

Janice K. Brewer, Governor
Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034
PO Box 25520, Phoenix, AZ 85002
Phone: 602-417-4000
www.azahcccs.gov



Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

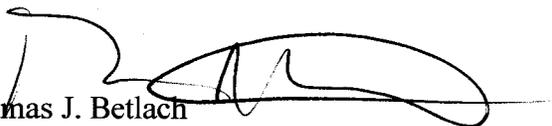
March 4, 2010

The Honorable Jan Brewer
Office of the Governor
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Brewer:

In accordance with the requirements of A.R.S. 36-2923, please find the enclosed report on insurance carrier compliance with data-matching and claims payment requirements. I would be happy to answer any questions or provide additional information on this topic. Please feel free to contact me at (602) 417-4111.

Sincerely,


Thomas J. Betlach
Director

Enclosure

Cc: The Honorable Robert Burns, Arizona State Senate
The Honorable Kirk Adams, Arizona House of Representatives
The Honorable Ken Bennett, Arizona Secretary of State

Arizona Health Care Cost Containment System

Report to the Arizona Legislature

Regarding Insurance Carrier Compliance with A.R.S. § 36-2923:

Data Matching and Claims Payment for Third Party Liability

January 15, 2010

Director, Tom Betlach

INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) is pleased to submit the following report pursuant to A.R.S. § 36-2923.B. A.R.S. § 36-2923 requires any party that by statute, contract or agreement is responsible for paying for items or services provided to an Arizona Medicaid-eligible person to comply with the claims data match and billing requirements outlined therein. This report will review carrier compliance in terms of Data Matching and Claims Processing.

I. DATA MATCHING

A.R.S. § 36-2923 Requirement

A. A health care insurer shall:

1. Provide all enrollment information necessary to determine the time period in which a person who is defined as an eligible person pursuant to A.R.S. § 36-2901, paragraph 6, subdivision (a) or that person's spouse or dependents may be or may have been covered by the health care insurer and the nature of that coverage...

Overview of the Data Matching Process

AHCCCS maintains a database of insurance coverage information with changes disseminated daily to its health care contractors. In 2008 AHCCCS awarded a competitively bid contract to Health Management Systems, Inc. (HMS) to verify and identify health insurers that may be liable for paying all or part of the expenditures for medical assistance provided to AHCCCS eligible persons.

Daily HMS verifies health insurance information provided by AHCCCS, its health care contractors, and the member eligibility determination entities by matching demographic information against its national database of insurance information submitted by carriers who have entered into data sharing agreements with HMS. Additionally, HMS matches the entire AHCCCS population against the same database monthly to identify health insurance coverage that otherwise is unknown to AHCCCS. HMS provides AHCCCS daily updates to the insurance coverage database. AHCCCS then provides this data on a daily bases to the health care contractors. The contractors use this data as part of the claims payment process. Before a provider is paid, the claims system will check against the coverage database. If a member has other commercial insurance or Medicare, the system will deny the claim unless an appropriate Explanation of Benefits (EOB) form is included. Since Medicaid is the payer of last resort that payment will reflect only those items not covered by the other policy. By identifying other responsible parties and cost avoiding those claims that are their responsibility, AHCCCS only pays claims, or portions of claims, where the state is truly the payer of last resort. During FY 2009, AHCCCS and its health care contractors cost avoided over \$72.9 million of provider claims that were ultimately the responsibility of a commercial carrier.

Insurance Carrier Compliance with A.R.S. § 36-2923

Health insurers meet the claims data match compliance requirement of A.R.S. § 36-2923 by entering into data matching agreements with HMS and either submitting eligibility data to HMS or executing the data match themselves. Health insurers who do not execute a data matching agreement with HMS are considered to be non-compliant with A.R.S. § 36-2923. When an eligibility source identifies a member with coverage through a carrier with which HMS does not have a Data Use/Data Sharing Agreement (DUA), HMS manually verifies the coverage and then begins working with the carrier to enter into a DUA to share confidential and protected information.

Overview of the Arizona Health Insurer Identification Process

Working collaboratively with AHCCCS, HMS maintains a comprehensive list of carriers compiled from multiple sources:

- The AHCCCS Master Carrier List: health insurers who have been identified by AHCCCS as currently or previously carrying policies on AHCCCS members;
- Department of Insurance Licensed Carriers: A comprehensive list of licensed insurance carriers doing business in the State of Arizona and regulated by the Department of Insurance;
- Health insurers that are known to HMS to cover lives in Arizona; and
- Other generally available marketing material from Arizona based-brokers and an extensive internet search for insurance available to Arizonans.

HMS cross references identified carriers against those currently covered by an existing DUA. If the health insurer is covered by an existing DUA and is currently data matching with AHCCCS then the Carrier is deemed compliant. If the carrier does not have an active DUA in place, HMS contacts the carrier via mail to the corporate address, notifying it of the statutory requirement to share eligibility data with the AHCCCS program. Carriers are given a reasonable amount of time to respond and either provide a reason why A.R.S. § 36-2923 is not applicable to them or to establish a DUA and begin data sharing. HMS assigns insurance carriers that are not covered by an existing DUA to one of two tiers:

- Tier I Carriers – insurance companies that have a valid insurance policy for one or more AHCCCS members; and,
- Tier II Carriers – all other insurance carriers. These carriers may be registered with the Arizona Department of Insurance or identified from all other sources, but are not included in the Tier I list.

Health Insurer Compliance with the Data Sharing Requirement of A.R.S. § 36-2923

HMS has focused its efforts on implementing A.R.S. § 36-2923 by identifying and sending letters and making telephone calls to the Tier I Carriers that do not have an existing DUA to bring them into compliance with the claims data matching requirement.

Insurance Carrier Compliance with A.R.S. § 36-2923

As discussed later in this report, if for some reason AHCCCS and the health care contractors were not able to cost avoid with the commercial coverage pre-payment, health insurers are required to honor claims that are submitted by this state within a three-year period beginning on the date on which the item or service was furnished. The following table reflects verified insurance policies that were in effect on September 30, 2009, or were terminated within the past three years that can be utilized for cost avoidance or post payment recovery. This table demonstrates that over 78.6% of Tier I Carriers, whose policies cover over 97.2% of Tier I members, have entered into a DUA or are in the process of executing one (see Appendix A). HMS continues to follow-up with non-compliant Tier I Carriers, who represent 21.4% of Tier I Carriers and whose policies cover 2.8% of the members (see Appendix B).

	Carriers		Active Policies Within 3 Years	
	Number	%	Number	%
Compliant				
DUA In Place	241	71.51%	188,689	95.97%
Cooperating in Establishing a DUA	24	7.12%	2,471	1.26%
Total Compliant	265	78.63%	191,160	97.23%
Noncompliant				
Declined to Enter Into DUA	29	8.61%	3,188	1.62%
Unresponsive	43	12.76%	2,256	1.15%
Total Noncompliant	72	21.37%	5,444	2.77%
Totals	337	100.00%	196,604	100.00%

AHCCCS has no authority to enforce compliance with this statute so during State Fiscal Year (SFY) 2010, HMS will continue to follow up with the noncompliant Tier I and all of the Tier II carriers in an effort to bring them in line with the data sharing requirements of A.R.S. § 36-2923

II. CLAIMS PROCESSING

A.R.S. § 36-2923 Requirement

A. A health care insurer shall: (continued)

2. Accept the state's right of recovery from a third party payor pursuant to section 36-2903 and the assignment to this state of any right of an individual or other entity to payment from the third party payor for an item or service for which payment has been made pursuant to this chapter...

Insurance Carrier Compliance with A.R.S. § 36-2923

3. Respond to any inquiry made by the director regarding a claim for payment for any health care item or service that is submitted not later than three years after the date of the provision of the health care item or service. This paragraph applies to a claim in which the administration determines there is a reasonable belief that the individual was insured by the health care insurer on the date of service referenced by the claim.

4. Not deny a claim submitted by this state solely on the basis of the date of the submission of the claim, the type or format of the claim form or the failure to present proper documentation at the point of sale that is the basis of the claim if the following conditions have been met:

(a) The claim is submitted by this state in the three-year period beginning on the date on which the item or service was furnished.

(b) An action by this state to enforce its rights with respect to the claim is commenced within six years after the state submitted the claim. The health care insurer may deny the claim submitted by the state if the health care insurer has already paid the claim in accordance with the benefit plan under which the member was covered by the health care insurer on the date of service.

Overview of Post Payment Claims Processing

While the main focus is to ensure the data is available to coordinate the benefit at the front end pre-payment, there are limited exceptions where the program pursues post payment recoveries. The post payment recovery process matches paid fee-for-service claims against the verified insurance policies with termination dates within the past 3 years. When insurance coverage is identified for a member that spans the time period the item or medical service was provided, HMS generates a bill for those items or services to the commercial carrier. The post payment recovery process insures that AHCCCS recovers its payments from a responsible party that was unknown at the time the claim was adjudicated. Historically, the post payment recovery process was conducted semi-annually, but with systems improvements by HMS the process has been conducted monthly since November 2009.

The passage of A.R.S. § 36-2923 resulted in a large Arizona-based insurance carrier to begin electronic data matching with HMS in SFY 2009. A retroactive billing project recovered over \$350,000 of the approximately \$1.8 million of claims and encounters that was paid by Medicaid over the past 3 years from this newly compliant carrier.

Methodology Utilized to Determine if the Health Insurer is Compliant

A carrier is considered to be compliant with A.R.S. § 36-2923 when the carrier adequately responds to a claim for payment as outlined by the statute. Any carrier not responding to a claim for payment or not adhering to the time periods allowed, from date of service, are considered non-compliant.

Insurance Carrier Compliance with A.R.S. § 36-2923

Based on retroactive billing efforts conducted by HMS during SFY 2009 and the first quarter of SFY 2010, TRICARE is the only insurance company identified as non-compliant with the claims payment requirements. TRICARE is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses worldwide. TRICARE has taken the position nationally that the expanded timely filing requirement for claims processing does not apply to it because of conflicting federal statute.

TRICARE data matches with HMS on an annual basis, but steadfastly refuses to honor claims that are filed after one year from the date of service. AHCCCS' federal oversight agency, the Centers for Medicare & Medicaid Services (CMS) is engaged in ongoing discussions with TRICARE about the expanded timely filing requirement, but has advised the states to continue to enter into one year contracts to preserve the state's rights to bill within the limited timely filing requirement.

Insurance Carrier Compliance with § A.R.S. 36-2923

**APPENDIX A
Tier I Compliant Carriers**

<u>Carrier</u>	<u>Members*</u>
Carriers With Data Use Agreements in Place:	
AARP	41
ABRAZO ADVANT HEALTH PLAN	5
ACCORDIA BENEFIT SVCS	6
ACCOUNTABLE HEALTH PLANS	9
ACS/HN	4,420
ADMAR MED NETWORK	7
AETNA HEALTHCARE	23,759
AFLAC	2
ALLIANCE BC/BS	25
ALTIUS HEALTH PLANS	1
AM POST WKRS HEALTH PLAN	4
AMERI HEALTH	5
AMERIBEN SOLUTIONS	89
AMERICAN COMMUNITY MUTUAL	462
AMERICAN FAMILY INS	1
AMERICAN HERITAGE LIFE	2
AMERICAN MEDICAL SECURITY	164
AMERICAN NATIONAL LIFE	2
AMERICAN PIONEER LIFE	1
AMERICAN POSTAL WORKERS	27
AMERICAN REPUBLIC INS	202
ANTHEM BC/BS	833
ARIZONA CARPENTERS H&W	1
ARIZONA FOUNDATION	173
ARIZONA PHYSICIANS HEALTH	1
ARIZONA PIPE TRADES	48
ARIZONA SHEET METAL WRKS	1
ASSURANT HEALTH	332
ATLAS ADMINISTRATORS INC	2
AUXIANT	1
AV MED	5
AZ BEN OPT-HARRINGTON	880
BANKERS LIFE & CAS	10
BANNER HEALTH	692
BASHAS BENEFIT TRUST	415
BC OF CALIFORNIA	5,656

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX A

<u>Carrier</u>	<u>Members</u>
BC/BS NJ	61
BC/BS OF ALASKA	8
BC/BS OF ANTHEM	14
BC/BS OF ARIZONA	16,263
BC/BS OF ARKANSAS	2,054
BC/BS OF COLORADO	187
BC/BS OF FLORIDA	157
BC/BS OF GEORGIA	1,518
BC/BS OF INDIANA	38
BC/BS OF IOWA	150
BC/BS OF KANSAS	379
BC/BS OF KENTUCKY	4
BC/BS OF MAINE	6
BC/BS OF MARYLAND	23
BC/BS OF MASSACHUSETTS	441
BC/BS OF MISSOURI	4
BC/BS OF NEVADA	4
BC/BS OF NEW MEXICO	81
BC/BS OF NEW YORK	23
BC/BS OF OHIO	11
BC/BS OF OKLAHOMA	30
BC/BS OF OREGON	32
BC/BS OF RHODE ISLAND	16
BC/BS OF ROCHESTER NY	9
BC/BS OF SOUTH DAKOTA	19
BC/BS OF TENNESSEE	229
BC/BS OF TEXAS	2,094
BC/BS OF UTAH	46
BC/BS OF VIRGINIA	42
BC/BS OF WESTERN NY	51
BC/BS OF WISCONSIN	28
BC/BS OF WYOMING	1
BCBS EXCELLUS CO	48
BCBS ILLINOIS	617
BEECH ST	55
BENEFIT ADMINISTRATORS	5
BENEFIT CLAIMS PAYORS	1
BENEFIT PLANNERS	7
BENESIGHT	319

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX A

<u>Carrier</u>	<u>Members</u>
BHP COPPER	1
BOILERMAKERS NAT'L H&W	84
BOON CHAPMAN/DKG	1
CA IRONWORKERS INS	32
CAREFIRST BC/BS	60
CAREMARK	154
CARPENTERS HLTH & WLF	63
CATHOLIC HEALTHCARE WEST	10
CBCA	13
CCMSI	1
CCN	58
CELTIC LIFE INSURANCE	6
CENTRA BENEFIT SERVICES	20
CHICKERING CLAIMS GROUP	3
CHOICE PLUS	6
CIGNA FOR SENIORS	27,707
COBRA	2
COMBINED INS. OF AMERICA	3
COMMERSE BENEFIT GROUP	2
COMPREHENSIVE CARE SVCS	10
COMPU SYS ERISA	16
CONSECO HEALTH INS CO	10
COOP BENEFIT ADMIN	13
CORESOURCE	35
COVENANT ADMIN, INC	4
COVENTRY	38
COX HEALTH PLAN	6
DAKOTA CARE	13
DAN R. WAGNON & ASSOC.	2
DEFINITY HEALTH	46
DELTA HEALTH SYSTEMS	6
DESERET MUTUAL	25
DIVERSIFIED INS	5
EPOCH GROUP	13
EQUITABLE INSURANCE	9
EVERCARE	3
EXPRESS SCRIPTS	3,648
FBA	1
FIRST ADMINISTRATORS	9

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX A

<u>Carrier</u>	<u>Members</u>
FIRST HEALTH	215
FISERV. HEALTH	27
FORTIS BENEFITS	99
GEHA	330
GENERAL AMERICAN	14
GILSBAR INS	288
GLOBE LIFE & ACCIDENT	1
GMS	10
GOLDEN RULE INS CO	823
GREAT-WEST HEALTHCARE	1,831
GROUP HEALTH INC.	47
GUARANTEE NATIONAL INS	1
GUARDIAN	46
HARRINGTON BENEFITS	37
HARVARD PILGRIM	2
HEALTH ASSURANCE	87
HEALTH NET OF CALIFORNIA	23
HEALTH NET OPTIONS	10
HEALTH PLAN OF NEVADA	100
HEALTHCARE GROUP OF AZ	25
HEALTHNET	1,407
HMA INC	9
HMSA BC/BS OF HAWAII	1
HORIZON BC/BS OF NJ	156
HUMANA HEALTH INS	6,536
IAC/ARIZONA FOUNDATION	6
IBEW	18
IBMS	3
INSURERS ADMINISTRATION	121
J F MOLLOY & ASSOCIATES	2
JC LINCOLN EMPLOYEE HP	3
JOHN DEERE HEALTH CARE	1
KANAWHA INSURANCE CO	1
LABORERS H&W TRUST FUND	9
LIFEWISE	276
LOOMIS COMPANY	7
LOVELACE HEALTH PLAN	7
LUMENOS	8
MAIL HANDLERS BENE PLAN	90

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX A

<u>Carrier</u>	<u>Members</u>
MASS MUTUAL LIFE INS	520
MEDICAL MUTUAL OF OHIO	11
MEDIVERSAL	8
MEGA LIFE AND HEALTH	33
MERITAIN HEALTH	52
MMA INSURANCE CO	2
MUTUAL ASSURANCE ADMIN	4
MUTUAL OF OMAHA	255
MVP HEALTH CARE	2
NATIONAL ASBESTOS WORK	13
NATIONWIDE INSURANCE COMP	6
NATL ASSOC LETTER CARRIER	51
NGS AMERICAN INC	15
NIPPON LIFE INSURANCE	1
NPS	11
ONE HEALTH PLAN	1,421
OPERATING ENGINEERS	33
OXFORD HEALTH PLANS INC	99
P5 HEALTH SERVICES	104
PACIFIC MUTUAL	6
PACIFIC SOURCE	5
PACIFICARE HEALTH SYSTEMS	4,696
PCS LIFE INS CO.	53
PHARMA CARE INS	56
PHYSICIANS MUTUAL INS CO	67
PIPE FITTERS WELFARE FUND	9
PITTMAN & ASSOC., INC.	1
POSTMASTER BENEFITS PLAN	35
PREFERRED ONE	7
PREMERA BLUE CROSS	61
PRESBYTERIAN HEALTH PLAN	20
PRESCRIPTION SOLUTIONS	224
PRESTIGE CARE, INC	1
PRIME THERAPEUTICS	639
PRINCIPAL FINANCIAL GROUP	62
PRINCIPAL MUTUAL LIFE	246
PROVIDENT AMERICAN INS	1
PSERS HEALTH ADMIN UNIT	1
RESERVE NATIONAL	4

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX A

<u>Carrier</u>	<u>Members</u>
RMSCO INC	3
ROYAL NEIGHBORS OF AMERIC	14
RX SOLUTIONS	153
SCHALLER ANDERSON	82
SCOTTSDALE HEALTHCARE	12
SECURE HORIZONS	237
SHALLER ANDERSON NETWORK	20
SHEET METAL WORKERS	3
SIERRA HEALTH SERVICE	326
SISCO	4
SOUTHERN CA PIPE TRUST	3
SOUTHWIRE & AFFILIATES	4
SRT	444
ST. MARYS HEALTH PLAN	4
STARBRIDGE	3
STARMARK	241
STATE FARM INS CO	10
STRATEGIC RESOURCE CORP	19
SUMMACARE	4
THE MAIL HANDLER BEN PLAN	3
THRIVENT FIN FOR LUTHE	1
TPA OF ARIZONA	1
TPA-AETNA, INC	146
TRANSCHOICE	4
TRANSWESTERN INS ADMIN	87
TRICARE	15,620
TRIDENT	30
TRIGON BC/BS	4
TRUSTED PLANS SERVICE COR	1
TRUSTMARK	179
TUFTS HEALTH PLAN	7
UNICARE LIFE & HEALTH	267
UNITED AMERICAN INS CO	130
UNITED BENEFITS	7
UNITED COM TRVL OF AMER	10
UNITED HEALTHCARE	41,322
UNITED HEALTHCARE/ MEDCO	10,737
UNITED MEDICAL RESOURCES	311
UNITED TEACHER ASSOC	7

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX A

<u>Carrier</u>	<u>Members</u>
UNIVERSITY PHYSICIAN'S	6
WALMART GROUP HEALTH	3
WAUSUA INS COMPANY	34
WELLMARK	24
WELLPOINT	797
WESTERN MUTUAL INS.	16
WORLD LIFE & HEALTH INS	9
WYETH BC/BS NEW JERSEY	256
YUMA AREA BEN CONSORTIUM	5
ZENITH ADMINISTRATORS, IN	70
Carriers With Data Use Agreements in Place:	188,689

Carriers Cooperating in Establishing a Data Use Agreement

ABS	62
ADMIN ENTERPRISES, INC	1,147
ALLSTATE INS	2
ANTHEM PRESCRIPTION	64
ASBAIT	65
BC/BS OF CONNECTICUT	5
BC/BS OF NEBRASKA	34
BLUE SHIELD/NORTH DAKOTA	23
CITY OF MESA EMPLOYEE BN	12
CULINARY INS	7
GALLAGHER BENEFITS	6
INTERMOUNTAIN ADMIN	6
KAISER PERMANENTE	15
LINECO	3
NATIONAL AUTO SPRINKLER	17
NCAS	6
RAN+AMN EPO PLAN	192
SOUTHWEST ADMINISTRATORS	124
SOUTHWEST SERVICE ADMN	651
SUMMIT	4
UNION PACIFIC INS CO	2
UNITED SECURITY LIFE	7
UTU TRUST FUND CLAIMS	5
WEBTPA PROVIDER SERVICES	12
Total Carriers Cooperating in Establishing a Data Use Agreement	2,471

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX A

<u>Carrier</u>	<u>Members</u>
Total Compliant Carriers	<u>191,160</u>
* Number of AHCCCS members enrolled with carrier	

Insurance Carrier Compliance with § A.R.S. 36-2923

**APPENDIX B
Tier I Noncompliant Carriers**

Carrier	AHCCCS Members
Declined to Enter Into A Data Use Agreement:	
AMERICAN BENEFIT PLAN	54
BC & BS OF SOUTH CAROLINA	49
BC OF IDAHO	36
BC OF WESTERN PA	30
BC/BS EMPIRE	5
BC/BS FEP BLUE VISION	1
BC/BS INDEPENDENCE	4
BC/BS OF ALABAMA	102
BC/BS OF DC	4
BC/BS OF DELEWARE	11
BC/BS OF LOUISIANA	39
BC/BS OF MICHIGAN	59
BC/BS OF MINNESOTA	155
BC/BS OF MONTANA	37
BC/BS OF NORTH CAROLINA	106
BC/BS OF PENNSYLVANIA	16
BC/BS OF VERMONT	7
BC/BS OF WEST VIRGINIA	6
BCBS OF CAPITAL PA	7
CAPITAL BLUE CROSS	9
CATALYST	33
EMPIRE BC/BS	125
HIGHMARK BC/BS	58
MOTION PICTURE INS HLTH	14
MOUNTAIN STATES ADMIN	133
REGENCE BLUE SHIELD	89
SAN DIEGO COUNTY EMP	1
VALUE CARE	4
WALGREENS HLTH INT/RX PGM	1,994
Total Declining to Enter Into A Data Use Agreement	3,188
Unresponsive:	
ACEC HEALTH PLAN	2
ACORDIA NATIONAL	265
AK-CHIN INDIAN COMM. FAR	1
ALLIED BENEFIT SYSTEMS	21
AMALGAMATED LIFE INS	6
CEBA CLAIMS	3

Insurance Carrier Compliance with § A.R.S. 36-2923

APPENDIX B

<u>Carrier</u>	<u>Members</u>
CITY HEALTH PLAN	1
DARDEN RESTAURANT	1
DESERT CANYON COMM CARE	1
FMH BENEFIT SERVICES	24
GENERAL HOSPITAL INS.	8
HEALTH COMP	16
HEALTH SMART PREFER CARE	4
HEALTHCARE MNGMT ADMIN	1
IEC BENEFIT ADMIN/CCN	170
IHC CARE PLUS SE	45
IRON WORKERS	3
ITPE-MEBA/NMU	4
MANDALAY RESORT GROUP	19
MAYO HEALTH PLAN ARIZONA	77
MERIT INS CO	76
MIDWEST SECURITY ADM INC	5
MMSI	21
MONTANA STATE FUND	13
NATIONAL ELEVATOR INS	6
NAVAJO NATION EMPL BEN	7
NMHC	59
NORTHWEST ADMIN INC	71
OCEAN	1
ODS HEALTH PLAN	4
PENSION OPER ENG HLTH	10
PERS	3
PHN/MD HEALTH PLAN	1
PUBLIC EMPLOYEE HEALTH	2
RESTAT	4
STERLING LIFE INS CO.	6
TOWER LIFE INSURANCE CO	12
UMWA H&R FUNDS	1
UNITED AGRICULTURAL EMP	34
UNITED FOOD & COMMERCIAL	9
WESTERN GROWERS INS	1,233
WESTERN TEAMSTERS	2
WORLDWIDE INS GROUP	4
Total Unresponsive	<u>2,256</u>
Total Noncompliant Carriers	<u><u>5,444</u></u>