

## HIDE Overview/Instructions (effective 7/1/2015)

Beginning with the HIDE report due on August 15, 2015, we are asking for data that is more in line with product changes made as a result of the ACA (e.g. addition of metal tiers, on/off exchange, etc.). The HIDE report will now be two Excel files (one file for enrollment data and one file for premium data) that will be submitted to the Department on the same semi-annual basis. The report is due on February 15<sup>th</sup> and August 15<sup>th</sup> of each year. The report is currently not available on the DFS Portal. In the interim, you can e-mail the Excel files to: Brian.Schechter@dfs.ny.gov.

Each tab on the Excel files asks for enrollment/premium data broken down by county. Enrollment is the total number of covered lives as of either 6/30 or 12/31. The January 1 report contains enrollment data as of 12/31 of the previous year; the July 1 report contains enrollment data as of 6/30 of that same year.

Premium is the total earned premium for the prior 12 month reporting period (e.g., premium for the 7/1/15 report would be earned premium from 7/1/14 – 6/30/15).

For each tab, please enter the following:

- Report Date (either Jan 1 or Jul 1);
- Submission Year (this will be the calendar year in which you are submitting the report; e.g., the report submitted for the Feb 15, 2015 due date would have 2015 as the submission year);
- Company Name;
- NAIC number and Group Code;
- The appropriate enrollment/premium figures in each column, by county

To determine which county to use to report data, the residence of the policy holder should be used for Individual policies; the location of the employer should be used for Group policies. For Medicare Supplement non-employer Group policies, the residence of the enrolled members should be used. The location of the school should be used for Student Health Plans.

### **Special Instructions:**

The Stand-Alone Dental columns and the Stand-Alone Vision column should be comprised of enrollees who are covered pursuant to a stand-alone contract for dental or vision benefits. Enrollees covered by dental or vision benefits pursuant to a rider that is attached to a contract providing hospital or medical benefits should be counted in the appropriate Large Group, Small Group or Individual column.

Student Health Plan includes policies issued to colleges and universities to cover students.

### **Definitions:**

**Comprehensive** – Indemnity, HMO, PPO or EPO policies that provide hospital, surgical and medical expense coverage.

**Indemnity** – Policies that provide hospital, surgical and medical expense coverage on a fee-for-service basis and do not use a network of providers.

### **The following is a list of all the tabs that are in the Excel file(s):**

Large Group

SG PPO (Small Group PPO)

SG EPO (Small Group EPO)

SG HMO (Small Group HMO)

SG POS (Small Group POS)

SG OTHER (Small Group Other) – includes Comprehensive Indemnity plans as well as Healthy New York

IN PPO (Individual PPO)

IN EPO (Individual EPO)

IN HMO (Individual HMO)

IN POS (Individual POS)

IN OTHER – includes Comprehensive Indemnity plans as well as Catastrophic coverage

Child Only PPO

Child Only EPO

Child Only HMO

Child Only POS

Child Only Indemnity – includes Comprehensive Indemnity plans

Dental – includes Large Group, Small Group, and Individual Stand-Alone Dental plans

Med Supp – includes Medicare Supplement Plans A through N; also includes Pre-Standardized

Miscellaneous – includes Medicare Part D, Medicare Part D Wrap, Medicare Advantage, Medicaid/Medicaid Advantage, Child Health Plus, Basic Health Plans (this is a program that will offer coverage through the Exchange to lower income individuals), Student Health Plans (Comprehensive Medical plans, broken down by metal tier), Stand-Alone Vision, and a category titled “Other” that is for anything that does not fit into any category listed in the Excel file (if this column contains any data, please describe in your e-mail exactly what is being reported)