

**STATE OF TENNESSEE**

**DEPARTMENT OF FINANCE AND ADMINISTRATION  
BENEFITS ADMINISTRATION**

**Guidelines for Release of Claims and Enrollment Information For Agencies  
Participating in the Public Sector Plans**

To comply with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191), as amended, the implementing regulations, and other provisions of state and federal law, Benefits Administration has adopted the following policy. This policy governs all responses to requests for claims experience and enrollment data from agencies that participate in the public sector plans we administer.

Benefits Administration will provide up to thirty six (36) months of data for an enrolled entity. In instances where the request originates from a governmental unit that has employees eligible for participation in both the Local Education and Local Government Plans, separate data sets will be provided for participants in the respective Plan. Each report will include all budget code(s) associated with the agency.

Benefits Administration will not provide categorization of employer-specific claims by diagnosis or other clinical or demographic characteristics. Specifically, we will not provide data by plan type nor for separate categories of participants (e.g., employee, spouse, dependent children). We cannot provide data specific to individuals who exercised a COBRA continuation. These individuals will, however, become the former employer's responsibility should the entity withdraw from the Plan.

The general data set will include monthly data reflecting:

1. number of enrolled employees
2. number of members
3. charges submitted
4. allowed amount
5. deductible amount
6. copayments
7. coinsurance amounts
8. third party amounts
9. net payment

Benefits Administration will aggregate the data by quarter and by calendar year.

Benefits Administration will provide a second report categorizing the distribution of claims payments during a rolling year by cost. This report will provide the percentage of patients and the aggregate net payments for individuals receiving less than and more than \$25,000 in benefit payments.



# State of Tennessee Group Insurance Program

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## FORMAL REQUEST FOR ENROLLMENT AND CLAIMS INFORMATION

By my signature below, I am requesting the most recent 36 months (three years) of the standard data available pursuant to the MOU and I certify that I have the legal authority to do so:

Please contact me about this request

Send the information to me:

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Contact and Title/Role:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reason for Requesting this Information:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax this completed form to (615) 253-8556 or e-mail a scanned version of the form to [Scott.McAnally@tn.gov](mailto:Scott.McAnally@tn.gov).

Note: Please refer to the "Guidelines for Release of Claims and Enrollment information for Agencies Participating in the Public Sector Plan" before submitting this form to Benefits Administration.