Conference Call

HEALTH REFORM SOLVENCY IMPACT (E) SUBGROUP
December 20, 2010

Summary Report


1. Upon a motion made by Maine and seconded by New Jersey, the Subgroup voted unanimously to adopt clarification for paragraph two of the instructions to indicate: If an insurer has direct business to include in Columns 1, 2 or 3 of Part 1 but also has some business in run-off (major medical claims incurred for 2010 policy year and prior, with zero major medical earned premiums or no coverage in place), the run-off claims and expenses results should be reported in Part 1, Column 1 (Individual), 2 (Small Group Employer), or 3 (Large Group Employer) as appropriate. Lou Felice (NY), chair indicated that this issue would be revisited if needed for 2011 reporting.

2. Upon a motion made by Maine and seconded by New Jersey, the Subgroup voted unanimously to exclude mini med plans and expatriate plans from the comprehensive medical columns. Upon a motion made by New Jersey and seconded by Maine, the Subgroup voted unanimously to include mini med plans and expatriate plans in Column 6 (Other Health). The Chair indicated that the separating out of these types of business into separate columns may be discussed for the 2011 reporting.

3. As no comments were received regarding the clarification that “stop loss coverage for self-insured groups should be reported in Part 2, Column 5 (Other business excluded by statute),” the Subgroup members agreed to include this language in the instructions.

4. The Chair addressed interested party comments regarding the reporting of reinsurance and indicated that the intent is to have companies report by state and by line of business. Upon a motion made by Maine and seconded by New Jersey, the Subgroup voted unanimously to retain the line of business reporting of reinsurance.

5. The Chair indicated that, other than referenced above, further discussion would occur on the subjects of capitation, examination fees, and reporting by state.