

Draft: 5/6/26

Market Conduct Regulation Modernization (D) Working Group  
Virtual Meeting  
April 9, 2026

The Market Conduct Regulation Modernization (D) Working Group of the Market Regulation and Consumer Affairs (D) Committee met April 9, 2026. The following Working Group members participated: Ann Gillespie (IL), Chair; Angela L. Nelson (MO), Vice Chair; Heather Carpenter (AK); Jimmy Harris (AR); Pam O'Connell and Don McKinley (CA); Sheryl Parker (FL); Dean L. Cameron (ID); Danielle Torres (MI); Martin Swanson (NE); Emily Doherty, Victoria Fowler, and Michelle Heaton (NH); Avani Shah (NY); Todd Oberholtzer (OH); Landon Hubbart (OK); Michael Humphreys and David Buono (PA); Matthew Gendron (RI); Tony Dorschner (SD); Tanji J. Northup (UT); Andrea Baytop and Julie Fairbanks (VA); Mary Block and Karla Nuisl (VT); Sandy Ray (WA); Jamie Adams (WI); and Joylynn Fix (WV).

1. Discussed its Work Plan

Director Gillespie reviewed the Working Group's charge to assess, with input from NAIC members and interested stakeholders, the current market conduct regulatory framework and the potential need for changes in response to evolving markets, business models, and consumer expectations. She said the Working Group is charged with developing recommendations to improve and modernize the market conduct regulatory framework. Director Gillespie said the Working Group's recommendations are intended to identify priorities and future workstreams rather than implement immediate, detailed regulatory changes. She stated that technical implementation work would occur beyond the current year.

Director Gillespie said the Working Group will review the following areas, noting that they are intentionally broad and serve as a starting point for discussion: 1) market conduct data collection and analysis; 2) interstate collaboration for analysis and examinations; 3) the *Market Regulation Handbook*; 4) NAIC support and systems; 5) training; and 6) other entity oversight.

Director Gillespie reviewed the timeline of the Working Group's efforts, noting initial discussions occurred earlier in the year and that the Working Group is now beginning a series of biweekly meetings. She said a progress update would be provided to commissioners at the Commissioners' Mid-Year Roundtable, and the goal is for the Market Regulation and Consumer Affairs (D) Committee to consider adoption of the Working Group's recommendations at the Fall National Meeting.

Director Gillespie said regulator-to-regulator meetings in April and May will focus on regulator-only databases at the NAIC and analytical tools. These discussions will address current capabilities, planned enhancements, and resource considerations. Public updates regarding these meetings will be provided.

Director Gillespie said the Working Group will hold listening sessions with interested parties between April and the Summer National Meeting. The listening sessions will be organized by product line, and industry is encouraged to identify concerns, challenges, and recommendations. Consumer input will also be solicited through the NAIC consumer liaison representatives, and a meeting will be devoted to receiving this input.

Director Gillespie said the regulator-to-regulator meetings in July and August will address interstate collaboration, the *Market Regulation Handbook*, state insurance regulator training needs, and third-party oversight. Public updates regarding these meetings will be provided.

Director Gillespie said the Working Group will conduct deeper discussions through September, October, and November to focus on developing formal recommendations.

Erica Eversman (Automotive Education & Policy Institute—AEPI) asked if consumer input could be organized by line of business to reflect differing consumer issues. Director Gillespie said this approach would be accommodated. J.P. Wieske (Council for Affordable Health Coverage—CAHC) expressed support for the initiative, noting the potential benefits of improved data use and enhanced interstate coordination.

Having no further business, the Market Conduct Regulation Modernization (D) Working Group adjourned.

# Market Conduct Regulation Modernization (D) Working Group

## Data Overview - Market Conduct Annual Statement (MCAS) Data

Teresa Cooper

Senior Market Analysis Manager

# Topics

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MCAS Data Ownership & Origins

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Data Collected in the MCAS

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MCAS Data Collection & Storage

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Regulator Reports & Data Access

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MCAS and FDR Modernization

# MCAS Data Ownership & Origins

# MCAS Data Ownership & Origins

MCAS was developed in 2002 to provide a uniform system of collecting market data

MCAS data is state owned and confidential  
NAIC has Terms of Use and Confidentiality Agreement with each jurisdiction

First collected centrally at the NAIC for the 2010 data year - generally collected under jurisdiction exam authority

Currently no filing fees are assessed for collection of MCAS data

Market Analysis Procedures (D) Working Group – Approves new MCAS lines of business & standard ratios

Market Conduct Annual Statement Blanks (D) Working Group – Establishes and maintains Blanks and Data Call & Definitions

Established procedures and timelines are followed for adoption of MCAS reporting changes.



# Data Collected in the MCAS

# MCAS Lines of Business - Summary Level Data

- Homeowners (Original)
- Individual Annuity (Original)
- Individual Life (Original)
- Private Passenger Auto (Original)
- Long-Term Care (2014)
- Health (2017)
- Lender-Placed Home & Auto (2018)
- Disability Income (2019)
- Private Flood (2020)
- Short-Term Limited Duration (2022)
- Travel (2022)
- Other Health (2023)
- Pet Insurance (2025)

# MCAS Data

Interrogatories

Claims

Underwriting

Complaints & Requests for Internal & External Review

Lawsuits

Health Prior Authorizations

Attestation

Appropriate coverage breakouts for each line of business

# Interrogatories

- Home and Private Passenger Auto:
  - Does the company write in the non-standard market?
  - Does the company use digital claim settlement?
- Life - Accelerated Underwriting questions
- Has all or part of the block of business been sold, closed or moved to another company?
- Has there been a significant event/business strategy impacting data?
- Does the company use Managing General Agents/Third Party Administrators?
- Additional comments related to the reported data
- How are subsequent supplemental or additional payments treated?

# Claims

- Claims open at the beginning of the period, opened during the period, closed with payment, closed without payment and open at the end of the period
- Median days to final payment
- Claims closed with payment and without payment broken out into buckets to show time to close the claim (example: 0-30 days, 31-60 days, 61-90 days, etc.)
- Health:
  - In-Network vs. Out-of-Network claims
  - Claim Denial Counts and broken out by reasons
  - Co-payment, coinsurance and deductible responsibility
  - Amount of claims paid

# Underwriting

- Premium
- Policies in force
- Cancellations for non-pay/at insured's request
- Company initiated non-renewals
- New policies issued
- Dwellings with policies in force/Autos with policies in force
- Life and Annuity: replacements, surrenders and free looks

# Complaints & Requests for Internal/ External Review

- Complaints received from any person or entity other than the DOI
- Health:
  - Customer requests for internal reviews of grievances involving and not involving adverse determinations
  - Adverse determinations upheld/overturned
  - Customer requested appeals on final adverse determinations to an external review organization
  - Final adverse determinations upheld/overturned upon request for external review

# Lawsuits

- Lawsuits open at the beginning of the period
- Lawsuits opened during the period
- Lawsuits closed during the period
- Lawsuits closed during the period with consideration for the customer
- Lawsuits open at the end of the period
- Class action lawsuits

# Health Prior Authorizations

- Pharmacy prior authorizations requested/approved/denied
- Non-pharmacy prior authorizations requested/approved/denied
- Prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders: requested/approved/denied

# Attestation

Insurers are asked to provide the name and title of two representatives that understand, agree and certify on behalf of the company that the submitted MCAS data is accurate and complete

## Homeowners (2025)

### Homeowners Interrogatories

	Yes No Response	Explanation
01		---
02		---
03		---
04		---
05		---
06		---
07		---
08	---	---
09	---	---
10		---
11	---	---
12		---
13	---	---
14		---
15		---
16	---	---
17		---
18	---	---
19		---
20	---	---
21	---	---
22	---	---

### Homeowners Claims Activity

	Dwelling				Personal Property				Liability	Medical Payments	Loss of Use
	Digital	Hybrid	Non-Digital	All	Digital	Hybrid	Non-Digital	All			
23				---				---			
24				---				---			
25				---				---			
26				---				---			
27				---				---			
28	---	---	---	---	---	---	---	---			
29				---				---			

## Homeowners (2025)

### Homeowners Claims Activity

	Dwelling				Personal Property				Liability	Medical Payments	Loss of Use
	Digital	Hybrid	Non-Digital	All	Digital	Hybrid	Non-Digital	All			
30	Number of claims closed with payment within 31-60 days.										
31	Number of claims closed with payment within 61-90 days.										
32	Number of claims closed with payment within 91-180 days.										
33	Number of claims closed with payment within 181-365 days.										
34	Number of claims closed with payment beyond 365 days.										
35	Number of claims closed without payment within 0-30 days.										
36	Number of claims closed without payment within 31-60 days.										
37	Number of claims closed without payment within 61-90 days.										
38	Number of claims closed without payment within 91-180 days.										
39	Number of claims closed without payment within 181-365 days.										
40	Number of claims closed without payment beyond 365 days.										

### Homeowners Underwriting Activity

	Total
41	Number of dwellings which have policies in force at the end of the period.
42	Number of dwelling fire policies in force at the end of the period.
43	Number of homeowner policies in force at the end of the period.
44	Number of tenant/renter/condo policies in force at the end of the period.
45	Number of all other residential property policies in force at the end of the period.
46	Number of new business policies written during the period.
47	Dollar amount of direct premium written during the period.
48	Number of company-initiated non-renewals during the period.
49	Number of cancellations for non-pay or non-sufficient funds.
50	Number of cancellations at the insured's request.
51	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.
52	Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to a related company.
53	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.
54	Number of complaints received directly from any person or entity other than the DOI.

### Lawsuit Activity

	Dwelling	Personal Property	Liability	Medical Payments	Loss of Use	Non-Claim Related
55	Number of lawsuits open at beginning of the period					
56	Number of lawsuits opened during the period					
57	Number of lawsuits closed during the period					
58	Number of lawsuits open at end of period					
59	Number of lawsuits closed with consideration for the consumer					

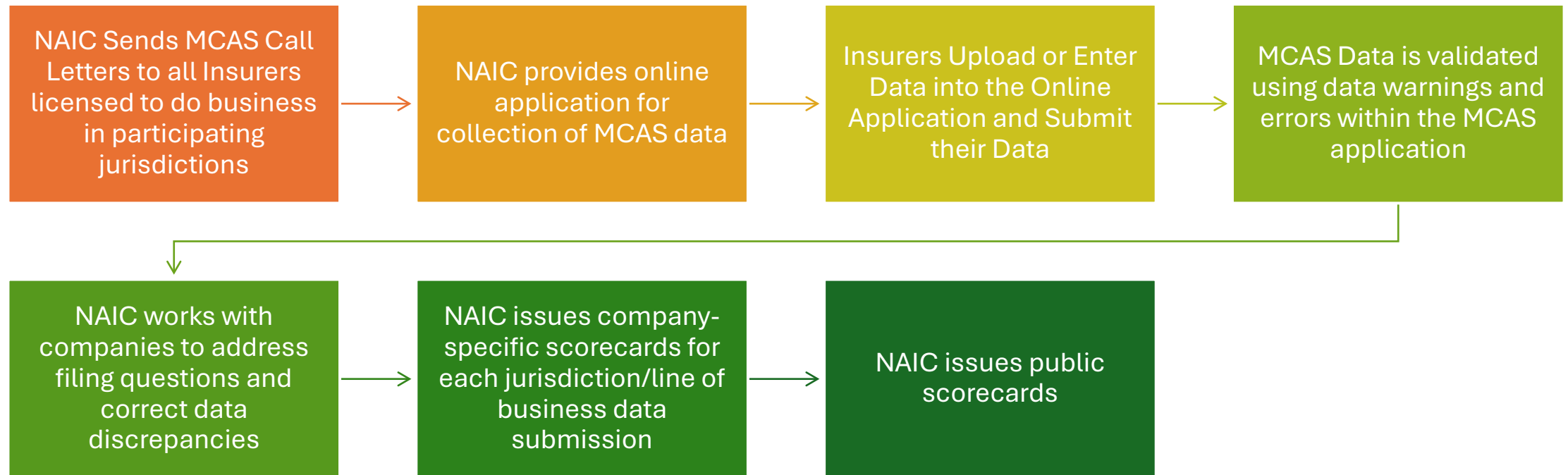
### Homeowners Attestation

	First Name	Middle Name	Last Name	Suffix
60	First Attestor Information			
61	Second Attestor Information			
62	Overall Comments for the Filing Period			

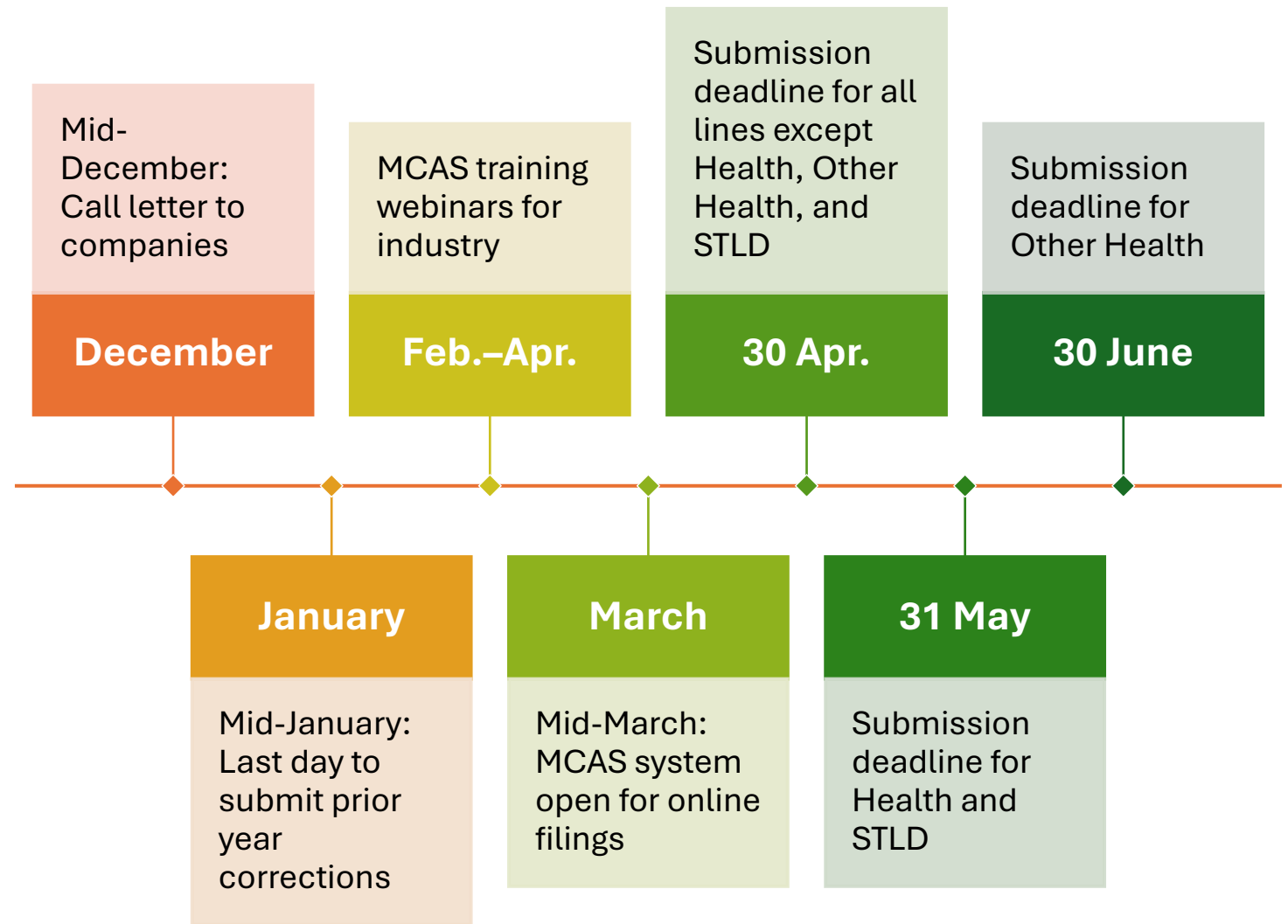
# MCAS Data Collection & Storage



# MCAS Data Collection Process



# Key MCAS Dates



# MCAS and FDR Modernization



## MCAS - Tied to the FDR Modernization Project

- All MCAS application backend processes currently use the FDR system
- MCAS data is currently stored in Oracle and then put into the Enterprise Data Platform Snowflake database
- At completion of the project, all data will be stored directly into the Enterprise Data Platform (Snowflake)

# What will MCAS data submission look like in the future?

NAIC staff will continue to send MCAS call letters.



The NAIC MCAS Application will no longer be used.

Insurers will go through a third-party vendor to upload their data into the new file processing application (insurers do this today for their financial filings).

NAIC staff will continue to review data submissions and correspond with insurers as needed to resolve reporting issues.



Completion currently scheduled for 2028  
data submitted to the NAIC in 2029

## FDR Modernization Project



Attachment Three: April 30 Meeting

# Market Regulation Databases and Market Analysis Tools

**Randy Helder**

Assistant Director, Market Regulation

# Market Conduct Regulation Databases

- Complaint Database System (CDS)
  - State/Territory closed complaints
- Regulatory Information Retrieval System (RIRS)
  - State/Territory regulatory actions
  - State Producer Licensing Database (SPLD)
- Market Action Tracking System (MATS)
  - State/Territory market actions
    - Examinations
    - Other actions along the continuum
- Online Fraud Reporting Systems (OFRS)

# Complaint Database System (CDS)

- Submitted by each state/territory on a regular basis (usually monthly)
  - Closed complaints
    - Respondent
    - Complainant
    - Type of coverage (e.g., auto, life/annuity, fire & allied lines, health)
      - First Level Coverage ( e.g., motorcycle, individual life)
      - Second Level Coverage (perils, e.g., liability, LTC)
    - Reason for complaint
    - Disposition
    - Confirmed or not confirmed
  - CDS is regulator only, but 3 years of confirmed complaint data is available on the NAIC's Consumer Insurance Search (CIS) webpage
  - Retention: 10 years

# Regulatory Information Retrieval System (RIRS)

- Regulatory actions with a final disposition
  - Insurers, producers and other entities (public adjusters, TPAs, etc.)
  - Record type
    - Financial impairment
    - Violation
    - Administrative action
  - Line of business
  - Origin of Action
  - Reason for Action
  - Disposition (including penalty/fine/forfeiture amount)
  - State Insurance Department Contact
- RIRS is only accessible by regulators

# Market Actions Tracking System (MATs)

- Ongoing and completed market conduct actions
  - Examinations and continuum actions
    - Type, trigger, line of business, period reviewed, call date, start date
    - States involved and contact information
    - Areas of scrutiny (claims, underwriting, policyholder service, etc.)
  - Companies, individuals, and other entities
  - Used for communicating about and coordinating examinations (both comprehensive and targeted) and actions
  - Accepts documentation related to the action
  - Disposition of the action
- Regulator only
- Retention is 10 years from closure or 5 years due to inactivity with prior notification

# Market Analysis Framework

## Baseline Analysis – Entire Market

- Market Conduct Annual Statement (MCAS)
- Market Analysis Prioritization Tool (MAPT)
- Level 1 Analysis (Market Analysis Review System – (MARS))
- Level 2 Analysis (MARS)
- ThoughtSpot

# Market Analysis Tools:

## Market Conduct Annual Statement (MCAS)

- Data call of market conduct related data
- Collected at the jurisdiction and line of business level of detail
- Centralized at the NAIC
- Used for jurisdiction and national analysis

# Market Analysis Tools:

## Market Analysis Prioritization Tool (MAPT)

- High-level comparison based on financial, complaint, and regulatory activity information
- Identifies companies that need further, more detailed analysis
- Elevates these companies to a Level 1 Review

# Market Analysis Tools:

## Market Analysis Prioritization Tool (MAPT)

- Generates scores in 6 key areas:
  1. Complaints
  2. Regulatory Actions
  3. Premium
  4. Loss, Expense, and Enrollment Experience
  5. Examination History
  6. Company Demographics

# Market Analysis Tools: **Level 1 Analysis**

- Detailed review of uniform information from NAIC databases
- Ability to share information with other analysts and jurisdictions
- Identifies companies that still need further, more detailed analysis

# Level 1 Analysis

1. Company Operations / Management
2. Financial Ratios
3. Regulatory Actions
4. Market Actions - Examinations
5. Market Actions - Initiatives
6. Premiums
7. Market Share
8. Loss / Expense Ratios
9. Resisted / Unpaid Claims
10. Complaints
11. Market Conduct Annual Statement
12. Conclusion

# Market Analysis Tools: **Level 2 Analysis**

- Provides confirmation of a potential market regulatory issue
- Assesses the cause and extent of the problem

# Current and Proposed Upgrades

- RIRS Coding Project
- Market Analysis Procedures (D) Working Group - MAPT enhancements
- Market Information Systems (D) Working Group - MARS enhancements

# **Market Intelligence Research and Analysis**

***Jeff Czajkowski (NAIC)***

# Topics to Cover



CIPR Market intelligence examples

Homeowner market => **MCAS**

Windstorm complaints => **CDS**

Medicare advantage agent/broker commissions => **SPL**



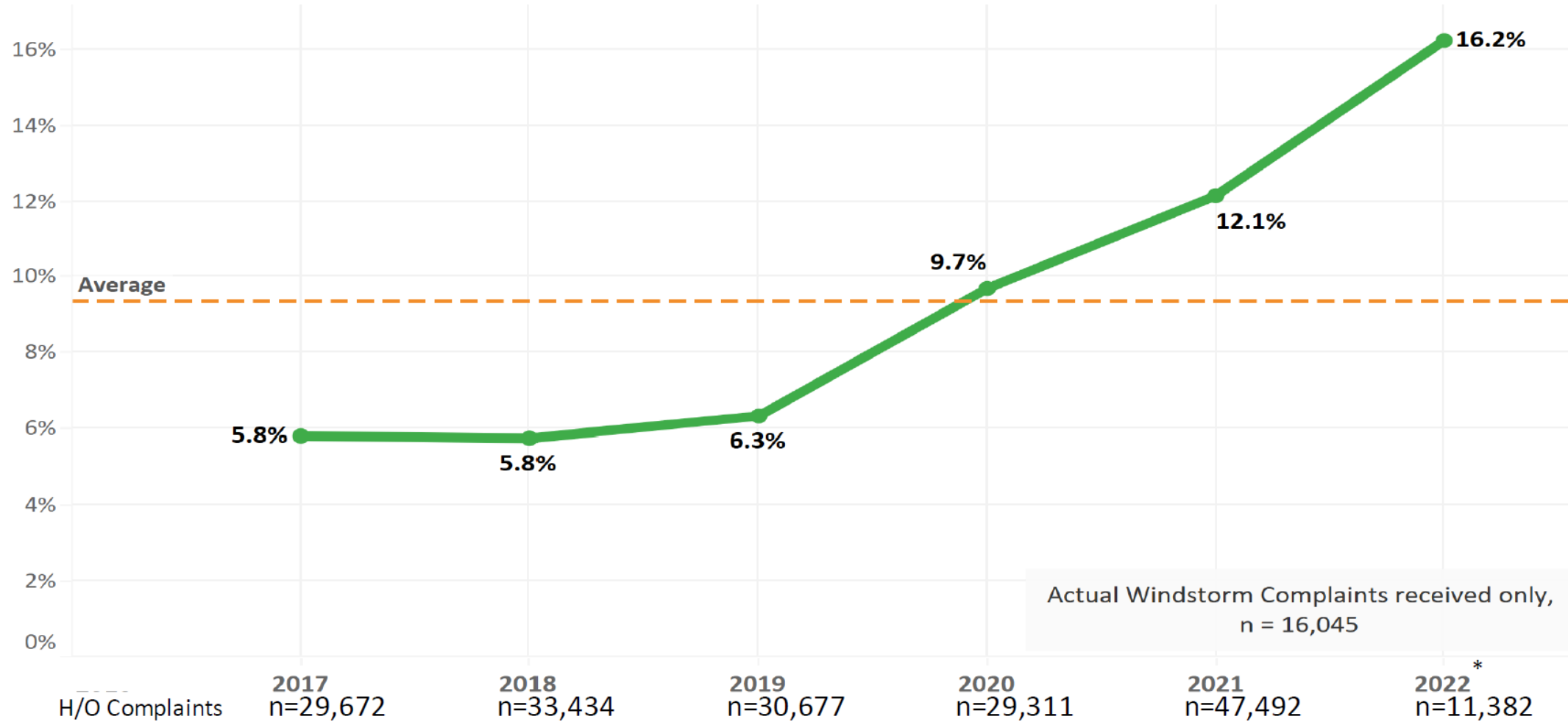
Leveraging existing NAIC statistical reports



Important considerations – 3<sup>rd</sup> party data; data integrity; reconciliation & validation

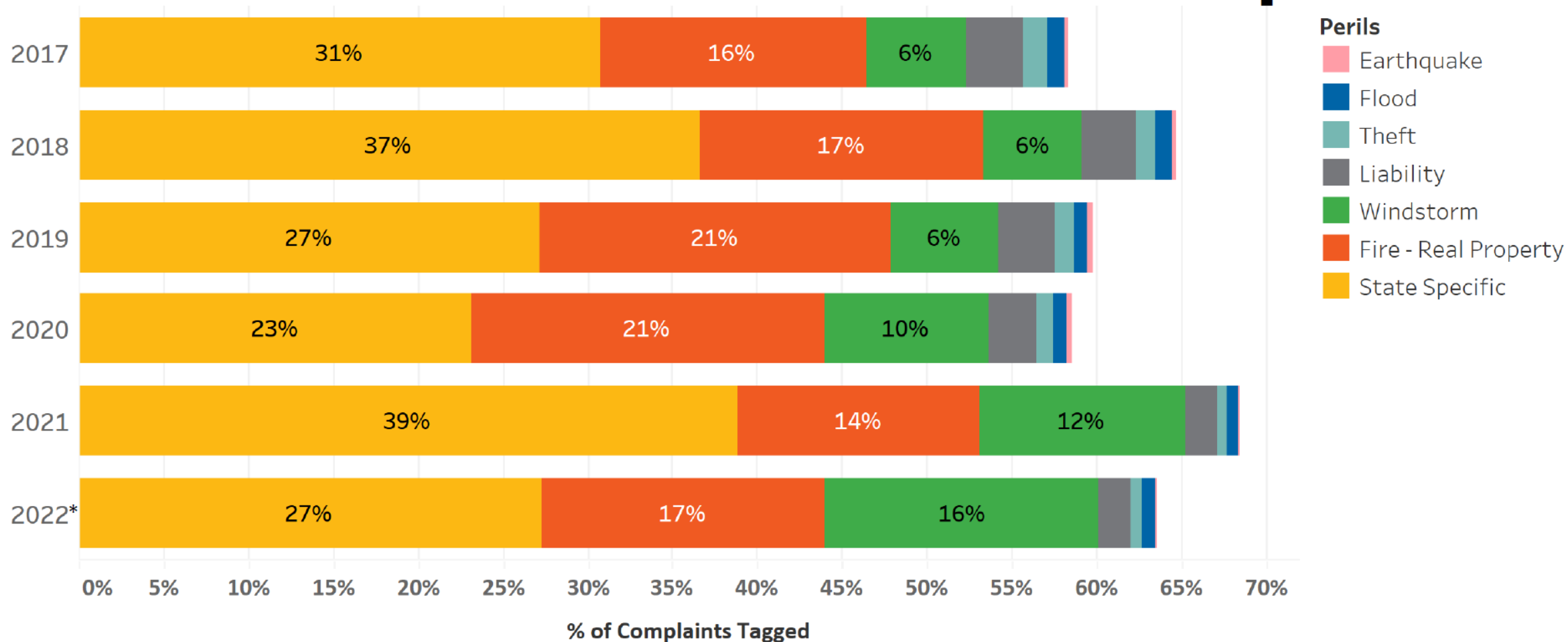
**Windstorm complaints => CDS**  
**(Paula Harms)**

# Windstorm in Proportion to HO Complaints



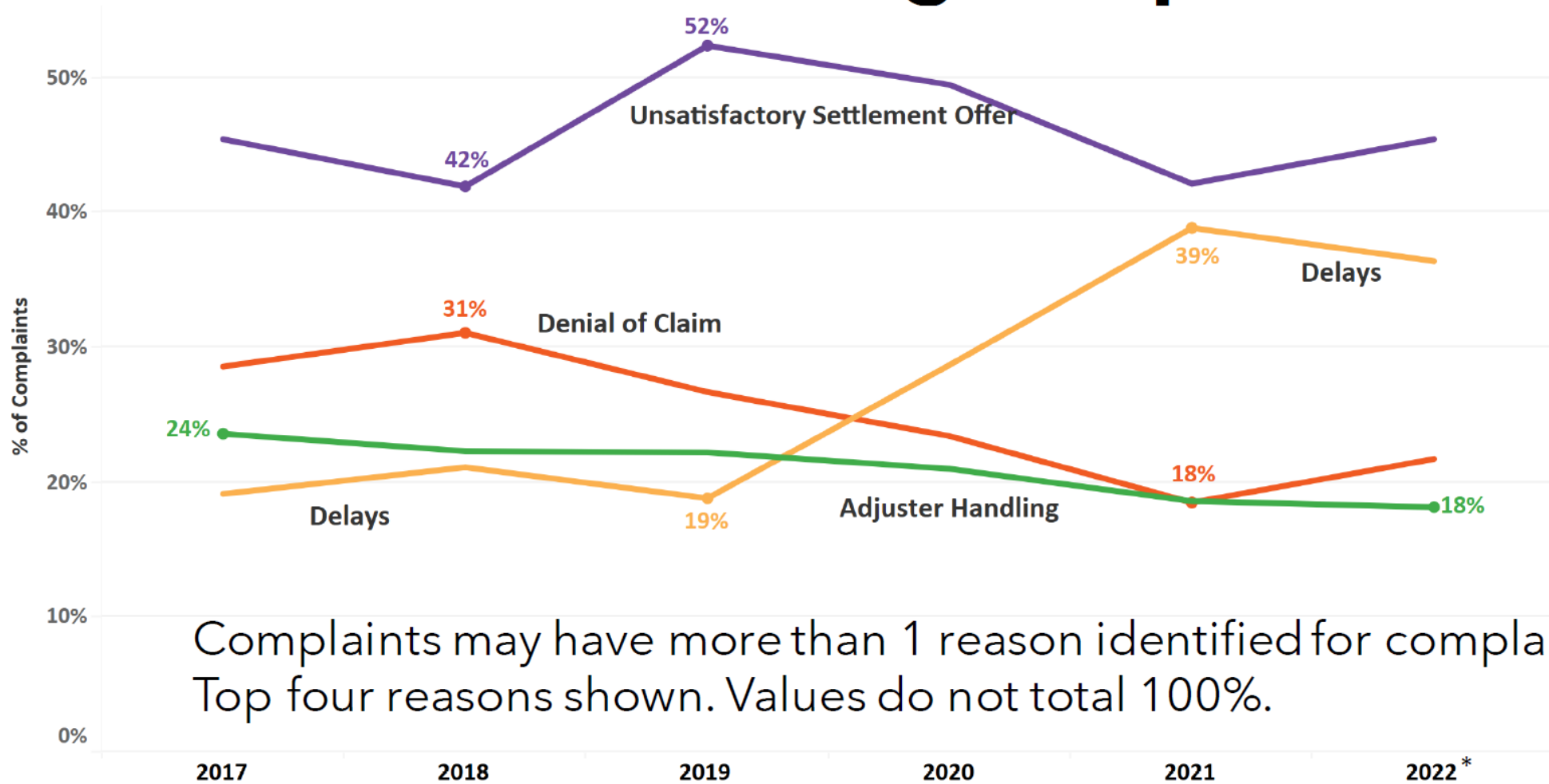
\* 2022 covers Jan. - June 16, 2022.  
All data pulled as of June 16, 2022. n = 16,045

# Windstorm & Other Perils in HO Complaints



\* 2022 covers Jan. - June 16, 2022.  
All data pulled as of June 16, 2022. n = 16,045

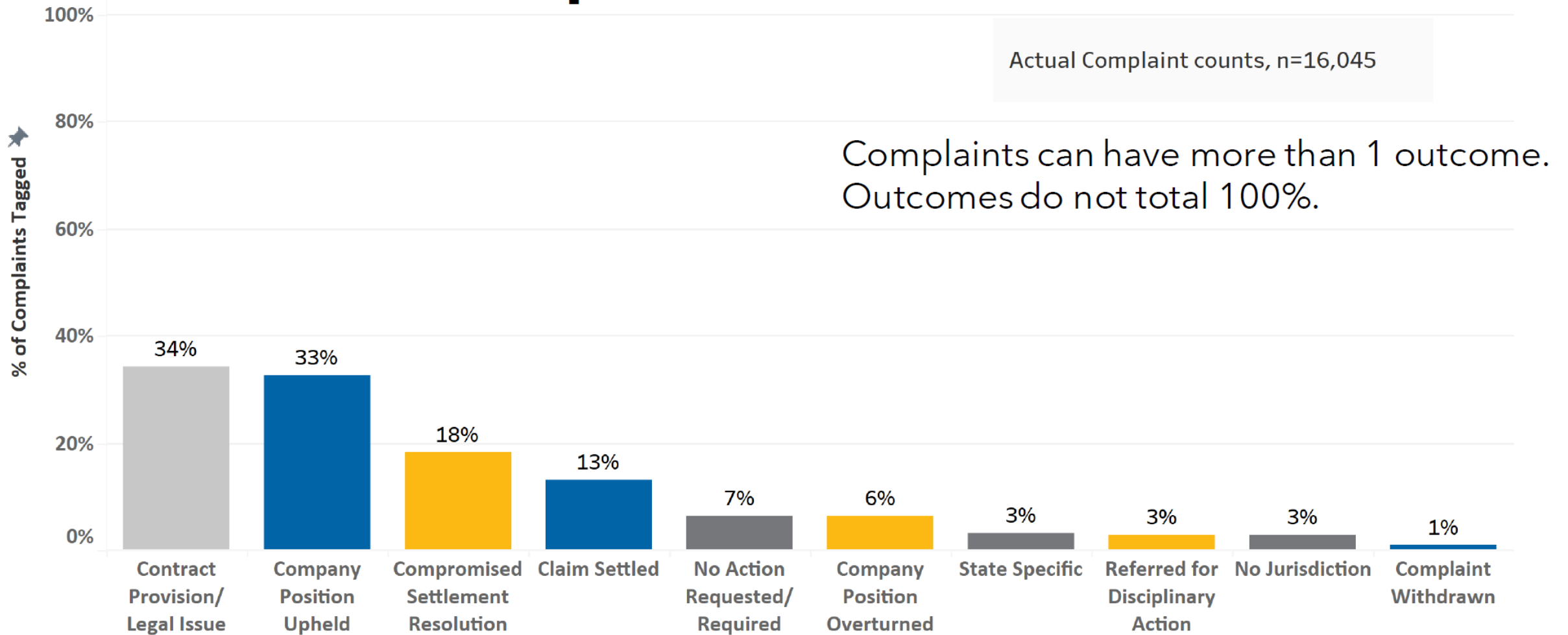
# Windstorm Claims-Handling Complaint Reasons



Complaints may have more than 1 reason identified for complaint.  
Top four reasons shown. Values do not total 100%.

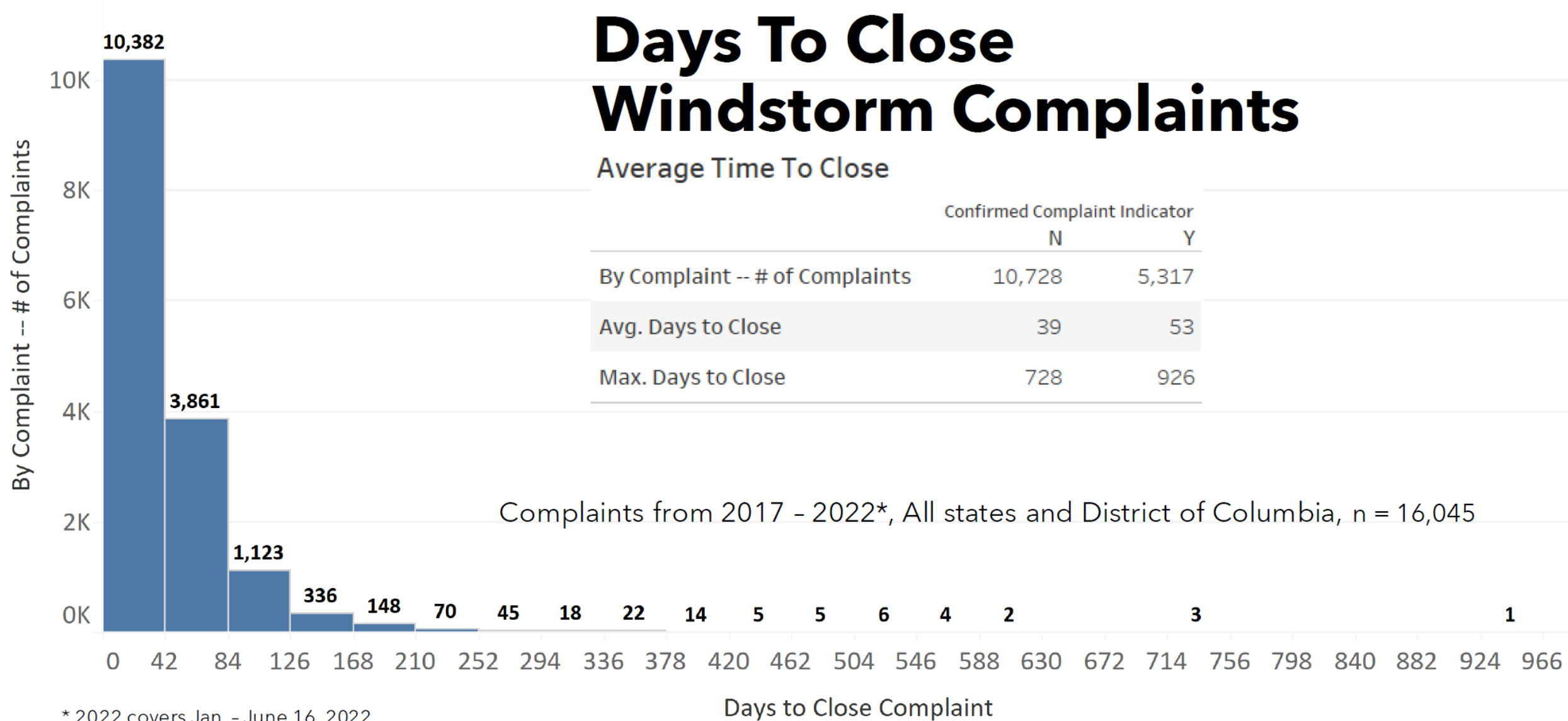
\* 2022 covers Jan. - June 16, 2022.  
All data pulled as of June 16, 2022. n = 16,045

# Windstorm Complaint Outcomes: 2017 - 2022\*



\* 2022 covers Jan. - June 16, 2022.  
All data pulled as of June 16, 2022. n = 16,045

Histogram showing *# of Complaints* in *Days To Close* bins



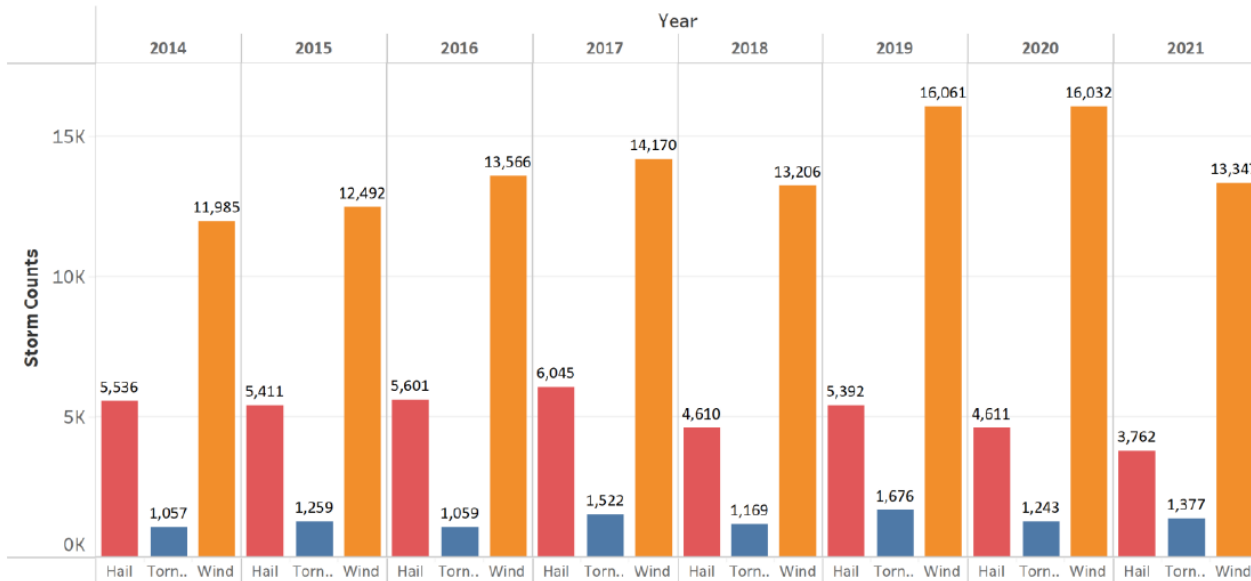
\* 2022 covers Jan. - June 16, 2022.  
All data pulled as of June 16, 2022. n = 16,045

# NOAA Predictive Database

Storms aggregated by Year and State

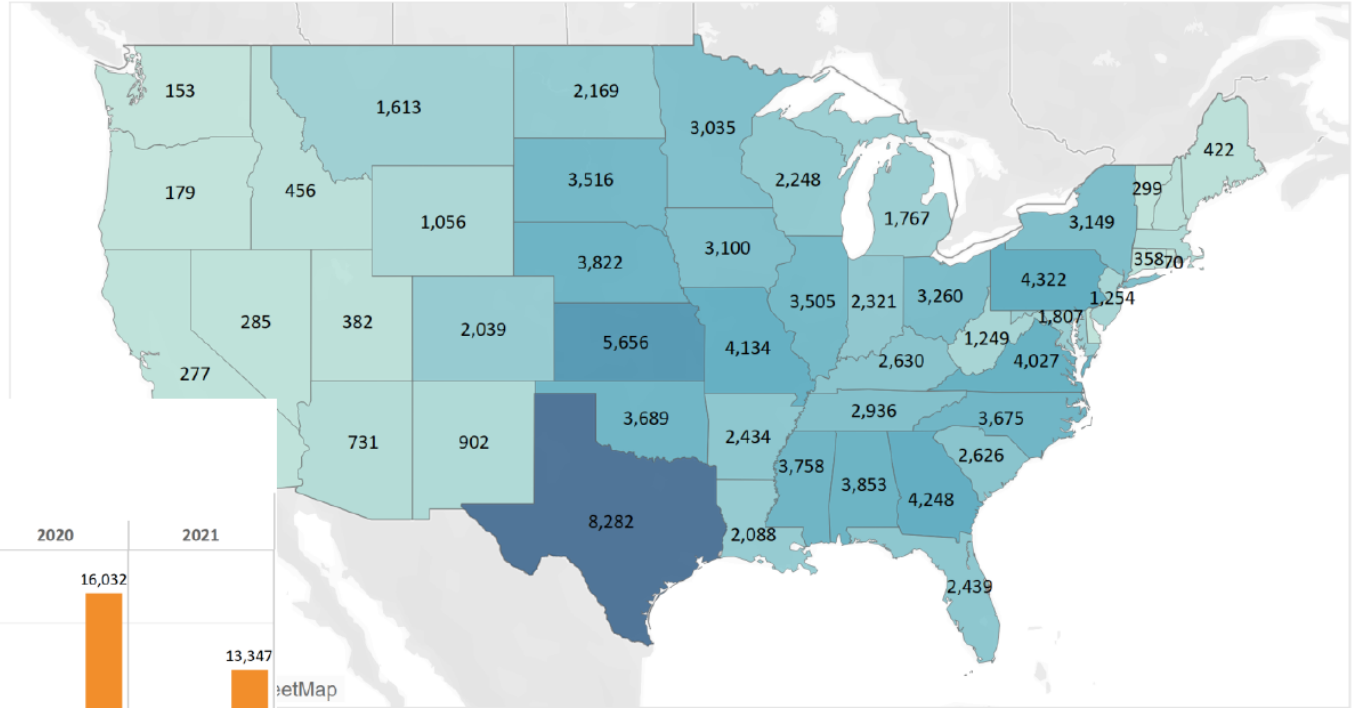
Hail, Tornado, and Windstorm  
(NOAA Predictive Database does not include hurricane.)

Storms: Number of Storms By Type  
Source: NOAA Predictive Database



## Storms by State

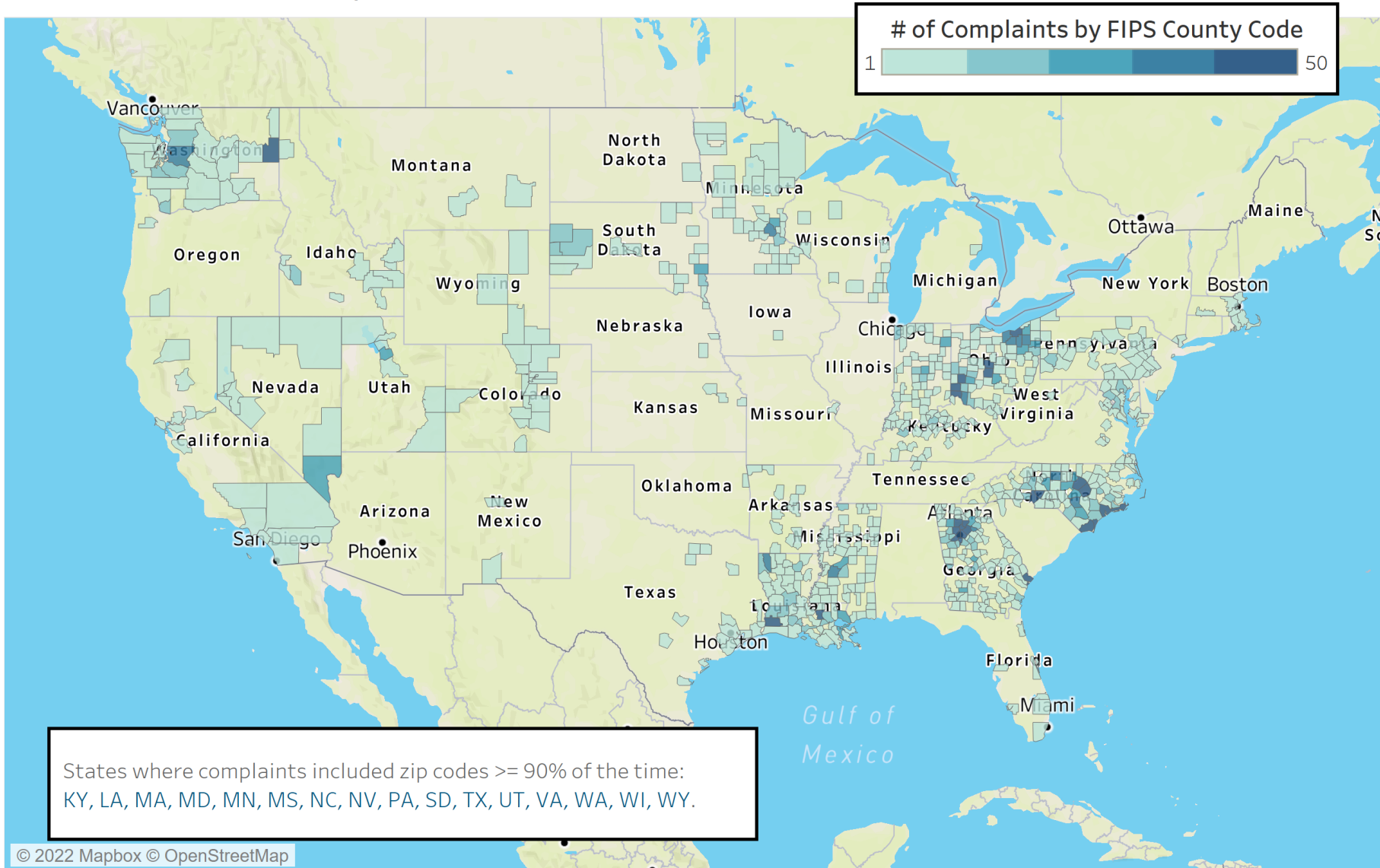
Source: NOAA Predictive Database  
(Totalled from 2017 - 2022)



[\[https://www.spc.noaa.gov/climo/online/monthly/2020\\_annual\\_summary.html#\]](https://www.spc.noaa.gov/climo/online/monthly/2020_annual_summary.html#)

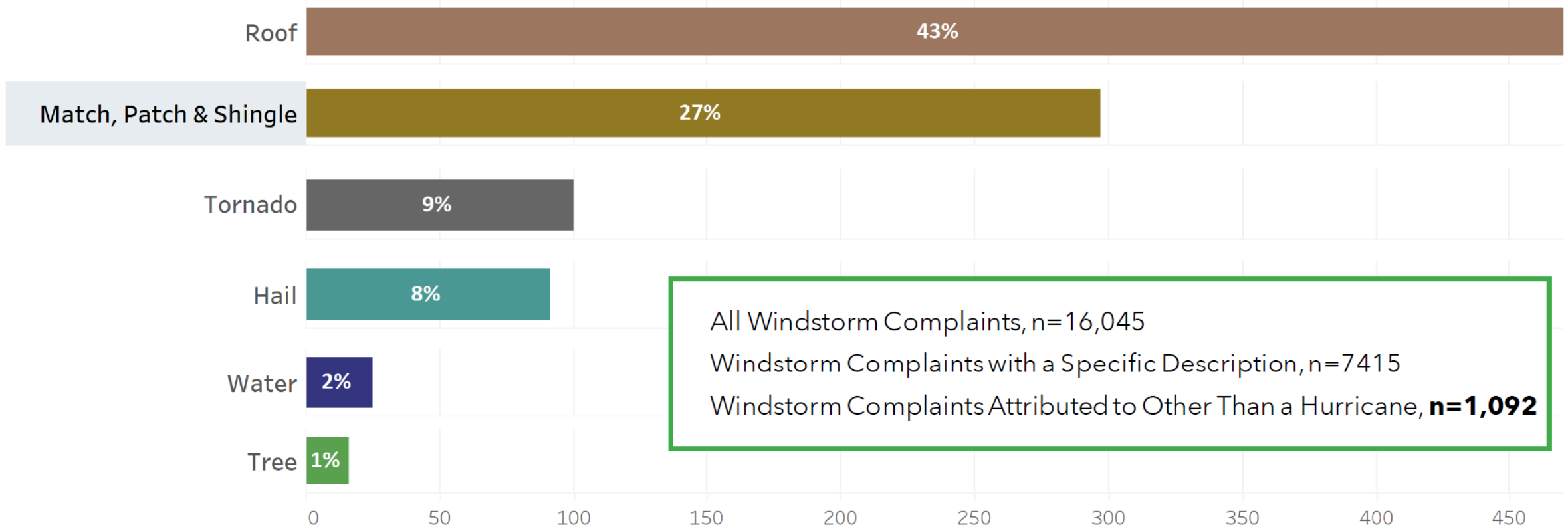
All data pulled as of June 16, 2022.

# Complaints by County (Where Zip Codes Were Provided)



# Other Identified Complaint Sources: 2017 - 2022\*

## Mining the Complaint Description



\* 2022 covers Jan. - June 16, 2022.  
All data pulled as of June 16, 2022. n = 16,045

## Health

NAME	DATA YEAR
<a href="#">Accident and Health Market Share Report</a>	2025
<a href="#">Accident and Health Policy Experience Report</a>	2025
<a href="#">Health Statistical Compilation</a>	
<a href="#">Long-Term Care Report</a>	2025
<a href="#">Medicare Supplement Report</a>	2025
<a href="#">Supplemental Health Care Exhibit Report</a>	2025

## Life

NAME	DATA YEAR
<a href="#">Life/Fraternal Market Share</a>	2025
<a href="#">Life Statistical Compilation</a>	

# Existing NAIC Market Reports

## 2026 STATISTICAL REPORTS

### Description of Statistical Reports

#### Property

NAME	DATA YEAR
<a href="#">Auto Insurance Database Report</a>	2023/2024
<a href="#">Competition Database Report</a>	2025
<a href="#">Homeowners Insurance Report</a>	2024
<a href="#">Profitability Report</a>	2025
<a href="#">Property/Casualty Market Share</a>	2025
<a href="#">Property/Casualty Statistical Compilation</a>	

**Statistical reports provide market overviews utilizing NAIC financial data as well as data from statistical agents**

# Concluding Comments

- Existing market conduct data can be used to gain market insights
  - Should be supplemented with 3<sup>rd</sup>-party data where applicable
  - Forum for this information to be discussed and shared?
- Can more “real-time” data be obtained? How to leverage similar market-oriented NAIC financial data?
- Critical that data is consistent and clean

Draft: May 8, 2026

## **Market Conduct Modernization – Industry Discussion Document**

### **Purpose**

This document is designed to guide the insurance industry in providing structured, substantive feedback for the Market Conduct Regulation Modernization Working Group Discussion. Questions are grouped into six categories:

1. Market Conduct Data (Collection & Analysis)
2. Examination Handbook & Processes
3. Interstate Collaboration
4. Other Entity Oversight (Third-Party Oversight)
5. Corrective Actions, Communications & Enforcement
6. Consumer Complaints

A final list of general discussion questions is included for miscellaneous, rapid-input items.

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### **1. Market Conduct Data (Collection & Analysis)**

#### **Data Standards, Definitions & Transport**

1. Are there data standards (e.g., API specifications, common data models, standardized layouts) that industry would adopt uniformly to reduce rework across states?
2. Which specific data fields or definitions currently create the most friction, inconsistency, or manual work?
3. Are there MCAS-related or market-conduct-related data elements needing clearer definitions to ensure uniform reporting?

#### **Systems, Feasibility & Legacy Constraints**

4. What changes to your internal systems (policy administration, claims, complaints, reporting) would modernization require—and what are realistic implementation timeframes?

#### **Data Quality, Validation & Minimization**

5. What data quality checks are insurers performing currently prior to submission, and where is regulator-provided validation logic necessary?
6. Which data elements are unnecessary for modernized market conduct oversight and could be removed without sacrificing predictiveness?

#### **Market Conduct Data (Collection & Analysis)**

In addition to the questions already asked, are there any other issues or aspects of the scope of work that you believe are important for the working group to consider?

## 2. Examination Handbook & Processes

### Pre-Exam Expectations & Feasibility

1. What standardized pre-exam data sets or dashboards could your organization produce within 10 business days?
2. Which items require longer lead times due to system complexity or third-party involvement?
3. What standardized data extracts (policy files, claims inventories, complaint logs) are currently feasible within 10 business days?

### Risk Identification & Targeting

4. Which indicators—complaint trends, claim cycle times, denial rates, communication failures—best predict conduct-related risk from the insurer perspective?
5. How could regulators tailor exam scope using shared risk models so low-risk entities or topics experience lighter exams while higher-risk entities or areas undergo deeper reviews?

### Exam Operations, Tools & Burden Reduction

6. Which examination practices create unnecessary burden, and what alternatives would maintain regulatory goals while improving efficiency?
7. Are insurers experiencing consistency amongst regulators in the use or interpretation of the *Market Regulation Handbook*?
8. I have heard frequently that insurers would like greater transparency into the reasoning or justification behind the examination. Why would that be helpful to an insurer?
9. Which collaboration tools or secure data rooms would industry support for remote data exchange, tracked interrogatories, and version-controlled document sharing?
10. Are there common vendor platforms or tools the industry would be willing to adopt and utilize to reduce duplicative custom work? I have heard of platforms like Neota that have been used by some companies and states to experiment with.

### Examination Handbook & Processes

In addition to the questions already asked, are there any other issues or aspects of the scope of work that you believe are important for the working group to consider?

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### 3. Interstate Collaboration

#### Definitions, Expectations & Uniformity

1. What variations across states create the largest operational challenges—definitions, timelines, file formats, expectations?
2. Where do statutory or handbook interpretations diverge the most today, and how could consistency notes be published for industry to rely on?

#### “One-Ask” Principles & Simplification

3. How can processes be designed so insurers answer once for all states (shared templates, standard definitions, uniform due dates)?
4. What templates, definitions, or filing expectations should be standardized across jurisdictions to reduce manual rework?
5. How can insurers be encouraged or incentivized to remediate problems identified by one state to other states the insurer operates in?

#### Pilot Strategy

5. Which lines of business could be ideal to pilot or launch modernization initiatives (based on readiness, data availability, volume, diversity)?
6. What success metrics should be used to evaluate effectiveness?

#### Interstate Collaboration

In addition to the questions already asked, are there any other issues or aspects of the scope of work that you believe are important for the working group to consider?

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### 4. Other Entity Oversight (Third-Party Oversight)

#### Documentation & Transparency

1. What documentation (model cards, monitoring reports, validation materials) can insurers realistically provide during market-conduct reviews?
2. What materials would be burdensome or infeasible without additional regulatory guidance?

#### Vendor and Model Governance

3. How do you supervise third-party models and data sources today, and what standard artifacts could vendors reasonably provide to regulators?

4. What challenges arise when third-party vendors operate models or provide data used in underwriting, claims, or consumer interactions?

#### **Regulatory Expectations & Accountability**

5. How could regulators streamline expectations to ensure accountability while recognizing vendor constraints?

#### **Other Entity Oversight**

In addition to the questions already asked, are there any other issues or aspects of the scope of work that you believe are important for the working group to consider?

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### **5. Corrective Actions, Communications & Enforcement**

#### **Proportionality & Predictability**

1. What tiered corrective actions (warnings, remediation plans, restitution) are predictable and proportionate for common findings?
2. I have been told an industry frustration is inconsistency amongst states in terms of their approaches on self-reporting and fines generally. Is this an industry concern?

#### **Timelines & Feasibility**

2. What realistic timelines (30/60/90 days) can insurers commit to for specific fixes (policy language changes, claims workflow updates)?

#### **Verification & Consumer Impact**

3. Which artifacts best demonstrate that remediation worked (before/after metrics, audit trails, consumer communications)?
4. What metrics or narrative reporting could insurers produce to show improved consumer outcomes after remediation is completed?

#### **Correction Actions, Communications & Enforcement**

In addition to the questions already asked, are there any other issues or aspects of the scope of work that you believe are important for the working group to consider?

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## 6. Consumer Complaints

### Transparency Into Complaint Coding

1. How does the lack of visibility into whether a complaint is coded as *confirmed* or *not confirmed* affect your ability to conduct root-cause analysis and implement corrective action?
2. What type of transparency or feedback loop would help you understand how states determine confirmation status?
3. What definitions, examples, or coding criteria should be standardized across states to reduce variation?

### State-to-State Variability

4. What discrepancies among states—such as coding logic, investigation standards, timelines, or documentation requirements—create the greatest operational challenges for your teams?
5. Which aspects of complaint handling are most in need of national alignment to ensure consistent expectations and reporting?

### Complaint Portals, Submission Processes & Tracking

6. How does the absence of a uniform complaint portal across states impact your ability to organize, coordinate, and respond to complaints?
7. What minimum portal features (status visibility, communication logs, document exchange, audit trail) would meaningfully improve your complaint-handling operations?
8. What challenges do you encounter when trying to determine whether a complaint remains open or has been closed, given current state systems?

### Reconciliation Processes

9. In states that offer a reconciliation or correction process, what elements are most valuable (e.g., dispute correction, clarification opportunities)?
10. What would a functional and fair *national* reconciliation framework look like, and what process steps or timelines should it include?
11. What kinds of coding errors or discrepancies most frequently need correction from your perspective?

### Industry Engagement & Collaboration on Coding

12. What opportunities for joint engagement with regulators—such as training sessions, calibration workshops, or a shared coding guide—would improve accuracy and fairness in complaint categorization?

13. How frequently should regulators and insurers collaborate or recalibrate on complaint coding to ensure alignment across the states?

### **Confidentiality & Records Handling**

14. How do differing confidentiality standards among states affect your ability to provide complete, candid responses and share internal information appropriately?
15. What uniform confidentiality protections would help balance consumer privacy with insurer transparency and operational clarity?
16. What guidance or clarification do you need regarding how complaint files are treated under public records laws to reduce uncertainty and risk?

### Consumer Complaints

In addition to the questions already asked, are there any other issues or aspects of the scope of work that you believe are important for the working group to consider?

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### **General Discussion Questions (5 Minutes)**

- What **one modernization change** would deliver the greatest efficiency gain—and why?
  - What would make industry participation easier (templates, sandboxes, test data, checklists)?
  - Where do you need regulator decisions first (definitions, file specifications, timelines)?
  - What requirement could be simplified tomorrow with no reduction in consumer protection?
  - What is the **biggest technical blocker** from the insurer side for modernization?
  - Is there one area of training for examination staff states should focus their efforts on first?
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