ADVISORY No. 07 - 2018

TO : **ALL HEALTH MAINTENANCE ORGANIZATIONS (HMOs) DOING BUSINESS IN THE PHILIPPINES**

SUBJECT : **SUBMISSION OF SERIATIM LISTING OF IN-FORCE PLAN AND CLAIMS DATA FILE AS OF 31 DECEMBER 2017**

DATE : **15 MAY 2018**

Pursuant to the requirement of the Circular 2018-31 dated 02 May 2018, requirement letter **G. Seriatim Listing of In-Force Plan** as of 31 December 2017 is hereby clarified and revised accordingly, to wit:

(a) That both **G.1 Policy Data File** *(Schedule 2.1)* and **G.2 Claims Data File** *(Schedule 2.2)* are required to be submitted;

(b) That the template for **Policy Data file was revised** adding a column for **Total Reserves**;

(c) That the **column headers** include **specific description** of the information needed;

(d) That the Corporate Account should not be reported in its aggregate amount but rather as detailed as possible;

(e) That any column requiring information not applicable to the company shall be filled out by **"Not Applicable"**; and

(f) That the Policy Data File and the Claims Data File shall be submitted in softcopy only **via flash drive on or before the specified deadline**.

In view of the foregoing, please be advised that the extension of submission of the **Seriatim Listing of In-Force Plan and Claims Data File only** shall be extended **until 30 June 2018.**

Please be guided accordingly.

DENNIS B. FUNA
Insurance Commissioner
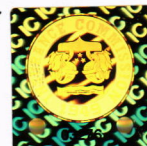
Attached: Revised template of (1) **Policy Data File** *(Schedule 2.1)* and (2) **Claims Data File** *(Schedule 2.2)*

POLICY DATA FILE
COMPANY: (Name of HMO)
YEAR ENDED: As of 31 December 20____

Individual, Group, Corporate, Family	Plan name (Product Name)	Policy No. (Contract No.)	Policy Effective Date (Effectivity date of Contract)	Policy Expiry Date (Expiry date of Contract)	Member No. (Member's ID No.)	Member Type (Principal, Dependent, etc.)	Sex (M/F)	Date of Birth (of member)	Payment Mode (Annual, Semi-annual, Quarterly, Monthly)	Member Effective Date (Date of Member's Coverage)	Member Expiry Date (Expiry Date of Member's Policy)	Bill from Date (Coverage Period of Premium Paid)	Bill to Date	Gross Membership Fee (VAT Inclusive)	Net Membership Fee (VAT Exclusive)	Currency of Membership Fee Paid (PHP, USD, etc.)	Currency of Plan (PHP, USD, etc.)	Unearned Membership Fee Reserves (for yearly renewable products; determined by Actuary)	Total Reserves (Determined by Actuary)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Individual	HMO Plan 1	12345	2/20/2017	2/19/2018	12345-001	Principal	M	7/7/1991	Annual	2/20/2017	2/19/2018	2/20/2017	2/19/2018	60,000.00	53,571.43	PHP	PHP		

CLAIMS DATA FILE

COMPANY: (Name of HMO)

YEAR ENDED: As of 31 December 20____

Policy No. (Contract No.)	Policy Effective Date (Effectivity date of Contract)	Policy Expiry Date (Expiry date of Contract)	Payment Mode (Annual, Semi-annual, Quarterly, Monthly)	Member No. (Member's ID No.)	Member Effective Date (Date of Member's Coverage)	Member Expiry Date (Expiry Date of Member's Coverage)	Member Type (Principal, Dependent, etc.)	Sex (M/F)	Date of Birth (of member)	Currency of Plan (PHP, USD, etc.)	Plan name (Product Name)	Diagnosis (Reported by Claimant or Provider)	Benefit Type (In-patient, Out-patient, etc.)	Claim Incurred Date (Date when costs was incurred; Date Patient was Admitted)	End Date of Claim (Date Patient was Discharged)	Original Amount of Claim (Amount claimed/incurred by member)	Approved Amount of Claim (Approved amount covered)	Claim Paid Date (Date of payment by HMO)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1234567	12/22/2017	12/21/2018	Annual	987654321	12/22/2017	12/21/2018	Principal	M	12/1/1988	PHP	Plan A	POLYP OF COLON	Type A	12/25/2017	12/28/2017	15,000.00	11,500.00	12/29/2017