Kentucky Office of Health Data and Analytics
Monthly Report for GAP Participating Insurers
GAPERF-M-1

	ELECTRONIC REPORT FORMAT -MONTHLY report for GAP PARTICIPATING INSURERS		
1	All Data is for the Reporting Month		
2.	Begin entering data on line 5 of the excel spreadsheet. Line 1 contains headings and line 2 contains formulas.		
Column	**Category**	**Instructions**	**Example**
SHEET 1			
A	**Company Name:**	Enter Company Name.	Abc
B	**D/B/A Name:**	Enter D/B/A if applicable, if not leave blank.	Abc, Inc.
C	**Contact Person:**	Enter a contact person's name.	Wild Cat
D	**Contact Person's Department:**	Enter the contact person's department name.	GAP Reporting
E	**Phone Number:**	Enter the contact person's phone number in this format, 000-000-0000.	123-456-7890
F	**NAIC Number:**	Enter the company's NAIC Number.	123456
G	**NAIC Group Number:**	Enter the company's NAIC Group Number.	123
H	**Address Line 1:**	Enter the first line of the company's address.	P. O. Box A
I	**Address Line 2:**	If applicable, enter the second line of the company's address. If not applicable, leave blank.	1234 Abc Drive
J	**City:**	Enter the company's city location.	Lexington
K	**State:**	Enter the company's state using abbreviations.	KY
L	**Zip Code:**	Enter the company's zip code.	40502
M	**Federal Tax ID:**	Enter the company's federal tax identification number.	12-1234567
N	**Reporting Month & Year:**	Enter the month the information is reported for in a month and year format, enter 01/2001 which becomes Jan-01.	Jan-01
O	**Individuals Removed from GAP:**	Total number of individuals permanently removed from GAP after the "Grace Period".	5
P	**Total Individual Health Benefit Policies:**	Total of all individuals covered under GAP and Non-GAP health benefit policies in force at the end of the reporting month.	62000
Q	**GAP Individuals Issued a Notice of Insurability:**	Total number of GAP individuals receiving a Notice of Insurability.	0
R	**KY Individual Premiums:**	Total earned GAP and Non GAP premiums excluding Stop-Loss .	$100,000.00
S	**KY Small Group Premiums:**	Total earned GAP and Non GAP premiums excluding Stop-Loss .	$20,000.00
T	**KY Large Group Premiums:**	Total earned GAP and Non GAP premiums excluding Stop-Loss .	$3,000.00
U	**KY Association Premiums:**	Total earned GAP and Non GAP premiums excluding Stop-Loss .	$400.00
V	**KY Employer Organized Association Premiums:**	Total earned GAP and Non GAP premiums excluding Stop-Loss .	$56.00
W	**KY Premiums of all Insureds:**	Total earned GAP and Non GAP premiums excluding Stop-Loss (equals Individual plus Small Group plus Large Group plus Association plus Employer Organized Association Premiums).	$123,456.00
X	**KY Stop-Loss Premiums:**	Total earned Stop Loss premiums .	$12,000.00
Y	**HCC Premiums:**	Total earned HCC Premiums.	$15,000.00
Z	**AUM Premiums:**	Total earned AUM Premiums.	$12,000.00
AA	**GAP Premiums:**	Total earned GAP Premiums (equals HCC Premiums plus AUM Premiums.	$27,000.00
AB	**All Claims Paid Specific to the HCC Only:**	Of the total claims paid for HCC individuals, enter the amount of claims paid for the specific HCC only.	$2,150.00
AC	**Claims Paid to Institutions for HCC Individuals:**	Of the total claims paid for HCC individuals, enter the claims amount paid to institutions (hospitals, home health agencies, etc) .	$10,000.00

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Sheet 1			
AD	Claims Paid to Professionals for HCC Individuals:	Of the total claims paid for HCC individuals, enter the claims amount paid to professionals (physicians, nurses, optometrists, etc) for all HCC individuals.	$8,000.00
AE	Claims Paid for Prescriptions for HCC Individuals:	Of the total claims paid for HCC individuals, enter the claims amount paid for prescriptions .	$5,000.00
AF	Claims Paid to any other Provider for HCC Individuals:	Of the total claims paid for HCC individuals, enter the claims amount paid and not included in the claims paid to institutions, professionals, and pharmacies.	$2,000.00
AG	Claims paid for HCC Individuals:	Total amount of any and all claims paid for individuals enrolled due to a HCC. Claims paid for HCC individuals equals HCC claims paid to institutions, professionals, for prescriptions, and to other providers.	$25,000.00
AH	All Claims Paid Specific to AUM condition Only:	Of the total claims paid for AUM individuals, enter the amount of claims paid for the specific AUM condition only.	$2,200.00
AI	Claims Paid to Institutions for AUM Individuals:	Of the total claims paid for AUM individuals, enter the claims amount paid to institutions (hospitals, home health agencies, etc) .	$3,000.00
AJ	Claims Paid to Professionals for AUM Individuals:	Of the total claims paid for AUM individuals, enter the claims amount paid to professionals (physicians, nurses, optometrists, etc) for all AUM individuals.	$2,000.00
AK	Claims Paid for Prescriptions for AUM Individuals:	Of the total claims paid for AUM individuals, enter the claims amount paid for prescriptions .	$1,500.00
AL	Claims Paid to any other Provider for AUM Individuals:	Of the total claims paid for AUM individuals, enter the claims amount paid and not included in the claims paid to institutions, professionals, and pharmacies.	$1,500.00
AM	Claims paid for AUM Individuals:	Total amount of any and all claims paid for individuals enrolled due to a AUM. Claims paid for AUM individuals equals AUM claims paid to institutions, professionals, for prescriptions, and for other providers.	$8,000.00
AN	GAP Claims Paid :	Total GAP claims paid, equals HCC, "AG" claims plus AUM "AM" claims.	$33,000.00
AO	GAP Losses:	Total GAP claims paid (reported in column "AN") minus GAP premiums (reported in column "AA") equals GAP losses. If total GAP premiums are greater than GAP claims, then enter $0 for losses - DO NOT LEAVE BLANK	$6,000.00

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SHEET 2			
A	Activity:	Enter the applicable code if the GAP individual had a change during the reporting month. Enter "P" for Premium, "AS" for return to Active Status, "IS" for Inactive Status, "H" for Health Benefit Plan Change, "PT" for Plan Product Type, "PI" for Plan Indicator, "RF" for Removal from GAP, "R" for Reinstatement, or "N" for No Longer Eligible. If more than one code applies, enter each applicable code and separate by commas.	P, H, PI
B	Active:	If applicable, enter "AS" for active individuals. If not applicable, leave blank.	AS
C	Inactive:	If applicable, enter "IS" for inactive individuals. If not applicable, leave blank.	IS
D	Last Name:	Enter Last Name.	Washington
E	First Name:	Enter First Name.	Blue
F	Middle Initial:	Enter Middle Initial.	M
G	SSN:	Enter SSN in a 000-00-0000 format.	123-45-6789
H	Birthdate:	Enter the individual's birthdate in a 00/00/0000 format.	1/1/1965
I	Male:	If applicable enter "M" for Male. If not applicable, leave blank.	M
J	Female:	If applicable enter "F" for Female. If not applicable, leave blank.	
K	Ethnicity:	Enter "1" for Hispanic or Latino, "2" for Non-Hispanic or Latino.	1
L	Race:	Enter "1" for American Indian or Alaskan Native, "2" for Asian or Pacific Islander, "3" for African American, or "4" for Caucasian.	2
M	Marital Status:	Enter "1" for married, "2" for single-never married, "3" for divorced, "4" for widow/widower, "5" for separated.	1
N	Income:	Enter the amount of Annual Income, if not available, leave blank.	$15,000.00
O	Occupation:	Enter the individual's occupation, if not available, leave blank.	Nurse
P	Years of Education:	Enter highest level of education in number of years, example: HS diploma enter "12", four year degree enter "16", for a Masters enter "18", for a PHD enter "20". If not available, leave blank.	16
Q	Zip Code:	Enter the individual's Zip Code.	12345
R	Retro:	Was the individual retroactively enrolled in GAP - (Individuals who were issued a health benefit plan, and had a HCC at the time of application, between July 15, 1995 and June 30, 1998). If not applicable, leave blank.	Yes
S	AUM:	Enter "AUM" if the individual was enrolled in GAP due to the Alternative Underwriting Mechanism(AUM), if not applicable, leave blank.	AUM
T	Description of Medical Condition:	Name or Description of the AUM Medical Condition.	Aids
U	HCC:	Enter "HCC" if the individual was enrolled in GAP due to a High Cost Condition (HCC), if not applicable leave blank.	HCC
V	ICD-9 Code:	Enter the applicable ICD-9 Code, if not applicable leave blank.	042
W	HCC Score:	Enter the score from the HCC severity questionnaire, if not applicable leave blank.	400
X	Total Monthly Premium:	Enter the total monthly premium earned from the policy holder.	$727.73
Y	Portion of Premium for Single Coverage:	Enter the single coverage portion only of the total monthly premium applicable to the individual enrolled in GAP due to a HCC or AUM.	$300.00

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Sheet 2			
Z	Health Benefit Plan Name:	Enter the name of the Health Benefit Plan issued to the policyholder.	Standard High Option Advantage
AA	Plan Product Type:	Enter the Health Benefit Plan Product Type, FFS, HMO, PPO, or POS.	HMO
AB	Plan Level of Coverage Indicator:	Enter the Health Benefit Plan level of coverage indicator. Enter 1 for single coverage, 2 for a parent plus/child, 3 for couple, or 4 for family.	2
AC	Effective Date of GAP Coverage:	Enter the effective date of coverage in GAP in a 00/00/0000 format.	9/1/1998
AD	Effective Date of Removal From GAP:	If applicable, after the "Grace Period" enter the effective date of permanent removal from GAP in a 00/00/0000 format. If not applicable, leave blank.	
AE	Removal Reason:	Enter a removal code, "NPP" for Non Payment of Premium, "NLE" for No Longer Eligible for GAP, or "OR" for Other Reason.	NLE
AF	Reason No Longer GAP Eligible:	If no longer GAP eligible, enter the applicable reason code, "CLP3" for individuals whose total claims are less than total premiums for 3 years, "DE" for Deceased, "OC" for Other Coverage, or "O" for Other .	CLP3
AG	Effective Date If Reinstated to GAP :	If applicable, enter the effective date the individual is reinstated into GAP in a 00/00/00 format, if not applicable leave blank.	
AH	Reinstated Reason:	If the individual is reinstated into GAP, enter the reason. If not applicable, leave blank.	Removed from GAP in error
	Submit Report to:	Kentucly Office of Health Data and Analytics	
		Division of Health Benefit Exchange	
		KYAccess@ky.gov	