Stop-loss Carrier, Insurance Arrangement, or Third Party Administrator, or a combination of such entities, except those in Health Coverage product lines specifically excluded by Line 1.

Line 2 Covered Lives shall report all Health Coverage for Tennessee residents even if the coverage was issued in another state. Covered Lives include employees with employer coverage, individual policyholders, subscribers, members, or association group (non-employee) certificate holders, and any covered dependents, whose health benefits were paid for or furnished by your company as of 12/31/2010.

Health benefit plan types for which Covered Lives would be counted on Line 2 include but are not limited to individual or group limited or comprehensive major medical, preferred provider organization (PPO) plans, health maintenance organization (HMO), or Point of Service (POS), or coverage for use with a health savings account (HSA). Covered Lives is not limited to Subscribers. Be sure to include in your count on Line 2 any individual who has Health Coverage, whether as a primary subscriber or as a dependent.

2. Total number of Covered Lives in assessable Health Coverage product lines (sum of lines 2a thru 2f - including Insurers or Third Party Administrators providing coverage for individuals in these product lines).		2.
<u>Type of Policy</u>	<u>Number of Covered Lives</u>	<u>Type of Policy</u>
2a. Fully insured commercial medical or other Health Coverage not counted in another block 2c to 2f	2a. _____	2d. Fully insured behavioral and/or mental health coverage <u>only</u>
2b. Administrative services only (ASO) for commercial medical or other Health Coverage not counted in another block 2c to 2f	2b. _____	2e. Administrative services only (ASO) behavioral and/or mental health coverage <u>only</u>
2c. Stop-loss or reinsurance for medical or other Health Coverage	2c. _____	2f. Stop-loss or reinsurance for behavioral and/or mental health coverage <u>only</u>
	2f. _____	

Note: The count in Section 2 is your company's assessable Covered Lives. Boxes 3, 4, 5, and 6 will allow you to tell us if another Reporting Entity should be primary for an individual whose Health Coverage is provided through multiple entities. Your company's assessment will be based on the final count in Box A, representing the Covered Lives for which your company is primary according the Access Tennessee Act. **BE SURE TO PROVIDE ENOUGH DETAIL ABOUT THE OTHER REPORTING ENTITY FOR ACCESSTN TO EVALUATE YOUR CLAIM THAT THE OTHER COMPANY SHOULD BE PRIMARY.**

SECTION 3

Line 3 below is for use by Third Party Administrators only - Covered Lives which will be subtracted below from the count on Line 2 for the remainder in Box A because a different listed Reporting Entity is primary for assessment.

"Third Party Administrator" (TPA), also referred to as "Administrative Services Only" (ASO) providers for purposes of the assessment, means any entity that, on behalf of an Insurer or Insurance Arrangement, provides Health Coverage to individuals in this state, receives or collects charges, contributions or premiums for, or adjudicates, processes or settles claims in connection with, any type of health benefit provided in or as an alternative to health insurance coverage.

If your company is a Third Party Administrator, list on Line 3 the number of those Covered Lives that have been counted by another Reporting Entity as Insurer, Reinsurer, or Excess-loss or Stop-loss insurer. Please provide specific information regarding the number of Covered Lives and the Insurer who is counting those Covered Lives. If any Covered Life may be counted by multiple other entities (e.g. Reinsurer and Excess-loss Carrier) that Covered Life shall only be counted once for purposes of Line 3. Include additional pages as needed.

3. Total Number of Third Party Administrator Covered Lives to be subtracted for Box A because counted by another entity that is primary for purposes of assessment (sum of lines 3a thru 3d or end of list).	3. <input style="width: 100%; height: 20px;" type="text"/>	
<u>Name of Different Entity Counting the Covered Lives as Insurer (see definition on page 2).</u>	*Type of Coverage	<u>Number of Covered Lives</u>
3a. _____		3a. _____
3b. _____		3b. _____
3c. _____		3c. _____
3d. _____		3d. _____

* "Type of Coverage" is NOT a required field; however, please list type of services other entity is providing (e.g. Insured, ASO, reinsurance or Stop-loss, etc.) if known. It will help us determine relative priority of Reporting Entities providing benefits or services for the same Covered Life.

BE SURE TO PROVIDE ENOUGH DETAIL ABOUT THE OTHER REPORTING ENTITY FOR ACCESS TO EVALUATE YOUR CLAIM THAT THE OTHER COMPANY SHOULD BE PRIMARY. WE CANNOT REASSIGN COVERED LIVES FROM YOUR COMPANY TO ANOTHER REPORTING ENTITY IF YOU DO NOT PROVIDE COMPLETE INFORMATION, INCLUDING THE FULL NAME OF THE OTHER ENTITY, WITH ADDRESS AND CONTACT PERSON OR PHONE NUMBER, AND A DESCRIPTION OF THE SERVICES PROVIDED BY THE OTHER ENTITY.

SECTION 4

Line 4 below is for use by Insurance Arrangements only - Covered Lives which will be subtracted below from count in Line 2 for Box A because a different Reporting Entity listed below is primary for purposes of assessment.

For purposes of assessments, "**Insurance Arrangement**" means any plan, program, contract or other arrangement under which one (1) or more employers, unions or other organizations provide to their employees or members, either directly or indirectly through a trust or third party administration, health care services or benefits other than through an Insurer, and shall include any plan described in T.C.A. § 56-2-121(a). Insurance Arrangements include Farm Bureau coverage, Multiple Employer Welfare Arrangements (MEWAs), and self-insured Health Benefit Plans for Employers and other self-funded entities.

Note: Fill this section out only if you are the Insurance Arrangement. If you are a Third Party Administrator (TPA or ASO) providing an administrative services for a self-insured employer group or other Insurer Arrangement, you should put your information in Section 3, not here. If you are the stop-loss carrier Insurance Arrangement, you should list your information in Section 5.)

If your company is an Insurance Arrangement you may exclude, for the purpose of the assessment, those Covered Lives you list below that have been counted by an Insurer or Excess-loss or Stop-loss Insurer or a Third Party Administrator. Please provide specific information regarding the number of Covered Lives and the entity who is counting those Covered Lives. If any Covered Lives may be counted by multiple other reporting entities (e.g. Third Party Administrator and Reinsurer), those Covered Lives shall be listed below, but shall only be counted once for purposes of Line 4. Attach additional pages as needed. If there is an Insurance Arrangement for which both a Third Party Administrator/administrative services only and an Insurer or Excess-loss or Stop-loss Insurer or Reinsurer provide services or coverage, list the Insurer or Excess-loss or Stop-loss Insurer or Reinsurer.

4. Total Number of Insurance Arrangement Covered Lives to be subtracted because a different listed Reporting Entity is primary for purposes of assessment. (sum of lines 4a thru 4d or end of list).	4. 															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center; border-bottom: 1px solid black;"><u>Name of Reporting Entity other than Insurance Arrangement Counting the Covered Lives</u></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;">*Type of Coverage</th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;"><u>Number of Covered Lives counted by other Entity</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">4a. _____</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">4a. _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">4b. _____</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">4b. _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">4c. _____</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">4c. _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">4d. _____</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">4d. _____</td> </tr> </tbody> </table>	<u>Name of Reporting Entity other than Insurance Arrangement Counting the Covered Lives</u>	*Type of Coverage	<u>Number of Covered Lives counted by other Entity</u>	4a. _____		4a. _____	4b. _____		4b. _____	4c. _____		4c. _____	4d. _____		4d. _____	
<u>Name of Reporting Entity other than Insurance Arrangement Counting the Covered Lives</u>	*Type of Coverage	<u>Number of Covered Lives counted by other Entity</u>														
4a. _____		4a. _____														
4b. _____		4b. _____														
4c. _____		4c. _____														
4d. _____		4d. _____														

* "Type of Coverage" column is NOT a required field; however, please list type of services other entity is providing (e.g. insured, ASO, reinsurance or Stop-loss) if known. It will help us determine relative priority of Reporting Entities providing benefits or services for the same Covered Life.

BE SURE TO PROVIDE ENOUGH DETAIL ABOUT THE OTHER REPORTING ENTITY FOR ACCESSTN TO EVALUATE YOUR CLAIM THAT THE OTHER COMPANY SHOULD BE PRIMARY.

Note: The self-insured employer group is the most frequently occurring type of Insurance Arrangement and may have Third Party Administrator(s), Insurers, and/or Reinsurer or Stop-loss Carrier providing services for the same Covered Lives. The Insurance Arrangement should list ALL other entities providing services but should only count the Covered Lives once for purposes of re-assignment.

SECTION 5

Line 5 below is for use by Reinsurers, Stop-loss or Excess-loss Carriers only - Covered Lives which will be subtracted below from the count in Line 2 for Box A because a different Reporting Entity listed below is primary for purposes of assessment.

Reinsurers, Excess-loss and Stop-loss Insurers may exclude from its count in Line 2 those Covered Lives that have been counted by another Reporting Entity as primary Insurer or a primary reinsurer. Please provide specific information regarding the number of Covered Lives and the entity who is counting those Covered Lives. Attach additional pages as necessary to list all applicable reporting entities and Covered Lives.

5. Total Number of Reinsured, Excess-loss, or Stop-loss Covered Lives for this Reporting Entity which are also counted by a different entity as Primary Insurer or Primary Reinsurer (sum of lines 5a thru 5d or end of list).		5.
<u>Name of Entity Counting the Covered Lives</u>	<u>*Type of Coverage</u>	<u>Number of Covered Lives</u>
5a. _____		5a. _____
5b. _____		5b. _____
5c. _____		5c. _____
5d. _____		5d. _____

* "Type of Coverage" column is NOT a required field; however, please list type of services other entity is providing (e.g. insured, ASO, reinsurance or Stop-loss) if known. It will help us determine relative priority of Reporting Entities providing benefits or services for the same Covered Life.

BE SURE TO PROVIDE ENOUGH DETAIL ABOUT THE OTHER REPORTING ENTITY FOR ACCESS TO EVALUATE YOUR CLAIM THAT THE OTHER COMPANY SHOULD BE PRIMARY. PLEASE INCLUDE AN ADDRESS AND CONTACT INFORMATION (TELEPHONE AND CONTACT PERSON) FOR THE OTHER ENTITY.

SECTION 6

Line 6 below is for use by those Reporting Entities providing Behavioral or Mental Health Only coverage - Covered Lives which will be subtracted below from the count in Line 2 for Box A because a different Reporting Entity listed below is primary for purposes of assessment.

In the event that different Reporting Entities provide medical benefits and separate Behavioral Health benefits for the same Covered Life, the Reporting Entity providing the medical benefit will generally be primary for purposes of assessment on that Covered Life. (This assumes the entity providing medical benefit is the same or higher priority - e.g. both entities ASO or the medical benefit entity is an Insurer or reinsurer. If not, provide sufficient detail so that we may determine priority.) Please provide specific information regarding the number of Covered Lives and the entity who is counting those Covered Lives. Attach additional pages to list all applicable Reporting Entities and all counts of Covered Lives.

6. Total Number of Behavioral Health ONLY Covered Lives for this Reporting Entity which are also counted by a different Reporting Entity providing medical benefit (sum of lines 6a thru 6d or end of list).	<div style="border: 1px solid black; padding: 5px; display: inline-block;">6.</div>															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left; border-bottom: 1px solid black;"><u>Name of Other Entity Serving or Providing the Health Coverage and Counting the Same Covered Lives</u></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;">*Type of Coverage</th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;"><u>Number of Covered Lives</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">6a.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center; border-bottom: 1px solid black;">6a.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">6b.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center; border-bottom: 1px solid black;">6b.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">6c.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center; border-bottom: 1px solid black;">6c.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">6d.</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center; border-bottom: 1px solid black;">6d.</td> </tr> </tbody> </table>	<u>Name of Other Entity Serving or Providing the Health Coverage and Counting the Same Covered Lives</u>	*Type of Coverage	<u>Number of Covered Lives</u>	6a.		6a.	6b.		6b.	6c.		6c.	6d.		6d.	
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6a.		6a.														
6b.		6b.														
6c.		6c.														
6d.		6d.														

* "Type of Coverage" column is NOT a required field; however, please list type of services other entity is providing (e.g. insured, ASO, reinsurance or Stop-loss) if known. It will help us determine relative priority of Reporting Entities providing benefits or services for the same Covered Life.

TOTAL

To calculate the Covered Lives subject to the assessment for your company, please subtract the totals, if any, on Lines 3, 4, 5, and 6 from the total listed on Line 2. Be careful not to subtract the same individual more than once (for coverage in which multiple reporting entities divide the services and coverage responsibilities for the same individual). The results of this calculation should be listed below and transferred to Box A on the 2011 Health Benefits Plan Reporting Form.

To Calculate the Total for **BOX A:**

***Health Coverage
Covered Lives Subject
to Assessment for this
Reporting Entity***

- Begin with** (see Section 2)
- Subtract (see Section 3)
- Subtract (see Section 4)
- Subtract (see Section 5)
- Subtract (see Section 6)
- Report in Box A**

Line 2:
Line 3:
Line 4:
Line 5:
Line 6:
Total: