

Draft

STLDI Data Call and Definitions

version 2 version 3
line numbering line numbering

line numbering	version 2	version 3	Y/N	Comments
1	1	Does the company have individual STLDI data to report (Y/N)? Definition to mean only those products filed as individual to be sold in the individual market		
2	2	Does the company have group STLDI coverage to report (Y/N)?		
3	3	Does the company offer STLDI policies with 90-day duration?		
4	4	Does the company offer STLDI policies with 180-day duration?		
5	5	Does the company offer STLDI policies with 364-day duration?		
6	6	Number of individual STLDI products filed		
7	7	Number of associations through which STLDis are issued Does the company issue through associations?		
8	8	If yes, is insurer collecting any fees on behalf of association? (Y/N)		
9	9	Number of trusts through which STLDis are issued		
10	10	Number of administrators through which STLDis are issued		
11	11	If you offer STLDI policies through an association, do fees to consumers apply (Y/N)?		
12	12	If yes, ???		

Policy Administration

Individual Policies not sold through an Association			Individual Policies sold through an Association			Group Policies Issued to an Association			Group Policies Issued to an Employer			Group Policies - All Others		
<= 90 days	91 to 180	181 to 364	<= 90 days	91 to 180	181 to 364	<= 90 days	91 to 180	181 to 364	<= 90 days	91 to 180	181 to 364	<= 90 days	91 to 180	181 to 364

10	13	Net Written Premium		
11	14	Earned premiums for Reporting Year		
12	15	Number of Policies in Force at the Beginning of the Period		
13	16	Number of Covered Lives on Policies In Force at the Beginning of the Period		
14	17	Number of new policies issued during the period		
15	18	Number of Covered Lives on New Policies Issued During the Period		
16	19	Number of policies renewed/reissued during the period		Renewals vs. Denials. Consumer rep comments suggest
17	20	Number of Covered Lives on Renewed/Reissued Policies During the Period		"denied" is more important than # renewals allowed. Should
18	21	? Number of renewals/reissues allowed?		we capture one over the other? Split into two lines?
19	22	Member months for policies issued during the period		a. MO suggestion: Are number of renewals limited?
20	23	Member months for policies renewed/reissued during the period		b. How is renewal defined in each state? (MO comment,
21	24	Number of Member Months of on Other Than New Policies or Renewal/ Reissued Policies During the Period		6/12)
22	25	Number of policy terminations and cancellations initiated by the policyholder		
23	26	Number of Covered Lives on Policies Cancelled at the Initiation of the Policyholder During the Period		
24	27	Number of policies cancelled during the free look period		
25	28	Number of Policies Cancelled at the Initiation of the Policyholder During the Free Look Period During the Period		
26	29	Number of Covered Lives on Policies Cancelled at the Initiation of the Policyholder During the Free Look Period During the Period		
27	30	Number of policy terminations and cancellations due to non-payment of premium		
28	31	Number of Lives on Policies Cancelled Due to Non-Payment of Premium During the Period		
29	32	Number of Policies Cancelled by Insurer for Any Reason Other Than Non-Payment of Premium During the Period		
30	33	Number of Lives on Policies Cancelled by Insurer Due to Non-Payment of Premium During the Period		
31	34	Number of Policies Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the Policyholder During the Period		
32	35	Number of Lives on Policies Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the Policyholder During the Period		
33	36	Number of rescissions		
34	37	Number of insured lives impacted on terminations and cancellations initiated by the policyholder		
35	38	Number of insured lives impacted on terminations and cancellations due to nonpayment		
36	39	Number of insured lives impacted by rescissions		
37	40	Number of Policies in Force at the End of the Period		
38	41	Number of Covered Lives on Policies in Force at the End of the Period		

Group Policy *Certificate* Activity (clarify certificate holder and policy holder distinction in definitions)

39	42	Number of Covered Lives on Certificates in Force on Group Policies at beginning of the Period
40	43	Number of New Certificates Issued During the Period from Group Policies
41	44	Number of Covered Lives on New Certificates Issued During the Period on Group Policies
42	45	Number of Renewal/ <i>Reissue</i> Certificates Issued During the Period on Group Policies
43	46	Number of Covered Lives on Renewal/ <i>Reissue</i> Certificates Issued During the Period on Group Policies
44	47	Number of Certificates on Group Policies Cancelled at the Initiation of the Certificate Holder During the Period
45	48	Number of Covered Lives on Certificates on Group Policies Cancelled at the Initiation of the Certificate Holder During the Period
46	49	Number of Certificates on Group Policies Cancelled at the Initiation of the Certificate Holder During Free Look Period During the Period
47	50	Number of Covered Lives on Certificates on Group Policies Cancelled at the Initiation of the Policyholder During Free Look Period During the Period.
48	51	Number of Certificates on Group Policies Cancelled Due to Non-Payment of Premium During the Period
49	52	Number of Covered Lives on Certificates on Group Policies Cancelled Due to Non-Payment of Premium During the Period
50	53	<i>Number of Certificates on Group Policies Cancelled by Insurer for Any Reason Other Than Non-Payment of Premium</i>
51	54	<i>Number of Covered Lives on Certificates on Group Policies Cancelled by Insurer for Any Reason Other than Non-Payment of Premium During the Period</i>
52	55	<i>Number of Certificates on Group Policies Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the Policyholder During the Period</i>
53	56	<i>Number of Covered Lives on Group Policies Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the Policyholder During the Period</i>
54	57	Number of Certificates on Group Policies in Force at End of Period
55	58	Number of Covered Lives on Certificates on Group Policies in Force at End of Period
56	59	Number of Member Months on New Certificates on Group Policies Issued During the Period
57	60	Number of Member Months on New Renewal/ <i>Reissue</i> Certificates on Group Policies Issued During the Period
58	61	<i>Number of Member Months on Other Than New Certificates ; New Renewal /<i>Reissue</i> Certificates on Group Policies Issued During the Period</i>

Prior Authorization

59	62	Number of Prior Authorization Requests Pending at the Beginning of the Period
60	63	Number of prior authorizations requested <i>during period</i>
61	64	Number of prior authorizations approved <i>during period</i>
62	65	Number of prior authorizations denied <i>during period</i>
63	66	Number of Prior Authorization Requests Pending at the End of the Period
64	67	Median Number of Days from Receipt of Prior Authorization Request to Decision
65	68	Average Number of Days from Receipt of Prior Authorization to Decision

Claims Administration

66	69	Number of Claims Pending at the Beginning of the Period	
67	70	Number of claims received	
68	71	Total number of claims <i>denied</i>	
69	72	<i>Number of denied, rejected, or returned - claims submission coding error(s)</i>	
70	73	<i>Number of denied, rejected, or returned - Prior Authorization needed</i>	
71	74	<i>Number of denied, rejected, or returned - Non-Covered benefit or benefit limitation</i>	
72	75	<i>Number of denied, rejected, or returned - Not medically necessary</i>	
73	76	<i>Number of denied, rejected, or returned - Subject to pre-existing condition exclusion</i>	Pre-existing condition applications
74	77	<i>Number of denied, rejected, or returned (in whole or in part) - maximum \$ limit exceeded</i>	a. What are the triggers or flags for pre-ex review?
75	78	Number of Claims Denied - Out-of-Network - During the Period	
76	79	Number of Claims Pending at End of Period	
77	80	Median Number of Days from Receipt of Claim to Decision for Denied Claims	
78	81	Average Number of Days from Receipt of Claim to Decision for Denied Claims	
79	82	Median Number of Days from Receipt of Claim to Decision for Approved Claims	
80	83	Average Number of Days from Receipt of Claim to Decision for Approved Claims	
81	84	Number of Claim Decisions Appeals Pending At Beginning of Period	
82	85	Number of Claim Decision Appeals Received During the Period	
83	86	Number of Claim Decision Appeals Resulting in Decisions Upheld During the Period	
84	87	Number of Claim Decision Appeals Resulting in Decisions Overturned or Modified During the Period	
85	88	Number of Claim Decision Appeals Rejected and Not Considered for Any Reason	
86	89	Number of Claim Decision Appeals Pending at End of Period	
87	90	Average Number of Days from Receipt of Appeal to Decision	
88	91	Number of claims paid	
89	92	<i>Insured/benefit co-payment responsibility</i>	
90	93	<i>Insured coinsurance liability</i>	
91	94	<i>Insured deductible responsibility</i>	

Consumer Requested Reviews/Grievances/Complaints

92	95	Number of complaints received other than the DOI	Complaints – why wouldn't we want DOI complaints? Especially for record comparison.
93	96	Number of complaints resulting in claims reprocessing	
94	97	Number of Lawsuits Open at Beginning of the Period	
95	98	Number of Lawsuits Opened During the Period	
96	99	Number of Lawsuits Closed During the Period	
97	100	Number of Lawsuits Closed During the Period with Consideration for the Consumer	
98	101	Number of Lawsuits Open at End of Period	

Producer Oversight

100	102	Number of Individual Applications Pending at the Beginning of the Period	
101	103	Number of applications received	4.Relationships between Insurer and TPAs - OVERSIGHT
102	104	Number of Renewal/Reissue <i>Individual</i> Applications Received During the Period	a. Collect premiums?
103	105	Number of New <i>Individual</i> Applications Denied During the Period for Any Reason	b. Producer/distributor?
104	106	Number of New <i>Individual</i> Applications Denied During the Period - Health Status or Condition	c. Benefit design?
105	107	Number of Renewal/Reissue <i>Individual</i> Applications Denied During the Period for Any Reason	
106	108	Number of Renewal/Reissue <i>Individual</i> Applications Denied During the Period - Health Status or Condition	
107	109	Number of New <i>Individual</i> Applications Approved During the Period	
108	110	Number of Renewal/Reissue <i>Individual</i> Applications Approved During the Period	
109	111	Number of <i>Individual</i> Applications Pending at the End of the Period	
110	112	Number of applications taken via phone	
111	113	Number of applications taken face-to-face	
112	114	Number of applications taken online (Electronically)	
113	115	Number of New <i>Individual</i> Applications Taken by Mail During the Period	
114	116	Number of New <i>Individual</i> Applications Taken by Any Other Method During the Period	
115	117	Commissions paid during reporting period (Dollar Amount of Commissions Incurred During the Period)	
116	118	<i>Other fees collected</i> during experience period (Dollar Amount of Fees Charged to Applicants and Policyholders During the Period)	Fees
		Commissions paid for reporting period	a. Type (application, annual)?
		Other fees charged for reporting period	b. Who collects? (i.e., insurer on behalf of association)

Term	Explanation
Individual STLDI product	products filed as individual to be sold in the individual market
Group STLDI product/coverage	products filed as group to be sold to a group, or otherwise filed with the purposes of marketing through an association, trust, <i>administrator</i> . When reporting, data should be provided on each state of residence of the insureds, rather than where the association, trust, or administrator is situated
Renewal	<i>What if company is re-underwriting at "renewal" and essentially issuing a new product to the same individual</i>
Individual renewal	
Group renewal	
Claims received	provide the total number of claims received during the reporting period for the insureds in the state for which reporting is being completed
Claims Paid	provide the total number of claims paid during the reporting period for the insureds in the state for which reporting is being completed
Claims denied	provide the total number of claims denied during the reporting period for the insureds in the state for which reporting is being completed
Commissions	Provide the total amount of commissions paid for policies issued to residents of the state for which reporting is being completed
Other Fees	Provide the total amount of other fees (non-commissions, association dues) paid on all policies issued to residents of the state for which reporting is being completed
Total Annual Premium	Provide the total annual premium collected from all policies issued to residents of the state for which reporting is being completed
<i>online application</i>	<i>directly using web-based interaction, portal, or web broker</i>

Definition of STLDI and Renewal. Consumer Reps suggest definitions that track those used in both the Data Call and the SERFF Product Filing Coding Matrix.