# Division of Health Care Finance and Policy

# Student Health Program Performance Metrics Survey

## *1.0 OVERVIEW*

This is a basic guide to filing the Student Health Program (SHP) Performance Metrics Survey using the Division of Health Care Finance and Policy's (the Division) INET Web application. Filers can connect to INET through the Division's website at https://dhcfpinet.hcf.state.ma.us.

## 1.1 Purpose

The Division will use the SHP Performance Metrics Survey to analyze and monitor SHPs offered by Massachusetts institutions of higher education. The information is being requested under the authority of M.G.L. c. 15A § 18 and 114.6 CMR 3.00.

## 1.2 INET User Registration

All users who will enter data and submit the SHP Performance Metrics Survey must be registered for INET. If your school's form is being filled out by an outside party (i.e. an insurance broker or insurance carrier representative), you may have the outside party register with INET to fill out your information.

To register with INET:
1. Visit the Division's website: http://www.mass.gov/dhcfp.
2. In the bottom right-hand corner of the page, there is a grey box for "Online Services." Within the box, select "INET and Report Filing Guidelines."
3. Select the link for "INET;" then select the link for "INET Questions and Answers;" and finally, select the link for "How to Register."
4. Go to the section for "INET Non-confidential Data Security and User Agreement Forms for Provider Reporting" and fill out the 2 forms in that section, the:
   a. Non-confidential Data Security Agreement Form, and
   b. User Agreement for Providers.
5. Please send signed forms to:
   > The Division of Health Care Finance and Policy
   > 2 Boylston Street
   > Boston, MA 02116-4707
   > Attention: DHCFP-INET

Information from your application is put into the Division's contact management system. To ensure that you are entered correctly into the system, you may want to note in your application that you would like your INET Contact Reason to be "Web QSHIP – Student Health Insurance Program."

After a registration request is processed by the Division, the registered user will receive a Login ID via e-mail. If you have any questions about INET, please contact the Division's Help Desk at (800) 609-7232.

## *2.0  FILING DETAILS*

## 2.1   What to File

Each school will complete a SHP Performance Metrics Survey for the SHP being offered to students during the most recently completed school year.

## 2.2   When to File

The SHP regulation (114.6 CMR 3.00) requires each school to file SHP Performance Metrics information with the Division by November 1st of each year.

If you will be unable to meet the deadline, please contact the Division's Help Desk at (800) 609-7232 as soon as possible.

We appreciate your promptness as your data is a key component for on-going review of the Student Health Program.

## 2.3   SHP Performance Metrics Survey Questions

If you have any questions about the SHP Performance Metrics Survey, please contact the Division's Help Desk at (800) 609-7232.

## 3.0    FILING DETAILS

### 3.1    Assemble All Require Information

The SHP Performance Metrics Survey asks for information regarding:
- Your SHP's insurance carrier and/ or broker;
- The number of students enrolled in your school's SHP;
- The number of covered lives (student, spouse, and dependents) enrolled in your school's SHP;
- SHP premiums and financial information; and
- SHP benefit limitations and customer service.

Much of the enrollment, financial information, and benefit limitations information may be available through your insurance carrier and/or broker.  Please contact them for assistance with this filing.

### 3.2    Log Into INET

**Figure 1: INET Login Screen**



Log into the Division's INET application (http://dhcfpinet.hcf.state.ma.us/) using the:
- Login ID provided by the Division, and
- Password you have chosen.

Please also make sure you type the in the exact combination of letters and numbers shown on your log-in screen in the box specified.  Also, please remember to open the application in Internet Explorer to ensure that your Survey works properly.

If you have any questions regarding your INET password or the SHP Performance Metrics Survey, please call the Division's Help Desk at (800) 609-7232.

## 3.3   INET Main Menu

**Figure 2: INET Main Menu**



Once you have logged into INET successfully, you will be taken to the INET main menu.

Click on the "Student Health Program Performance Metrics Survey" menu choice to proceed with the SHP Performance Metrics Survey.

The options listed in your INET main menu may vary from the example shown, depending on the type of data you submit to the Division.  Users who submit a many data sets to the Division will have many options to choose from.  However, if you only use INET to submit SHP data, you may only have SHP-related options available.


## 3.4   Student Health Program Performance Metrics Survey Main Menu

The application allows you to either create a new survey or open an existing survey where you have saved, but have not yet submitted the data to the Division.  You may also use the "Logout" link to return to the INET Main Menu.

**Figure 3: SHP Performance Metrics Survey Main Menu**
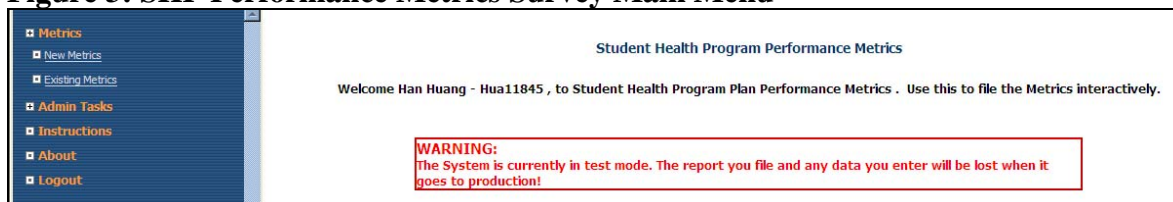
## Creating a New Survey

To create a new survey, click on the "New Metrics" link at the top of the left-hand navigation pane. This will bring you to a page that lets you pull up a new blank survey form for you to input information into.

**Figure 4: SHP Performance Metrics Survey New Metrics Screen**



Once you have reached the page to create a new survey, please select the appropriate data in the fields shown and then click on "Create Metrics". The Table 3 on page 13 in the Appendix gives a definition of the data elements required for each field.

## Opening an Existing Survey

The survey does not need to be completed in one session. You may save the data you input at any time, using the "Save" function. Once you have saved your data, you can "Logout" of the survey. When you return at a later time to add more data to the survey, you would need to open an existing survey.

To open an existing survey, click on the "Existing Metrics" link and select your school from the drop-down menu. This will take you to a Survey List that lists all the surveys created, saved, and/ or submitted for your school.

**Figure 5: SHP Performance Metrics Survey Existing Survey Screen**



From this list, click on the button in the "School Year" column that corresponds to the SHP survey you would like to work on.

Please note that submitted surveys (the "Status" column indicates "Submitted" instead of "Saved") cannot be modified. If you would like to modify a submitted survey, please contact the Division's Help Desk at (800) 609-7232 for more information.

## 4.0   Student Health Program Performance Metrics Survey

Once you have created a survey, you are taken to Section 1 of the SHP Benefit Survey. There, at most, four sections to fill out in this form. Inactivity for 20 minutes will cause the INET session to time out and any unsaved data will be lost.

## 4.1   Survey Navigation

There are 2 ways to navigate through the survey.  The first is the dark blue navigation pane on the left side of the screen.

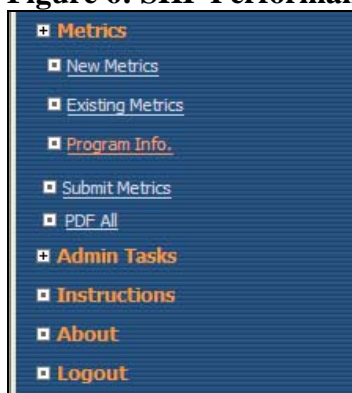**Figure 6: SHP Performance Metrics Survey Left Navigation**



**Table 1: Description of Left Navigation Links**

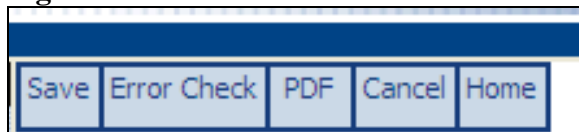| Link | Description |
|---|---|
| New Metrics | Brings you to the "Student Health Program Performance Metrics Survey Main Menu" where you can create a new survey. |
| Existing Metrics | Brings you to the "Student Health Program Performance Metrics Survey Main Menu" where you can open an existing survey. |
| Program Info | Takes you to the page that collects Performance Metrics data |
| Submit Metrics | Allows you to submit a completed, error-free survey to the Division |
| PDF All | Creates a PDF document of all the data you have saved in the survey.  Please remember to save your progress before you use this function. |
| Instructions | Takes you to the instructions for completing the Performance Metrics survey. |
| Logout | Allows you to exit the INET application. |

**Figure 7: SHP Performance Metrics Survey Top Navigation**

**Table 2: Description of Top Navigation Buttons**

| Link | Description |
|------|-------------|
| Save | Save the data you have input at any time. The Division highly recommends that you save frequently to avoid losing data, especially since the INET application will time out after 20 minutes of inactivity. |
| Error Check | Check that the data you have input passes all the data edits set by the Division. You will not be able to submit the survey if there are data errors found. Please remember to save your progress before you use this function. |
| PDF | Create a PDF document of each section that shows the data you have saved for that section. This feature is different from the "**PDF All**" function in the left navigation pane which will give you a PDF of all the sections in the survey. Please remember to save your progress before you use this function. |
| Cancel | Discard changes made to the data inputted since the last time the data was saved. |
| Home | Return to the "Student Health Program Performance Metrics Survey Main Menu" where you can either create a new survey or open up an existing survey. |

Please remember to save often. Please also note that you must save your progress before you use the "Error Check" or any "PDF" functions, as these functions only check or PDF saved data.

**Special Note on Using the PDF Function**

Some browsers are not configured to allow the PDF function to work. If you are unable to use the PDF function, please follow the steps below to correct the issue:

1. Open your Internet Explorer browser.
2. Click on "Tools/ Internet Options" menu.
3. Select the "Security" tab on the "Tools/ Internet Options" menu.
4. Click the "Sites" button.
5. Add: "https://dhcfpinet.hcf.state.ma.us" site to the trusted sites and close.
6. Change the security level for the trusted site zone to "Medium-Low" and click OK.
7. Close the browser and reopen the browser. Closing the browser is important for the changes to take effect the next time you open Internet Explorer.
8. Try to open the PDF.

## 4.2    Program Information

The survey asks for data on:
- SHP membership, premium, and fees,
- SHP financial information, and
- SHP benefit limitations and customer service data.

**Figure 8: Partial View of Performance Metrics Survey**



All questions in with the red asterisk (*) are required questions that must be answered.  If you have any comments that you think may help us better understand your SHP, please provide a short explanation in the appropriate "Comments" column.

Once you have answered all the questions that apply to your SHP:
1. Click on "Save" to save your progress.
2. Click on "Error Check" to see if the data you inputted has passed all data edits.  If there are errors in your data, you will get a list of the fields you need to fix before you will be able to submit your survey.
3. Fix any errors you may have, and repeat Steps 1 – 3 until there are no errors.

Please visit Table 4 – 9 on pages 13 – 23 in the Appendix for a definition of the data elements required for each field.  If you have any questions regarding the Performance Metrics Survey, please call the Division's help desk at (800) 609-7232 for assistance.

## *5.0   SUBMITTING YOUR SHP PERFORMANCE METRICS SURVEY*

Once you have finished inputting data into survey, you can click on the "Submit Metrics" link in the left navigation pane.
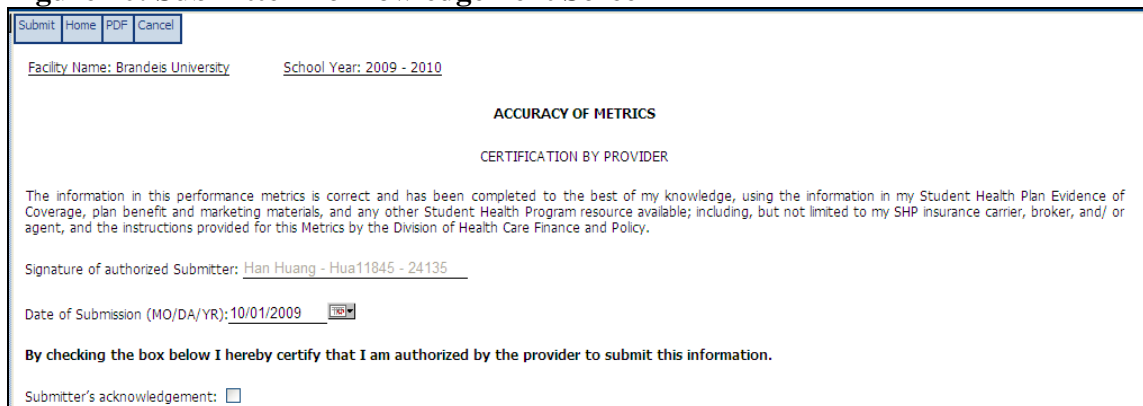
**Figure 9: SHP Performance Metrics Survey Left Navigation – Submit Metrics**
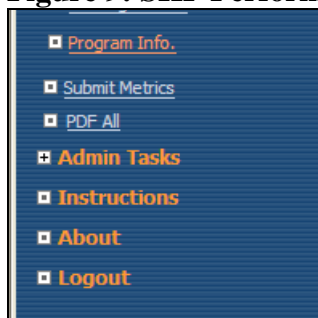


Once you click on the link, the application will automatically perform an error check and let you know if you have any errors in the data you input.  If there are any errors, you **WILL NOT** be able to submit the survey until those errors are fixed.

If there are no errors, you will be taken to the Submitter's Acknowledgement screen.

**Figure 10: Submitter Acknowledgement Screen**



Here, you should check that the information in the electronic signature and date of submission is correct, and then check the "Submitter's Acknowledgement" box.  Please note that the certification checkbox is not saved but it must be checked to submit the report. If the certification box is checked and the "Logout" link is used the certification checkbox will be unchecked when the survey is next retrieved.

Once you check the box, click the "Submit" button in the top navigation toolbar.  Please note that after the survey is submitted no further changes can be made.

**Figure 11: Submitter Acknowledgement Screen: Submit Button**



Upon successful submission of the survey, you will see the "Successful Submission Screen". You can click on the "View Submitted Report's PDF Version" to have a complete PDF copy of the data you submitted to us. This function allows you to have a record of the information you sent to the Division.

**Figure 12: Successful Submission Screen**



You can now click the "Logout" link to exit INET.

## *6.0    PROCESS TO VIEW A SUBMITTED SURVEY*

You cannot change the content in a submitted survey unless you send the Division a "reopen request".  To view a submitted survey, you need to open an existing survey, which is discussed in "3.4 Student Health Program Performance Metrics Survey Main Menu" of this instructions manual.

Once you reach the Existing Survey Main Menu, you can click on the button in the "Survey Period" column to view (but not change) the information that you submitted.  You can tell when a survey has been submitted since the "Status" column will say "Submitted" instead of "Saved".

**Figure 13: SHP Performance Metrics Survey Existing Survey Screen**

| Metrics | | | | | |
|---|---|---|---|---|---|
| New Metrics | | Metrics List | | | |
| Existing Metrics | | Student Health Program Performance Metrics | | | |
| Program Info. | | | | | |
| Reopen Request | | | | | |
| PDF All | Org. Name | Status | Creation Date | Last Update Date | School Year |
| Admin Tasks | Brandeis University | Submitted | 09/30/2009 17:08:39 | 10/01/2009 11:08:13 | 2009 - 2010 |
| Instructions | | | | | |

## 7.0   PROCESS TO SUBMIT A REOPEN REQUEST

If you have submitted a Performance Metrics survey and want to change the data within the submission, you must submit a "Reopen Request" with the Division.  Reopen requests will be reviewed and either approved or rejected by Division staff. To help ensure timely review, an email notification is automatically generated and sent to the appropriate Division staff within 4 hours of the request.

Once you have submitted a survey, a new "Reopen Request" link will appear on the left navigation pane.

**Figure 14: Reopen Request Link**
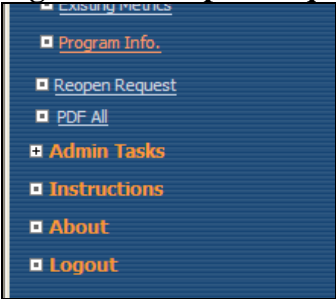


Click on the link and it will take you to the "Reopen Request" screen, where you can input your reason that you want to edit the information you already submitted.  Once you have input your reason, you can hit the "Save" button in the top navigation bar, and then "Logout".

**Figure 15: Reopen Request Screen**
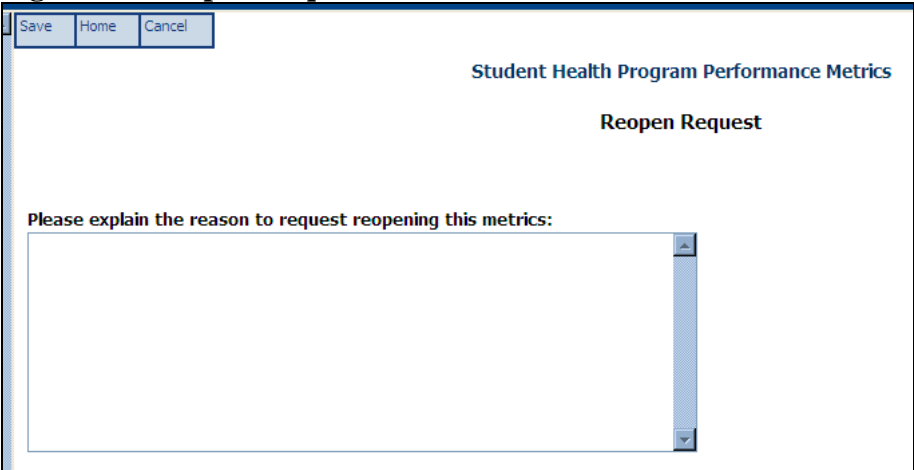


After receiving notification that a request to reopen was approved, the survey report will be available for editing.  To make the needed corrections, you should navigate to the open an existing survey menu, which is discussed in "3.4 Student Health Program Performance Metrics Survey Main Menu" of this instructions manual.  Once you reach the Existing Survey Main Menu, you can click on the button in the "Survey Period" column to change the information that you submitted.

## 8.0 APPENDIX

The appendix provides detailed explanations and instructions about each of the fields required in each section.

**Table 3: New Survey Fields**

| Field | Instructions |
|---|---|
| Year of survey | Select the school year you are reporting data for from the drop-down menu.<br><br>Please remember that you will be filling in data for the most recently completed school year, and in most cases, you will be selecting the most current year available in the drop-down menu. |
| Please select a provider from the options | Select the name of your school from the drop-down menu.<br><br>If your school is displayed incorrectly or not listed, please contact the Division's Help Desk at (800) 609-7232. |

**Table 4: General SHP Information**

| # | Field | Instructions |
|---|---|---|
| N/A | OrgID | Pre-populated field based on information from questions answered during survey creation. |
| N/A | School Year | Pre-populated field based on information from questions answered during survey creation. |
| 1 | School Name | Pre-populated field based on information from questions answered during survey creation. |
| 2 | Plan Underwriter<br><br>For information regarding the differences between insurance underwriter, insurance administrator, and insurance broker, please see a detailed description on page 14 | Select your plan underwriter from the drop-down list. The list contains all health insurance carriers accredited by the Massachusetts Division of Insurance.<br><br>If your insurance carrier is not on the list:<br>1. Make sure you are looking for your insurance carrier, not agent/ broker (i.e. University Health Plans; Gallagher Koster) – see page 14<br>2. Select "Carrier Not Listed"<br>3. Provide the name of your carrier in the comment box (2a).<br><br>If you do not have an insurance carrier, select "Do not have carrier" and explain why in the comment box (2b). |
| 3 | Do you use an insurance agent or broker to help with your Student Health Program? | Select either "Yes" or "No" depending on whether you use an insurance agent or broker to help you administer your SHP. |

| | | If you select "Yes," provide the name of your broker or insurance agent company in the comment box (3a). |
|---|---|---|
| 4 | Do you offer Student Health Program coverage to the student's spouse and/ or children? | Select either "Yes" or "No" depending on whether your school offers SHP coverage for the student's spouse and/or children.<br><br>If you select "Yes," please make sure you provide the applicable premium data for spousal, children, and/or family coverage (9c – 9g). |
| 5 | Are any other health related charges or fees assessed to students? | Select either "Yes" or "No" depending on whether your school charges students any health-related fees, other than the SHP premium.<br><br>If you select "Yes," provide the annual:<br>  ▪ Health service fee per student (5a), or<br>  ▪ Administrative fee per student (5b).<br>At some schools, these fees may be assessed on all students regardless of whether a student purchases the SHP.<br><br>You may enter a zero amount for either 5a or 5b; however, at least one of the data fields must be a non-zero number. |

There is often confusion among filers as to the differences between:
- Plan Underwriter – the organization that pays the bills for medical claims
- Plan Broker – the organization that helps you choose a health plan; your insurance agent,
- Plan Administrator – the organization that carries out the administrative functions of running a SHP.

Information on which underwriter, administrator, and broker used for your SHP is found the end of your SHP brochure.

**Example 1A: Underwriter, Administrator, Broker**

26. Vision services and supplies related to eye refractions or eye examinations, eyeglasses or contact lenses or prescriptions or fitting of eyeglasses, and radial keratotomy, keratomileusis or excimer laser photo refractive keratectomy or similar type procedures or service except when due to a disease process;

27. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and

28. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, and surgery for removal of excess skin or fat.

29. Services and charges that are determined to be Experimental/Investigational in nature.

**CLAIM PROCEDURE**

1. Bills must be submitted within 90 days from the date of treatment.

2. Payment for Covered Medical Expenses will be made directly to the hospital or Physician concerned unless bill receipts and proof of payment are submitted.

3. Subsequent medical bills should be mailed promptly to Consolidated Health Plans.

All medical bills should be submitted to the Claims Administrator shown below:

**Claims Administrator:**
**CONSOLIDATED HEALTH PLANS**
195 Stafford Street
Springfield, MA 01104-3503
(413) 733-4540
Toll Free (800) 633-7867
www.chpstudent.com

**Servicing Broker:**
**UNIVERSITY HEALTH PLANS**
One Batterymarch Park
Quincy, MA 02169
Local: (617) 472-5324
Out of area: 800-437-6448
Please visit our website for more information regarding this plan at: www.universityhealthplans.com
or email us at: info@univhealthplans.com

The Plan is underwritten by:
**Nationwide Life Insurance Company**

For a copy of the Company's privacy notice, go to:
www.chpstudent.com

Within 45 days following receipt of the appropriate documentation, we will either 1) make payment for the services provided, 2) notify the provider or claimant in writing of the reason or reasons for nonpayment, or 3) notify the provider or claimant in writing of what additional information or documentation is necessary to complete the claim filing. If we fail to comply, We are required to pay, in addition to any reimbursement for health care services provided, interest on the benefits beginning 45 days after receipt of the properly documented claim at the rate of 1.5 percent per month, not to exceed 18 percent per year. These provisions do not apply to claims that a carrier is investigating because of suspected fraud.

There is no utilization review performed on this policy.

**CLAIM APPEAL**

To appeal a claim, send a letter stating the issues of the appeal to Consolidated Health Plan's Appeal Department at the above address. Include your name, phone number, address, school attended and email address, if available.

Claims will be reviewed and responded to within 60 days by Consolidated Health Plans.

Translation services are available to assist insured's, upon request, related to administrative services.

In Example 1A:
- Plan Underwriter: Nationwide Life Insurance Company
- Plan Administrator: Consolidated Health Plans
- Plan Broker: University Health Plans

**Example 1B: Underwriter, Administrator, Broker**

QUESTIONS?
NEED MORE INFORMATION?

For general information on benefits, on how to enroll, or service issues, please contact:

**Gallagher Koster**
500 Victory Road
Quincy, MA 02171
1-800-391-9750 or 617-769-6006
Email: BayPathStudent@Kosterins.com
www.gallagherkoster.com

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Call Gallagher Koster to verify eligibility.

For information on a specific claim, or to check the status of a claim, please contact:

**Pioneer Management Systems, Inc.**
P.O. Box 9040
West Springfield, MA 01090
1-877-868-9060
Email: Student @Pioneerhealth.com

This Plan is Underwritten by:

COMBINED
INSURANCE

**Combined Insurance Company of America**
Policy Number: CUH201487

Please keep this brochure as a general summary of the insurance. The aster Policy on file at the College contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits some of which may not be included in this Brochure. If any discrepancy exists between this Brochure and the Policy, the aster Policy will govern and control the payment of benefits.

In Example 1B:
- Plan Underwriter: Combined Insurance Company of America
- Plan Administrator: Pioneer Management System
- Plan Broker: Gallagher Koster

**Example 2: Underwriter and Administrator**

**IMPORTANT NOTE**

Please keep this Brochure, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions may be found in the Master Policy. If any discrepancy exists between this Brochure and the Policy, the Master Policy will govern and control the payment of benefits.

*This student Plan fulfills the definition of Creditable Coverage explained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. At any time should you wish to receive a certification of coverage, please call the customer service number on your ID card.*

**Administered by:**
Aetna Student Health
P.O. Box 15708
Boston, MA 02215-0014
(800) 859-8468 (toll free)
*www.aetnastudenthealth.com*

**Underwritten by:**

✗Aetna·

Aetna Life Insurance Company (ALIC)
151 Farmington Avenue
Hartford, CT 06156
(860) 273-0123

In Example 2:
- Plan Underwriter: Aetna Life Insurance Company
- Plan Administrator: Aetna Student Health
- Plan Broker: None

**Table 5: Student Health Program Membership**

| # | Field | Instructions |
|---|-------|-------------|
| 6 | Number of students enrolled in your Student Health Program | Provide the number of students who actually enrolled in (as opposed to waive out of) your SHP.<br><br>Schools with no students enrolled in their SHP may input zero for this answer. However, if your school has no students enrolled in your SHP, please provide a brief explanation in the comment box (6a). |
| 7 | Number of dependent children enrolled in your Student Health Program (if applicable) | Provide the number of children who are covered by your SHP.<br><br>Some students will purchase insurance for their children through your SHP. The Division would like to know the number of children covered by your SHP. |
| 8 | Total membership for your Student Health Program (all covered lives) | Provide the total number of people covered by your SHP.<br><br>This will include the students from #6, the children from #7, and any other persons (such as a spouse) covered under your SHP. |

**Table 6: Annual Premium without Administrative/ Health Center Fees**

| # | Field | Instructions |
|---|-------|-------------|
| 9: A – G | Annual Premium ($) (without health center or administrative fees) | Provide the annual premium cost for your SHP, excluding any administrative or student health center fees (i.e. the raw premium; or for some schools, the dollar amount that will be removed from the student's tuition bill as a result of waiving the SHP requirement). |
| 9 | Student Only | Provide the annual premium cost for a student only.<br><br>This number cannot be zero. |
| 9: A – B | ▪ 9b: Graduate student (only if different from student)<br>▪ 9c: International student (only if different from student) | If the premium cost for a graduate student and/ or international student differs from that of a student (9), provide the premium costs for any of the applicable groups (9a or 9b).<br><br>This number cannot be zero. If the SHP premium does not differ, leave these fields blank. |
| 9: C – G | ▪ 9c: Spouse only (if applicable)<br>▪ 9d: Student and spouse (if applicable) | If your school offers SHP coverage to your students' spouse, dependents, or family (9c – 9g), provide the additional premium cost for any of the applicable groups. |

| # | Field | Instructions |
|---|---|---|
| | ▪ 9e: Each dependent child (if applicable)<br>▪ 9f: All dependent children (if applicable)<br>▪ 9g: Family (if applicable) | This number cannot be zero. If your SHP does not offer coverage to any or all of these groups, leave these fields blank. |

**Table 7: Student Health Program Financial Information**

| # | Field | Instructions |
|---|---|---|
| 10 | Total earned premiums | Provide the total dollar amount of premiums (without the administrative or student health center fee) received by your insurance carrier.<br><br>This number cannot be zero. |
| 10: A | Are the administrative and health center fees included in total earned premiums? | If you previously indicated (5) that you collect health center and/or health-related administrative fees from your students, select whether any portion of the fee is included in the amount provided for Total Earned Premiums (10). |
| 10: B | Total administrative and health center fees (described in Question 5) | If you previous indicated (5) that you collect health center and/or health-related administrative fees from your students, select whether any portion of the fee is included in the amount provided for Total Earned Premiums (10).<br><br>This number cannot be zero. If your school does not collect administrative and/or health center fees, you may leave this field blank. |
| 11 | Total medical expenses paid | Provide the total medical expenses paid by your insurance carrier for all covered members under your SHP.<br><br>This number cannot be zero. Some schools may have both a student health center and insurance carrier component to their Student Health Program. This metric focuses on the insurance carrier portion only. |
| 11: A | Medical expense ratio (total medical expenses paid / total premiums earned) | The medical expense ratio is calculated using the information you provided for Total Earned Premiums (10) and Total Medical Expenses Paid (11). |
| 12 | Total administrative expenses paid | Provide the administrative expenses for the insurance carrier portion of your SHP.<br><br>This number cannot be zero. Some schools may have both a student health center and insurance carrier component to their Student Health Program. This metric focuses on the insurance |

| | | carrier portion only. |
|---|---|---|
| 12: A | Administrative expense ratio (total administrative expenses paid / total earned premiums) | The administrative expense ratio is calculated using the information you provided for Total Earned Premiums (10) and Total Administrative Expenses Paid (12). |
| 12: B | Total insurance fees paid to agents, brokers, and other persons. | If you previously indicated that you use an insurance broker and/or agent (3), provide all insurance fees related to your SHP.

You may enter a zero amount for either 12b or 12d; however, at least one of the data fields must be a non-zero number.

Insurance fees are payments made that are directly or indirectly related to the contract or policy and that are paid to a licensed agent or broker other than a sales and/or base commissions (i.e. service fees, consulting fees, finders fees, profitability and persistency bonuses, awards, prizes, and non-monetary forms of compensation). All other payments should be reported as commissions (12d). |
| 12: C | Are the insurance fees included in total administrative expenses? | Select "Yes" or "No" to indicate whether the fees previously provided (12b) are included in the total administrative expenses (12a). |
| 12: D | Total commissions paid to agents, brokers, and other persons | If you previously indicated that you use an insurance broker and/or agent (3), provide all sales and base commissions related to your SHP.

You may enter a zero amount for either 12b or 12d; however, at least one of the data fields must be a non-zero number.

Sales and/or base commissions are monetary amounts paid that are charged directly to the contract or policy and that are paid to a licensed agent or broker for the sale or placement of the contract or policy. All other payments should be reported as fees (12b). |
| 12: E | Are the commissions included in total administrative expenses? | Select "Yes" or "No" to indicate whether the fees previously provided (12b) are included in the total administrative expenses (12a). |

**Table 8: Student Health Program Benefit Limitations**

| # | Field | Instructions |
|---|---|---|
| 13 | Does your Student Health Program have a maximum annual benefit limit? | Select "Yes" or "No", depending on whether your school's SHP has an annual maximum dollar amount of covered benefits available to the student for the school year (i.e. maximum aggregate indemnity).<br><br>If "Yes," provide the information requested in 13a and 13b. |
| 13: A | Maximum annual benefit limit amount | If you answered "Yes" for 13, provide the dollar amount of your SHP's annual benefit maximum (i.e. maximum aggregate indemnity).<br><br>The SHP regulation 114.6 CMR 3.00 specifies that the annual maximum aggregate indemnity may not be less than $50,000. |
| 13: B | Number of students who exceeded maximum annual benefit limit | If you answered "Yes" for 13, provide the number of students who have exceeded the annual benefit maximum (i.e. maximum aggregate indemnity) for your SHP.<br><br>This number may be zero, but you cannot leave this field blank. |
| 14 | Does your Student Health Plan have any caps on inpatient benefits? | Select "Yes" or "No", depending on whether your school's SHP has any benefit limitations on inpatient services.<br><br>If "Yes," provide the information requested in 14a. |
| 14: A | Number of students who exceeded an inpatient cap | If you answered "Yes" for 14, provide the number of students who have exceeded an inpatient benefit limitations for your SHP.<br><br>This number may be zero, but you cannot leave this field blank. |
| 15 | Does your Student Health Plan have any caps on outpatient benefits? | Select "Yes" or "No", depending on whether your school's SHP has any benefit limitations on outpatient services.<br><br>If "Yes," provide the information requested in 15a – 15j. |
| 15: A – I | Number of students who exceeded an outpatient cap for:<br>A.  Ambulance services<br>B.  Dental services<br>C.  Pharmacy services<br>D.  Outpatient high cost | If you answered "Yes" for 15, provide the number of students that exceed each type of cap specified.<br><br>These numbers may be zero, but you cannot leave any of the fields blank. |

| # | Field | Instructions |
|---|-------|-------------|
| | procedures<br>E. Outpatient mental health<br>F. Outpatient physiotherapy<br>G. Outpatient surgery<br>H. Outpatient miscellaneous services<br>I. All other outpatient benefit caps | |
| 15: J | Total number of students who have exceeded an outpatient benefit cap | Calculated field that sums all information provided in 15a – 15i. |

**Table 9: Student Health Program Customer Service**

| # | Field | Instructions |
|---|-------|-------------|
| 16 | Do you receive regular reports on the ongoing performance of your Student Health Program? | Select "Yes" or "No", depending on whether you receive regular reports on your SHP from your carrier, agent, or broker.<br><br>The Division would like to know how your insurance carrier helps you monitor how well your Student Health Program is serving your student population.<br><br>If "Yes", please provide a list of the information provided on your SHP performance in the comment box (16a). |
| 17 | Number of formal internal grievances filed with the insurance underwriter by covered members | Provide the number of formal internal grievances filed against the insurance carrier for your SHP.<br><br>This number may be zero, but you cannot leave this field blank. |
| 17: A | Number of internal grievances regarding claim denials | Provide the number of formal internal grievances that are for claim denials.<br><br>This would be a portion of the number of total internal grievances filed (17). Your answer for 17a and 17b must add up to the answer you provided for 17. This number may be zero, but you cannot leave this field blank. |
| 17: B | Number of internal grievances regarding customer service issues | Provide the number of formal internal grievances that are for customer service issues.<br><br>This would be a portion of the number of total internal grievances filed (17). Your answer for 17a and 17b must add up to the answer you |

| | | provided for 17.  This number may be zero, but you cannot leave this field blank. |
|---|---|---|
| 18 | Number of formal requests for external reviews filed with the Office of Patient Protection against the insurance underwriter by covered members | Provide the number of formal requests for external reviews filed against the insurance carrier for your SHP with the Division of Insurance's Office of Patient Protection.<br><br>This number may be zero, but you cannot leave this field blank. |
| 18: A | Number of external reviews regarding claim denials | Provide the number of formal external review requests that are for claim denials.<br><br>This would be a portion of the number of total requests for external reviews filed (18).  Your answer for 18a and 18b must add up to the answer you provided for 18.  This number may be zero, but you cannot leave this field blank. |
| 18: B | Number of external reviews regarding customer service issues | Provide the number of formal external review requests that are for customer service issues.<br><br>This would be a portion of the number of total requests for external reviews filed (18).  Your answer for 18a and 18b must add up to the answer you provided for 18.  This number may be zero, but you cannot leave this field blank. |