

Short Term Limited Duration Data Call

I. Data Call Parameters:

1. Definitions:
 - a. **Data Call Period:** The period of review for this data call is **October 1, 2018 to March 31, 2019**. Data provided in response to this data call should be based on occurrences within this period – i.e. claims paid within the review period, a form issued, renewed or cancelled within the review period.
 - b. **Form:** This means the policy/product issued under a specific form number – the unique identifier printed on the form itself.
 - c. **Renew or renewal:** When a policy form is renewed or reissued to an insured or group of insureds with the same form number as the preceding policy/product. It is not a renewal if a policy is issued to an insured with a new form number.
2. If the reporting company markets multiple Short Term Limited Duration (STLD) forms within a state, a separate data call response must be submitted for each form. This data call should be completed separately for each STLD form being offered – even if some of the data/responses are the same across multiple forms.
3. The data call is designed to collect data from the perspective of individual insureds in each state that the form is marketed in. When reporting for forms issued to discretionary groups, associations or trusts – data should be provided on each state of residence of the insureds, rather than only where the discretionary group, association or trust is situated.
4. Entering the data:
 - a. Section II – enter this information once regardless of the number of forms or states the company is reporting on. If the answer to Question #9 in Section II is “yes” -complete the entire data call. If the answer is “no” - no further information is required.
 - b. Sections III. and IV - Complete these sections once for each STLD form the company is marketing. If the product will be marketed in more than one state, Sections III and IV should be completed with state-specific data for that form for each state.

Example: A company markets two STLD forms – Form 123 and Form 456. Form 123 is marketed and/or sold in Nebraska; Form 456 is marketed in Wyoming, South Dakota and Montana. The answer to Question #9.B. in Section II is “2”.

 - Form 123; the entire data call should be completed once with information specific to Form 123 and to Nebraska.
 - Form 456; Sections III and IV should be completed three times with information specific to Form 456 as that form is marketed and/or sold in Wyoming, South Dakota and Montana respectively.

II. General Data; Company Name and Contact Information:

1. **Group Code**
The NAIC Group code if the carrier is part of a holding company. If not part of a holding company, leave the field blank.
2. **NAIC CoCode**
The NAIC CoCode for the reporting company.
3. **Carrier Name**
Legal name of the insurance company.
4. **Contact Name**

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The company contact person for the purposes of this report. First name, Last name.

5. Contact Title

The contact person's business title.

6. Contact Phone #

Phone number for the contact person filing the report.

7. Contact email address

E-mail address of contact person filing the report.

8. Past Marketing: Did the company market short-term limited-duration (STLD) forms during the prior 3 years, 2016 through 2018? (Y/N)

9. Current Marketing: Did the company market STLD forms during the data call period? (Y/N)

9.A. If No; Be sure Questions 1-9 in Section II are completed. No further information is required.

9.B. If Yes, indicate how many distinct forms the company will market. NOTE: The full data call must be completed.

III. Form and State-specific Data Elements:

1. Form Name: Provide the name of the form being marketed.

2. State: Provide the two-letter abbreviation for the state in which the form is marketed. If the form is marketed in more than one state, complete this section with state specific data for each state.

3. Form number: Provide the form number exactly as it appears on the form.

4. SERFF Tracking Number: Provide the SERFF tracking number for the most recent submission that contains the form identified in the previous question. Fill this field with zeros (0) if the form is not filed through SERFF.

5. Type of Insurance (TOI): Provide the SERFF Type of Insurance code if the form is filed through SERFF.

6. Number covered lives under individual plans: Provide the total number of *unique* lives issued coverage under this form during the data call period. Do not report a form renewal as an additional life. NOTE: Group STLD coverage that is ultimately issued to an individual should be included in the responses to Questions 6, 7 and 8.

7. Individual policies in force: Provide the total number of individual policies in force on this form during the data call period.

7.A. Provide the total number of individual policies in force as of the beginning of the data call period (October 1, 2018)

7.B. Provide the total number of individual policies in force as of the end of the data call period (March 31, 2019)

8. Individual policies renewed: Provide the total number of individual policies renewed under this form with the renewal date occurring during the data call period.

9. Number of covered lives under group plans. Provide the total number of *unique* lives issued coverage under group plans during the data call period. Do not report a form renewal as an additional life. **NOTE:**

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STLD coverage issued to an employer for their employees should be included in the responses to Questions 9, 10 and 11.

- 10. Group certificates in force:** Provide the total number of group certificates in force on this form during the data call period.
 - 10.A. Provide the total number of certificates in force as of the beginning of the data call period (October 1, 2018)
 - 10.B. Provide the total number of certificates in force as of the end of the data call period (March 31, 2019)
- 11. Group certificates renewed:** Provide the total number of certificates of coverage renewed for group members with the renewal date occurring during the data call period.
- 12. Member-requested cancellations:** Provide the total number of member-requested cancellations that occurred during the data call period. **NOTE:** This number should include cancellations for non-payment of premium.
- 13. Is health status used as a rating factor? (Y/N) If yes, provide the total number of denials issued based on health status. NOTE:** Rejecting an online application for a “yes” answer would constitute denial at the point of initial application purposes of this data call.
 - 13.A. At the point of initial application
 - 13.B. At the point of renewal
- 14. Term of Form:** Provide the maximum term of the form in months.
- 15. Number of Renewals allowed:** Provide the maximum number of times the form can be renewed.
- 16. Prescription drugs covered? (Y/N)** Does the form offer coverage for prescription drugs? **NOTE:** a prescription drug discount card does not constitute prescription drug coverage for the purposes of this data call.
- 17. Maximum policy limits:** Provide the maximum
 - 17.A. Annual policy limits that apply to the form.
 - 17.B. Lifetime policy limits that apply to the form.
- 18. Total Annual Premium:** Provide the total annual premium collected from all policies issued in the state during the data call period for this form.
- 19. Commission:** Provide the total amount of commission paid on all policies issued in the state during the data call period for this form.
- 20. Other Fees:** Provide the total amount of other fees (non-commission) paid on all policies issued in the state during the data call period for this form.
- 21. Claims received:** Provide the total number of claims received during the data call period for this form.
- 22. Claims Paid:** Provide the total number of claims paid during the data call period for this form.
- 23. Claims Denied:** Provide the total number of claims denied during the data call period for this form.
- 24. Complaints Received:** Provide the total number of complaints received during the data call period for this form. **NOTE:** A complaint means any dissatisfaction about an insurer or its contracted providers expressed by an enrollee, or an enrollee's authorized representative, to the insurer. This includes complaints received

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from a State DOI and from an insured or their representative/provider.

IV. Interrogatories:

1. Does the form cover state-mandated benefits for this state? (Y/N) If yes, list the benefits covered:
 - 1.A. For individual policies
 - 1.B. For group policies
2. Describe how this form is marketed (i.e. Agency, Social Media, Email contacts, Telephone contacts, other).
 - 2.A. Do the marketing materials advertise coverage for mental health services, substance use disorder services, or organ transplants?
 - 2.B. List all websites on which this form is being sold.
3. Is a free look period offered for this form? (Y/N).
 - 3.A. If yes, what is the time frame for the free look period?
4. Describe how applications for this form are taken (i.e. Face-to-Face, Telephone, Internet, Mail, Other).
 - 4.A. Provide the number of individuals who were enrolled during the data call period by the following methods:
 - 4.A.1. online – either directly or via web broker
 - 4.A.2. by phone
 - 4.A.3. in person
 - 4.A.4. Other - specify
5. How does the company oversee producers and/or websites selling this form? Does the company monitor sales and conduct follow-up contact with consumers to verify that they understood the product?
6. Indicate the age range of individuals to whom the company will offer coverage.
7. Are there any restrictions applied to renewability? (Y/N)
 - 7.A. If Yes, what are those restrictions?
8. Does the company offer coverage with preexisting condition limitations or exclusions? (Y/N) If Yes;
 - 8.A. Provide the definition of a pre-existing condition as it appears in the form.
 - 8.B. Describe the range of effects of preexisting conditions which may include, for example, complete denial, waiting/look back period, exclusion of a medical condition or treatment, or any other limitation on coverage or benefit levels.
9. Indicate whether the form includes any dollar limits for specific benefits in addition to the annual and lifetime policy limits. (Y/N)
 - 9.A. If Yes, itemize the benefits.
10. Are riders/endorsements offered as part of the form? (Y/N)
 - 10.A. If Yes, list the form number for each rider/endorsement and specify the type of coverage it provides.
11. Indicate whether the form includes rescission provisions. (Y/N)

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12. Is there an appeal process available to the insured? (Y/N) If yes, provide the following:
 - 12.A. A full description of the appeal process
 - 12.B. The total number of claims that were appealed during the data call period
 - 12.C. The total number of denied claims that were overturned on appeal during the data call period
 - 12.D. The total number of denied claims that were upheld on appeal during the data call period
13. Delegation of Tasks:
 13. A. Does the company delegate administration, claims, complaints, medical underwriting, pricing, producer appointments advertisement, lead generation, enrollment or marketing of STLD policies to third parties? (Y/N)
 13. B. Is there any other person or entity the company pays, directly or indirectly, for services associated with issuance and service of these contracts? (Y/N)
14. If Yes to either 13.A. or 13.B., for each of the following identify all applicable parties, and indicate whether each is properly licensed:
 - 14.A. Administration
 - 14.B. Claims
 - 14.C. Complaints
 - 14.D. Medical Underwriting
 - 14.E. Pricing
 - 14.F. Producer appointments
 - 14.G. Marketing, advertisement, lead generation, enrollment
 - 14.H. Other – specify
15. **Association Name:** If the form is marketed through an Association, include the legal name of the Association linked to the form.
16. **Situs of Association:** Situs state where the Association is based. Use the two-letter abbreviation for the situs state.
17. **Trust Name:** If the form is marketed through a Trust, include the legal name of the Trust linked to the form.
18. **Situs of Trust:** Situs state where the Trust is based. Use the two letter abbreviation for the situs state.
19. **Administrator Name:** If the form is marketed through an Administrator, include the legal name of the Administrator linked to the form.
20. **Situs of the Administrator:** Situs state where the Administrator is based. Use the two-letter abbreviation for the situs state.
21. **Loss Ratio:** If claims data exists for the data call period, provide the Loss Ratio (incurred losses/earned premium) on an aggregate basis for the form.

Parking Lot Items

Data Elements:

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1. Does the product have a provider network? (Y/N) If yes, provide:

- 1.A.** The number of claim denials for in-network claims
- 1.B.** The number of claims paid for in-network services
- 1.C.** The number of claim denials for out-of-network claims
- 1.D.** The number of claims paid for out-of-network services

2.A. Total number of insurer-initiated cancellations prior to the policy expiration date.

2.B. Total number of rescissions

3. Is gender and/or industry of members used as a rating factor? (Y/N) If yes, provide the total number of denials based on gender and/or industry of members issued

3.A. At the point of initial application

3.B. At the point of renewal

NOTE: Rejecting an online application for a “yes” answer would constitute an “initial denial” for the purposes of these questions.

4. Renewal denials for health status

The total number of denials based on health status that are issued at the point of renewal.

5. Indicate whether the contract provides coverage for the following:

- 5.A.** Mental Health Services (Y/N)
- 5.B.** Substance use disorder treatment (Y/N)
- 5.C.** Maternity Care - in addition to complications of pregnancy (Y/N)
- 5.D.** Rehabilitation/habilitation services (Y/N)
- 5.E.** Durable Medical Equipment (Y/N)

6. Indicate whether the contract includes specific exclusions for the following:

- 6.A.** Gender Identity (Y/)
- 6.B.** Injury resulting from intoxication (Y/N)
- 6.C.** Other hazardous activity (Y/N)

7. Indicate whether the contract includes pre-existing condition limitations. (Y/N)

8. Indicate the range of deductibles available under the contract:

- 8.A.** for single coverage
- 8.B.** for family coverage

9. Indicate the range of copayments and co-insurance under the contract:

- 9.A.** for single coverage
- 9.B.** for family coverage

10. Claims submitted – Provide the total number of claims submitted during the reporting year for the following:

- 10.A.** Mental health services
- 10.B.** Substance Use Disorder services
- 10.C.** Organ transplants
- 10.D.** Cancer
- 10.E.** Kidney stones
- 10.F.** Gallbladder disease
- 10.G.** Appendicitis

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11. Claims Paid - Provide the total number of claims paid during the reporting year for the following:

- 11.A.** Mental health services
- 11.B.** Substance Use Disorder services
- 11.C.** Organ transplants
- 11.D.** Cancer
- 11.E.** Kidney stones
- 11.F.** Gallbladder disease
- 11.G.** Appendicitis

12. Claims Denied - Provide the total number of claims denied during the reporting year for the following:

- 12.A.** Mental health services
- 12.B.** Substance Use Disorder services
- 12.C.** Organ transplants
- 12.D.** Cancer
- 12.E.** Kidney stones
- 12.F.** Gallbladder disease
- 12.G.** Appendicitis
- 12.H.** Pre-Existing Conditions
- 12.I.** Gender Identity
- 12.L.** Injury resulting from intoxication
- 12.K.** Injury resulting from other hazardous activity

Interrogatories:

1. Does the company provide commissions or other incentives to producers for the sale of this product? (Y/N) If yes,
 - 1.A. Provide a copy of the producer commission schedule.
 - 1.B. What was the total commission paid from January 1 through December 31 of the reporting year?
 - 1.C. How does this commission or other incentive amount compare to those offered by ACA-compliant plans sold by the company?
 - 1.D. How much of the total commission amount was paid to the top five producers/agencies? List those producers/agencies.
2. Are any other (non-commission) fees charged for this product? (Y/N)
 - 2.A. If yes, describe those fees including the amount, and the basis for the fee.