REQUIRED REPORTS

The purpose of this Bulletin is to call attention of Health Maintenance Organizations (HMO’s) to certain required reports that are to be submitted to this Department.

For HMO’s offering Point-of-Service contracts, a report is required to be filed on a quarterly and annual basis providing the information required in Exhibit A of the Commissioner’s Guidelines of 1994. This authorized by Ark. Code Ann. §23-76-109(a)(6)(C).

All HMO’s are required to file with the Commissioner and Director of the Department of Health an annual report of complaints handled through the complaint system and a report of malpractice claims settled during the year. This is required by Ark. Code. Ann. §23-76-116(a)(2)(A)-(C).

Samples of suggested report forms are enclosed.

These reports for 1997 were due March 1, 1998 and should have been submitted with the Annual Statement. However, the report may be submitted separately by mailing to the Life and Health Division, Arkansas Insurance Department, 1200 West Third Street, Little Rock, Arkansas 72201-1904.

Please note Arkansas Insurance Department Regulation 44 which requires a Complaint Register. The two (2) reports required above are separate from the Regulation 44 Register. The Register is not submitted to the Commissioner but maintained by the HMO and is subject to inspection by the Commissioner.

Copies of the aforementioned laws may be obtained from the Arkansas Secretary of State’s Office. Please do not call this office to obtain copies of these laws.

Mike Pickens
INSURANCE COMMISSIONER
ARKANSAS
POINT OF SERVICE UTILIZATION ANALYSIS FOR QUARTERS
PHYSICAL REFERRAL AND HOSPITALIZATION COST ONLY

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Percentage of In-Network Utilization

Percentage of Out-Network Utilization

YEAR TO DATE

NUMBER OF ENROLLEES COVERED BY POINT OF SERVICE

NUMBER OF GROUPS COVERED BY POINT OF SERVICE

SIZE OF GROUPS COVERED BY POINT OF SERVICE—LARGEST
SIZE OF GROUPS COVERED BY POINT OF SERVICE—SMALLEST

PREMIUMS RECEIVED FOR POINT OF SERVICE GROUPS—1\textsuperscript{ST} QUARTER
PREMIUMS RECEIVED FOR POINT OF SERVICE GROUPS—2\textsuperscript{ND} QUARTER
ARKANSAS
POINT OF SERVICE UTILIZATION ANALYSIS FOR QUARTERS (POS GROUPS ONLY)
PHYSICAL REFERRAL AND HOSPITALIZATION COST ONLY

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PREMIUMS RECEIVED FOR POINT OF SERVICE GROUPS—1ST QUARTER
PREMIUMS RECEIVED FOR POINT OF SERVICE GROUPS—2ND QUARTER
## HEALTH MAINTENANCE ORGANIZATIONS
### ARKANSAS ANNUAL MALPRACTICE CLAIMS REPORT

**YEAR ________________**

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<th>Claimed Malpractice</th>
<th>Resolution</th>
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This report is to be filed for each calendar year with the Arkansas Department of Health and the Arkansas Insurance Department by March 1 of each year.


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