



LOUISIANA DEPARTMENT OF INSURANCE  
Office of Health Insurance  
P. O. Box 94214  
Baton Rouge, LA 70804-9214  
tportier@ldi.state.la.us

## **INSTRUCTIONS - HIPAA ASSESSMENT WORKSHEET**

### **Applicability:**

In accordance with LSA-R.S. 22:1071(D)(1)(b), each insurer subject to assessment shall complete the attached form requesting information necessary for our determination of the total premiums received by each insurer in the preceding calendar year and for our calculation of the assessment due. All health maintenance organizations (HMOs) and insurance companies classified as Life or Fire & Casualty insurers that are **authorized** to write the business of health insurance *must* complete the HIPAA Assessment Worksheet and return it along with a copy of the appropriate **state page** from each company's annual statement and **Part 2 (primary policy form numbers)** on or before March 1, 2009.

Many insurers *authorized* to write health insurance in Louisiana do not have any health insurance business in force in our state. Such companies may simply indicate "**NONE**" in each section for reporting premiums and the attached **state page** from the company's annual statement will provide verification.

Some insurers have collected health insurance premiums in Louisiana for only those lines of health insurance that are exempt from assessment. Others have collected premiums for only those lines of health insurance that are subject to assessment or, for lines of business both subject to assessment and exempt from assessment. Such companies *must* complete the HIPAA Assessment Worksheet in full, and the attached sheet **Part 2** listing the **policy form numbers** representing each line of health business for which premiums are reported, and include the **state page** from the company's annual statement.

**Please report by Market Type, i.e., Large Employer, Small Employer, Individual and business in such markets through Bona Fide Associations.**

**Due Date:** March 1, 2009

**Mailing & Physical Address:** Louisiana Department of Insurance  
Office of Health  
P O Box 94214 or 1702 North 3<sup>rd</sup> Street  
Baton Rouge, LA Baton Rouge, LA  
70804-9214 70802

- Required Attachments:**
- "STATE PAGE" – Annual Statement, Year Ended 12/31/2008**
    - Health Maintenance Organizations** – Page 8 for Underwriting & Investment Exhibit, Part 1 – Premiums
    - Life Companies** – Page 21.LA for Direct Business in the State of Louisiana, Accident & Health Insurance
    - Fire & Casualty Companies** – Page 15.LA, Exhibit of Premiums and Losses
  - "Part 2", identifying each line of business for which premiums are reported in Charts A and B of the HIPAA Assessment Worksheet, the corresponding primary policy form numbers, and indication of whether the products are actively marketed or represent a closed block of business.**

### **Good Advice:**

- Do not submit your payment with the completed worksheet. An invoice for the proper assessment amount will be sent to you by the Louisiana Department of Insurance prior to the July 1, 2009 due date for payments.
- DO NOT FAIL TO INCLUDE THE REQUIRED ATTACHMENTS. FAILURE TO PROPERLY RESPOND MAY RESULT IN A MONETARY PENALTY PURSUANT TO LSA-R.S. 22:1071(C).**
- Contact the Office of Health at (225) 219-4770 or by e-mail at [tportier@ldi.state.la.us](mailto:tportier@ldi.state.la.us) if you have any questions.



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**HIPAA ASSESSMENT WORKSHEET – CALENDAR YEAR 2008**

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
 State of Domicile: \_\_\_\_\_ NAIC CO CODE: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

**PLEASE READ AND COMPLETE THE ENTIRE WORKSHEET**

**A. Premiums reported for Direct Business in Louisiana during 2008, subject to assessment pursuant to LSA-R.S. 22:1071(D)(2)**

Accident and Health Lines of Business		Direct Premiums
1	Large Employer Group – Comprehensive Major Med & Basic-Med/Surgical Exp	
2	Large Emp Group Assn Members – Comp Major Med & Basic-Med/Surg Exp	
3	Small Employer Group – Comprehensive Major Med & Basic-Med/Surgical Exp	
4	Small Emp Group Assn Members - Comp Major Med & Basic-Med/Surg Exp	
5	Large Employer Group - Health Maintenance Organization	
6	Small Employer Group – Health Maintenance Organization	
7	Blanket – Comprehensive Major Medical & Basic-Med/Surgical Expense	
8	Individual – Comprehensive Major Medical & Basic-Med/Surgical Expense	
9	Individual Assn – Comprehensive Major Medical & Basic-Med/Surgical Exp	
10	Individual – Health Maintenance Organization	
<b>SUBTOTAL – PREMIUMS SUBJECT TO ASSESSMENT</b> (Add lines 1 through 10 above)		\$

**B. Premiums reported for separate lines of Business in Louisiana during 2008, exempt from HIPAA Assessment pursuant to LSA-R.S. 22:1071.1(3)**

Exempted Lines of Accident & Health Business		Direct Premiums
11	Accident Only	
12	Accidental Death & Dismemberment	
13	Credit Accident & Health	
14	Critical Illness	
15	Dental	
16	Disability	
17	Hospital Fixed Indemnity	
18	Long Term Care	
19	Medicare Supplement / Medicare Select	
20	Cancer / Specified or Dread Disease	
21	Excess / Stop Loss	
22	Employer Mental Health & Substance Abuse Plans	
23	Other (PLEASE DESCRIBE)	
<b>SUBTOTAL – PREMIUMS EXEMPT FROM ASSESSMENT</b> (Add lines 11 through 23 above)		\$

**C. Total Premiums reported for ALL Direct Accident & Health Business in Louisiana during 2008**

Combined premiums reported below from charts A & B above should reflect the total of all accident and health premiums reported on the appropriate Louisiana state page of your Annual Statement for the year ended December 31, 2008 (Life Companies – page 21.LA, Fire & Casualty Companies – page 15.LA, and HMOs – page 8).

All Accident and Health Lines of Business		Direct Premiums
<b>TOTAL – DIRECT PREMIUMS (Add lines 1 through 23)</b>		\$

**D. Allowable Deductions from HIPAA Assessment**

Premiums deducted for any invalid reason will be assessed and the insurance company may be penalized pursuant to LSA-R.S. 22:1071(C).

Reason for Deduction		Premium Amount
1	Premiums reported on the 2008 Annual Statement for Louisiana Business and paid for group health policies covering employees of the insurer. (Danna v Commissioner of Insurance 228 So. 2d 708)	
2	Premiums paid for Federal Employee Health Benefits Program. (5 U.S.C. § 8909)	
3	Other (Cite statute, court decision or other legal basis allowing the deduction or exemption)	
<b>TOTAL PREMIUM DEDUCTIONS</b>		<b>\$</b>

**E. HIPAA Assessment Calculation in accordance with LSA-R.S.22:1071.D.(2)(a)**

<b>ENTER:</b>	<b>Subtotal</b> – Premiums <u>Subject</u> to Assessment from <b>Chart A</b> , page one	\$
<b>SUBTRACT:</b>	<b>Total</b> – Premium Deductions from <b>Chart D</b> , page two above	\$
<b>EQUALS:</b>	<b>TOTAL NET PREMIUMS SUBJECT TO ASSESSMENT</b>	\$
<b>MULTIPLY:</b>	Assessment factor (.05 of 1%) .0005 X Total Net Premiums Subject To Assessment = <b>HIPAA ASSESSMENT AMOUNT DUE*</b>	\$

\*The amount determined due for HIPAA Assessment is subject to verification by the Department of Insurance. **PLEASE DO NOT REMIT PAYMENT WITH SUBMITTAL OF THIS FORM. AN INVOICE FOR THE PROPER AMOUNT DUE WILL BE SENT TO YOU SEPARATELY.**

**F. Verification of Lines of Business Reported in Charts A and B. [This information must be provided or the worksheet will be considered incomplete.]**

1.	<b>See Attached sheet Part 2.</b> Identify each line of business for which premiums were reported in Charts A and B, lines 1 through 23, and list the primary <u>policy form numbers</u> for each insurance product. If this information has not changed, please attach a copy of the list you provided for tax year 2007.
2.	For each policy form numbers listed, indicate whether the product is <u>actively marketed</u> or represents a <u>closed block of business</u> .

**G. COMPANY'S ANNUAL STATEMENT STATE PAGE AND PART 2 (PRIMARY POLICY FORMS NUMBERS) MUST ACCOMPANY THIS WORKSHEET**

**H. Authorized company representative responsible for completing this form:**

<b>Printed Name</b>	<b>Title</b>	<b>Signature</b>
<b>Telephone #</b>	<b>E-mail Address:</b>	

