

Draft STLDI Data Call and Definitions

v2 line	v3 line	v4 line	Y/N	Comments
1	1	1		List the states where your STLDI products are marketed
2	2	2		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
3	3	3		Does the company have group STLDI coverage to report (Y/N)?
4	4	4		Does the company offer STLDI policies with 90-day duration?
5	5	5		Does the company offer STLDI policies with 180-day duration?
6	6	6		Does the company offer STLDI policies with 364-day duration?
7	7	7		Number of individual STLDI products filed
8	8	8		Number of associations through which STLDIs are issued Does the company issue STLDI products through associations?
9	9	9		If yes, is insurer collecting any fees on behalf of association? (Y/N)
10	10	10		Number of trusts through which STLDIs are issued (should this be "Does the company issue STLDI products through trusts? If yes, how many?")
11	11	11		Number of administrators contracted per which STLDIs are issued (Should this be "Does the company contract with third-party administrators for administrative services related to STLDI product
12	12	12		If you offer STLDI policies through an association, do fees to consumers apply (Y/N)? - I don't think we need this line because line 9 covers it
				If yes, ??? If v4/12 is deleted, this can go, too.

Policy/Certificate Administration

Individual Policies not sold through an Association			Individual Policies/Certificates Issued through an Association			Individual Policies/Certificates Issued through an Out-of-State 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	<=90 days	91 to 180	181 to 364
to be defined																	

10	13	12	Net Written Premium
11	14	13	Earned premiums for Reporting Year
12	15	14	Number of Policies/Certificates in Force at the Beginning of the Period
13	16	15	Number of Covered Lives on Policies/Certificates in Force at the Beginning of the Period
14	17	16	Number of new policies/certificates issued during the period
15	18	17	Number of Covered Lives on New Policies/Certificates Issued During the Period
16	19	18	Number of policies/certificates renewed/reissued during the period
17	20	19	Number of Covered Lives on Renewed/Reissued Policies/Certificates During the Period
18	21	20	?Number of renewals/reissues allowed?
19	22	21	Member months for policies/certificates issued during the period
20	23	22	Member months for policies/certificates renewed/reissued during the period
21	24	23	Number of Member Months of on Other Than New Policies /Certificates or Renewal/ Reissued Policies /Certificates During the Period
22	25	24	Number of policy/certificate terminations and cancellations initiated by the policyholder/certificateholder
23	26	25	Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/certificateholder During the Period
24	27	26	Number of policies/certificates cancelled during the free look period
25	28	27	Number of Policies/Certificates Cancelled at the Initiation of the policyholder/certificateholder During the Free Look Period During the Period
26	29	28	Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/certificateholder During the Free Look Period During the Period
27	30	29	Number of policy/certificate terminations and cancellations due to non-payment of premium
28	31	30	Number of Lives on Policies/Certificates Cancelled Due to Non-Payment of Premium During the Period
29	32	31	Number of Policies/Certificates Cancelled by Insurer for Any Reason Other Than Non-Payment of Premium During the Period
30	33	32	Number of Lives on Policies/Certificates cancelled by Insurer Due to Non-Payment of Premium During the Period
31	34	33	Number of Policies /Certificates Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the policyholder /certificateholder During the Period
32	35	34	Number of Lives on Policies /Certificates Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the policyholder /certificateholder During the Period
33	36	35	Number of rescissions
34	37	36	Number of insured lives impacted on terminations and cancellations initiated by the policyholder/certificateholder
35	38	37	Number of insured lives impacted on terminations and cancellations due to nonpayment
36	39	38	Number of insured lives impacted by rescissions
37	40	39	Number of Policies/Certificates in Force at the End of the Period
38	41	40	Number of Covered Lives on Policies/Certificates in Force at the End of the Period

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

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

Prior Authorization

59	62	41	<u>Number of Prior Authorization Requests Pending at the Beginning of the Period</u>
60	63	42	<u>Number of prior authorizations requested during period</u>
61	64	43	<u>Number of prior authorizations approved during period</u>
62	65	44	<u>Number of prior authorizations denied during period</u>
63	66	45	<u>Number of Prior Authorization Requests Pending at the End of the Period</u>
64	67	46	<u>Median Number of Days from Receipt of Prior Authorization Request to Decision</u>
65	68	47	<u>Average Number of Days from Receipt of Prior Authorization to Decision</u>

Claims Administration

66	69	48	Number of Claims Pending at the Beginning of the Period	
67	70	49	Number of claims received (how are we defining "received"? Date of service? Receipt of claim?)	
68	71	50	Total number of claims <i>denied</i> (includes rejected and returned??)	
69	72	51	Number of denied, rejected, or returned <i>due to claims submission coding error(s)</i>	
70	73	52	Number of denied, rejected, or returned <i>for lack of Prior Authorization</i>	
71	74	53	Number of denied, rejected, or returned <i>as Non-Covered or beyond benefit limitation</i>	
72	75	54	Number of denied, rejected, or returned <i>as Not medically necessary</i>	
73	76	55	Number of denied, rejected, or returned <i>as Subject to pre-existing condition exclusion</i>	Pre-existing condition applications
74	77	56	Number of denied, rejected, or returned (in whole or in part) <i>because maximum \$ limit exceeded</i>	a. What are the triggers or flags for pre-ex review?
75	78	57	Number of denied, rejected, or returned for Out-of-Network provider <i>During the Period</i>	
76	79	58	Number of Claims Pending at End of Period	
77	80	59	Median Number of Days from Receipt of Claim to Decision for Denied Claims	
78	81	60	Average Number of Days from Receipt of Claim to Decision for Denied Claims	
79	82	61	Median Number of Days from Receipt of Claim to Decision for Approved Claims	
80	83	62	Average Number of Days from Receipt of Claim to Decision for Approved Claims	
81	84	63	Number of Claim Decisions Appeals Pending At Beginning of Period	
82	85	64	Number of Claim Decision Appeals Received During the Period	
83	86	65	Number of Claim Decision Appeals Resulting in Decisions Upheld During the Period	
84	87	66	Number of Claim Decision Appeals Resulting in Decisions Overturned or Modified During the Period	
85	88	67	Number of Claim Decision Appeals Rejected and Not Considered for Any Reason	
86	89	68	Number of Claim Decision Appeals Pending at End of Period	
87	90	69	Average Number of Days from Receipt of Appeal to Decision	
88	91	70	Number of claims paid	
89	92	71	<i>Insured/benefit co-payment responsibility</i>	I don't think these meet the surveillance standards for MCAS
90	93	72	<i>Insured coinsurance liability</i>	
91	94	73	<i>Insured deductible responsibility</i>	

Consumer Requested Reviews/Grievances/Complaints

92	95	74	Number of complaints received other than the DOI	
		75	Number of complaints received through DOI	
93	96	76	Number of complaints resulting in claims reprocessing	
94	97	77	Number of Lawsuits Open at Beginning of the Period	
95	98	78	Number of Lawsuits Opened During the Period	
96	99	79	Number of Lawsuits Closed During the Period	
97	100	80	Number of Lawsuits Closed During the Period with Consideration for the Consumer	
98	101	81	Number of Lawsuits Open at End of Period	

Producer Oversight

100	102	83	Number of Individual Applications Pending at the Beginning of the Period	
101	103	84	Number of applications received	4.Relationships between Insurer and TPAs - OVERSIGHT
102	104	85	Number of Renewal/ <i>Reissue Individual</i> Applications Received During the Period	a. Collect premiums?
103	105	86	Number of New Individual Applications Denied During the Period for Any Reason	b. Producer/distributor?
104	106	87	Number of New Individual Applications Denied During the Period - Health Status or Condition	c. Benefit design?
105	107	88	Number of Renewal/ <i>Reissue Individual</i> Applications Denied During the Period for Any Reason	
106	108	89	Number of Renewal/ <i>Reissue Individual</i> Applications Denied During the Period - Health Status or Condition	
107	109	90	Number of New Individual Applications Approved During the Period	
108	110	91	Number of Renewal/ <i>Reissue Individual</i> Applications Approved During the Period	
109	111	92	Number of <i>Individual</i> Applications Pending at the End of the Period	
110	112	93	Number of applications taken via phone	
111	113	94	Number of applications taken face-to-face	
112	114	95	Number of applications taken online (Electronically)	
113	115	96	Number of New <i>Individual</i> Applications Taken by Mail During the Period	I want to check with the group to see if this really matters in this context
114	116	97	Number of New <i>Individual</i> Applications Taken by Any Other Method During the Period	
115	117	98	Commissions paid during reporting period (Dollar Amount of Commissions Incurred During the Period)	
116	118	99	<i>Other fees collected</i> during experience period (Dollar Amount of Fees Charged to Applicants and Policyholders During the Period)	Fees a. Type (application, annual?) b. Who collects? (i.e., insurer on behalf of association)
			Commissions paid for reporting period	
			Other fees charged for reporting period	

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/reissue	
Group renewal/reissue	
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; <i>includes rejected and returned claims, whether in whole or in part</i>
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.

Refer to Group Health Insurance Standards Model Act (#100) - section 4E and 5

break into net and earned premium