

Definitions

Mandatory Reporting Entities

Mandatory reporting entities include:

- All Health Insurers providing healthcare coverage to a Delaware resident; and
- All Health Insurers that provide a Delaware State Group Health Insurance Plan, regardless of the state of residence of the member. This includes any entity that receives or collects charges, contributions, or premium for, or adjusts or settles, health claims for, any State employee or their spouses or dependents, participating in the State Group Health Insurance Program.

Health Insurer

The term Health Insurer is defined in § 4004 of Title 18 and includes insurers, third-party administrators (TPA), pharmacy benefits managers (PBMs), and other carve-out payers that offer a service benefit plan. Health insurer does not include providers of casualty insurance, as defined in § 906 of Title 18; providers of group long-term care insurance or long-term care insurance, as defined in § 7103 of Title 18; or providers of a dental plan or dental plan organization, as defined in § 3802 of Title 18.

Covered Lives

The term covered lives includes all Delaware residents; members and their dependents for employer-sponsored coverage; and all members of the State Group Health Insurance program regardless of state of residence.

Mandatory Reporting Entities with fewer than a total of 1,000 covered lives (across all lines of business) may request an exemption from data submission but are still required to complete the Annual Registration Form.