

CARRIER REPORT

AVERAGE COVERED LIVES BY COUNTY

PROVIDER NEGOTIATION LAW (N.J.S.A. 52:17B-196 et seq.)

- A. COMPANY NAME _____ B. NAIC # _____
- C. YR ____ QTR ____ D. HLTH ____ DNTL ____
- E. NAME _____ SIGNATURE _____
- F. TITLE _____ G. AFFILIATION _____
- H. ADDRESS _____
- I. PHONE _____ J. FAX _____
- K. E-MAIL _____
- L. AVG METHOD B/E ____ MO ____ OTH ____
- M. FAMILY EXACT _____ EST. _____
- N. COUNTY EXACT _____ PH ____ OTHER ____
- O. FILE NAME (App A) _____
- P. FILE NAME (5 Digit) _____

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COMPANY	NAIC #	YR	QTR	COMM NET	COMM NON NET	MEDICAID	TOTAL
Atlantic							
Bergen							
Burlington							
Camden							
Cape May							
Cumberland							
Essex							
Gloucester							
Hudson							
Hunterdon							
Mercer							
Middlesex							
Monmouth							
Morris							
Ocean							
Passaic							
Salem							
Somerset							
Sussex							
Union							
Warren							
TOTAL							

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INSTRUCTIONS

CARRIER REPORT—AVERAGE COVERED LIVES BY COUNTY

PROVIDER NEGOTIATION LAW (N.J.S.A. 52:17B-196 et seq.)

- A. The full legal name of the company for which the report is being completed
- B. The 8 digit (group and company) NAIC number
- C. The year and quarter for which the report is being completed
- D. Indicate by a check whether the report is for health benefit plans or for dental plans
- E. The name and signature of the person completing the report
- F. The title of the person completing the report

- G. The affiliation of the person completing the report. If an employee, so indicate. If an employee of an affiliate, the name of the affiliate. If a consultant or employee of a consulting firm, the name of the consulting firm
- H. The mailing address of the person completing the report. If a post office box, a street address must also be given
- I. The phone number of the person completing the report
- J. The fax number of the person completing the report
- K. The e-mail address of the person completing the report
- L. Indicate the method used to calculate the average covered persons in the quarter:
 - B/E—Arithmetic average of the beginning and end of the quarter
 - MO—Arithmetic average of monthly enrollment
 - OTH—Other, describe
- M. Method used to determine number of covered spouses and children:
 - Exact, exact count; Est., Estimated; describe
- N. Method used to determine county of covered person:
 - Exact, county of residence; PH (policyholder), county where the policy (including a group policy to an employer) is issued; Other, describe
- O. The name of the Excel file that contains the electronic version of this report
- P. The name of the Excel file that contains covered lives by five-digit zip code

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INSTRUCTIONS FOR PAGE 2

CARRIER REPORT—AVERAGE COVERED LIVES BY COUNTY

Provide the number of lives covered by a health benefits plan or dental plan as defined in this rule, and type of coverage, for each county.

Comm Net: (Commercial Network): Covered by a commercial (including individual or SEH) contract that provides differences in cost sharing based on use of a provider network, including HMO, PPO and POS.

Comm Non Net (Commercial Non-Network): Covered by a commercial indemnity contract that does not have differences in cost sharing based on use of a provider network.

Medicaid: For purposes of this report only, all Family Care and Kid Care programs are considered to be Medicaid.

Lives covered under coverages supplemental to Medicare, including risk contracts, Medicare Plus Choice, or demonstration projects, are not included.

Lives covered under multiple contracts (for example, a medical contract and a separate Rx contract) should not be double counted.

Return an original and one copy of this report to:

New Jersey Department of Banking and Insurance
 Life and Health Actuarial Bureau
 Provider Negotiation Reports
 20 West State Street
 PO Box 325
 Trenton, NJ 08625-0325

An electronic version of the quarterly enrollment report shall be submitted on either a CD-ROM or floppy diskette.

In addition to Page 2, the carrier must prepare this report in electronic form by five-digit zip code rather than county.

If additional space is needed to complete this report, attach additional page(s) to the form.

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