

Group Data Reporting

How to Complete Your Request

The following instructions will help you complete your request for group data reporting in compliance with Ohio Revised Code §3901.89. If you have any questions or concerns, please ask your Account Executive.

Group Information

- **Group Policyholder (Group Name)**

Make sure to provide the full, legal name of your group.

- **Group Number**

Only your 6-digit base group number is required.

Policy Period Requested

Select the time period for which you are requesting data reporting for your group (Previous Policy Period or Current Policy Period). Most groups have policy periods that align with the calendar year and will select the previous policy period, as this provides reporting for a full calendar year (e.g., Jan. 1 through Dec. 31).

Note: Reports will reflect dates claims were paid unless you check the box to request claims incurred by service date. If this box is checked, the report will capture claims with the dates of service within the policy period requested. Only one report will be created and returned. If you are unsure which option you prefer, please discuss this with your Account Executive.

Determination of Eligibility

To ensure your request complies with Ohio Revised Code §3901.89, we need to verify that your group had at least 50 full-time covered employees during the period for which you are requesting data.

- **Monthly Employee Count**

Please enter the number of full-time covered employees on the last day each month for the policy period you requested.

Examples are provided below:

- If you select the previous policy period: Enter monthly totals for the previous calendar year (January through December).
- If you select the current policy period: Enter totals only for the available months in the current calendar year. Your reporting will reflect only the months you provide.

Important tip: Always start with the first month of your benefit year. For example, if your group's benefit year starts on July 1, you would enter values for 2020 using the fields for July through December, and values for 2021 using fields for January through June.

- **Calendar Year for Months Provided**

Please specify the calendar year to which the monthly totals correspond.

- **Monthly Average**

The form will automatically calculate an average from the monthly totals you enter.

Certification and Submission

- **Signature and Date**

Forms need to be signed by the group official. Forms signed by a broker or other representative cannot be accepted. An electronic signature feature is included for your convenience.

- **Broker Sharing**

If you do NOT want your broker to receive a copy of your reporting data, please check this box.

- **Submit the Form**

To submit the form, please save the PDF and email it to 51-99ClaimsReporting@MedMutual.com.

Important Information

- Your Account Executive will deliver the reports to your group.
- Reports can only be requested once per calendar year.
- Reports cannot be modified from our standard format.
- The statute allows 30 business days for delivery of the reports.