

Opportunity Title:	Affordable Care Act (ACA) - Consumer Assistance Program
Offering Agency:	Ofc of Consumer Information & Insurance Oversight
CFDA Number:	93.519
CFDA Description:	Care Act (ACA) - Consumer Assistance Program Grants
Opportunity Number:	CA-CAP-10-002
Competition ID:	CA-CAP-10-002-011720
Opportunity Open Date:	07/22/2010
Opportunity Close Date:	09/10/2010
Agency Contact:	Grants.gov HelpDesk 1-800-518-4726 support@grants.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Project/Performance Site Location(s)

Budget Information for Non-Construction Program

Other Attachments Form

Project Narrative Attachment Form

Budget Narrative Attachment Form

Project Abstract Summary

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Commonwealth of Kentucky		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 61-0600439	* c. Organizational DUNS: 0405797520000	
d. Address:		
* Street1: Kentucky Department of Insurance	_____	
Street2: 215 West Main Street	_____	
* City: Frankfort	_____	
County/Parish: Franklin	_____	
* State: KY: Kentucky	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 406011805	_____	
e. Organizational Unit:		
Department Name: Kentucky Dept. of Insurance	Division Name: Consumer Protection Division	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Ray	_____
Middle Name:	_____	
* Last Name: Perry	_____	
Suffix:	_____	
Title: Deputy Commissioner		
Organizational Affiliation: Division of KY Dept. of Insurance, Public Protection Cabinet		
* Telephone Number: 502-564-6026	Fax Number: 502-564-1453	
* Email: Ray.Perry@ky.gov		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Ofc of Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.519

CFDA Title:

Care Act (ACA) - Consumer Assistance Program Grants

*** 12. Funding Opportunity Number:**

CA-CAP-10-002

*** Title:**

Affordable Care Act (ACA) - Consumer Assistance Program Grants

13. Competition Identification Number:

CA-CAP-10-002-011720

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Affordable Care Act (ACA) - Consumer Assistance Program Grants

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="215,784.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="215,784.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

Project Abstract Summary

Program Announcement (CFDA)

93.519

*** Program Announcement (Funding Opportunity Number)**

CA-CAP-10-002

*** Closing Date**

09/10/2010

*** Applicant Name**

Commonwealth of Kentucky

*** Length of Proposed Project**

12

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$ 215,784

*** Federal Share 2nd Year**

\$ 0

*** Federal Share 3rd Year**

\$ 0

*** Federal Share 4th Year**

\$ 0

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)

*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Affordable Care Act (ACA) - Consumer Assistance Program Grants

Project Abstract Summary

* Project Summary

GRANTS TO STATES FOR CONSUMER ASSISTANCE PROGRAM
PROJECT ABSTRACT
KENTUCKY DEPARTMENT OF INSURANCE

The Commonwealth of Kentucky, Department of Insurance ("Department") is applying for grant funds to establish a consumer ombudsman program (the "Program") to assist and educate citizens of the Commonwealth with regard to health insurance access and coverage denials. Established in 1998, the Department's Consumer Protection Division ("CPD") is primarily responsible for investigating consumer complaints against insurers and other insurance licensees. The Department intends to establish a separate branch within the CPD that will be dedicated solely for the benefit of the health insurance consumer.

The Department is requesting \$215,784 in grant funds to establish the Program. The Program has as its initial goals to create new outreach opportunities to educate the citizens of the Commonwealth, serve as a resource to assist consumers with health insurance access issues and coverage denials, and expand the Department's databases to include more detailed information on the types of issues consumers face in the health insurance market and with public insurance options. The Program will primarily meet these goals by hiring two additional staff members, a Consumer Ombudsman and an Administrative Specialist.

The ombudsman staff will be subject matter experts on the Affordable Care Act and general health insurance issues. The ombudsman will develop new consumer-friendly printed materials and website tools including appeal letter templates, educational brochures, various FAQ's, and information regarding opportunities that provide access to insurance. These materials will be made available on the Program's dedicated website and in the Department's Communications Office. Ombudsman staff will be available to meet with individual consumers and will be accessible to the public by phone and email. The ombudsman is also a critical component of the stakeholder outreach initiatives that will occur throughout the Commonwealth's planning activities regarding the American Health Benefit Exchanges.

The Program will allow the Department to assist consumers on matters that were previously outside the scope of the CPD. The ombudsman will be able to assist consumers that have not initiated or completed their carrier's internal appeal process as well as those needing help with the enrollment and application process. For those consumers that have health insurance issues outside of the Department's jurisdiction (ERISA plans, Medicaid, Medicare), the ombudsman will be able to provide more assistance by steering the member to the appropriate agency and will attempt to determine if the consumer has received assistance from those agencies. Lastly, the Ombudsman will be able to educate consumers about the public options available to them under Medicaid, KCHIP, the Pre-Existing Condition Insurance Plan and Kentucky's high risk pool, Kentucky Access.

Lastly, the Program will expand the Department's ability to capture information about the adversities faced by citizens of the Commonwealth with regard to health insurance access, affordability, and coverage issues. The CPD currently captures general information with regard to complaints. The Department will enhance the existing database to allow the ombudsman staff to capture additional data points including the type of assistance requested (billing, appeals, enrollment), the agency to which the consumer was referred (Medicaid, KCHIP, Kentucky Access, Department of Labor), recovered benefit amounts, more in-depth disposition information, and other information required by the Secretary of Health and Human Services.

* Estimated number of people to be served as a result of the award of this grant.

5000

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. Affordable Care Act (ACA) - Consumer Assistance Program Grants	93.519	\$	\$	215,784.00	\$	215,784.00
2.						
3.						
4.						
5. Totals		\$	\$	215,784.00	\$	215,784.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Affordable Care Act (ACA) - Consumer Assistance Program Grants				
a. Personnel	\$ 96,097.00	\$	\$	\$	\$ 96,097.00
b. Fringe Benefits	24,887.00				24,887.00
c. Travel	50,000.00				50,000.00
d. Equipment	4,800.00				4,800.00
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	175,784.00				175,784.00
j. Indirect Charges	40,000.00				40,000.00
k. TOTALS (sum of 6i and 6j)	\$ 215,784.00	\$	\$	\$	\$ 215,784.00
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Affordable Care Act (ACA) - Consumer Assistance Program Grants	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal \$ 215,784.00	\$ 53,946.00	\$ 53,946.00	\$ 53,946.00	\$ 53,946.00
14. Non-Federal \$				
15. TOTAL (sum of lines 13 and 14) \$ 215,784.00	\$ 53,946.00	\$ 53,946.00	\$ 53,946.00	\$ 53,946.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges: 40,000.00 pursuant to Cost Allocation Plan

23. Remarks:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Secretary, Public Protection Cabinet</p>
<p>* APPLICANT ORGANIZATION</p> <p>Commonwealth of Kentucky</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="Ofc of Consumer Information & Insurance"/>	7. * Federal Program Name/Description: <input type="text" value="Care Act (ACA) - Consumer Assistance Program Grants"/> CFDA Number, if applicable: <input type="text" value="93.519"/>
--	--

8. Federal Action Number, if known: <input type="text" value="RFA-FD-10-999"/>	9. Award Amount, if known: \$ <input type="text"/>
--	--

10. a. Name and Address of Lobbying Registrant:

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Street 1: Street 2:

* City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Street 1: Street 2:

* City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix: * First Name: Middle Name: Last Name: Suffix:

Title: Telephone No.: Date:

ATTACHMENT B

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 1 of 2

Identifying Information:

Grant Opportunity: **HHS Affordable Care Act (ACA) – Consumer Assistance Program Grants**

DUNS #: 0405797520000 Grant Award: To Be Determined

Applicant: Commonwealth of Kentucky

Primary Contact Person, Name: Ray Perry

Telephone Number: (502) 564-6026 Fax number: (502) 564-1453

Email address: Ray.Perry@KY.gov

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 2 of 2

REQUIRED CONTENTS

A complete proposal consists of the following materials organized in the sequence below: Please ensure that the project narrative is page-numbered. The sequence is:

- Cover Sheet
- Forms/Mandatory Documents (Grants.gov).

The following forms must be completed with an original signature and enclosed as part of the proposal:

- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- SF-424: Project Site Location Form
- Additional Assurance Certifications
- Applicant's Application Cover Letter
- Project Abstract
- Project Narrative
- Work plan and Time Line
- Proposed Budget (Narrative/Justifications)
- Required Appendices
 - Resume / job description for Project Director and Assistant Director
 - Description of roles and responsibilities / organizational chart
 - When applicable, contract or agreement between State and non-governmental organization; or letter of intent to contract



PUBLIC PROTECTION CABINET

Steven L. Beshear
Governor

Department of Insurance
P.O. Box 517
Frankfort, KY 40602-0517
800-595-6053
<http://insurance.ky.gov>

Robert D. Vance
Secretary

Sharon P. Clark
Commissioner

September 9, 2010

The Honorable Kathleen Sebelius
Secretary, Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

**Re: Affordable Care Act (ACA) – Consumer Assistance Program Grants
Applicant Cover Letter**

Dear Secretary Sebelius:

The attached grant application is being submitted by the Commonwealth of Kentucky, Kentucky Department of Insurance (the "Department"), in order to request funding to develop a consumer ombudsman program in Kentucky. If awarded, the Consumer Assistance Program grant funds will be utilized to establish a branch within the Consumer Protection Division of the Department to assist consumers with health insurance related issues. The Department intends to establish a Consumer Ombudsman position whose job responsibilities will be to advocate solely on behalf of the health insurance consumer and to assist the consumer in navigating certain processes such as appeals and enrollment. The Consumer Ombudsman will also collect additional data to identify trends regarding consumer problems as they relate to health insurance. The Project Title is "Affordable Care Act (ACA) – Consumer Assistance Program Grants" and the Project Director is:

Ray Perry
Deputy Commissioner
Kentucky Department of Insurance
215 West Main Street
Frankfort, KY 40601
Phone: 502-564-6026
Fax: 502-564-1453
Ray.Perry@ky.gov

Pursuant to KRS 304.2-100, the Department is authorized to examine and inquire into violations of the Kentucky Insurance Code. Pursuant to KRS 304.2-063, the Kentucky legislature established the Consumer Protection Division and contemplated that the Department would have an ombudsman to

Secretary Sebelius
September 9, 2010
Page Two

advocate for consumers. Consequently, the Department has the authority to oversee and coordinate a consumer ombudsman program.

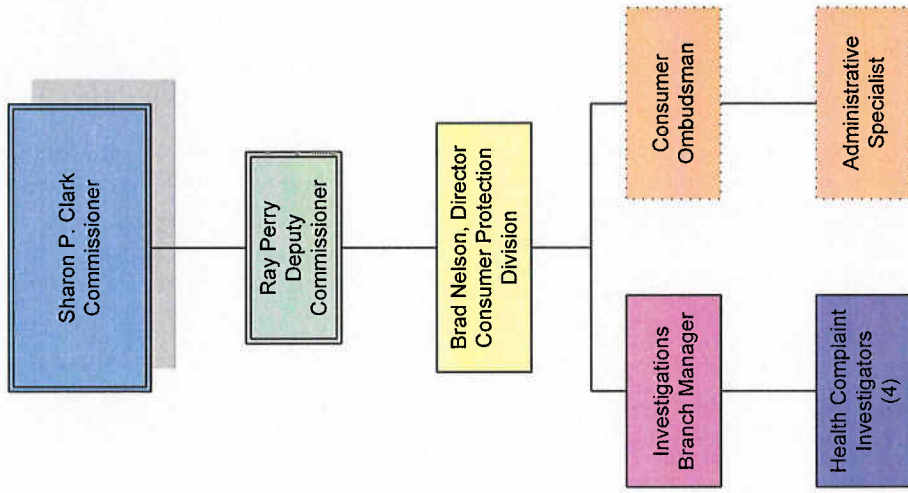
My assurances are given that grant funds will only be used to develop a consumer ombudsman program in Kentucky and will not be used as a substitute for existing funding for such efforts. Please contact the Project Director listed above with any questions or if any additional information is needed to review this grant proposal.

Sincerely,



Sharon P. Clark
Commissioner

ORGANIZATIONAL CHART
CONSUMER ASSISTANCE PROGRAM
KENTUCKY DEPARTMENT OF INSURANCE



TP90
08/27/2010

KENTUCKY PERSONNEL CABINET
POSITION DESCRIPTION (PD)
INQUIRY

PEPCSD03
12:28:31

CABINET	DEPARTMENT	DIVISION	BRANCH	SECTION	UNIT	EMPLOYEE
58	676	00	00	00	00	005

Request: UPDATE

Employment: Full-time

Current Title Code: 9945 DEPUTY COMMISSIONER

Proposed Title Code: 9945 DEPUTY COMMISSIONER

If filled, name of incumbent: RAY PERRY

The main function of the job.

PROVIDE EXECUTIVE LEVEL POLICY DEVELOPMENT AND IMPLEMENTATION, AS WELL AS EXECUTIVE MANAGEMENT, RELATING TO HEALTH INSURANCE POLICY AND MANAGED CARE.

STILL PENDING

ENTR=NEXT PF1=UPD PF2=DEL PF3=LIST PF5=PD MENU PF6=APP PF10=MENU CLR=END

08/27/2010
12:28:35

KENTUCKY PERSONNEL CABINET
POSITION DESCRIPTION (PD) - INQUIRY

PEPCSD04
PAGE: 1
* MORE

Listed are the primary tasks and duties performed by the position.
Beginning with the most important duty.

	Avg % of Time
1 PROVIDE THE EXECUTIVE MANAGEMENT AND POLICY DEVELOPMENT AND IMPLEMENTATION RELATING TO HEALTH INSURANCE AND MANAGED CARE.	15
2 ADVISE THE COMMISSIONER REGARDING ISSUES RELATED TO HEALTH INSURANCE AND MANAGED CARE. EVALUATE KENTUCKY'S PROGRAM(S) IN LIGHT OF STATE AND FEDERAL LEGISLATION.	15
3 MANAGE THE DIVISION OF HEALTH INSURANCE AND MANAGED CARE AND ITS EMPLOYEES AND BUDGET. ASSURE THE DIVISION IS OPERATED IN AN EFFECTIVE AND EFFICIENT FASHION.	15
4 OVERSEE THE REGULATION OF THE HEALTH INSURANCE AND MANAGED CARE INDUSTRIES IN THE COMMONWEALTH. ATTEMPT TO CREATE A MARKET FAIR FOR BOTH COMPANIES AND CONSUMERS.	15

ENTER=NEXT SCRN PF1=UPDATE PF2=DELETE PF3=PREV SCRN PF5=PD MENU
PF6=APPROVE PF8=DUTY 5-7 PF10=MENU CLEAR=END

08/27/2010
12:28:37

KENTUCKY PERSONNEL CABINET
POSITION DESCRIPTION (PD) - INQUIRY

PEPCSD04
PAGE: 2

Listed are the primary tasks and duties performed by the position.
Beginning with the most important duty.

	Avg % of Time
5 PROVIDE THE EXECUTIVE MANAGEMENT AND POLICY AND IMPLEMENTATION RELATING TO THE ACTIVITY OF REGULATING THE INS INDUSTRY RE FINANCIAL STANDARDS AND EXAMINATIONS DIV	15
6 PROVIDE THE EXECUTIVE MANAGEMENT AND POLICY DEVELOPMENT AND IMPLEMENTATION RELATING TO THE CONSUMER PROTECTION DIVISION	15
7 MANAGE THE DIVISION OF FINANCIAL STANDARDS & EXAMINATION DIVISION AND CONSUMER PROTECTION DIVISION.	10

ENTER=NEXT SCRN
PF6=APPROVE

PF1=UPDATE
PF7=DUTY 1-4

PF2=DELETE

PF10=MENU

PF5=PD MENU
CLEAR=END

TP90
08/27/2010

KENTUCKY PERSONNEL CABINET
POSITION DESCRIPTION (PD)
INQUIRY

PEPCSD05
12:28:39

The incumbent of this position does conduct performance appraisals on subordinate employees.

Listed below are the class title(s) and position number(s) of the employees, or title and number of contractual employee(s).

(3) ADMIN. BRANCH MGRS.

ENTER=NEXT SCR
PF5=PD MENU

PF1=UPDATE
PF6=APPROVE

PF2=DELETE
PF10=MENU

PF3=PREV SCR
CLEAR=END

TP90
08/27/2010

KENTUCKY PERSONNEL CABINET
POSITION DESCRIPTION (PD)
INQUIRY

PEPCSD06
12:28:41

The essential functions of this position require an incumbent to:

- YES (A) Drive a licensed vehicle?
- (B) Use a firearm?
- (C) Lift heavy objects or work in uncomfortable positions for extended periods of time?
- (D) Be exposed to hazardous working conditions?
- YES (E) Frequently communicate in person or by telephone?
- YES (F) Spend a major portion of time using a keyboard?
- (G) Be exposed to any hazards such as traffic or persons with contagious diseases?
- YES (H) Visually inspect documents and/or activities and make decisions from those inspections?

Other:

ENTR=NEXT PF1=UPD PF2=DEL PF3=PREV PF5=PD MENU PF6=APP PF10=MENU CLR=END

TP90
08/27/2010

KENTUCKY PERSONNEL CABINET
POSITION DESCRIPTION (PD)
INQUIRY

PEPCSD07
12:28:43

SUPERVISOR - I certify that the information listed is, to the best of my knowledge, complete and accurate, and if the position is filled the employee has reviewed the information contained herein.

Name of Supervisor: SHARON CLARK

Date: 08/05/2008

Title of Supervisor: COMMISSIONER

NOTE: If submitted electronically, typed name serves as signature. If position is filled, do not submit the PD form until it has been reviewed by the employee.

The Commonwealth of Kentucky does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, sexual orientation, gender identity, ancestry, veteran status or political affiliation in the admission or access to, or participation or employment in, its programs or services.

PF1=UPD PF2=DEL PF3=PREV PF5=PD MENU PF6=APP PF10=MENU CLEAR=END

**GRANTS TO STATES FOR CONSUMER ASSISTANCE PROGRAM
POSITION DESCRIPTIONS AND TIME ALLOCATION LISTING
KENTUCKY DEPARTMENT OF INSURANCE**

Sharon P. Clark
Commissioner

Oversees all functions of the Kentucky Department of Insurance, including the Consumer Protection Division. The Commissioner dedicates approximately 10-15% of her time to consumer protection and education initiatives.

Ray Perry
Deputy
Commissioner

Oversees the Consumer Protection Division of the Kentucky Department of Insurance. The Deputy Commissioner dedicates approximately 15-20% of his time to consumer protection and education initiatives.

Brad Nelson, Director
Consumer Protection
Division

Directly manages the Consumer Protection Division including consumer complaint investigators. The Director will also manage the Consumer Ombudsman Branch. The Director of the Consumer Protection Division dedicates approximately 90-95% of his time to consumer protection and education initiatives.

Investigations
Branch Manager

Directly supervises all personnel responsible for consumer complaint handling. The Investigations Branch Manager dedicates approximately 90-95% of his time to consumer protection and education initiatives.

Health Complaint
Investigators
(4)

Investigates consumer complaints regarding health insurance. The Health Complaint Investigators dedicate approximately 95-100% of their time to consumer complaint investigations and consumer protection and education initiatives.

Consumer
Ombudsman

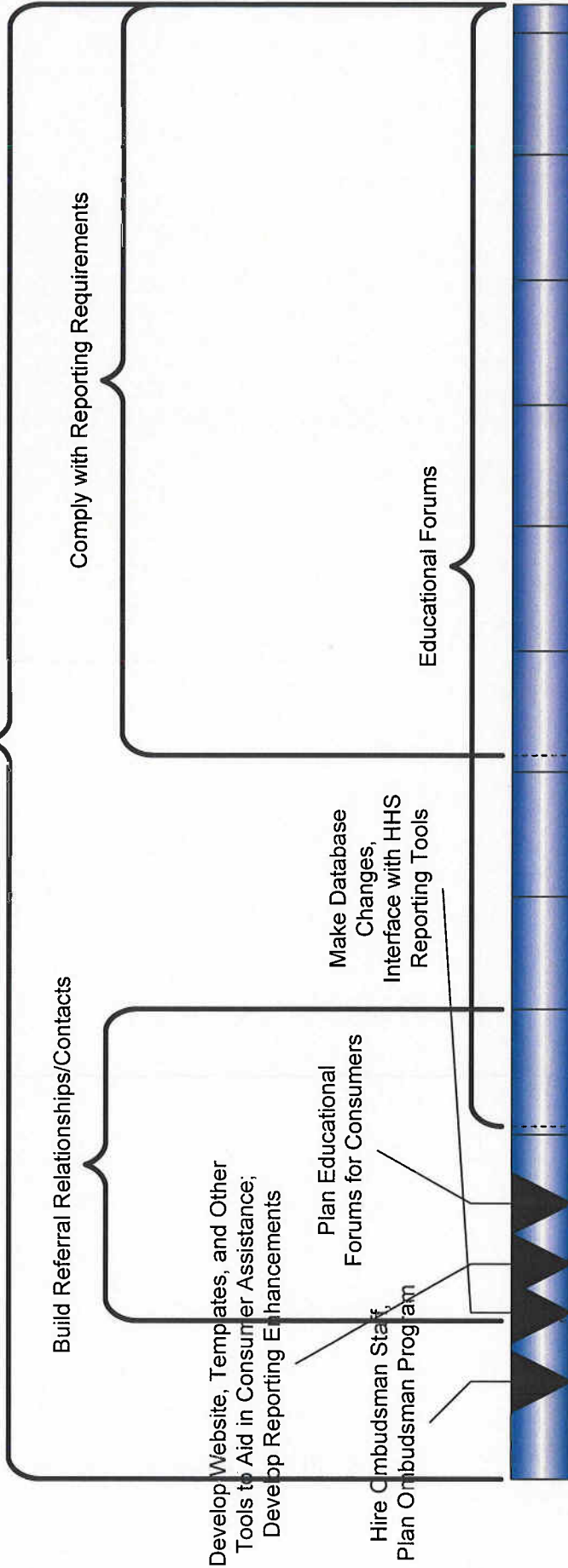
A new position expected to be created with grant funds, the Consumer Ombudsman will be primarily responsible for assisting consumers, providing information, organizing educational seminars, handling consumer issues, and referring consumers to the proper agency when necessary. The Consumer Ombudsman will dedicate approximately 95-100% of his/her time to consumer advocacy and consumer protection and education initiatives.

Administrative
Specialist

A new position expected to be created with grant funds, the Administrative Specialist will provide administrative support to the ombudsman, track data related to the consumer assistance program, and assist in the development of consumer literature. The Administrative Specialist will dedicate approximately 95-100% of his/her time to consumer advocacy and consumer protection and education initiatives.

**GRANTS TO STATES FOR CONSUMER ASSISTANCE PROGRAM
WORK PLAN TIME LINE
KENTUCKY DEPARTMENT OF INSURANCE**

Monitor and Track Grant Expenditures;
Develop Tools to Assist Consumers
Education and Training of Ombudsman Staff,
Provide Consumer Assistance



11/1/2010 12/1/2010 1/1/2011 2/1/2011 3/1/2011 4/1/2011 5/1/2011 6/1/2011 7/1/2011 8/1/2011 9/1/2011 10/1/2011
10/8/2010 10/8/2011

EXHIBIT 1B

Estimated Expenditure of Grant Funds

GRANTS TO STATES: Consumer Assistance Program

Estimated Expenditure of Grant Funds

Object Class Category	Breakdown of Category	Estimated Expense	Salary	FICA	Total Salary/FICA	Total
Personnel	Consumer Ombudsman		\$56,540.13	\$2,888.06	\$59,428.19	
	Administrative Specialist I		\$35,038.65	\$1,630.39	\$36,669.04	\$96,097.23
Fringe Benefits	Life Insurance		\$30.00			
	Health Insurance		\$14,300.00			
	Retirement		\$10,557.03			\$24,887.03
Travel	Training, Consumer Outreach Initiatives		\$50,000.00			\$50,000.00
	Desktops/Computers/Laptops Desktop Scanner		\$2,800.00 \$2,000.00			\$4,800.00
Indirect Charges			\$40,000.00			\$40,000.00

**GRANTS TO STATES FOR CONSUMER ASSISTANCE PROGRAM
BUDGET NARRATIVE
KENTUCKY DEPARTMENT OF INSURANCE**

The Commonwealth of Kentucky, Department of Insurance (“Department”) is seeking \$215,784 in grant funds to establish a consumer ombudsman program (the “Program”) within the Department to advocate freely and vigorously, for and on behalf of, health insurance consumers in the state. The requested grant funds will be utilized to fund the Program as follows:










Personnel Salaries:	\$96,097.23
Fringe Benefits:	\$24,887.03
Travel:	\$50,000.00
Equipment:	\$ 4,800.00
Indirect Charges:	<u>\$40,000.00</u>
Total:	\$215,784.26

Included in the indirect charges are costs related to office furniture, supplies, printing consumer publications, telephones, and establishment of a dedicated website and 1-800 number. The amounts characterized as equipment include the costs associated with purchasing computers, laptops, and scanners for the ombudsman staff. Included in the amounts characterized as travel are costs associated with educating the ombudsman staff, organizing public forums, and participation in speaking engagements. A detailed break-down of the anticipated grant expenditures is included in **Exhibit 1B**. [**Exhibit 1B**, Estimated Expenditure of Grant Funds].

The Department is committed to providing assistance to consumers who have difficulties navigating and understanding the health insurance markets. The grant funds are an opportunity to establish a program staffed with personnel dedicated to advocating solely for the benefit of the health insurance consumer. This is an opportunity that, absent grant funds, would not be an option for the Commonwealth.

Due to budget limitations and restrictions, the Department is unable to devote financial resources to the development or long-term sustainability of the consumer ombudsman program. The Department intends to use grant funds to establish the Program, to hire and train personnel, develop and publish informative literature, and to engage in public outreach to advertise the availability of the Program. Following the twelve months after the award of grant funds, the Department intends to apply for and use grant funds for the establishment of the Exchanges to sustain the ombudsman program. The Department may also seek tobacco settlement funds for long-term support of the ombudsman program.

No grant funds awarded will be used to reimburse pre-award costs or to supplant existing state, local, or private funding of the Department's infrastructure, services, or staff salaries. No grant funds will be used to fund any contracts between the Commonwealth and non-governmental organizations.

- 1  **EXHIBIT 1**
Organizational Chart
- 2  **EXHIBIT 2**
Consumer Protection Application Screenshots
- 3  **EXHIBIT 3**
Sample Referral Letter
- 4  **EXHIBIT 4**
Example Disposition Data Chart
- 5  **EXHIBIT 5**
Companies Selling in Kentucky's
Individual Market
- 6  **EXHIBIT 6**
Companies Selling Association, Large Group, Small Group, and Individual Health
Insurance in Kentucky
- 7  **EXHIBIT 7**
Sample Consumer Publications
- 8  **EXHIBIT 8**
Listing of Available Publications
- 9  **EXHIBIT 9**
Consumer Complaint/Inquiry Data

**GRANTS TO STATES FOR CONSUMER ASSISTANCE PROGRAM
PROJECT NARRATIVE
KENTUCKY DEPARTMENT OF INSURANCE**

I. TYPE OF ENTITY AND DESCRIPTION OF THE PROGRAM

The Commonwealth of Kentucky, Department of Insurance (“Department”) is applying for grant funds to establish a consumer ombudsman program. The Department is an executive branch agency organized under the governor’s Public Protection Cabinet. Established in 1998, the Department’s Consumer Protection Division (“CPD”) is primarily responsible for investigating consumer complaints against insurers and other insurance licensees. The CPD also assists consumers with various insurance-related issues. [Exhibit 1, Organizational Chart].

The Department’s mission is to promote sound, competitive insurance markets; protect the public through effective enforcement and regulation; and empower the public through outreach and education. Although the Department allocates some resources to outreach and education by publishing informative literature, issuing press releases, responding to consumer inquiries, and providing general information when requested, its primary focus is on regulating the insurance industry and enforcing Kentucky’s insurance laws.

With grant funds, the Department intends to establish a separate branch within the CPD that will be dedicated solely for the benefit of the health insurance consumer. The separate branch will be the consumer ombudsman office, staffed with personnel whose job responsibilities will be to advocate for the health insurance consumer, to assist consumers with accessing health insurance coverage and navigating the health insurance appeals process, and to direct consumers through the complaint process. The ombudsman will refer any asserted violations of the Insurance Code, including those against health insurers, to the appropriate branch of CPD responsible for investigating consumer complaints, allowing the consumer

ombudsman office to focus solely on consumer needs and advocacy. By separating the complaint investigation function from the advocacy functions, the consumer ombudsman will be able to freely and vigorously advocate on behalf of consumers.

Currently, the CPD captures general information about the types of complaints received and the nature of their resolution. The screenshots labeled as **Exhibit 2** are from the Consumer Protection Application (“CPA”) and depict the information gathered when a consumer complaint is received by the Department. While the Department can currently capture the fact that a consumer has been referred to another agency, there is no ability to report specifically on the type of issues experienced by consumers, the responsiveness of other agencies, and the manner in which the consumer’s issues were resolved. The ombudsman will need to establish relationships with other agencies in order to capture relevant data pertaining to the outcome of consumer referrals.

Currently, the Department records consumer inquiries by line of business only. The ombudsman program will expand upon this capability to capture more detailed information about the nature of the inquiry, the course of action, and the final resolution. By capturing this data, the Department can determine the types of issues consumers are frequently experiencing and ultimately develop outreach initiatives to mitigate these issues. Further, an exit survey completed by those that contact the ombudsman will assist the ombudsman in identifying trends in consumer issues, problems with the referral processes, and needs for additional literature or educational opportunities.

Due to budget limitations and restrictions, the Department is unable to devote financial resources to the development or long-term sustainability of the consumer ombudsman program. The Department intends to use grant funds to establish the ombudsman program, to hire and train

personnel, develop and publish informative literature, and to engage in public outreach to advertise the availability of the program. Following the twelve months after the award of grant funds, the Department intends to apply for and use grant funds for the establishment of the Exchanges to sustain the ombudsman program. The Department may also seek tobacco settlement funds for long-term support of the ombudsman program.

The Department is a member of the National Association of Insurance Commissioners (“NAIC”) and works closely with other state insurance regulators through the NAIC. The Department has historically shared, in a timely and consistent manner, consumer complaint data with the NAIC. This data is accessible to other state insurance regulators and can be used to develop trends with respect to issues in the health insurance markets. The Department can coordinate closely with other states, either directly or through the NAIC, to gather contacts for the referral of consumers, to improve ombudsman reporting capabilities, and to develop assistance programs for consumers that may have a nexus to multiple jurisdictions.

II. SCOPE OF PROGRAM ASSISTANCE

The CPD currently handles complaints, inquiries, and grievances submitted by consumers. Through the establishment of an ombudsman program, the Department plans to expand upon the current infrastructure to provide assistance to consumers with regard to internal carrier appeals procedures and the health insurance application and enrollment process, to educate consumers about public agencies that can assist the uninsured, and to educate consumers regarding their rights and responsibilities under the Affordable Care Act.

The Department envisions that a large component of the ombudsman’s duties will relate to consumer education and outreach activities. The ombudsman will develop new consumer-friendly printed materials and website tools including appeal letter templates, various FAQ’s, and

information regarding opportunities that provide access to insurance. Program staff will also be made available to assist consumers that may need one-on-one attention.

The ombudsman program will expand the Department's current consumer protection initiatives to assist consumers with issues regarding the availability of premium tax credits and to act as a roadmap for referring consumers to agencies that can assist them. The ombudsman will be prepared to refer eligible individuals to Kentucky's high-risk pool or the federal Pre-Existing Condition Insurance Program and assist individuals with the enrollment process in these plans. The ombudsman will also be able to discuss public options with consumers such as Medicaid and the Kentucky Children's Health Insurance Program ("KCHIP").

As has been noted, the CPD investigates consumer complaints. During the investigation, if it is determined that the Department does not have jurisdiction, as in a self-funded plan, the Department will refer the complainant to the appropriate regulatory agency, such as the U.S. Department of Labor. [Exhibit 3, Sample Referral Letter]. The investigator may also refer consumers to Medicaid or KCHIP, as appropriate. The Department has a close working relationship with the Kentucky Cabinet for Health and Family Services ("CHFS"), the Cabinet that oversees the Medicaid and KCHIP programs. This relationship will allow the ombudsman to provide effective assistance to consumers that might qualify for Medicaid or KCHIP.

Under the Department's current referral process, the referral is captured as the disposition of the complaint file and no further action is taken. The ombudsman program will expand on that current process in several ways. First, the program will follow up after a referral to ensure that the referred consumer gained the assistance needed. Second, the ombudsman will work with consumers and with CHFS to better determine the consumer's needs, the benefits available to a consumer, and the necessary steps for access to coverage through public programs such as

Medicaid and KCHIP. Third, the Department will expand on its database capabilities to capture the number of referrals that are made by the ombudsman to public programs and to collect information to gauge customer satisfaction after the referral has been made.

Currently, the CPD determines if a complainant has exhausted the carrier's internal appeals process and, as necessary, sends the complainant limited information about the appeals process. The ombudsman program will provide more hands-on assistance for consumers needing to navigate the appeals process. The ombudsman will be a primary point of contact for the consumer with respect to information about appeals. The ombudsman will also be able to assist consumers with navigating the process of external review or Departmental review of coverage denials.

The Department currently investigates and handles complaints regarding a wide variety of issues, including but not limited to coverage denials, eligibility, underwriting, rating, coordination of benefits, rebating, and billing. The ombudsman program will expand the types of cases handled by the Department to include issues regarding tax credits, public programs, accessibility, coverage options, application and enrollment needs, choice of coverage decisions, internal appeals, and general education.

III. PROGRAM ACCOMPLISHMENTS

Upon receipt of a complaint, the CPD will capture specific information including the insured, the insurer, the type of insurance, the reason for the complaint, the disposition, and any penalty or recovery amounts. Possible dispositions of a complaint are "justified," "unjustified," "question of fact," and "inquiry." [Exhibit 4, Example Disposition Data Chart]. Data fields showing the type of assistance given to consumers, type of informational material given to the consumer, and referrals made are not captured in the CPA database. The Department intends to

enhance the existing database to track these data points including capturing the type of assistance requested (billing, appeals, enrollment), the agency to which the consumer was referred (Medicaid, KCHIP, Kentucky Access, Department of Labor), recovered benefit amounts, more in-depth disposition information, and other information required by the Secretary of Health and Human Services.

Currently the Department provides limited guidance to individuals needing assistance with enrollment and completing the health insurance application. The Department can provide a list of health insurance companies authorized to underwrite health insurance in the state in all market segments. [**Exhibit 5**, Companies Selling in Kentucky's Individual Market; **Exhibit 6**, Companies Selling Association, Large Group, Small Group, and Individual Health Insurance in Kentucky]. The Department also publishes informational literature for consumers regarding various aspects of health insurance. [**Exhibit 7**, Sample Consumer Publications; **Exhibit 8**, Listing of Available Publications].

With grant funds, the Department intends to publish more detailed information about the enrollment process, how to file effective complaints and appeals, how to access insurance, how to complete an application or enrollment form, how to avoid policy rescissions, and how to get assistance with health insurance issues. The ombudsman will also use grant funds to organize town forums to educate consumers about the ombudsman program.

As previously noted, the CPA database will be utilized by the ombudsman but will need to be enhanced to capture different data points relating to ombudsman functions. The enhancements will include adding fields to track the types of assistance requested by consumers, referral information, and issue resolution information. In that the database currently tracks

amounts recovered by the Department on behalf of the insureds, no enhancements in that regard will be necessary.

Exhibit 9 provides data for the most recent calendar and fiscal year ending regarding consumer complaints, consumer calls, and other data related to the Department's consumer assistance initiatives.

IV. EXPERTISE OF CONSUMER ASSISTANCE PROGRAM PERSONNEL

With grant funds, the Department intends to hire two full-time staff who will be solely dedicated to the consumer ombudsman program. The Consumer Ombudsman will be primarily responsible for assisting consumers, providing information, organizing educational seminars, handling consumer issues, and referring consumers to the proper agency when necessary. An Administrative Specialist will provide administrative support to the ombudsman, to track data related to the consumer assistance program, and assist in the development of consumer literature.

While the Department hopes to fill the ombudsman program positions with persons capable of immediately assisting consumers with health insurance issues, grant funds have been requested to allow these persons to participate in training opportunities. The ombudsman program personnel will also need to be aware of issues pertaining to the Exchanges as they develop, further necessitating travel and participation in educational opportunities.

The Department has staff members who are fluent in a limited number of languages. To better respond to the needs of a diverse population, the Department has contracted with Language Lines Services ("LLS"). LLS operates 24 hours a day, seven days a week. The service offers translators in approximately 200 languages and is available to all Department employees who need assistance serving those with limited English-proficiency, or whose native language is other than English. This service is free to the consumer.

In addition to LLS, a limited number of consumer education publications are available in Spanish. The Department intends to make literature to be used by the ombudsman program available in Spanish as funds allow.

While LLS and in-house expertise help ensure the availability of linguistically-appropriate services, the diversity of the Department's workforce assists with the goal of providing culturally appropriate services. A variety of training opportunities available to assist in handling diverse consumers will also be available to the ombudsman personnel.

V. ACCESSIBILITY

The consumer ombudsman program will be available statewide and will be accessible via a dedicated toll-free number, e-mail capabilities, and a dedicated fax line. The Department intends to develop a separate website address, linked through the Department's website, to provide consumers with general information, including contact information. The ombudsman will be available during the Department's office hours, 8:00 to 4:30 EST, Monday through Friday.

As noted above, the Department is capable of working with vulnerable populations, including those with language barriers and disabilities. Outreach efforts through organizations such as the Christian Appalachian Project will assist the ombudsman in reaching persons in rural areas.

The Department does not intend to contract with any non-profit community-based organization or center to carry out the ombudsman functions.

VI. PROCESS FOR ENSURING PRIVACY AND SECURITY OF PERSONALLY IDENTIFIABLE INFORMATION

The Department has managed a high-risk pool since 2000. Since the high-risk pool often deals with personal health information (“PHI”), the Department has long had measures in place to protect PHI and other confidential information.

Security for the Department’s integrated computer system is based on Windows network user accounts and authorized permissions; Oracle database user access roles, data schemes, privilege tables, data masking, and encryption/decryption functions; and additional security rules developed within the Department’s internal .NET applications.

User network access is controlled at the server level based on roles within the Department’s computer domain. Layered firewalls protect the Department’s network against intrusion, and centralized management of virus protection software helps ensure the Department’s workstations are protected and remain up-to-date. Social security numbers, private health information, and consumer complaint details are processed and stored based on the National Institute of Standards and Technology’s Advanced Encryption Standard. Masking and secure layer protocols are used to ensure secure data retrieval and submission. A secure FTP server is available for file transfers over the internet. E-Mail encryption is used to transmit sensitive or confidential data. Access to in-house applications is controlled by programmed logic, user access roles, user privilege tables, and the Oracle Enterprise Manager. An additional password protection level is required to access confidential documents, files, and in-house applications. Internal policies require passwords to be random characters and changed every thirty days. Administrator audits are performed to investigate suspicious database activity and to ensure that the overall performance and integrity of the database is not compromised.

Any new data collected, stored, or transmitted will follow current policies and procedures. Currently data is collected via eServices, secured website portal, Internet on-line

forms, .NET applications, batch processes and secured file transfers. Temporary tables are used to ensure data validations and integrity rules are applied prior to loading the data.

In addition to the multiple firewall layers in the state's network to protect against unwanted intrusion, the Department also has a separate firewall device in place specifically to protect its Local Area Network.

Policies, procedures, and online training opportunities are accessible via the Department's Intranet site. Employees are required to complete End User Technology and Health Insurance Portability and Accountability Act (HIPAA) trainings which cover the Department's technology security rules and explain the guidelines that must be followed in order to protect the data and privacy of our consumers, licensees, and external customers.

Network backups are performed every evening on all pertinent data. Database backups are also performed. The Department's disaster recovery plan covers the tasks involved with recovery of critical business functions as well as the network and database infrastructure on which they depend.



United States Department of the Interior
National Business Center
ACQUISITION SERVICES DIRECTORATE
Indirect Cost Services
2180 Harvard Street, Suite 430
Sacramento, CA 95815



January 26, 2010

Ms. Holly McCoy-Johnson, Executive Director
Kentucky Environmental and Public Protection Cabinet
500 Mero Street
4th Floor Capital Plaza Tower
Frankfort, Kentucky 40601

Dear Ms. McCoy-Johnson:

We have reviewed your organization's revised Cost Allocation Plan (Plan), including your Cost Policy Statement, dated January 6, 2010. The Kentucky Environmental and Public Protection Cabinet has chosen not to employ an indirect cost rate, but to allocate actual costs monthly in accordance with the Cost Allocation Plan.

The allocation methodologies described in your Plan are hereby approved on a final basis for fiscal year (FY) ending June 30, 2007 and on a provisional basis for FY ending June 30, 2009.

The FY 2008 Plan must be finalized, based upon financial data for FY 2008, which was due in our office before January 1, 2009. The Plan must be supported by the attached list of required documentation. At the time the Plan is finalized, you can obtain a provisional Plan for FY ending June 30, 2010.

Acceptance of the actual costs in accordance with the approved Plan is subject to the following conditions:

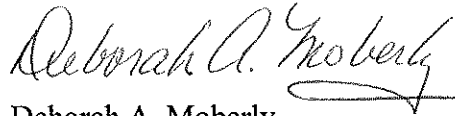
1. The information contained in the Plan and provided by your organization in connection with our review of the Plan is complete and accurate in all material respects.
2. The actual costs claimed by your organization are allowable under prevailing cost principles, applicable law, and program regulations.
3. The claims conform to the administrative and statutory limitations against which the claims are made.

This approval relates only to the methods of identifying and allocating costs to the programs. Nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans or federal legislation and regulations.

The Plan, and the costs allocated therein, may be subsequently reviewed or audited by authorized federal staff. The disclosure of inequities, violations of laws and regulations, or noncompliance with award terms and conditions may require changes to the Plan and may result in questioned costs.

If you have any questions, please contact Te Lam-Vi at 916-566-7111 or email at Te_Vi@nbc.gov.

Sincerely,

A handwritten signature in cursive script that reads "Deborah A. Moberly". The signature is written in black ink and includes a decorative flourish at the end.

Deborah A. Moberly
Indirect Cost Coordinator

Attachment

Ref: J: Kentucky/Eppc709/Eppc-CAP.07F&09P

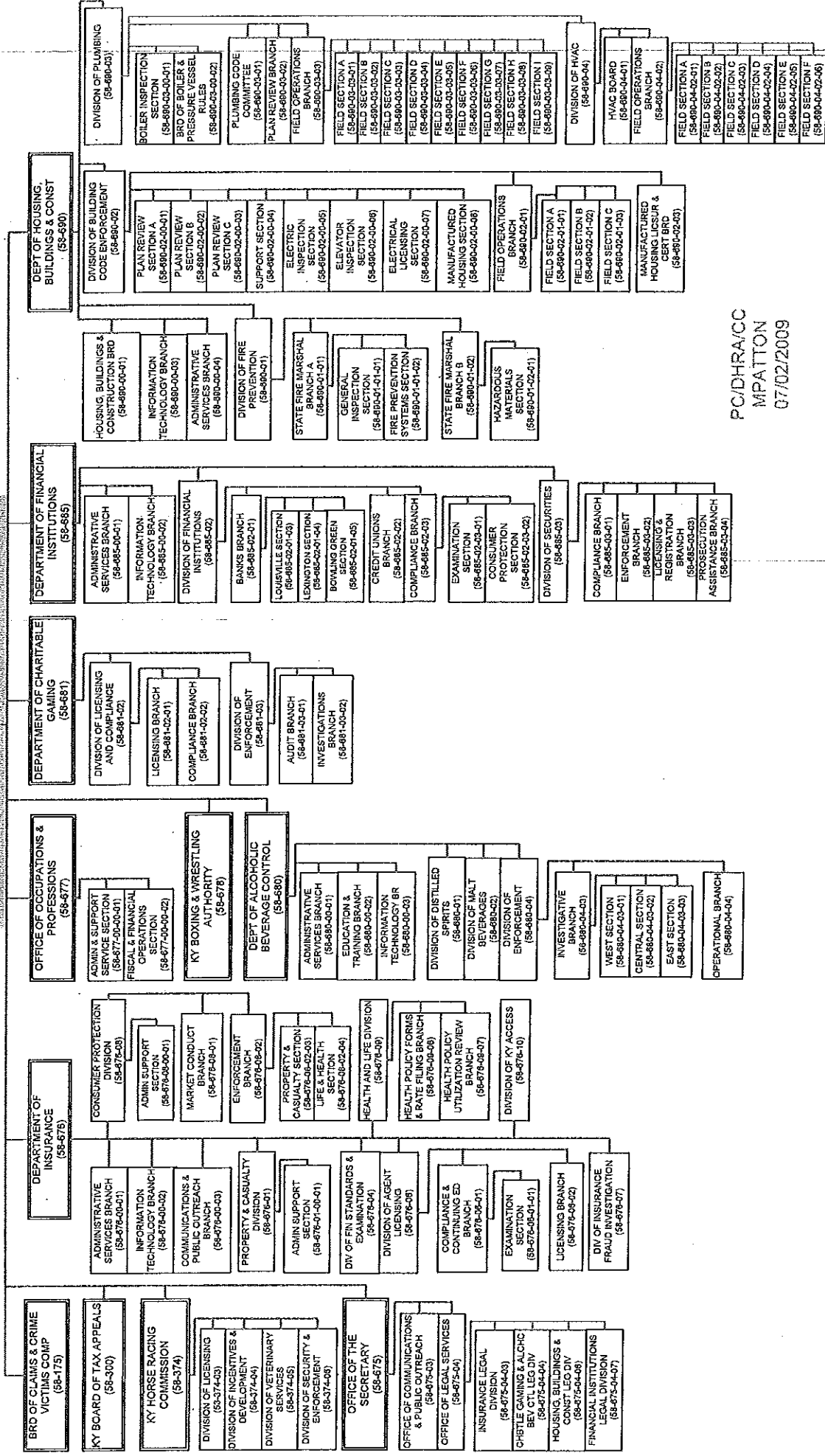
Required Documentation to Finalize Cost Allocation Plan

1. Organizational chart.
2. Complete Cost Policy Statement describing all accounting policies and narrating in detail the proposed final Cost Allocation Plan. This Plan/Policy must identify the procedures used to identify, measure, and allocate all costs to each benefiting activity. This Plan/Policy should be signed by an authorized official.
3. Audited financial statements and related OMB Circular A-133 reports.
4. Cost Allocation Worksheet detailing expenses by function and cost category and reconciled with the financial statements or a budget for the applicable fiscal year(s).
 - a. Supporting schedule of direct costs incurred by cost category, identified by specific government grant, contract, or other non-government activities.
 - b. Supporting schedule of indirect costs identified by cost category claimed as direct costs under specific government grants, contracts, or other non-government activities.
5. A listing of grants and contracts by federal agency, amounts, periods of performance, and the indirect cost (overhead) limitations (if any) applicable to each, such as ceiling rates or amounts restricted by administrative or statutory regulations.
6. Statement of employee benefits. This document should contain the actual costs of the benefits earned/paid to employees.
7. A copy of the approved grant or contract budget(s) by line item with the U.S. Department of the Interior and any applicable clauses on indirect costs (overhead).
8. Certification signed by a duly authorized official of the organization stating that (1) information contained in the Plan was prepared in accordance with 2 CFR 230 (formerly OMB Circular A-122), (2) the costs have been accorded consistent treatment in accordance with generally accepted accounting principles, (3) an adequate accounting and statistical system exists to support claims that will be made under the Plan, (4) the information provided in support of the Cost Allocation Plan is accurate, and (5) all federally unallowable costs have been excluded from allocations.

EXHIBIT 1

Organizational Chart

PUBLIC PROTECTION CABINET
(58)



PC/DHRA/CC
MPATTON
07/02/2009

EXHIBIT 2

Consumer Protection Application
Screenshots

Consumer Protection Application

Case General

< Adding > A Complaint Master Record..

Case Number: [] Status: [Pending/Assigned - Per] Open Date: [8/12/2010] Closed Date: [8/12/2010] Disposition: []

Case General | Reason of Complaint | Type of Coverage | Complaint Against | Request Letter | Scanned Docs | Dispositions/Comments

Case Information

Case Type: [] Assigned To: [] Assigned Dt: [8/12/2010]

Receipt Method: [] Reassigned To: [] Reassigned Dt: [8/12/2010]

Complaint Code: [] Company Type: [] State Employee: [] Catastrophe Type: []

Is the Complainant and Insured the Same Person? Yes No

Is Represented? Yes No

Unfair Settlement? Yes No

Insured Info

Insured

Business Name: [] State: [KY]

First: [] Prefix: [] City: []

Middle: [] Suffix: [] Zip: []

Last: [] Country: [USA]

Address Type: [] Phone Type: []

Address Line1: [] Phone: [] Ext: []

Address Line2: [] Email: []

Address Line3: []

Case Type (Property and Casualty, Life, Health, Licensee, Third Party Administrator, and Agent/Agency)

Receipt Method (Mail, Phone, Fax, e-Mail, Written, Other, Online)

Assigned To / Reassigned To (Internal Staff)

Company Type (Alien Insurer or Reinsurer, Adjuster/Appraiser, Bail Bond Agency, Bogus Firm, Bogus Representative, Captive Insurer, CEO, Director or Trustee, Employee, Health Care Provider, HMO, Insurance Consultant, Joint Underwriting Association, Joint Underwriting Association, Multiple Employer Trust, Managing General Agent, Officer, Other, Premium Finance Company, Preferred Provider Organization, President, Owner, Producer, Reinsurance Intermediary, Risk Purchasing Group, Secretary, Self Insured, State Fund, Title Agency, Third Party Administrator, Treasurer, US Domiciled Insurer, Utilization Review Organization, Vice President, Bank, Security, Unknown)

Complainant Type (Clean Claim-Provider, Insured, Producer, Beneficiary, Third Party, KOI Internal, Owner, Other)

Medicare (A, B, C, D, E, F, G, H, I, J, K, L)

Reason of Complaint

-Adding> A Complaint Master Record...

Case Number: _____ Status: **Pending/Assigned - Per** Open Date: 8/12/2010 Closed Date: 8/12/2010 Disposition: _____

Case General Reason of Complaint: **Type of Coverage** | **Complaint Against** | **Request Letter** | **Scanned Docs** | **Dispositions/Comments**

Note: Select upto 3 items

<p>Underwriting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audit Dispute - Workers Compensation <input type="checkbox"/> Cancellation <input type="checkbox"/> Continuation of Benefits <input type="checkbox"/> Credit Report <input type="checkbox"/> Delays <input type="checkbox"/> Endorsement/Rider <input type="checkbox"/> Genetic screening <input type="checkbox"/> Group Conversion <input type="checkbox"/> Local Govt. Municipal Tax <input type="checkbox"/> Medicare Supplement; Refusal to insu 	<p>Policy Holder Service</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abusive Service <input type="checkbox"/> Accelerated Benefits - Life and Annuit <input type="checkbox"/> Access to care <input type="checkbox"/> Cash value <input type="checkbox"/> Company/agent dispute <input type="checkbox"/> Coverage question <input type="checkbox"/> Delays/No response <input type="checkbox"/> Information requested <input type="checkbox"/> Nonforfeiture <input type="checkbox"/> Other
<p>Claim Handling</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adjuster Handling <input type="checkbox"/> Balance Billing <input type="checkbox"/> Coordination of benefits <input type="checkbox"/> Cost containment <input type="checkbox"/> Delays <input type="checkbox"/> Denial of claim <input type="checkbox"/> Genetic screening <input type="checkbox"/> Medical necessity <input type="checkbox"/> Other <input type="checkbox"/> Post claim underwriting 	<p>Marketing and Sales</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agent handling <input type="checkbox"/> Deceptive cold lead advertising <input type="checkbox"/> Delays <input type="checkbox"/> Duplication of coverage <input type="checkbox"/> Failure to Place <input type="checkbox"/> Fiduciary/Theft <input type="checkbox"/> Fraud/forgery <input type="checkbox"/> High pressure tactics <input type="checkbox"/> Internet Related <input type="checkbox"/> Misappropriation of premium

Underwriting (Audit Dispute - Workers Compensation, Cancellation, Continuation of Benefits, Credit Report, Delays, Endorsement/Rider, Genetic screening, Group Conversion, Local Govt. Municipal Tax, Medicare Supplement; Refusal to insure after open enrollment period, Medicare Supplement; Refusal to insure during open enrollment period, Nonrenewal, Other, Premium and Rating, Rate Classification, Redlining, Refusal to Insure, Rescission, Surcharge, Unfair Discrimination)

Claim Handling (Adjuster Handling, Balance Billing, Coordination of benefits, Cost containment, Delays, Denial of claim, Genetic screening, Medical necessity, Other, Post claim underwriting, Prompt Payment-Health Provider, Subrogation - Auto Only, Unlicensed Entity, Unsatisfactory settlement/offer, Usual, customary, reasonable, Utilization Review)

Policy Holder Service (Abusive Service, Accelerated Benefits - Life and Annuities Only, Access to care, Cash value, Company/agent dispute, Coverage question, Delays/No response, Information requested, Nonforfeiture, Other, Payment not Credited - Life and Annuities Only, Policy Delivery, Premium notice/billing, Premium refund, Quality of care, Viatical settlement)

Marketing and Sales (Agent handling, Deceptive cold lead advertising, Delays, Duplication of coverage, Failure to Place, Fiduciary/Theft, Fraud/forgery, High pressure tactics, Internet Related, Misappropriation of premium, Misappropriations, Misleading advertising, Misrepresentation, Misstatement on application, Not Licensed, Not appointed with company, Other, Policy delivery, Rebating, Replacement - Life, Twisting)

Type of Coverage

Case Number: [] Status: Pending/Assigned - Pet [] Open Date: 8/12/2010 [] Closed Date: 8/12/2010 [] Disposition: []

Case General | Reason of Complaint | Type of Coverage | Complaint Against | Request Letter | Scanned Docs | Dispositions/Comments

Type of Coverage: []

Coverage Category: []

Coverage Type Level1: []

Note: Select upto 3 items

Coverage Type Level2: []

Coverage Category (Auto, Homeowners, Accident and Health, Liability, Fire/Allied Lines, Life and Annuity, Miscellaneous)

Coverage Type Level 1 (Auto – Commercial, Motorcycle, Motorhome/RV, Other, Private Passenger, Rental | Homeowners – Condo/Townhouse, Farmowner, Homeowners, Mobilehome, Other, Renters / Tenants | Accident and Health – Credit, Group, Individual, Other | Liability – General, Other, Products, Professional/E&O | Fire/Allied Lines – Builders Risk, Comm Multi Peril, Credit Property, Crop/Hail, Dwelling/Fire, Fire/Allied Lines, Other | Life and Annuity – Accelerated Benefits, Annuities, Credit Life, Gr Annuities/Credit Life, Group Life, Individual Life, Other | Miscellaneous – Damage Waiver, Extend Warranty/Contracts, Federal Programs, Fidelity/Surety, Inland Marine, Mortgage Guaranty, Ocean Marine, Other)

Coverage Type Level 2 (Auto – Collision, Comprehensive, Liability, Medical Payments, No-Fault/PIP, Other, Personal Passenger, Physical Damage, Residential Mkt/JUA, UM/UTM | Homeowners – Fire/Real Property, Flood, Liability, Loss of Use, Other, Personal Property, Replacement Cost, Theft, Windstorm | Accident and Health – Accident Only, COBRA, Cancer/Dread Disease, Dental, Disability Income, HMO, Health Only, Hospital Indemnity, Long Term Care, Medicare Select, Medicare Supplement, Mental Health, Other, PPO, Pre-Existing Condition, Vision, Medicare Part D, Medicare Advantage, Health Care Reform | Liability – Excess Loss, Medical Mal | Fire/Allied Lines – Fire/Real Property, Liability, Other, Personal Property, Theft, Windstorm | Life and Annuity – Accidental Death, Fixed, Other, Premium Waiver, Single Premium, Term, Universal, Variable, Whole)

Complaint Against

-Adding a Complaint Master Record...

Case Number: _____ Status: Pending/Assigned - Per _____ Open Date: 8/12/2010 Closed Date: 8/12/2010 Disposition: _____

Case General | Reason of Complaint | Type of Coverage | Complaint Against | Request Letter | Scanned Docs | Dispositions/Comments

Contact Info

Entity Name: _____ Primary: Title: _____
 First Name: _____ Prefix: _____ City: _____
 Mid Name: _____ Suffix: _____ Zip: _____
 Last Name: _____ Country: _____
 Address Line1: _____ Phone: _____ Ext: _____
 Address Line2: _____ Fax: _____
 Address Line3: _____ Email: _____
 State: _____

Entity Name	Type	DOI ID	NAIC	FEIN/SSN	Status Reason	Primary
1						
2						

Request Letter

Request Letter

Case Number: [] Status: Pending/Assigned - Per [] Open Date: 8/12/2010 Closed Date: 8/12/2010 Disposition: []

Case General | Reason of Complaint | Type of Coverage | Complaint Against | Request Letter | Scanned Docs | Dispositions/Comments

Request Letter for Current Complaint

Letter Type: []

Letter: [] Address/Email: []

Request Dt: 08/12/2010 09:09 AM [] Print Dt: 8/12/2010 []

Due Dt: 8/12/2010 []

Comments: []

Response Dt: 8/12/2010 [] Print Dt: 8/12/2010 []

Signed By: []

Corr Mode: []

Request: [] Generate [] Clear [] Delete []

NOTE: Red color indicates letters due for generating

View	Letter #	Case #	Letter Title	Corr Mode	Request Date
1					

Letter Type (Agent / Third Party Administrator, Company, Complainant, Insured)

Letter (Agent / Third Party Administrator - Initial Letter to Company, Follow Up letter to the Agent/Requesting, Inquiry Letter to Companies, Close Letter to Complainant/refer to Legal, Initial Letter to the Company/Requesting, Initial Letter to the Agent, Agent termination Letter, Initial Letter to the Agent/Requesting 1, Initial Letter to the Agent/Do Not Encl, Closing Letter/No Action/To Agent, Follow Up Letter to the Company/Requesting, General Correspondence | Company - General Correspondence, Opening File to P&C Comp (Non-Renewal/Cancellation), Opening Letter (P&C Non-Renewal/Cancellation/Non Comp), Letter to Company (Life and P&C Companies, Opening Letter (Life), Opening Letter to Health Companies, Opening Letter to Health Companies Regarding Rates, Company Re-Opening a File, Company Non-Response to Dept. (7 Day Letter), Company Non-Response to Dept. (Informal Conference), Company Letter (Additional Complainant Info Received), Company Letter Requesting File Update, Letter to Company (New Agent Needed), Company Letter (Workers Comp Self Fund), Initial Letter to Insurer, EOB Request (7 Day Letter), VIP to Senator/Rep | Complainant - 3rd Party Letter, Referring Case to HIPMC, CC Letter, Designation of Authority, General Correspondence, Follow Up letter to the Agent/Requesting, Referring Portion of Case to HIPMC, Consumer Opening File-Requesting Additional, Consumer Letter Requesting Additional Information, Consumer Letter (Company Needs Additional Time), Consumer Letter (Additional Info Received), Closing Letter to Consumer (Plan Delivery Rule), Closing Letter To Consumer (Consumer Position Upheld), Consumer Letter (Inquiry), Closing Letter to Consumer (Addtl Info Provided After Case Closed), Letter to Consumer (Addtl Info Provided After Case Closed), Letter to State Employees (No HIPMC, Letter to Consumer (non-renewal), Initial Letter to Provider | Insured -3rd Party Letter, Closing Letter/No Action/Complainant, CC Letter, Designation of Authority, General Correspondence, Letter to Consumer (Opening Letter), Referring Portion of Case to HIPMC, Consumer Opening File- Requesting Additional, Consumer Letter Requesting Additional Information, Consumer Letter (Company Needs Additional Time), Consumer Letter (Additional Company Info Received), Closing Letter to Consumer (Plan Delivery Rule), Closing Letter (Factual Dispute), Closing Letter To Consumer (Health Ins. Rate Increase), Consumer Letter (LCT Rate Increase), Consumer Letter (LCT Rate Increase), Non/Can to Consumer (Home), Universal Life Letter, Letter to Consumer (No Jurisdiction/Refer to AG), Consumer Letter (Refer to AG/Auto), Letter to Consumer (Out of State Blue Plan), Letter to Consumer (UP Appeals), Letter to Consumer (UP Appeals), Letter to Consumer (Addtl Info Provided After Case Closed), Letter to Consumer (non-renewal), Initial Letter to Provider, VIP to Senator/Rep))

Position Upheld), Consumer Letter (Factual Dispute), Closing Letter To Consumer (Health Ins. Rate Increase), Consumer Letter (LCT Rate Increase), Closing Letter (Consumer/No Addtl Info Provided to Dept), Letter to Provider (Contractual Dispute), Non/Can to Consumer (Auto), Non/Can to Consumer (Home), Universal Life Letter, Letter to Consumer (No Jurisdiction/Refer to AG), Consumer Letter (Refer to AG/Auto), Letter to Consumer (Out of State Blue Plan), Letter to Consumer (No Jurisdiction/ERISA), Letter to Consumer (No Jurisdiction/Medicare PartD), Letter to State Employees (No Jurisdiction), Refer to Another State Department, Consumer (UP Appeals), Letter to Consumer (Addtl Info Provided After Case Closed), Letter to Consumer (Addtl Info Provided After Case Closed), Letter to Consumer (non-renewal), Initial Letter to Provider | Insured -3rd Party Letter, Closing Letter/No Action/Complainant, CC Letter, Designation of Authority, General Correspondence, Letter to Consumer (Opening Letter), Referring Portion of Case to HIPMC, Consumer Opening File- Requesting Additional, Consumer Letter Requesting Additional Information, Consumer Letter (Company Needs Additional Time), Consumer Letter (Additional Company Info Received), Closing Letter to Consumer (Plan Delivery Rule), Closing Letter To Consumer (Consumer Position Upheld), Consumer Letter (Inquiry), Closing Letter to Consumer (Company Position Upheld), Consumer Letter (Factual Dispute), Closing Letter To Consumer (Health Ins. Rate Increase), Consumer Letter (LCT Rate Increase), Consumer Letter (LCT Rate Increase), Non/Can to Consumer (Auto), Non/Can to Consumer (Home), Universal Life Letter, Letter to Consumer (No Jurisdiction/Refer to AG), Consumer Letter (Refer to AG/Auto), Letter to Consumer (Out of State Blue Plan), Letter to Consumer (UP Appeals), Letter to Consumer (UP Appeals), Letter to Consumer (Addtl Info Provided After Case Closed), Letter to Consumer (non-renewal), Initial Letter to Provider, VIP to Senator/Rep))

Scanned Docs

- Adding > A Complaint Master Record...

Case Number: Status: Pending/Assigned - Per Open Date: 8/12/2010 Closed Date: 8/12/2010 Disposition:

Case General | Reason of Complaint | Type of Coverage | Complaint Against | Request Letter | Scanned Docs | Dispositions/Comments

List of Documents

	View	Name	Last Updated Dt.	File Size (In Bytes)
1	View			

Dispositions/Comments & Recovered Amount

<Adding> A Complaint Master Record.

Case Number: _____ Status: Pending/Assigned - Per _____ Open Date: 8/12/2010 Closed Date: 8/12/2010 Disposition: _____

Case General | Reason of Complaint | Type of Coverage | Complaint Against | Request Letter | Scanned Docs | Dispositions/Comments

Note: Select upto 3 items

Disposition Details

Additional payment

Advertising withdrawn/amended

Advised complainant

Apparent unlicensed activity

Cancellation notice withdrawn

Cancellation upheld

Claim reopened

Claim settled

Company position upheld

Case Comments

All Comments

New Comment

Add Comment

Recovered Amount | Referred To Agencies | Case Referred By |

Recovered Type: _____ Recovered Date: 8/12/2010

Recovered Amount: _____

Recovered Type	Amount	Date

Disposition Type (Justified, Not Justified, Question of Fact, Inquiry Only)

Disposition Details (Additional payment, Advertising withdrawn/amended, Advised complainant, Apparent unlicensed activity, Cancellation notice withdrawn, Cancellation upheld, Claim reopened, Claim settled, Company position upheld, Compromised settlement/resolution, Contract provision/legal issue, Coverage extended, Deductible refunded, Delay resolved, Duplicate Complaint, ERISA, Employer Related Problem, Entered into Arbitration/Mediation, Filed suit/retained attorney, Fined, Information furnished/expanded, Inquiry Only, Insufficient information, No Jurisdiction, No action requested/required, Non-insurance/Discount plan, Nonforfeiture Problem Resolved, Nonrenewal notice rescinded, Nonrenewal upheld, Other, Policy issued/restored, Premium problem resolved, Probation, Question of fact, Rating problem resolved, Recovery, Referred for disciplinary action, Referred to proper agency, Refund, Revoked, Unable to assist, Underwriting practice resolved)

Recovered Amount Type (Recovery, Company Penalty, Agent Penalty)

Referred to Other Agencies

Recovered Amount | Referred To Agencies | Case Referred By

GroupBox2

Referred To Agency:
Returned Date:

Referred To Date:

Agency	Date Referred	Date Returned
Health	04/20/2004	04/20/2005

Referred to Agency (Fraud, Health, Kentucky Access, Life, Legal)

Case Referred By

Recovered Amount | Referred To Agencies | Case Referred By

Case Referred By:

Referral Type:

Ref By First:

Ref By Middle:

Ref By Last:

Referred Date:

Referral Type (Governor, State Representative, State Senator, US Senator, US Representative)

Health Complaint Application

Complaint Review - Insurer/Reviewer

irmhealthComp
Insurer/Reviewer
Complaint/Insured info
Correspondence/Disposition
Scanned Documents

* Type Of Complaint:

* Status:

* Company Type:

Year: 2010

CPE Case No:

Search By:

Company Type:

Name:

* Contact:

* Name:

* Line 1:

* Line 2:

* Line 3:

* City:

* State: KY

* Zip Code:

* Country: USA

Phone: (###) ###-####

Fax: (###) ###-####

Email:

Comments:

* Dt Recvd In Rth: 08/12/2010

* Dt Recvd By CoId: 08/12/2010

* Date Opened: 08/12/2010

* Date Closed: 08/12/2010

Load to New CPE:

FEIN:

DOI ID:

Search Results:

IRS #	Company Name	DOI ID	Status	DO

Add UnLicensed Entity

Selected Insurer/Reviewers:

Name	FEIN/SSN	Primary	DOI ID	Dot Type

Add Comment

Type of Complaint (Coverage Denial, Utilization Review, Independent Review Entity)
 Company Type (Insurer, Independent Review Entity, Private Review Entity, Kentucky Access, Other Entity)

Complaint Review -- Complainant / Insured Info

frnHealthComp
Complainant/Insured Info
Correspondence/Disposition
Scanned Documents

Insurer/Reviewer

Type Of Coverage

Reason For Complaint

Not satisfied with decision

Timeframe issue

Plan delivery rules

Other

Complainant/Insured Info

Are Complainant and Insurer the Same Person?

Yes No

Care Referred By

Insured Name/Address/Phone

Phone(s)

Last

First

Mid

Line 1

Line 2

Line 3

City

Zip

State

KY

USA

Country

Phone(s)

Home

Office

Insured Details

Type

Complainant Name/Address/Phone

Complainant Type

Business Name

Complainant/Contact Name

Last

First

Mid

Line 1

Line 2

Line 3

City

Zip

State

KY

USA

Country

Phone(s)

Home

Office

Insured Details Type

Coverage Denial Type

Coverage Denial Sub Type

Date Of Service

08/12/2010

PreAuthorization

Recovered Amount

Type of Coverage (Individual, Group, State Group, Kentucky Access, Other)

Coverage Denial Type (Device, Drug, Service, Treatment)

Case Referred By (Internal, External, Consumer Protection, Commissioner, Elected Official, Governor, Other, Attorney)

Insured Details Type (Covered Person, Authorized Person, Provider)

Complaint Review - Correspondence/Disposition

frmhealthCamp

Insurer/Reviewer | **Complaint/Insured Info** | Correspondence/Disposition | Scanned Documents

Disposition Details

CAP required
 CD - requires resolution of medical issue
 CP not subject to Coverage on DOS
 Decision in favor of CP
 External Review Not Exhausted
 Internal Appeals Not Exhausted

Case Closure Details

Justified
 Not Justified
 ExtraContribution Yes
 Question of Fact
 Inquiry Only

Date 1st Ack: 08/12/2010
 Date Last Ack: 08/12/2010
 Date Info Requested: 08/12/2010
 Date Ins. Resp. Rec.: 08/12/2010
 Date Sent To Legal: 08/12/2010
 Date Legal Returned: 08/12/2010

Date To Director: 08/12/2010
 Date From Director: 08/12/2010
 Date Other/Upheld: 08/12/2010
 Date Of Reversal Letter: 08/12/2010
 Date Of Rev. Response: 08/12/2010

Address Details

Address Type: _____
 Cor. Type: _____
 Addressee Name: _____
 Contact Name: _____
 Address: _____
 Fax: _____
 Email: _____
 Comments: _____

Correspondence/Disposition

Cor. Mode: _____
 Cor. Date: 08/12/2010
 Due Date: 08/12/2010

Save | Clear

History

History	Cor. Type	Cor. Date	Cor. Mode	Cor. Due Date	Contact Name and Address	Comments	Last Upd By and Date
[Redacted]							

Disposition Details (Internal Appeals Not Exhausted, External Review Not Exhausted, CP not subject to Coverage on DOS, Decision in favor of CP, Decision in favor of Insurer, Voluntary reversal by Insurer, Not a Coverage Denial, Self-Insured Plan, Not a KY Insurer, Referred to CP & E, Referred to UR, Referred to Legal, CD - requires resolution of medical issue, CAP required, Plan Delivery Rule, Other, Referred for coverage Denial Review, Not a Kentucky Issued Plan, No Jurisdiction)

Correspondence Type (Compl/Provider - CD - CD Insd Person PBM Ack, Coverage Denial - Acknowledgement Receipt, Coverage Denial - Federal Plan, Coverage Denial - Final Det Reversal, Coverage Denial - Final Det Upheld, Coverage Denial - Insurer Voluntary Reversal, Coverage Denial - Internal Appeals Not Exhausted, Coverage Denial - Not a Kentucky Plan, Coverage Denial - Not covered on Date of Service, Coverage Denial - Referred to CP&E, Coverage Denial - Status Letter, Fax Cover Sheet | Insurance Carrier - CD PBM Req for Info, CD ASO_REQ_FOR_INFO, Coverage Denial - Request for Information, Coverage Denial-Info Req Followup, Coverage Denial-Ins. Carrier-Fnl Determination, Coverage Denial-Ins. Carrier-Fnl Determination, Fax Cover Sheet | UR/IR Reviewer - Fax Cover Sheet, Review Request - Request for Information | Insured Person - CD - Coverage Denial - Acknowledgement Receipt, Coverage Denial - Federal Plan, Coverage Denial - Final Det Reversal, Coverage Denial - Final Det Upheld, Coverage Denial - Insurer Voluntary Reversal, Coverage Denial - Internal Appeals Not Exhausted, Coverage Denial - Not a Kentucky Plan, Coverage Denial - Not covered on Date of Service, Coverage Denial - Referred to CP&E, Coverage Denial - Status Letter | Insured Person - Rev - Fax Cover Sheet, Review Request - Internal Appeals not Exhausted, Review Request - Not covered on Date of Services | Compl/Provider - Rev - Fax Cover Sheet, Review Request - Internal Appeals not Exhausted, Review Request - Not covered on Date of Services | Non-Defined - User Defined

Utilization Review Entity -- General Information

Utilization Review Entity < Add >

General Information Fees/Correspondence Scanned Documents

Utilization Review Entity - Main Contact

Registration # Entity Name Entity Type Add Delete Clear

Entity Name KY FEIN Incorp Date Status Reason Type Add Delete Clear

DOI ID 08/12/2010 Incorp State Incorp Date Status Reason Type Add Delete Clear

Business Type Last Renewal Date NCQA Outcome Hrs Of Operation Reason Type Add Delete Clear

Initial Reg Date 08/12/2010 NCQA Type Hrs Of Operation Reason Type Add Delete Clear

Delegated Functions Entity Name Reason Type Add Delete Clear

Name Reason Type Add Delete Clear

Comments Add Comment

Line 1 Line 2 Line 3 Add/Edit Clear

City State KY Country USA Add/Edit Clear

Zip Code Phone Fax Email Inactive Date 08/12/2010 Inactive Add/Edit Clear

Company Contacts Contact Type Name Address Phone

Let Of Entities for which applicant does Utilization Review DOI ID Add Delete Clear Lnk_UR_Review

Name DOI ID Add Delete Clear Lnk_UR_Review

Entity Type (Private Review Agent, Limited HS, Insurer)

Business Type (Corporation, Partner, Association, Limited Liability Co, For-Profit, Not-For-Profit, Public, Private, Mutual, Stock)

NCQA Type (MCO, MBHO, CVO, POC, Other)

NCQA Outcome (Excellent, Commendable, Accredited, Provisional)

URAC Type (Full, Conditional)

Reason Type (Chiropractic, Radiology, Behavioral Health, Home Infusion / Home Health, Specialty Reviews, UM, PBM)

Utilization Review Entity - Fees/Correspondence

Utilization Review Entity - Add
Scanned Documents

General Information

Line of Business:

Other Description:

Line Of Business:

Other Description:

Fees/Correspondence

Fee / Payment Information

Pymt Dt:

Check #:

Pymt Dt:

Fee Type:

Amount:

Pymt Number:

Pymt Dt:

Fee Type:

Amount:

Correspondence

Corr. Type:

Contact:

Contact Name:

Address:

Payment Information

Corr. Mode:

Due Date:

Corr. Date:

Resp. Date:

History

Corr. Type	Corr. Date	Corr. Mode	Corr. Resp. Date	Contact Name and Address	Comments	Last Upd By and Date

Comments

Line of Business (Medicare, Medicaid, Indemnity, Worker's Compensation, Clinical Specialty Care Out, Utilization Management, CMO, External Review Organization, Network, HMO, PPO, IPA, PHO/PSO, Benefits Administration, Home Health Care, Other)

Fee Type (Application for Certificate as a Utilization Review Entity, Changes to Previously Approved Utilization Review Policies and Procedures)

Payment Type (EFT, Check, Credit Card, Money Order, Cashier Check, Credit Voucher, Cash Voucher, Cash Receipt)

Correspondence Type (UR-Other)
 Correspondence, UR-Cessation of Ops Approval, UR-Registration Expiration, UR-Registration Expiration 2nd Notice, UR-Request for Information, UR-Application Received, UR-Registration Approved, UR-Changes to P&P Approval)

Correspondence Mode (Mail, Phone, Fax, e-Mail)

Independent Review Entity - Fees/Correspondence

Utilization Review Entity < Add >

General Information Fees/Correspondence Scanned Documents

Lines of Business
 Line of Business: [Add/Edit] [Clear] [Delete] Other Description: []

Line of Business: [Add/Edit] [Clear] [Delete] Other Description: []

Fee / Payment Information
 Pymt Dt: 8/12/2010 Pymt Type: [] Fee Type: [] Amount: [] Pymt Date: [] Pymt Type: [] Fee Type: [] Pymt Number: [] Amount: [] Lat_Upd_By/Lat_UpdJ: []

Check # [] Pymt Date [] Pymt Type [] Fee Type [] Pymt Number [] Amount [] Lat_Upd_By/Lat_UpdJ []

Corr Type [] Fax [] Email [] Comments [] Corr. Mode [] Use Date [] Corr. Date [] Resp. Date [] Save [] Clear []

Contact Name [] Address [] Corr. Date [] Corr. Mode [] Contact Name and Address [] Comments [] Last Upd By [] Last Upd Date []

History Corr. Type [] Corr. Date [] Corr. Mode [] Contact Name and Address [] Comments [] Last Upd By [] Last Upd Date []

Line of Business (Medicare, Medicaid, Indemnity, Worker's Compensation, Clinical Specialty Carve Out, Utilization Management, CMO, External Review Organization, Network, HMO, PPO, IPA, PHO/PSO, Benefits Administration, Home Health Care, Other)

Fee Type (Application for Certificate as a Independent Review Entity, Changes to Previously Approved Independent Review Policies and Procedures)

Payment Type (EFT, Check, Credit Card, Money Order, Cashier Check, Credit Voucher, Cash Voucher, Cash Receipt)

Correspondence Type (IR-Other Correspondence, IR-Cessation of Ops Approval, IR-Renewal Notification, IR-Request for Information, IR-Application Received, IR-Application Approved)

Correspondence Mode (Mail, Phone, Fax, e-Mail)

Independent Review Entity - Reviews

21 Independent Review Entity - Add
Scanned Documents

General Information

Insurer:

DOI ID:

ER Category:

Reviewers Specialty:

Fees/Correspondence

IRE Acceptance:

Decision Dt:

KOI Recvd Assign:

Decision Recvd KOI:

Insurer Recvd Request

Decision Due:

Implementation:

Fee:

Reviews

Decision Due KOI:

Decision Favored:

Comment:

General Information

Insurer:

DOI ID:

Date ER Req Recvd by Insurer:

Covered Person Name:

IRE Acceptance Dt:

ER Recvd by KOI

Decision Due Dt:

KOI Decision Due Dt:

Decision Dt:

KOI Recvd Date Dt:

Add Clear Delete

Insurer	DOI ID	Date ER Req Recvd by Insurer	Covered Person Name	IRE Acceptance Dt	ER Recvd by KOI	Decision Due Dt	KOI Decision Due Dt	Decision Dt	KOI Recvd Date Dt	Inp/In Dt

ER Category (DME, Inpatient Hospital, Other, Outpatient Services, Prescription Drugs)

Reviewers Specialty (Allergy/Immunology, Anes/Pain Mgt, Anesthesiology, Chiro, Colon/Rectal Surg, Dentist, Derm, ENT, Emergency, Family Prac, IM, IM/Cardiovascular, IM/Critical Care, IM/Endocrinology, IM/GI, IM/Geriatrics, IM/Hematology, IM/Infectious Dis, IM/Nephrology, IM/Oncology, IM/Pulm, IM/Rheumatology, Neurology, Neurosurgery, Nuclear Med, OB/GYN, Occupational Medicine, Occupational Therapy, Ophthalmology, Optometry, Oral/Maxillofacial, Ortho/Hand Surg, Orthopedics, Pediatrics, Peds/Cardiology, Peds/Critical Care, Peds/Endocrinology, Peds/GI, Peds/HemOnc, Peds/Infectious Dis, Peds/Neonatal-Perinatal, Peds/Nephrology, Peds/Neurology, Peds/Pulm, Peds/Rheumatology, Physical Med/Rehab, Plastic Surgery, Plastics/Hand, Plastics/Head+Neck, Podiatry, Psy/Addiction Med, Psy/Child+Adolescent, Psy/Neurology, Psychiatry, Rad/Diagnostic, Rad/Nuclear, Rad/Oncology, Rad/Vascular+Inter, Radiology, Rehabilitation Medicine, Speech Therapy, Surg/Critical Care, Surg/Hand,Surg/Peds, Surg/Vascular, Surgery, Thoracic Surgery, Urology)

Decision Favored (In Favor of Consumer Protection, In Favor of Insurer, In Favor of Consumer and Insurer)

EXHIBIT 3

Sample Referral Letter

STEVEN L. BESHEAR
GOVERNOR



ROBERT D. VANCE
SECRETARY

SHARON P. CLARK
COMMISSIONER

COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION CABINET
DEPARTMENT OF INSURANCE
CONSUMER PROTECTION AND EDUCATION DIVISION
P.O. Box 517
FRANKFORT, KENTUCKY 40602
(502) 564-6034
(800) 595-6053
FAX (502) 564-6090
[HTTP://DOI.PPR.KY.GOV](http://DOI.PPR.KY.GOV)

«PrintDt»

«Recipient_Name»

«AddrInfo»

RE: Our File No. «CaseNumber» - «Insured»

Dear «SalName»:

Enclosed is a response from the insurance company. The Department of Insurance has reviewed your complaint and our investigation indicates that this is a self-funded plan. The Department has no regulatory authority over self-funded ERISA plans. ERISA plans are regulated by the United States Department of Labor. For further explanation of your rights under this type of plan, you may wish to contact that office at the following address:

U.S. Department of Labor
Employee Benefits Security Administration
Cincinnati Area Office
1885 Dixie Hwy., Suite 210
Ft. Wright, KY 41011-2664
(Toll-Free) 866-444-3272 or 859-578-4680 (Cincinnati Office)

We hope this information will assist you in resolving this matter. Unfortunately, we cannot be of further assistance on this issue.

Sincerely,

«SignedBy»

«JobType»

Enclosure

c: <PROMPT CC>

EXHIBIT 4

Example Disposition Data Chart

	B	C	D	E	F	G	H	I	J	K
1	DOI File No.	Date Opened	Date Closed	Status	DOI Identifier	Disposition	Type of Insurance	Recovery	Sub Category	Reason for Complaint
2	2006JSM231	7/26/2006	11/9/2009	Closed	552453	Inquiry Only	Property and Casualty			Marketing and Sales:Fiduciary/Theft Marketing and
3	2006JSM238	8/1/2006	6/24/2010	Closed	575142	Inquiry Only	Life			Marketing and Sales:Not Licensed Marketing and Sales:Misleading advertising
4	2006JSM299	10/3/2006	6/24/2010	Closed	575142	Inquiry Only	Agent/Agency			Marketing and Sales:Deceptive cold lead advertising
5	2007JSM347	9/19/2007	6/24/2010	Closed	575142	Inquiry Only	Licensee			
6	2007JSM356	9/25/2007	8/18/2009	Closed	666485	Inquiry Only	Agent/Agency	5000		Marketing and Sales:Not Licensed
7	2007JSM371	10/2/2007	11/16/2009	Closed	575223	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling
8	2007JSM405	11/1/2007	11/16/2009	Closed	575223	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling
9	2007JSM409	11/6/2007	11/16/2009	Closed	575223	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling Marketing and Sales:Fiduciary/Theft
10	2007JSM410	11/6/2007	11/17/2009	Closed	575223	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling Marketing and Sales:Fiduciary/Theft Marketing and Sales:Misappropriation
11	2007JSM445	12/3/2007	11/9/2009	Closed	581204	Inquiry Only	Licensee			Marketing and Sales:Not appointed with company
12	2007JSM478	12/19/2007	11/16/2009	Closed	575223	Inquiry Only	Property and Casualty			Marketing and Sales:Agent handling Marketing and Sales:Fiduciary/Theft
13	2007JSM482	12/21/2007	11/16/2009	Closed	575223	Inquiry Only	Licensee			Marketing and Sales:Failure to Place Marketing and Sales:Fiduciary/Theft
14	2007JSM483	12/21/2007	11/17/2009	Closed	575223	Inquiry Only	Licensee			Marketing and Sales:Fraud/forgeries
15	2007MRH069	6/11/2007	8/14/2009	Closed	548846	Inquiry Only	Agent/Agency	8000		Marketing and Sales:Not Licensed
16	2007MRH073	6/11/2007	12/22/2009	Closed	549478	Inquiry Only	Agent/Agency	5000		Marketing and Sales:Not Licensed
17	2007MRH083	7/20/2007	8/6/2009	Closed	536283	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling
18	2007MRH104	9/11/2007	11/30/2009	Closed	303894	Inquiry Only	Licensee			Marketing and Sales:Agent handling
19	2007MRH132	10/30/2007	12/22/2009	Closed	536283	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling
20	2007MRH134	10/31/2007	12/21/2009	Closed	665147	Inquiry Only	Licensee			Marketing and Sales:Agent handling
21	2007MRH141	12/13/2007	11/30/2009	Closed	605806	Inquiry Only	Licensee			Marketing and Sales:Agent handling
22	2007MRH142	12/13/2007	11/23/2009	Closed	387270	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling Claim Handling:Prompt Payment-
23	2007MVB449	5/9/2007	8/10/2009	Closed	300157	Inquiry Only	Health		Accident and Health:Health On	Health Provider
24	2007MVB526	6/5/2007	8/10/2009	Closed	300157	Inquiry Only	Health		Accident and Health:Health On	Claim Handling:Denial of claim
25	2007MVB527	6/5/2007	8/10/2009	Closed	301337	Inquiry Only	Health		Accident and Health:Health On	Claim Handling:Denial of claim
26	2007MVB528	6/5/2007	8/10/2009	Closed	301337	Inquiry Only	Health		Accident and Health:Health On	Claim Handling:Denial of claim
27	2007MVB529	6/5/2007	8/10/2009	Closed	300946	Inquiry Only	Health		Accident and Health:Health On	Claim Handling:Denial of claim Marketing and Sales:Agent handling
28	2007TGS282	9/11/2007	2/10/2010	Closed	338301	Inquiry Only	Property and Casualty		Homeowners:Fire/Real Propert	Claim Handling:Denial of claim
29	2008EPH301	9/24/2008	8/26/2009	Closed	300122	Inquiry Only	Life		Life and Annuity:Whole	Policyholder Service:Information requested
30	2008FCS403	11/6/2008	8/11/2009	Closed	300570	Inquiry Only	Property and Casualty		Homeowners:Windstorm	Claim Handling:Unsatisfactory settlement/offer
31	2008JSM008	1/11/2008	11/16/2009	Closed	575223	Inquiry Only	Licensee			Marketing and Sales:Agent handling Marketing and Sales:Failure to Place
32	2008JSM049	2/22/2008	3/29/2010	Closed	310693	Inquiry Only	Agent/Agency			Marketing and Sales:Fiduciary/Theft Marketing and Sales:Deceptive cold lead advertising
33	2008JSM062	3/3/2008	11/9/2009	Closed	575223	Inquiry Only	Agent/Agency			
34	2008JSM064	3/3/2008	10/7/2009	Closed	300587	Inquiry Only	Health	6400	Accident and Health:Long Term	Claim Handling:Delays Policyholder Service:Coverage question
35	2008JSM122	4/14/2008	11/13/2009	Closed	680147	Inquiry Only	Health			Policyholder Service:Coverage question
36	2008JSM130	4/18/2008	11/10/2009	Closed	510986	Inquiry Only	Life	11044	Life and Annuity:Single Premium	
37	2008JSM134	4/18/2008	11/17/2009	Closed	575223	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling Marketing and Sales:Fraud/forgeries Marketing and Sales:Not Licensed Marketing and Sales:Rebating
38	2008JSM137	4/21/2008	12/1/2009	Closed	556805	Inquiry Only	Licensee			
39	2008JSM165	5/9/2008	12/2/2009	Closed	680147	Inquiry Only	Health			Marketing and Sales:Not Licensed Marketing and Sales:Misstatement on application
40	2008JSM173	5/15/2008	1/19/2010	Closed	365032	Inquiry Only	Agent/Agency	500		
41	2008JSM188	6/2/2008	9/23/2009	Closed	385547	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling Marketing and Sales:Agent handling
42	2008JSM195	6/5/2008	11/25/2009	Closed	575223	Inquiry Only	Agent/Agency	5472		Marketing and Sales:Fiduciary/Theft Marketing and Sales:Agent handling Marketing and
43	2008JSM197	6/6/2008	1/19/2010	Closed	547589	Inquiry Only	Agent/Agency			
44	2008JSM206	6/17/2008	11/13/2009	Closed	680147	Inquiry Only	Agent/Agency			Marketing and Sales:Not Licensed
45	2008JSM281	8/21/2008	11/16/2009	Closed	683840	Inquiry Only	Agent/Agency			Marketing and Sales:Fiduciary/Theft Marketing and Sales:Agent handling
46	2008JSM323	10/6/2008	11/10/2009	Closed	625915	Inquiry Only	Agent/Agency			Marketing and Sales:Fraud/forgeries Marketing and Sales:Agent handling
47	2008JSM324	10/6/2008	11/10/2009	Closed	672526	Inquiry Only	Agent/Agency		Accident and Health:Accident C	Marketing and Sales:Fraud/forgeries
48	2008JSM363	10/29/2008	7/15/2010	Closed	331153	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling Marketing and Sales:Misappropriation of premium
49	2008JSM392	11/12/2008	8/11/2009	Closed	662165	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling Marketing and Sales:Fiduciary/Theft
50	2008JSM426	11/25/2008	1/5/2010	Closed	366518	Inquiry Only	Agent/Agency			
51	2008JSM477	12/17/2008	5/10/2010	Closed	301104	Inquiry Only	Health			Policyholder Service:Other
52	2008JSM478	12/17/2008	11/30/2009	Closed	327537	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling
53	2008JSM486	12/22/2008	8/6/2009	Closed	300999	Inquiry Only	Health	1338		Claim Handling:Denial of claim
54	2008JSM491	12/22/2008	10/12/2009	Closed	300999	Inquiry Only	Health			Claim Handling:Denial of claim Claim Handling:Unsatisfactory settlement/offer
55	2008JWW415	12/4/2008	6/24/2010	Closed	301953	Inquiry Only	Property and Casualty	16258.76	Homeowners:Fire/Real Propert	
56	2008KCH212	4/17/2008	2/8/2010	Closed	300157	Inquiry Only	Health			Claim Handling:Denial of claim
57	2008KCH254	5/12/2008	1/14/2010	Closed	300999	Inquiry Only	Health		Accident and Health:Health On	Underwriting:Premium and Rating Claim Handling:Delays
58	2008KCH466	9/26/2008	2/8/2010	Closed	690147	Inquiry Only	Health		Accident and Health:Health On	Claim Handling:Denial of claim
59	2008MRH002	1/4/2008	8/11/2009	Closed	536283	Inquiry Only	Agent/Agency			Marketing and Sales:Agent handling

	B	C	D	E	F	G	H	I	J	K
886	2009JSM638	12/1/2009	3/17/2010	Closed	300999	Justified	Health			Policyholder Service:Premium notice/billing
887	2009JSM639	12/1/2009	12/28/2009	Closed	301781	Justified	Agent/Agency			Policyholder Service:Other Claim Handling:Delays
888	2009JSM640	12/1/2009	1/13/2010	Closed	300999	Justified	Health			Claim Handling:Denial of claim
889	2009JSM641	12/1/2009	12/28/2009	Closed	300142	Justified	Health			Policyholder Service:Coverage question
890	2009JSM642	12/1/2009	12/28/2009	Closed	301104	Justified	Health			Claim Handling:Delays
891	2009JSM643	12/2/2009	12/28/2009	Closed	300587	Justified	Health		Accident and Health:Long Term	Policyholder Service:Coverage question
892	2009JSM644	12/2/2009	12/15/2009	Closed	300999	Justified	Health			Underwriting:Cancellation
893	2009JSM645	12/2/2009	12/3/2009	Closed	711255	Justified	Health			Policyholder Service:Other
894	2009JSM646	12/4/2009	3/3/2010	Closed	300142	Justified	Health			Policyholder Service:Premium notice/billing
895	2009JSM647	12/4/2009	1/4/2010	Closed	301104	Justified	Health			Claim Handling:Unsatisfactory settlement/offer
896	2009JSM648	12/4/2009	1/21/2010	Closed	646317	Justified	Agent/Agency			Policyholder Service:Information requested
897	2009JSM649	12/4/2009	2/9/2010	Closed	300129	Justified	Health			Policyholder Service:Coverage question
898	2009JSM650	12/7/2009	12/17/2009	Closed	675735	Justified	Health			Claim Handling:Denial of claim
899	2009JSM651	12/7/2009	12/28/2009	Closed	301362	Justified	Health		Accident and Health:Cancer/Dr	Policyholder Service:Information requested
900	2009JSM652	12/7/2009	12/28/2009	Closed	301104	Justified	Health			Policyholder Service:Other
901	2009JSM653	12/7/2009	1/21/2010	Closed	301202	Justified	Health	12200		Policyholder Service:Coverage question
902	2009JSM654	12/8/2009	12/30/2009	Closed	300142	Justified	Health		Accident and Health:Health On	Underwriting:Refusal to Insure
903	2009JSM655	12/8/2009	12/17/2009	Closed	300694	Justified	Health		Accident and Health:Cancer/Dr	Claim Handling:Denial of claim
904	2009JSM657	12/9/2009	1/26/2010	Closed	345041	Justified	Health			Marketing and Sales:Agent handling
905	2009JSM658	12/9/2009	1/5/2010	Closed	301104	Justified	Health			Marketing and Sales:Agent handling
906	2009JSM659	12/9/2009	3/15/2010	Closed	301795	Justified	Health		Accident and Health:Cancer/Dr	Health Provider
907	2009JSM660	12/10/2009	12/28/2009	Closed	300999	Justified	Health			Policyholder Service:Premium notice/billing
908	2009JSM661	12/10/2009	1/14/2010	Closed	398772	Justified	Agent/Agency			Policyholder Service:Coverage question
909	2009JSM662	12/11/2009	1/5/2010	Closed	300999	Justified	Health			Policyholder Service:Premium refund
910	2009JSM663	12/11/2009	1/4/2010	Closed	301104	Justified	Health			Claim Handling:Denial of claim
911	2009JSM665	12/14/2009	2/18/2010	Closed	704814	Justified	Agent/Agency			Claim Handling:Denial of claim
912	2009JSM666	12/15/2009	1/6/2010	Closed	572399	Justified	Health			Marketing and Sales:Agent handling
913	2009JSM667	12/15/2009	12/15/2009	Closed	300142	Justified	Health		Accident and Health:COBRA	Marketing and Sales:Fraud/forgery
914	2009JSM668	12/15/2009	5/11/2010	Closed	315650	Justified	Agent/Agency			Claim Handling:Denial of claim
915	2009JSM669	12/15/2009	12/30/2009	Closed	301104	Justified	Health			Policyholder Service:Information requested
916	2009JSM670	12/15/2009	1/7/2010	Closed	300142	Justified	Health			Policyholder Service:Cash value
917	2009JSM671	12/15/2009	12/28/2009	Closed	716962	Justified	Health			Marketing and Sales:Fiduciary/Theft
918	2009JSM672	12/16/2009	1/5/2010	Closed	300946	Justified	Health			Policyholder Service:Other
919	2009JSM673	12/17/2009	2/3/2010	Closed	501692	Justified	Health	109.94		Claim Handling:Denial of claim
920	2009JSM674	12/17/2009	1/22/2010	Closed	600649	Justified	Health			Policyholder Service:Premium notice/billing
921	2009JSM675	12/17/2009	1/12/2010	Closed	300142	Justified	Health	175.04		Claim Handling:Delays
922	2009JSM676	12/28/2009	5/21/2010	Closed	715329	Justified	Agent/Agency			Claim Handling:Denial of claim
923	2009JSM677	12/28/2009	1/27/2010	Closed	518311	Justified	Agent/Agency			Marketing and Sales:Fraud/forgery
924	2009JSM678	12/28/2009	7/12/2010	Closed	301439	Justified	Health			Marketing and Sales:Agent handling
925	2009JSM679	12/28/2009	2/10/2010	Closed	568384	Justified	Health			Policyholder Service:Premium notice/billing
926	2009JSM680	12/28/2009	1/13/2010	Closed	537990	Justified	Health			Claim Handling:Denial of claim
927	2009JSM681	12/28/2009	1/6/2010	Closed	301104	Justified	Health			Policyholder Service:Coverage question
928	2009JSM682	12/29/2009	1/13/2010	Closed	638649	Justified	Health			Claim Handling:Denial of claim
929	2009JSM683	12/29/2009	2/8/2010	Closed	300142	Justified	Health			Claim Handling:Other
930	2009JSM684	12/29/2009	12/30/2009	Closed	301138	Justified	Health			Claim Handling:Denial of claim
931	2009JSM685	12/30/2009	1/22/2010	Closed	300142	Justified	Health	681.45		Claim Handling:Denial of claim
932	2009JSM686	12/30/2009	2/18/2010	Closed	674814	Justified	Health	309		Policyholder Service:Coverage question
933	2009JWW043	2/5/2009	8/11/2009	Closed	301802	Justified	Property and Casualty		Auto:Liability	Claim Handling:Delays
934	2009JWW114	3/27/2009	12/16/2009	Closed	301480	Justified	Property and Casualty		Homeowners:Fire/Real Property	Claim Handling:Unsatisfactory settlement/offer
935	2009JWW135	4/14/2009	11/9/2009	Closed	300570	Justified	Property and Casualty	165815.32	Homeowners:Fire/Real Property	Claim Handling:Unsatisfactory settlement/offer
936	2009JWW136	4/14/2009	8/25/2009	Closed	300570	Justified	Property and Casualty		Auto:Liability	Claim Handling:Delays
937	2009JWW144	4/16/2009	8/25/2009	Closed	301809	Justified	Property and Casualty	89701.51	Homeowners:Fire/Real Property	Claim Handling:Delays
938	2009JWW158	4/28/2009	8/11/2009	Closed	300159	Justified	Property and Casualty		Homeowners:Fire/Real Property	Claim Handling:Unsatisfactory settlement/offer
939	2009JWW165	4/30/2009	10/12/2009	Closed	300159	Justified	Property and Casualty	189265.09	Homeowners:Fire/Real Property	Claim Handling:Delays
940	2009JWW173	5/4/2009	8/10/2009	Closed	300570	Justified	Property and Casualty	14518.98	Homeowners:Fire/Real Property	Claim Handling:Unsatisfactory settlement/offer
941	2009JWW174	5/4/2009	1/28/2010	Closed	300666	Justified	Property and Casualty	32124.71	Homeowners:Fire/Real Property	Claim Handling:Unsatisfactory settlement/offer
942	2009JWW186	5/12/2009	8/24/2009	Closed	300778	Justified	Property and Casualty	2466.83	Homeowners:Fire/Real Property	Claim Handling:Unsatisfactory settlement/offer
943	2009JWW188	5/12/2009	4/7/2010	Closed	300570	Justified	Property and Casualty		Homeowners:Fire/Real Property	Claim Handling:Denial of claim
944	2009JWW213	5/28/2009	3/29/2010	Closed	301809	Justified	Property and Casualty		Homeowners:Fire/Real Property	Claim Handling:Delays

	B	C	D	E	F	G	H	I	J	K
1594	2009MRH320	9/30/2009	11/14/2009	Closed	694934	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1595	2009MRH321	9/30/2009	5/24/2010	Closed	690606	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1596	2009MRH322	10/1/2009	3/17/2010	Closed	300773	Not Justified	Property and Casualty			Marketing and Sales:Agent handling
1597	2009MRH323	10/1/2009	10/19/2009	Closed	301809	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1598	2009MRH325	10/1/2009	1/15/2010	Closed	714757	Not Justified	Agent/Agency			Policyholder Service:Coverage question
1599	2009MRH326	10/6/2009	11/12/2009	Closed	300999	Not Justified	Agent/Agency	3433.82	Accident and Health:Health On	Claim Handling:Delays
1600	2009MRH327	10/6/2009	6/4/2010	Closed	588638	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1601	2009MRH328	10/7/2009	11/3/2009	Closed	300999	Not Justified	Health		Accident and Health:Health On	Claim Handling:Delays
1602	2009MRH329	10/7/2009	1/4/2010	Closed	300157	Not Justified	Agent/Agency		Accident and Health:Health On	Policyholder Service:Coverage question
1603	2009MRH330	10/7/2009	1/15/2010	Closed	300683	Not Justified	Agent/Agency			Policyholder Service:Other
1604	2009MRH331	10/8/2009	1/13/2010	Closed	300878	Not Justified	Health		Accident and Health:Disability I	Claim Handling:Delays
1605	2009MRH332	10/8/2009	12/9/2009	Closed	300701	Not Justified	Agent/Agency			Policyholder Service:Other
1606	2009MRH333	10/9/2009	12/22/2009	Closed	300477	Not Justified	Agent/Agency		Accident and Health:Disability I	Marketing and Sales:Agent handling
1607	2009MRH334	10/9/2009	11/5/2009	Closed	300999	Not Justified	Agent/Agency		Accident and Health:Health On	Claim Handling:Delays
1608	2009MRH335	10/12/2009	11/3/2009	Closed	398697	Not Justified	Health		Accident and Health:Health On	Claim Handling:Delays
1609	2009MRH336	10/12/2009	4/5/2010	Closed	300157	Not Justified	Agent/Agency		Accident and Health:Health On	Policyholder Service:Coverage question
1610	2009MRH337	10/12/2009	10/13/2009	Closed	632200	Not Justified	Agent/Agency			Claim Handling:Delays
1611	2009MRH338	10/14/2009	11/4/2009	Closed	401194	Not Justified	Health			Claim Handling:Delays
1612	2009MRH339	10/14/2009	11/10/2009	Closed	301948	Not Justified	Health	877.5	Accident and Health:Dental	Claim Handling:Delays
1613	2009MRH340	10/14/2009	12/23/2009	Closed	608591	Not Justified	Health		Accident and Health:Medicare	Claim Handling:Delays
1614	2009MRH341	10/15/2009	10/15/2009	Closed	605271	Not Justified	Health		Accident and Health:Health On	Policyholder Service:Coverage question
1615	2009MRH342	10/16/2009	12/3/2009	Closed	301472	Not Justified	Agent/Agency		Accident and Health:Disability I	Claim Handling:Delays
1616	2009MRH343	10/16/2009	10/29/2009	Closed	301337	Not Justified	Agent/Agency		Accident and Health:Health On	Claim Handling:Delays
1617	2009MRH344	10/16/2009	1/13/2010	Closed	301472	Not Justified	Agent/Agency		Accident and Health:Health On	Claim Handling:Delays
1618	2009MRH345	10/19/2009	1/13/2010	Closed	300570	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1619	2009MRH346	10/19/2009	12/3/2009	Closed	665071	Not Justified	Agent/Agency		Accident and Health:Medicare	Policyholder Service:Coverage question
1620	2009MRH347	10/19/2009	10/22/2009	Closed	301902	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1621	2009MRH348	10/19/2009	1/13/2010	Closed	564408	Not Justified	Agent/Agency			Claim Handling:Other
1622	2009MRH349	10/19/2009	1/15/2010	Closed	591264	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1623	2009MRH350	10/19/2009	12/3/2009	Closed	300438	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1624	2009MRH351	10/20/2009	12/3/2009	Closed	301072	Not Justified	Property and Casualty			Policyholder Service:Coverage question
1625	2009MRH352	10/21/2009	12/10/2009	Closed	581481	Not Justified	Agent/Agency			Claim Handling:Delays
1626	2009MRH353	10/22/2009	10/22/2009	Closed	401146	Not Justified	Property and Casualty			Marketing and Sales:Agent handling
1627	2009MRH354	10/22/2009	1/8/2010	Closed	300878	Not Justified	Health			Claim Handling:Delays
1628	2009MRH355	10/22/2009	2/12/2010	Closed	632200	Not Justified	Health			Claim Handling:Delays
1629	2009MRH356	10/26/2009	12/3/2009	Closed	300999	Not Justified	Health		Accident and Health:Health On	Policyholder Service:Information requested
1630	2009MRH357	10/26/2009	11/24/2009	Closed	679106	Not Justified	Health		Accident and Health:Medicare	Claim Handling:Delays
1631	2009MRH358	10/26/2009	1/26/2010	Closed	300773	Not Justified	Property and Casualty			Policyholder Service:Coverage question
1632	2009MRH359	10/26/2009	1/12/2010	Closed	300817	Not Justified	Health		Accident and Health:Disability I	Claim Handling:Delays
1633	2009MRH360	10/26/2009	10/27/2009	Closed	301508	Not Justified	Health			Claim Handling:Delays
1634	2009MRH361	10/26/2009	1/12/2010	Closed	301845	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1635	2009MRH362	10/26/2009	11/10/2009	Closed	521703	Not Justified	Health		Accident and Health:Health On	Claim Handling:Delays
1636	2009MRH363	10/26/2009	2/10/2010	Closed	300084	Not Justified	Health		Accident and Health:CancerDr	Policyholder Service:Premium refund
1637	2009MRH364	10/26/2009	1/4/2010	Closed	301472	Not Justified	Health		Accident and Health:Disability I	Claim Handling:Delays
1638	2009MRH365	10/27/2009	10/28/2009	Closed	301337	Not Justified	Health		Accident and Health:Health On	Policyholder Service:Premium refund
1639	2009MRH366	10/27/2009	11/9/2009	Closed	301337	Not Justified	Health		Accident and Health:Health On	Claim Handling:Delays
1640	2009MRH367	10/27/2009	11/17/2009	Closed	301104	Not Justified	Health		Accident and Health:Health On	Policyholder Service:Coverage question
1641	2009MRH368	10/27/2009	1/8/2010	Closed	553939	Not Justified	Agent/Agency			Policyholder Service:Premium refund
1642	2009MRH369	10/27/2009	12/3/2009	Closed	309980	Not Justified	Agent/Agency			Marketing and Sales:Agent handling
1643	2009MRH370	10/28/2009	1/4/2010	Closed	300431	Not Justified	Life			Marketing and Sales:Agent handling
1644	2009MRH371	10/28/2009	11/17/2009	Closed	300142	Not Justified	Health		Accident and Health:Health On	Claim Handling:Delays
1645	2009MRH372	10/29/2009	11/9/2009	Closed	301583	Not Justified	Health		Accident and Health:Health On	Claim Handling:Denial of claim
1646	2009MRH373	10/29/2009	12/16/2009	Closed	300558	Not Justified	Life		Accident and Health:Disability I	Claim Handling:Delays
1647	2009MRH374	10/29/2009	12/8/2009	Closed	660717	Not Justified	Health		Accident and Health:Health On	Claim Handling:Delays
1648	2009MRH375	10/29/2009	12/8/2009	Closed	300584	Not Justified	Health		Accident and Health:Disability I	Claim Handling:Delays
1649	2009MRH376	11/2/2009	2/11/2010	Closed	301598	Not Justified	Health		Accident and Health:Health On	Claim Handling:Denial of claim
1650	2009MRH377	11/4/2009	11/4/2009	Closed	605271	Not Justified	Health		Accident and Health:Health On	Claim Handling:Delays
1651	2009MRH378	11/4/2009	11/18/2009	Closed	300826	Not Justified	Health		Accident and Health:Health On	Policyholder Service:Premium refund
1652	2009MRH381	11/4/2009	11/20/2009	Closed	300558	Not Justified	Agent/Agency		Accident and Health:Disability I	Claim Handling:Delays

	B	C	D	E	F	G	H	I	J	K
3895	2010MVB055	1/29/2010	4/12/2010	Closed	300999	Question of Fact	Health		Accident and Health:Health On	Policyholder Service:Premium notice/billing
3896	2010MVB056	2/1/2010	3/16/2010	Closed	301104	Question of Fact	Health	115	Accident and Health:Medicare /	Claim Handling:Other Claim Handling:Delays
3897	2010MVB057	2/1/2010	2/24/2010	Closed	722123	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim Claim Handling:Delays
3898	2010MVB058	2/2/2010	3/4/2010	Closed	301771	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim Claim Handling:Delays
3899	2010MVB059	2/2/2010	3/4/2010	Closed	301771	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim
3900	2010MVB060	2/3/2010	3/16/2010	Closed	300142	Question of Fact	Health			Claim Handling:Denial of claim
3901	2010MVB061	2/3/2010	3/23/2010	Closed	558224	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim Policyholder Service:Coverage question
3902	2010MVB062	2/4/2010	2/24/2010	Closed	664479	Question of Fact	Health		Accident and Health:Health On	question Policyholder Service:Coverage question
3903	2010MVB063	2/8/2010	2/11/2010	Closed	300946	Question of Fact	Health		Accident and Health:COBRA	question
3904	2010MVB064	2/8/2010	7/27/2010	Closed	300999	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim Claim Handling:Prompt Payment-Health Provider
3905	2010MVB065	2/8/2010	2/18/2010	Closed	716962	Question of Fact	Health		Accident and Health:Health On	
3906	2010MVB066	2/8/2010	3/15/2010	Closed	300558	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim Claim Handling:Prompt Payment-Health Provider
3907	2010MVB067	2/8/2010	3/2/2010	Closed	300142	Question of Fact	Health	78.64	Accident and Health:Health On	Health Provider
3908	2010MVB068	2/8/2010	2/24/2010	Closed	301104	Question of Fact	Health	393.65	Accident and Health:Health On	Claim Handling:Prompt Payment-Health Provider
3909	2010MVB069	2/8/2010	2/11/2010	Closed	300157	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Prompt Payment-Health Provider
3910	2010MVB070	2/8/2010	2/24/2010	Closed	586715	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Prompt Payment-Health Provider
3911	2010MVB071	2/9/2010	3/22/2010	Closed	300142	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim
3912	2010MVB072	2/9/2010	2/24/2010	Closed	576717	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim
3913	2010MVB073	2/10/2010	2/24/2010	Closed	601327	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim
3914	2010MVB074	2/11/2010	3/3/2010	Closed	301140	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Delays
3915	2010MVB075	2/15/2010	3/3/2010	Closed	301457	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Delays
3916	2010MVB076	2/15/2010	3/3/2010	Closed	301457	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Delays
3917	2010MVB077	2/15/2010	3/3/2010	Closed	301457	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Delays
3918	2010MVB078	2/15/2010	3/3/2010	Closed	301457	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Delays
3919	2010MVB079	2/15/2010	3/11/2010	Closed	395800	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Prompt Payment-Health Provider Policyholder Service:Coverage question
3920	2010MVB080	2/15/2010	5/3/2010	Closed	301140	Question of Fact	Health		Accident and Health:Health On	question
3921	2010MVB081	2/15/2010	2/23/2010	Closed	301140	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim Policyholder Service:Premium notice/billing
3922	2010MVB082	2/15/2010	3/25/2010	Closed	300999	Question of Fact	Health		Accident and Health:Health On	Policyholder Service:Premium notice/billing
3923	2010MVB083	2/16/2010	3/8/2010	Closed	300999	Question of Fact	Health		Accident and Health:Health On	Policyholder Service:Premium notice/billing
3924	2010MVB084	2/17/2010	3/15/2010	Closed	301104	Question of Fact	Health		Accident and Health:Medicare /	Claim Handling:Other Claim Handling:Prompt Payment-Health Provider
3925	2010MVB085	2/17/2010	3/8/2010	Closed	711558	Question of Fact	Health		Accident and Health:Health On	Health Provider
3926	2010MVB086	2/17/2010	2/25/2010	Closed	300946	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Other Claim Handling:Prompt Payment-Health Provider
3927	2010MVB087	2/17/2010	3/8/2010	Closed	301140	Question of Fact	Health		Accident and Health:Health On	Health Provider
3928	2010MVB088	2/17/2010	2/17/2010	Closed	568384	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Other Claim Handling:Coordination of benefits
3929	2010MVB089	2/17/2010	3/15/2010	Closed	300999	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Delays Claim Handling:Denial of claim
3930	2010MVB090	2/18/2010	3/23/2010	Closed	558224	Question of Fact	Health		Accident and Health:Health On	
3931	2010MVB091	2/18/2010	3/10/2010	Closed	301104	Question of Fact	Health	1547.48	Accident and Health:Health On	Claim Handling:Other
3932	2010MVB092	2/18/2010	2/23/2010	Closed	605271	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Other Claim Handling:Coordination of benefits
3933	2010MVB093	2/19/2010	3/25/2010	Closed	300999	Question of Fact	Health	3319.48	Accident and Health:Health On	
3934	2010MVB094	2/19/2010	2/23/2010	Closed	524886	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim Claim Handling:Prompt Payment-Health Provider
3935	2010MVB095	2/19/2010	3/10/2010	Closed	300446	Question of Fact	Health		Accident and Health:Health On	Health Provider Claim Handling:Prompt Payment-Health Provider
3936	2010MVB096	2/19/2010	3/15/2010	Closed	590130	Question of Fact	Health		Accident and Health:Health On	Health Provider
3937	2010MVB097	2/19/2010	3/8/2010	Closed	300142	Question of Fact	Health	17.33	Accident and Health:Health On	Claim Handling:Prompt Payment-Health Provider
3938	2010MVB098	2/22/2010	3/23/2010	Closed	301771	Question of Fact	Health		Accident and Health:Medicare /	Claim Handling:Denial of claim
3939	2010MVB099	2/23/2010	3/15/2010	Closed	301104	Question of Fact	Health	46276.25	Accident and Health:Health On	Claim Handling:Other
3940	2010MVB100	2/23/2010	3/8/2010	Closed	300999	Question of Fact	Health			Claim Handling:Denial of claim Claim Handling:Delays
3941	2010MVB101	2/23/2010	3/29/2010	Closed	300999	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Denial of claim
3942	2010MVB102	2/23/2010	3/24/2010	Closed	584649	Question of Fact	Health	78	Accident and Health:Dental	Claim Handling:Denial of claim
3943	2010MVB103	2/23/2010	3/18/2010	Closed	301948	Question of Fact	Health		Accident and Health:Dental	Claim Handling:Denial of claim
3944	2010MVB104	2/23/2010	4/6/2010	Closed	301641	Question of Fact	Health	90.32	Accident and Health:Dental	Claim Handling:Denial of claim
3945	2010MVB105	2/23/2010	3/18/2010	Closed	301948	Question of Fact	Health	146.5	Accident and Health:Dental	Claim Handling:Denial of claim
3946	2010MVB106	2/23/2010	3/17/2010	Closed	301104	Question of Fact	Health		Accident and Health:Medicare /	Claim Handling:Denial of claim
3947	2010MVB107	2/23/2010	5/24/2010	Closed	300999	Question of Fact	Health	43012.43	Accident and Health:Health On	Claim Handling:Denial of claim Policyholder Service:Premium notice/billing
3948	2010MVB108	2/25/2010	6/10/2010	Closed	300999	Question of Fact	Health		Accident and Health:Health On	Policyholder Service:Premium notice/billing
3949	2010MVB109	2/25/2010	3/16/2010	Closed	300142	Question of Fact	Health	250.88	Accident and Health:Health On	Claim Handling:Other
3950	2010MVB110	2/25/2010	3/16/2010	Closed	301104	Question of Fact	Health	77.82	Accident and Health:Health On	Claim Handling:Other
3951	2010MVB111	2/26/2010	3/1/2010	Closed	640512	Question of Fact	Health		Accident and Health:Health On	Claim Handling:Other Claim Handling:Prompt Payment-Health Provider
3952	2010MVB112	2/26/2010	3/23/2010	Closed	524310	Question of Fact	Health		Accident and Health:Health On	Health Provider
3953	2010MVB113	2/26/2010	3/8/2010	Closed	300946	Question of Fact	Health		Accident and Health:Medicare /	Claim Handling:Other

EXHIBIT 5

Companies Selling in Kentucky's
Individual Market

Companies Selling in Kentucky's Individual Market

Aetna Life Insurance Company
800-233-9747

American Republic Insurance Company
800-247-2190

Anthem Blue Cross/Blue Shield
888-641-5224

Assurant Health / Time Insurance Company
888-376-3300

Golden Rule Insurance Company
(available to members of the Federation of American Consumers and Travelers)
800-444-8990

Humana
800-609-1240

John Alden
(859 and 606 Area Codes) 800-777-6762
(502 and 270 Area Codes) 800-274-6762

Mega Life & Health Insurance Company
800-527-5504

Physicians Mutual
800-228-9100

Kentucky Access
866-405-6145

EXHIBIT 6

Companies Selling Association, Large Group,
Small Group, and Individual Health Insurance
in Kentucky

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Aetna Health, Inc.

Mailing address:

4059 Kinross Lake Parkway
Richfield, OH 44286

Sales: 800-233-9747

Member Services: Please call the number on your ID card

Network Manager: 502-937-4998

Web site: www.aetna.com

Products Available: HMO and POS

Currently Marketing HMO and/or POS to Small Groups and Large Groups in the following counties: Anderson, Boone, Bourbon, Breckinridge, Bullitt, Campbell, Carroll, Clark, Fayette, Franklin, Gallatin, Grant, Hardin, Harrison, Henry, Jefferson, Jessamine, Kenton, Larue, Madison, Marion, Meade, Nelson, Oldham, Owen, Pendleton, Robertson, Scott, Shelby, Spencer, Trimble, Washington and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Aetna Life Insurance Company

Mailing address:

151 Farmington Avenue
Hartford, CT 06156

Sales: 800-233-9747

Member Services: Please call the number on your ID card

Network Manager: 502-937-4998

Web site: www.aetna.com

Products Available: Fee-For-Service and PPO

Currently Marketing Fee-For-Service to Small Groups and Large Groups in the following counties: All 120 counties.

Currently Marketing PPO to Small Groups and Large Groups in the following counties:

Adair, Allen, Anderson, Ballard, Barren, Bell, Boone, Bourbon, Boyd, Boyle, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hopkins, Jefferson, Jessamine, Johnson, Kenton, Knott, Larue, Lawrence, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Mason, McCracken, McLean, Meade, Mercer, Metcalfe, Monroe, Morgan, Muhlenberg, Nelson, Ohio, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Robertson, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Webster, and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

American Republic Insurance Company

Mailing address:

Attn: Customer Service Center

PO Box 9371

Des Moines, IA 50306-9371

Customer Service: 800-247-2190

Website: www.americanrepublic.com

Products Available: PPO

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

**Anthem Health Plans of Kentucky, Inc. d/b/a
Anthem Blue Cross and Blue Shield**

Mailing address:

13550 Triton Park Blvd.
Louisville, Kentucky 40223

Customer Service:

Group: (800) 801-8365
Individual/Medicare Supplement: (888) 641-5224

General Information:

Louisville Residents: (502) 423-2011
Toll Free: (800) 880-2583

Sales:

Group: (800) 925-1625
Individual/Medicare Supplement: (888) 659-4032

Web site: www.anthem.com

Products Available: Fee-For-Service, HMO, POS, and PPO

Currently Marketing Fee-For-Service to Small Groups, Large Groups, Employer Organized Association Groups, and Group Associations in the following counties: All 120 counties.

Currently Marketing HMO to Group Associations, Individual Market, Large Groups, and Small Groups in the following counties: Adair, Allen, Anderson, Barren, Bath, Boone, Bourbon, Boyd, Boyle, Bracken, Breckinridge, Bullitt, Butler, Campbell, Carroll, Carter, Clark, Clinton, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Grayson, Green, Greenup, Hardin, Harrison, Hart, Henry, Jefferson, Jessamine, Kenton, LaRue, Laurel, Lewis, Lincoln, Logan, Madison, Marion, Mason, Meade, Mercer, Metcalfe, Monroe, Montgomery, Nelson, Nicholas, Oldham, Owen, Pendleton, Powell, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Trimble, Warren, Washington, Whitley, and Woodford.

Currently Marketing PPO to Small Groups, Large Groups, Employer Organized Association Groups, Group Associations, and Individuals in the following counties: All 120 counties.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Bluegrass Family Health, Inc.

Mailing address:

651 Perimeter Drive, Suite 300
Lexington, Kentucky 40517

General Information:

Local Residents: 859-269-4475
Toll Free: 800-787-2680

Marketing Director: 859-335-3728

Web site: www.bluegrassfamilyhealth.com

Products Available: HMO, POS, and PPO

Currently Marketing HMO, POS, and PPO to Employer Organized Association Groups, Large Groups, and Small Groups in the following counties: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, LaRue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Golden Rule Insurance Company

Mailing address:

712 11th Street
Lawrenceville, IL 62439

Customer Service: 800-444-8990

Web site: www.goldenrule.com

Products Available: FFS and PPO

**Currently Marketing FFS and PPO to the Individual Market in the following counties: All
120 Counties.**

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Great-West Life & Annuity Insurance Company

Mailing address:

8515 E. Orchard Rd.
Greenwood Village, CO. 80111

Customer Service Director: 800-537-2033 (General Operator will direct call)

Web site: www.gwla.com

Products Available: PPO

Currently Marketing PPO to Large Groups in the following counties: Ballard, Bath, Bell Bourbon, Boyd, Breckinridge, Bullitt, Calloway, Clark, Clay, Estill, Fayette, Fleming, Franklin, Fulton, Garrard, Graves, Grayson, Greenup, Hardin, Henry, Hickman, Jackson, Jefferson, Jessamine, Knox, Larue, Laurel, Lincoln, Livingston, McCracken, McCreary, Madison, Marion, Marshall, McCracken, McCreary, Meade, Menifee, Montgomery, Nelson, Nicholas, Oldham, Owen, Owsley, Perry, Powell, Pulaski, Rockcastle, Rowan, Russell, Scott, Shelby, Spencer, Taylor, Trimble, Washington, Wayne, Whitley, Wolfe, and Woodford.

COMPANIES SELLING ASSOCIATION, LARGE GROUP, SMALL GROUP AND INDIVIDUAL HEALTH INSURANCE IN KENTUCKY

Humana Health Plan, Inc.

Mailing address:

321 West Main Street
Louisville, KY 40202

Customer Service: 1-800-4humana or 1-800-448-6262

Group Sales: 1-800-448-0222

Individual Sales: 1-800-257-3026

Web site: www.humana.com

Products Available: HMO, POS, or PPO

Currently Marketing ChoiceCare Network which is a PPO and marketed to Individual Market, Large Group, and Small Group in the following counties: Offered in all 120 Counties.

Currently Marketing ChoiceCare Network which is a PPO and marketed to Group Association in the following counties: Bullitt, Henry, Jefferson, Meade, Nelson, Oldham, and Shelby.

Currently Marketing Freedom Plus Network which is a POS and marketed to Large Group and Small Group in the following counties: Adair, Anderson, Bath, Bourbon, Boyle, Bracken, Breathitt, Bullitt, Carroll, Casey, Clark, Clay, Clinton, Cumberland, Estill, Fayette, Fleming, Franklin, Garrard, Green, Hardin, Harrison, Henry, Jackson, Jefferson, Jessamine, Knox, Larue, Laurel, Lee, Lincoln, Madison, Marion, Meade, Menifee, Mercer, Montgomery, Nelson, Nicholas, Oldham, Owen, Owsley, Powell, Pulaski, Robertson, Russell, Scott, Shelby, Spencer, Taylor, Trimble, Washington, Wayne, Whitley, Wolfe, and Woodford.

Currently Marketing MBP which is a HMO and marketed to Large Group and Small Group in the following counties: Anderson, Bath, Boone, Bourbon, Boyle, Bracken, Bullitt, Campbell, Carroll, Clark, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Hardin, Harrison, Henry, Jefferson, Jessamine, Kenton, Madison, Marion, Meade, Menifee, Mercer, Montgomery, Nelson, Nicholas, Oldham, Owen, Pendleton, Powell, Robertson, Scott, Shelby, Spencer, Trimble, Washington, and Woodford.

Currently Marketing Preferred POS-Open Access Network which is a POS and marketed to Large Group and Small Group in the following counties: Offered in all 120 Counties.

Currently Marketing Preferred PPO Network which is a PPO and marketed to Large Group and Small Group in the following counties: Offered in all 120 Counties.

Currently Marketing KPPA which is a HMO and POS and marketed to Large Group and Small Group in the following counties: Adair, Anderson, Bath, Bourbon, Boyle, Bracken, Breathitt, Bullitt, Carroll, Casey, Clark, Clay, Clinton, Cumberland, Estill, Fayette, Fleming, Franklin, Garrard, Green, Hardin, Harrison, Henry, Jackson, Jefferson, Jessamine, Knox, Larue, Laurel, Lee, Lincoln, Madison, Marion, Meade, Menifee, Mercer, Montgomery, Nelson, Nicholas, Oldham, Owen, Owsley, Powell, Pulaski, Robertson, Russell, Scott, Shelby, Spencer, Taylor, Trimble, Washington, Wayne, Whitley, Wolfe, and Woodford.

Currently Marketing Humana National HMO which is a HMO and marketed to Large Group and Small Group in the following counties: Anderson, Bath, Boone, Bourbon, Boyle, Bracken, Bullitt, Campbell, Carroll, Clark, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Hardin, Harrison, Henry, Jefferson, Jessamine, Kenton, Madison, Marion, Meade, Menifee, Mercer, Montgomery, Nelson, Nicholas, Oldham, Owen, Pendleton, Powell, Robertson, Scott, Shelby, Spencer, Trimble, Washington, and Woodford.

Currently Marketing Humana National POS which is a POS and marketed to Large Group and Small Group in the following counties: Offered in all 120 Counties.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Humana Insurance Company of Kentucky

Mailing address:

321 West Main Street
Louisville, KY 40202

Customer Service: 1-800-4humana or 1-800-448-6262

Sales: 1-800-448-0222

Web site: www.humana.com

Products Available: Fee-For-Service

Currently Marketing Fee-For-Service to Large Group and Small Group in the following counties: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, and Woodford

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

John Alden Insurance Company

Mailing address:

P.O. Box 3050

Milwaukee, WI 53201-3050

Customer Service: 800-800-1212

Web site: www.assuranthealth.com

Products Available: Fee-For Service and PPO

Currently Marketing FFS and PPO to Individual and Small Group Market in the following counties: All 120 counties.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Mega Life & Health Insurance Company

Mailing Address:
9151 Grapevine Highway
North Richland Hills, TX 76182

Business/Home Office address:
9151 Grapevine Highway
North Richland Hills, TX 76182

Customer Service: 800-527-5504

Service Area (by county, applies to HMOs and POS only): Not applicable for FFS and PPO products.

Products Available: Fee-For-Service

Currently Marketing FFS Individual Products: All 120 counties.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Nippon Life Insurance Company of America

Mailing address:

190 South LaSalle Street, Suite 1680
Chicago, IL 60603

Customer Service: 312-807-1100

General Information: 312-807-1100

Sales: 312-807-1100

Telephone Number: 312-807-1100

Web site: www.nlia.com

Products Available: Fee-for-Service and PPO

Currently Marketing PPO to Large Groups in the following counties: Ballard, Barren, Bell, Boone, Bourbon, Boyd, Breckinridge, Bullitt, Caldwell, Calloway, Campbell, Carter, Christian, Clark, Estill, Fayette, Franklin, Grant, Graves, Grayson, Greenup, Hardin, Harrison, Henderson, Henry, Jefferson, Jessamine, Johnson, Kenton, Knox, Larue, Laurel, Madison, Marion, Marshall, Mason, McCracken, Nelson, Oldham, Pendleton, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Warren, Washington, Wayne, Whitley, and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Physicians Mutual Insurance Company

Mailing address:

2600 Dodge St.
Omaha, NE 68131

Customer Service and General Information: 800-228-9100

Sales and Marketing:

Kentucky Division Office
3830 Taylorsville Road, Suite 1
Louisville, KY 40220
Phone: 502-454-4883

Web site: www.pmic.com

Products Available: Fee-for-Service and PPO

Service Area (by county, applies to HMOs and POS only): Not applicable for PPO products.

Currently Marketing Indemnity and PPO to Individual Market in the following counties:

Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Principal Life Insurance Company

Mailing address:

711 High Street
Des Moines, IA 50392

Customer Service: 800-247-6699

General Information: 800-247-6699

Sales: 515-248-7554

Web site: www.principal.com

Products Available: Fee-for-Service and PPO

Currently Marketing Indemnity to Large Groups and Small Groups in the following counties:
All 120 counties.

Currently Marketing PPO to Large Groups and Small Groups in the following counties:
Adair, Ballard, Barren, Boone, Bourbon, Boyd, Boyle, Breckinridge, Butler, Caldwell, Calloway,
Campbell, Christian, Crittenden, Cumberland, Daviess, Fayette, Fleming, Franklin, Fulton, Garrard,
Grant, Graves, Grayson, Hancock, Hardin, Harrison, Henderson, Hickman, Hopkins, Jefferson,
Jessamine, Kenton, Larue, Livingston, Logan, Madison, Marion, Marshall, Mason, McCracken,
Mercer, Monroe, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Pendleton, Pulaski, Scott, Shelby,
Simpson, Taylor, Todd, Trigg, Warren, Washington, Wayne, and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

**Time Insurance Company
(Formerly know as Fortis Insurance Company)**

Mailing address:
P.O. Box 624
Milwaukee, WI 53201-0624

Customer Service: 800-800-1212

Web site: www.assuranthealth.com

Products Available: Fee-For-Service and PPO

**Currently Marketing FFS and PPO to Individual Market in the following counties: All 120
counties.**

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Trustmark Insurance Company

Mailing address:

400 Field Drive
Lake Forest, IL 60045

Customer Service: 847-615-1500

Web site: www.trustmarkins.com/

Products Available: Fee-for-Service and PPO

Currently Marketing Indemnity to Employer Organized Association Groups in the following counties: All 120 counties.

Currently Marketing PPO to Employer Organized Association Groups in the following counties: All 120 counties.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

**Union Security Insurance Company
(Formerly known as Fortis Benefits Insurance Company)**

Mailing address:
P.O. Box 624
Milwaukee, WI 53201-0624

Customer Service: 800-800-1212

Web site: www.assuranthealth.com

Products Available: Fee-For-Service and PPO

Currently Marketing FFS and PPO to Small Group Market in the following counties: All 120 counties.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

UNICARE Life & Health Insurance Company

Mailing address:

4553 La Tienda Drive
Thousand Oaks, CA 91362

Customer Service: 312-234-7050

General Information: 312-234-7050

Sales: 312-234-7878

Web site: www.unicare.com

Products Available: Fee-for-Service and PPO

Currently Marketing PPO to Large Groups in the following counties: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

United HealthCare Insurance Company

Mailing address:
450 Columbus Blvd.
Hartford, CT 06103

Customer Service: 800-495-5283

General Information: 800-495-5283

Sales: 800-495-5285 (Lexington area)
800-307-4959 (Louisville area)

Web site: www.uhc.com

Products Available: Fee-for-Service and PPO

Currently Marketing Fee-for-Service and PPO to Large Groups and Small Groups in the following counties: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

United Healthcare of Kentucky, Ltd.

Mailing address:

2424 Harrodsburg Rd., Suite 201
Lexington, KY 40503-3329

Customer Service: 800-495-5283

General Information: 800-495-5283

Sales: 800-495-5285 (Lexington area)
800-307-4959 (Louisville area)

Web site: www.uhc.com

Products Available: HMO and POS

Currently Marketing HMO and/or POS to Small Groups, Large Groups and Group Associations in the following counties: Adair, Allen, Anderson, Ballard, Barren, Bath, Boone, Bourbon, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Casey, Clark, Clay, Clinton, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knox, Larue, Laurel, Lawrence, Lee, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Monroe, Montgomery, Morgan, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trimble, Warren, Washington, Wayne, Webster, Whitley, Wolfe, and Woodford.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

United Healthcare of Ohio

Mailing address:

9050 Centre Pointe Drive, #400
West Chester, OH 45069

Customer Service: 800-231-2918

General Information: 800-231-2918

Sales: 513-603-6200

Web site: www.uhc.com

Products Available: HMO and POS

Currently Marketing HMO and/or POS to Small Groups and Large Groups in the following counties: Boone, Boyd, Campbell, Grant, Greenup, and Kenton.

**COMPANIES SELLING ASSOCIATION, LARGE GROUP,
SMALL GROUP AND INDIVIDUAL
HEALTH INSURANCE IN KENTUCKY**

Welborn Health Plans

Mailing address:

Attn: Member Services
101 SE Third Street
Evansville, IN 47708

Member Services: 812-426-6600 or 800-521-0265
Toll-free Kentucky Relay: 800-743-3333

Web site: www.welbornhealthplans.com

Products Available: HMO and POS

Currently Marketing HMO and/or POS to Large Groups and Small Groups in the following counties: Breckinridge, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Union, and Webster.

EXHIBIT 7

Sample Consumer Publications



What you should know about... Health insurance appeals

Individuals who are enrolled in health benefit plans have expanded appeal rights under KRS 304.17A-617. You have the right to appeal an insurer's decision to deny access to a treatment, service, drug or device. Note: These rights **do not** apply if you are covered by certain policies including Medicare supplements, student health plans connected with a university or employer self-funded plans.

What can you do if your health benefit plan refuses to cover a service?

You have the right to appeal. For example, your physician prescribes a surgical procedure and your insurer refuses to pay for it. You can appeal the decision. An appeal is a formal request that the decision be reviewed and reversed. There are three kinds of appeals:

- *Internal appeal* - Review of the denial by the insurance company.
- *Coverage denial review* - Review of the denial by the Department of Insurance.
- *External review* - Review of the denial by an independent review entity not associated with the insurer.

Who can initiate an appeal under the law?

A person covered by a health benefit plan, a health-care provider, or an individual authorized to act on the covered person's behalf can request an appeal.

How do you begin the appeal process?

Read the letter or notice sent by the insurer to find out why your request was denied and what you need to do to appeal the decision. (The box above lists what must be included in a denial letter.) If you have questions, call the contact person listed in the letter. Have your policy, health insurance card and Social Security number in hand when you make the call. It will be helpful if you know the exact diagnosis and the treatment you need in medical terms.

Important terms you should know

Here are two terms that you need to know when filing an appeal:

- *Coverage denial* – The insurer contends that a service, treatment, drug or device is not covered by the person's health benefit plan and sends the covered person a notice of coverage denial.
- *Adverse determination* – The insurer determines a service, treatment, drug or device is "not medically necessary or appropriate, experimental or investigational" and denies, reduces or terminates coverage of the service, treatment, drug or device.

Information your insurer must provide

The letter or notice from the insurer must contain:

- ✓ A statement giving specific medical and scientific reasons for the denial or identifying the provision in the benefits schedule or exclusions that demonstrate that coverage is not available.
- ✓ The state of licensure, medical license number, and the title of the person making the decision.
- ✓ Unless services have already taken place, a description of other alternative benefits, services or supplies covered by the health benefit plan, if any.
- ✓ Instructions for initiating an internal appeal of the denial including whether the appeal has to be in writing, time limits, schedules for filing appeals, and the position and phone number of a contact person for further information.

Internal appeals

The process begins when the covered person receives an adverse determination *or* a notice of coverage denial; or the insurer fails to make a determination within a certain time, or the insurer fails to send a notice. Then:

1. The covered person, a health care provider or an authorized person requests an internal review (appeal) by the insurer. He or she may ask that a specialist conduct the review.
2. Insurers or their representatives must make a decision within 30 days of receipt of the appeal request -- or within three days if it's an expedited (emergency) appeal, which is available if you are hospitalized or your treating provider believes that waiting for a standard internal appeal decision would seriously jeopardize your health -- and inform the covered person that:
 - (a) Payment is approved or
 - (b) Payment is denied. The insurer must provide information on the reasons for this decision.

Coverage denial review (contract issue)

If the issue is *coverage denial* and an internal review by the insurance company has been completed, the covered person or the authorized person can ask for a review by the Department of Insurance. At that time:

1. A written request for review is submitted by the covered person or an authorized person to the Department of Insurance, **Attn: Coverage Denial Review Coordinator**, P.O. Box 517, Frankfort, KY 40602-0517.
2. The Department will review the request, require the company to respond within 10 business days, and make a determination that:
 - (a) The coverage in question is limited or excluded by the health plan, or
 - (b) The coverage *is not* limited or excluded and the company must pay for the service or allow the person to have an external review.

External review (medical necessity issue)

When can you ask for an external review?

If paying the medical bill yourself will cost you \$100 or more and your internal appeal has been completed, you can request an external review. The request can be made by you or someone acting on your behalf with your written permission. The request must be filed within 60 days of receiving the insurer's final denial letter. The steps are:

1. You or an authorized person submits a request for an external review to your insurer, and gives written consent for disclosure of medical records to the independent review entity (IRE).

What is an IRE?

An independent review entity (IRE) uses health care professionals and insurance coverage specialists to review decisions and determine if a service is medically necessary, appropriate and covered. An IRE must be certified by the Kentucky Department of Insurance to ensure that the entity is qualified and able to conduct external reviews in a timely matter.

Specific measures are taken to ensure that no conflict of interest exists and that an IRE is independent and free of any alliance with any of the parties involved.

The IRE must consider information submitted by the insurer, the covered person and the health care provider plus any relevant medical research or findings.

Written complaints concerning an IRE's conduct of an external review may be submitted to the Department of Insurance.

2. If your insurer refuses to grant you an external review, you may file a complaint with the Kentucky Department of Insurance. Within five days, the Department of Insurance will make a decision about whether you are entitled to an external review.
3. An IRE will be assigned to conduct the external review in accordance with Kentucky insurance laws.
4. The insurer must pay for the review; however, you will be billed by the IRE for a \$25 filing fee. This fee can be waived if you can show that payment will cause financial hardship as defined by 806 KAR 17:290. The fee will be refunded or waived if the IRE finds in your favor.
5. The time frame an IRE has to make a determination:
 - Expedited (emergency) external reviews must be completed within 24 hours of receipt of all information required from the insurer unless you or your representative and the insurer agree to a 24-hour extension.
 - Nonexpedited (nonemergency) external reviews must be completed within 21 days of receipt of all information required from the insurer unless you or your representative and the insurer agree to a 14-day extension.

Financial hardship

With regard to the waiving of the filing fee for an external review, financial hardship is defined by 806 KAR 17:290, which states that the following shall be accepted by the independent review entity as evidence of financial hardship:

- a. Gross income of the covered person below 200 percent of the federal poverty level based upon family size as shown by a federal income tax return for the previous year; or
- b. The covered person's participation in one (1) of the following programs:
 - National Prescription Drug Patient Assistance;
 - Kentucky Transitional Assistance;
 - Medicaid; or
 - Unemployment Insurance

What happens next?

If the IRE decides in your favor, the insurance company must pay for the service, treatment, drug or device. If the external review decision *is not* in your favor, you have a right to file a civil lawsuit.

If you have additional questions about health insurance appeals or other issues, you may contact the Kentucky Department of Insurance, Consumer Protection and Education Division through the Web site (doi.ppr.ky.gov) or by phone. The office's toll-free number is 800-595-6053, and the TDD number for the deaf/hard of hearing is 800-648-6056.



Kentucky Public Protection Cabinet
 Department of Insurance
 P.O. Box 517, Frankfort, KY 40602-0517
 800-595-6053 (in KY); 502-564-3630 (out of state)
 Deaf/hard-of-hearing 800-648-6056
<http://insurance.ky.gov/>

Printed with state funds
on recycled paper



The Kentucky Department of Insurance does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation or gender identity, ancestry, age, disability or veteran status. The cabinet provides, on request, reasonable accommodations necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. To request materials in an alternate format, contact the Department of Insurance, Communications Office, P.O. Box 517, Frankfort, KY 40602-0517, 800-595-6053 (in KY) or 502-564-3630 (out of state). Hearing and speech-impaired persons can contact an agency by using the Kentucky Relay Service, a toll-free telecommunication service. For Voice to TDD call 800-648-6057. For TDD to Voice, call 800-648-6056.

May 2010





What is Kentucky Access?

Kentucky Access is a statewide health plan that offers medical coverage to Kentuckians who find it difficult to obtain health insurance in the individual insurance market.

If you qualify for Kentucky Access, you may be able to get the medical coverage you need at significant savings. Best of all, Kentucky Access offers a wide variety of benefit plans, cost-sharing options, and medical providers.

Contact *Kentucky Access today!*
www.kentuckyaccess.com
1-866-405-6145
(TTY 1-800-313-4750)

Time is of the essence.

Contact Kentucky Access *now* to avoid or shorten a lapse in your health care coverage.

- **Pre-existing Conditions:** Qualifying individuals who have been without medical coverage for at least 63 continuous days during the past 12 months may not be covered right away under Kentucky Access for pre-existing medical conditions. Applying to Kentucky Access *now* may avoid or shorten the length of pre-existing condition exclusions.
- **Effective Date:** The earliest your Kentucky Access coverage can begin is the 1st day of the month following the month in which your application is received at Kentucky Access. Applying to Kentucky Access *now* may help you get a timely effective date and avoid a lapse in medical coverage.



For complete details on eligibility, rates and benefits, visit us at www.kentuckyaccess.com or call us toll-free at 1-866-405-6145 (TTY 1-800-313-4750).

⁴Used to pay \$750 a month for insurance. Kentucky Access saves me \$200 a month.⁷

⁴I had open heart surgery. No one will insure me except Kentucky Access.⁷

FIND OUT IF
YOU CAN SAVE
ON INDIVIDUAL
MEDICAL INSURANCE
WITH
KENTUCKY ACCESS.

Who is eligible for Kentucky Access?

You may be eligible to enroll in Kentucky Access if you are looking for individual medical coverage and if you qualify under any one of the following eligibility categories:

- **Federally Eligible** — Applies to current Kentucky residents who qualify as “eligible individuals” under the federal Health Insurance Portability and Accountability Act (HIPAA), including certain individuals coming off the following types of medical coverages: group, governmental, church plan, COBRA, or state continuation; or
- **Insurance Rejection** — Applies to 12-month Kentucky residents who have been rejected by a private insurer for individual medical coverage substantially similar to Kentucky Access coverage; or
- **Higher Premium Rate** — Applies to 12-month Kentucky residents who have been offered individual medical coverage at a premium rate higher than the premium rate charged by Kentucky Access for substantially similar coverage; or
- **High Cost Condition** — Applies to 12-month Kentucky residents with one of the following conditions:

AIDS	Juvenile Diabetes	Quadruplegia
Angina Pectoris	Leukemia	Stroke
Ascites	Metastatic Cancer	Syringomyelia
Chemical Dependency	Motor or Sensory Aphasia	Wilson's Disease
Cirrhosis of the Liver	Multiple Sclerosis	Chronic Renal Failure
Coronary Insufficiency	Muscular Dystrophy	Malignant Neoplasm of the Trachea
Coronary Occlusion	Myasthenia Gravis	Malignant Neoplasm of the Bronchus
Cystic Fibrosis	Myotonia	Malignant Neoplasm of the Lung
Friedreich's Ataxia	Open Heart Surgery	Malignant Neoplasm of the Colon
Hemophilia	Parkinson's Disease	Short Gestation Period for a Newborn
Hodgkin's Disease	Polycystic Kidney	Low Birth Weight of a Newborn; or
Huntington's Chorea	Psychotic Disorders	

- **GAP Eligible** — Applies to participants in the state Guaranteed Acceptance Program (GAP); or
- **Spouse or Child** — Applies to 12-month Kentucky residents who are eligible dependents of a Kentucky Access enrollee.

Note: You may NOT be eligible for coverage with Kentucky Access if (a) you are enrolled in or eligible for Medicaid, Medicare, group medical coverage, COBRA, state continuation coverage, or state conversion coverage; or (b) your Kentucky Access premium will be paid for or reimbursed by an employer, a government agency, a government funded or sponsored program, a health care provider, a public or private foundation, or a church or church-affiliated organization. For complete details regarding eligibility requirements, contact Kentucky Access.

Kentucky Access offers a choice.

Benefit plans:

Kentucky Access offers a variety of benefit plans, including traditional indemnity and preferred provider organization (PPO) plans:

Name of Plan:	Type of Plan:
Traditional Access	Indemnity
Premier Access	PPO
Preferred Access	PPO

Cost-sharing options:

Kentucky Access offers several cost-sharing options to fit a wide range of needs. In-network cost-sharing options include:

	Deductible (Single/Family)	Co-Insurance Limit* (Single/Family)
Traditional Access	\$400/\$800	\$1,500/\$3,000
Premier Access	\$400/\$800	\$1,500/\$3,000
Preferred Access	\$1,000/\$2,000	\$2,500/\$5,000
Preferred Access	\$1,500/\$3,000	\$4,000/\$8,000
Preferred Access	\$750/\$1,500	\$3,000/\$6,000
Preferred Access	\$1,500/\$3,000	\$5,000/\$10,000

* After deductible

Provider Networks:

Kentucky Access uses the following Anthem Blue Cross and Blue Shield provider networks:

- Blue Traditional Network
- Blue Access PPO Network
- Anthem Mental Health Network
- Anthem Pharmacy Network

EXHIBIT 8

Listing of Available Publications

Kentucky.gov

KY Agencies | KY Services | Search | Kentucky.gov for Search Terms Search

Go

Kentucky Department of Insurance



eServices

denotes external link

- Home
- Our Divisions / Programs
- File a Complaint
- Health Reform Information
- Report Insurance Fraud
- Consumer Information
- Agent Licensing Information
- Company Information
- Communications and Public Outreach
- Forms & Documents
- Statutes & Regulations
- Bulletins & Advisories
- Publications
- Contact Us / Directions

Publications

These publications were produced by the Kentucky Department of Insurance (unless otherwise noted) and are available in limited quantities via the [Order] link. If you have a disability and need information in an alternate format, contact the department by calling 800-595-6053 (TTY 800-462-2081) or writing Department of Insurance, PO Box 517, Frankfort, KY 40602-0517.

These publications are grouped via categories (click the category for specific documents):

- | | | |
|--------------------------------|---|--------------------------|
| Auto and Home Insurance | Disaster Preparedness | Flood Insurance |
| Health Insurance | Life, Annuity and Life Settlements | Medicare/Medigap |
| Miscellaneous | Department of Insurance | Spanish Documents |

Auto and Home Insurance

[Back to top](#)

- A Parent's Guide to Teen Driving [Order] [PDF-574K] [More Info](#)
- Am I Covered? [Order] [More Info](#)
- Combating Auto Insurance Fraud [Order] [PDF-437K] [More Info](#)
- Consumer Guide to Auto and Home Insurance plus Disaster Guide; includes Rate Comparisons [Order] [PDF-5M] [More Info](#)
- Facts About Automobile and Homeowners/Renters Insurance [Order] [PDF-384K]
- Household Inventory [Order] [PDF-236K]
- How can they do that? [Order] [PDF-1M] [More Info](#)
- Insuring Your Property Against Underground Mine Collapse [Order] [PDF-1M]
- KAIP and FAIR Plan Brochure [Order] [PDF-2M]
- Kentucky Automobile Insurance Plan (KAIP) [Order] [More Info](#)
- Kentucky FAIR Plan [Order] [More Info](#)
- No-Fault Coverage Uncovered [Order] [PDF-466K]
- Title Insurance and Mortgage Guaranty Insurance [Order] [PDF-307K]

Disaster Preparedness

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- American Red Cross - Preparing for Disasters [Order] [More Info](#)
- Before & After The Storm [Order] [PDF-2M]
- Household Inventory [Order] [PDF-236K]
- If disaster strikes will you be covered? [Order] [More Info](#)
- NAIC Consumer Alert - Disaster Planning for Small Businesses [Order] [PDF-149K] [More Info](#)

Flood Insurance

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- Flood Insurance Training and Education Requirements for Property Insurance Agents [Order] [PDF-2M]
- NAIC Consumer Alert - Flood Insurance [Order] [PDF-71K] [More Info](#)
- National Flood Insurance Program - Answers to Questions About the NFIP [Order]
- National Flood Insurance Program - Flood Insurance Claims Handbook [Order]
- National Flood Insurance Program - Managing Your Flood Insurance Claim [Order] [More Info](#)
- National Flood Insurance Program - The Benefits of Flood Insurance Versus Disaster Assistance [Order] [PDF-542K]
- National Flood Insurance Program - Top Ten Facts Every Insurance Agent Needs to Know About the NFIP [Order] [PDF-212K]
- National Flood Insurance Program - Top Ten Facts for Consumers [Order]
- National Flood Insurance Program - Why You Need Flood Insurance [Order] [More Info](#)

Health Insurance

[Back to top](#)

- An Employee's Guide to Health Benefits Under COBRA [Order] [PDF-470K] [More Info](#)
- An Employer's Guide to Group Health Continuation Coverage Under COBRA [Order] [PDF-472K] [More Info](#)
- Cancer Insurance: Is it right for you? [Order] [PDF-157K]
- Companies Offering Health Savings Accounts in Kentucky [Order] [PDF-69K]
- Companies Selling In Kentucky's Individual Market [Order] [PDF-7K]
- Companies Selling Individual Dental Insurance in Kentucky [Order] [PDF-131K]

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 Companies selling association, large group, small group and individual health insurance in Kentucky (07/2009) [Order] [PDF-114K]
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EXHIBIT 9

Consumer Complaint/Inquiry Data

