



**ARKANSAS INSURANCE DEPARTMENT  
LEGAL DIVISION**

1200 West Third Street  
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**Bulletin 1-98**

**March 2, 1998**

**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

	JANUARY -- MARCH			APRIL- JUNE			TOTAL	JANUARY -- JUNE		
	In-Network	Out- Network	Total	In- Network	Out- Network	Total		In- Network	Out- Network	Total
Little Rock										
Fort Smith										
Percentage of In-Network Utilization							Year to Date			
Percentage of Out-Network Utilization										

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<sup>ST</sup> QUARTER  
 PREMIUMS RECEIVED FOR POINT OF SERVICE GROUPS—2<sup>ND</sup> QUARTER

ARKANSAS  
 POINT OF SERVICE UTILIZATION ANALYSIS FOR QUARTERS (POS GROUPS ONLY)  
 PHYSICAL REFERRAL AND HOSPITALIZATION COST ONLY

	JANUARY In-Network	--MARCH Out- Network	Total	APRIL- In- Network	JUNE Out- Network	Total	TOTAL In- Network	JANUARY Out- Network	--JUNE Total
Little Rock									
Fort Smith									
Percentage of In-Network Utilization							Year to Date		
Percentage of Out-Network Utilization									

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<sup>ST</sup> QUARTER

PREMIUMS RECEIVED FOR POINT OF SERVICE GROUPS—2<sup>ND</sup> QUARTER

HEALTH MAINTENANCE ORGANIZATIONS  
ARKANSAS ANNUAL MALPRACTICE CLAIMS REPORT

YEAR \_\_\_\_\_

Enrollee Name	Date Received	Claimed Malpractice	Resolution	Date Resolved

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.  
Required by Arkansas A.C.A. 23-76-116(a)(2)(C).

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