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**BULLETIN**

**To: Carriers Selling Individual Health Benefit Plans in Maryland**

**Re: Required Report Regarding Declined Individuals**

**Date: June 20, 2003**

**Bulletin: Life and Health # 03-11**

The purpose of this bulletin is to notify carriers selling individual health benefit plans in Maryland of a new quarterly reporting requirement.

Chapter 153 of the Acts of 2002 (House Bill 1228) added a new paragraph (b) to §15-1303 of Insurance Article, which becomes effective July 1, 2003. This paragraph requires each carrier that offers an individual health benefit plan in Maryland, as defined in Insurance Article, §15-1301, Annotated Code of Maryland, to report the following information on a quarterly basis to the Commissioner:

- The number of applications submitted to the carrier for individual coverage during the quarter; and
- The number of declinations issued by the carrier for individual coverage.

In reporting declinations of coverage, we are requesting that carriers differentiate between (1) applications that are rejected entirely and (2) applications which either result in an offer of coverage at a substandard premium rate or result in an offer of coverage, but only if the applicant accepts a waiver rider.

A copy of the reporting form that can be used to provide this information is attached.

The law requires that the report be provided no later than 30 days after the last day of the quarter for which the information is provided. The first report will be for the period of July 1, 2003 through September 30, 2003. Therefore, the first quarterly report is due **October 30, 2003**.

Any questions about this bulletin should be directed to Brenda A. Wilson, Chief of Health Insurance and Managed Care, at [bwilson@mdinsurance.state.md.us](mailto:bwilson@mdinsurance.state.md.us) or 410-468-2170.

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Howard Max  
Acting Associate Commissioner  
Life and Health

Attachment

**MARYLAND INSURANCE ADMINISTRATION**  
**QUARTERLY REPORT**  
**INDIVIDUAL HEALTH BENEFIT PLAN\* APPLICATIONS AND DECLINATIONS**

**Company Name** \_\_\_\_\_

**Reporting Quarter** (Check one)

∇ January--March      ∇ April--June      ∇ July--Sept      ∇ October--December

**Reporting Year 200**\_\_\_

**1. Number of individual applications for Health Benefit Plans received in Reporting Quarter:** \_\_\_\_\_

**2. Number of applications for Health Benefit Plans declined in Reporting Quarter:**

\_\_\_\_\_ (Do not include applications that result in an offer of coverage at a substandard rate or with a waiver rider. These are counted in #3 below.)

**3. Number of applications declined in Reporting Quarter, but with offer of coverage at a substandard rate or with the addition of a waiver rider:** \_\_\_\_\_

Individual Completing Reporting Form: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

Return form to Brenda A. Wilson, Chief of Health Insurance and Managed Care, Maryland Insurance Administration, 525 St. Paul Street, Baltimore, Maryland 21202 or fax to (410) 468-2204 by the 30th day following the end of the Reporting Quarter.

\*Health Benefit Plan has the meaning defined in Insurance Article, §15-1301, Annotated Code of Maryland