

Kentucky Office of Health Data and Analytics
GAPERF-A-1 Sheet 1

ELECTRONIC REPORT FORMAT -ANNUAL Report for GAP PARTICIPATING INSURERS			
1.	Enter data for each Individual Covered Under a GAP Policy on a separate line.		
2.	Begin entering data on line 5 of the excel spreadsheet. Line 1 contains headings and line 2 contains formulas.		
Column	Category	Instructions	Example
A	Annual Report for Calendar Year:	Enter the calendar year this annual report covers in a 0000 format.	2001
B	Last Name:	Enter Last Name.	Washington
C	First Name:	Enter First Name.	John
D	Middle Initial:	Enter Middle Initial.	M
E	SSN:	Enter Social Security Number.	123-45-6789
F	Birthdate:	Enter Birthdate in a 00/00/0000 format.	1/2/1965
G	Male:	Enter "M" for Male if applicable, if not applicable leave blank.	M
H	Female:	Enter "F" for Female if applicable, if not applicable leave blank.	
I	GAP Enrollment Date	Enter the GAP Enrollment Date in a 00/00/0000 format.	9/1/1998
J	Active as of 12/31/?	If the individual is active at the end of the calendar year, enter "Yes", if not leave blank .	Yes
K	Date Removed From GAP	If applicable, enter the effective date of permanent removal from GAP after the individual's expiration of the "Grace Period" in a 00/00/0000 format.	
L	Monthly Premium as of 12/31	Enter the individual's monthly premium payment for single coverage.	\$300.00
M	Health Benefit Plan:	Enter the name of the Health Benefit Plan issued to the individual.	Option Advantage
N	Plan Product Type:	Enter the Plan Product Type, enter FFS, HMO, POS, or PPO.	PPO
O	HCC	If the individual is enrolled due to a High Cost Condition(HCC), enter "HCC", if not leave blank.	
P	HCC Premiums:	Enter the total annual premiums earned for the HCC individual (single premium). Once the premiums for each individual have been entered on separate lines, sum the column and enter the total.	\$0.00
Q	Total Claims Paid for the Individual's HCC only:	Enter the amount paid for the HCC only .	\$0.00
R	Total HCC Institutional Claims Paid:	Of the total claims paid for the HCC individual, enter the amount paid to institutions (hospitals, home health agencies, etc).	\$0.00
S	Total HCC Professional Claims Paid:	Of the total claims paid for the HCC individual, enter the amount paid to professionals (physicians, nurses, optometrists, etc).	\$0.00
T	Total HCC Prescription Claims Paid:	Of the total claims paid for the HCC individual, enter the amount paid for prescription drugs.	\$0.00
U	Total HCC Other Claims Paid:	Of the total claims paid for the HCC individual, enter the amount paid for any other claims not included in the previous paid claims to institutions, professionals, or pharmacists.	\$0.00
V	Total HCC Claims Paid:	Enter the total claims paid for the HCC individual. Total HCC claims paid are equal to HCC claims paid to Institutions, Professionals, for Prescriptions and Other claims paid. Once the claims for each individual have been entered on separate lines, sum the column and enter the total.	\$0.00

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Column	Category	Instructions	Example
W	AUM	If the individual was enrolled in GAP due to AUM, enter "AUM", if not leave blank.	AUM
X	AUM Premiums:	Enter the total annual premiums earned for the AUM individual. Once the premiums for each individual have been entered on separate lines, sum the column and enter the total.	\$4,000.00
Y	Total AUM Claims Paid for the Individual's AUM condition only:	Enter the claims amount paid specific to the AUM condition only .	\$2,200.00
Z	Total AUM Institutional Claims Paid:	Of the total claims paid for the AUM individual, enter the amount paid to institutions (hospitals, home health agencies, etc).	\$5,000.00
AA	Total AUM Professional Claims Paid:	Of the total claims paid for the AUM individual, enter the amount paid to professionals (physicians, nurses, optometrists, etc).	\$2,000.00
AB	Total AUM Prescription Claims Paid:	Of the total claims paid for the AUM individual, enter the amount paid for prescription drugs.	\$1,000.00
AC	Total AUM Other Claims Paid:	Of the total claims paid for the AUM individual, enter the amount paid for any other claims not included in the previous paid claims to institutions, professionals, or pharmacists.	\$2,000.00
AD	Total AUM Claims Paid:	Enter the total claims paid for the AUM individual. Total AUM claims paid are equal to AUM claims paid to Institutions, Professionals, for Prescriptions, and Other claims paid. Once the claims for each individual have been entered on separate lines, sum the column and enter the total.	\$10,000.00
AE	Blank Column	Blank Column	Blank Column
INSTRUCTIONS FOR CALCULATION OF LOSSES ON AN AGGREGATE BASIS			
AF	(Requesting Reimbursement for) Total Losses:	Total Losses equals HCC claims paid, column "V" total plus AUM claims paid, column "AD" total, minus HCC premiums, column "P" total, minus AUM premiums, column "X" total. If HCC claims plus AUM claims are less than HCC premiums plus AUM premiums, then the loss is equal to \$0.00.	\$10,000.00
	Submit Report to:	Kentucky Office of Health Data and Analytics	
		Division of Health Benefit Exchange	
		kyaccess@ky.gov	