

**I. PROCEDURE**

1. Within one (1) week from the release of these Guidelines through this Circular, each participating insurance company and HMO shall email the Committee, information on their Representative and IC Accredited Actuary or Underwriter who will certify the data and reports to be submitted to IC. The two described can be one and the same person.

Email to the Committee can be in the following format:

To:

Subject: Philippine Intercompany Morbidity Study Representatives

Please be informed that the following will be the company representatives:

Representative

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Certifying Officer

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact #: \_\_\_\_\_

IC Accreditation Number (if applicable): \_\_\_\_\_

All communications regarding the study will be coursed through the company representative duly nominated.

2. The Committee will conduct a half-day seminar to guide representatives on the procedures and expectations for the study. The schedule will be announced to the company representatives.
3. The company must prepare and submit both POLICY and CLAIMS DATA to the Insurance Commission by the deadline specified in the circular. Please refer to Annex C for the data file structure.
4. For company-specific questions and clarifications, representatives can email the Committee at [morbidity@insurance.gov.ph](mailto:morbidity@insurance.gov.ph) with the subject line: "Philippine Intercompany Morbidity Study - Inquiries."
5. To assist companies in preparing their data file submissions, the Committee will release a Frequently Asked Questions (FAQ) document to all participating companies.
6. The required POLICY and CLAIMS DATA FILES (as outlined in Annex C) and the Data Certification Report (as described in Annex D) must be submitted to IC by the deadline specified in this Circular. The

representative is responsible for ensuring the company meets this deadline to avoid penalties.

## **II. DATA SPECIFICATIONS**

1. The representative must prepare the most current policy data available from the company's master file, updated as of the latest possible date, but no earlier than June 30, 2024.
2. The data must include all policies or agreements with medical and health benefits issued between January 1, 2018, and December 31, 2022. This includes policies with non-yearly renewable coverage (e.g., limited pay, riders attached to life policies). Refer to Annex C for detailed instructions on which file year to include the records (POLICY and CLAIMS).
3. The following should be excluded from the data:
  - a. Policies or agreements where the coverage period did not start, was not renewed, or did not have an anniversary between January 1, 2018, and December 31, 2022.
  - b. Reinsurance assumed from other companies.
  - c. Personal accident insurance.
4. The data must be prepared in CSV format, as specified, and include all required fields. Ensure each field adheres to the allowed data type. Note that your master file may have different field names than those described in Annex C.

## **III. DATA AND REPORT SUBMISSION**

1. Each company is to prepare POLICY DATA for the calendar years from 2018, 2019, 2020, 2021 and 2022. Corresponding CLAIMS DATA for each calendar year should also be prepared.

### **a. POLICY DATA**

- i. 2018 POLICY DATA FILE shall include all policies and agreements
  1. With effective date in 2018.
  2. With effective date prior to 2018 but renewed within 2018.
  3. With effective date prior to 2018 and still active or in-force as of policy anniversary in 2018.
  4. With effective date prior to 2018, limited pay, and still active or in-force as of policy anniversary in 2018.
- ii. Similar rules for 2019, 2020, 2021 and 2022.

### **b. CLAIMS DATA**

- i. 2018 CLAIMS DATA FILE shall include all claims of the POLICIES/AGREEMENTS included in the 2018 POLICY DATA FILE. The incur date should be within the EFFECTIVE DATE or Coverage Start Date of the policy / agreement in 2018 and the corresponding EXPIRY DATE (at most one year) of the record.
    1. If a policy in the 2018 POLICY DATA FILE has an effective date of March 16, 2018, and an expiry date of March 16, 2019, only claims incurred between these dates should be included in the 2018 CLAIMS DATA FILE. Incur date should be ON or AFTER March 16, 2018 but BEFORE March 16, 2019.
    2. Claims incurred ON or AFTER March 16, 2019, should be included in the 2019 CLAIMS DATA FILE if the policy is still active as of policy anniversary in 2019.
  - ii. Similar rules for 2019, 2020, 2021 and 2022.
2. A **Data Certification Report**, following the form in Annex D, duly signed by the Certifying Officer/Executive indicated by the company to the IC (described in Annex B, Section I) shall be completed and submitted to the IC, together with the data files.
  3. The above shall be submitted to IC within the deadline prescribed in this circular to avoid penalties. Results will be submitted through the IC Actuarial Online Product Submission Portal

The IC will conduct an initial review of the data submission of each company and may ask the company representative questions or clarifications related to the submission. The companies are requested to keep all submitted files and data certification reports for at least three (3) years.