

Draft STLDI Data Call and Definitions

v5 line	Y/N	Comments
1 List the states where your STLDI products are marketed		
2 Does the company offer STLDI policies with up to a 90-day duration?		
3 Does the company offer STLDI policies with 91- to 180-day duration?		
4 Does the company offer STLDI policies with 181- to 364-day duration?		
5 Number of STLDI forms offered to residents in this state		
6 Number of STLDI forms offered in all states		
7 Number of STLDI forms filed to resident in this state		
8 Number of STLDI forms filed in all states		
9 List the states where your STLDI products are filed (provide SERFF tracking number)		
10 Does the company issue STLDI products through associations? If yes, list the associations		
11 If #10 is yes, do you have a contractual relationship with each Association?		
12 If #10 is yes, does the contract cover the marketing of your product?		
13 If #10 is yes, does the contract cover the collection of dues and fees?		
14 If #10 is yes, does the contract cover commissions?		
15 If #10 is yes, what other operational areas are covered in the contract?		
11 If yes, is insurer collecting any fees on behalf of association? (Y/N) (refine and break out)		
16 Does the company issue STLDI products through trusts? If yes, how many?		
17 Does the company issue STLDI products through administrators? If yes, how many?		
18 Does the company contract with third-party administrators for administrative services related to STLDI products? If yes, list those services		
19 Does the company offer renewals/reissues?		
20 Are renewals/reissues subject to underwriting?		
21 Are the limitations on renewals based on state, federal, company rules?		
22 Does your company distribute its product through independent agents?		
23 Does your company distribute its products through captive agents?		
24 Does your company distribute its products through its employees?		
25 What triggers a pre-existing exclusion review (dollar, diagnosis, prescription, other)		

Are producers employees or contracted directly with the insurer? (Interrogatory?)

Policy/Certificate Administration

Individual Policies not sold through an Association			Number of Policies/Certificates Issued to individuals in this state through an Association			Number of Policies/Certificates Issued to individuals in this state through an Out-of-State Association		
<= 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

Are the numbers of associations in I, J, and K, a subset of F, G, and H? Or do we want those to be tallied separately?

11 Net Written Premium	
12 Earned premiums for Reporting Year	
13 Number of Policies/Certificates in Force at the Beginning of the Period	
14 Number of Covered Lives on Policies/Certificates In Force at the Beginning of the Period	
15 Number of new policies/certificates issued during the period	Rating and Benefit Designs
16 Number of Covered Lives on New Policies/Certificates Issued During the Period	
Number of policy/certificate renewal/reissue applications received during the period	
17 Number of policies/certificates renewed/reissued during the period	Renewals vs. Denials. Consumer rep comments suggest "denied" is more important than # renewals allowed. Should we capture one over the other? Split into two lines?
Number of policies/certificates non-renewed at the option of insurer during the period	
18 Number of Covered Lives on Renewed/Reissued Policies/Certificates During the Period	a. MO suggestion: Are number of renewals limited?
19 Number of renewals/reissues allowed?	b. How is renewal defined in each state? (MO comment, 6/12)
20 Member months for policies/certificates newly issued during the period	
21 Member months for policies/certificates renewed/reissued during the period	
<i>Member months for policies/certificates renewed/reissued which had an option to renew/reissue without underwriting</i>	
22 Number of Member Months of on Other Than New Policies/Certificates or Renewal/Reissued Policies/Certificates During the Period	
23 Number of policy/certificate terminations and cancellations initiated by the policyholder/certificateholder	
24 Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/certificateholder During the Period	do we need to make the policy/covered lives distinction?
25 Number of policies/certificates cancelled during the free look period	
26 Number of Policies/Certificates Cancelled at the Initiation of the policyholder/certificateholder During the Free Look Period During the Period	
27 Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/certificateholder During the Free Look Period During the Period	
28 Number of policy/certificate terminations and cancellations due to non-payment of premium	
29 Number of Lives on Policies/Certificates Cancelled Due to Non-Payment of Premium During the Period	
30 Number of Policies/Certificates Cancelled by Insurer for Any Reason Other Than Non-Payment of Premium During the Period	
31 Number of Lives on Policies/Certificates cancelled by Insurer Due to Non-Payment of Premium During the Period	how is this different from 28?
32 Number of Policies/Certificates Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the policyholder/certificateholder During the Period	
33 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	
34 Number of rescissions	
35 Number of insured lives impacted on terminations and cancellations initiated by the policyholder/certificateholder	How is this different from above?
36 Number of insured lives impacted on terminations and cancellations due to nonpayment	
37 Number of insured lives impacted by rescissions	
38 Number of Policies/Certificates in Force at the End of the Period	
39 Number of Covered Lives on Policies/Certificates in Force at the End of the Period	

Prior Authorization

40 Number of Prior Authorization Requests Pending at the Beginning of the Period	
41 Number of prior authorizations requested during period	
42 Number of prior authorizations approved during period	
43 Number of prior authorizations denied during period	
44 Number of Prior Authorization Requests Pending at the End of the Period	
45 Median Number of Days from Receipt of Prior Authorization Request to Decision	
46 Average Number of Days from Receipt of Prior Authorization to Decision	

Claims Administration

47	Number of Claims Pending at the Beginning of the Period	
48	Number of claims received (how are we defining "received"? Date of service? Receipt of claim?)	
49	Total number of claims denied (includes rejected and returned??)	
50	Number of denied, rejected, or returned due to claims submission coding error(s)	
51	Number of denied, rejected, or returned for lack of Prior Authorization	
52	Number of denied, rejected, or returned as Non-Covered or beyond benefit limitation	
53	Number of denied, rejected, or returned as Not medically necessary	
54	Number of denied, rejected, or returned as Subject to pre-existing condition exclusion	
	Number denied, rejected, or returned due to failure to provide adequate documentation	
	Number denied, rejected, or returned due to being within the waiting period	
55	Number of denied, rejected, or returned (in whole or in part) because maximum \$ limit exceeded	
56	Number of denied, rejected, or returned for Out-of-Network provider During the Period	
57	Number of Claims Pending at End of Period	
58	Median Number of Days from Receipt of Claim to Decision for Denied Claims	
59	Average Number of Days from Receipt of Claim to Decision for Denied Claims	
60	Median Number of Days from Receipt of Claim to Decision for Approved Claims	
61	Average Number of Days from Receipt of Claim to Decision for Approved Claims	
62	Number of Claim Decisions Appeals Pending At Beginning of Period	
63	Number of Claim Decision Appeals Received During the Period	
64	Number of Claim Decision Appeals Resulting in Decisions Upheld During the Period	
65	Number of Claim Decision Appeals Resulting in Decisions Overturned or Modified During the Period	
66	Number of Claim Decision Appeals Rejected and Not Considered for Any Reason	
67	Number of Claim Decision Appeals Pending at End of Period	
68	Average Number of Days from Receipt of Appeal to Decision	
69	Number of claims paid	
70	Insured/benefit co-payment responsibility	I don't think these
71	Insured coinsurance liability	meet the surveillance
72	Insured deductible responsibility	standards for MCAS

Consumer Requested Reviews/Grievances/Complaints

73	Number of complaints received by Company (other than through the DOI)	
74	Number of complaints received through DOI	
75	Number of complaints resulting in claims reprocessing	
76	Number of Lawsuits Open at Beginning of the Period	
77	Number of Lawsuits Opened During the Period	
78	Number of Lawsuits Closed During the Period	
79	Number of Lawsuits Closed During the Period with Consideration for the Consumer	
80	Number of Lawsuits Open at End of Period	

Marketing and Sales

81	Number of Individual Applications Pending at the Beginning of the Period	
82	Number of applications received	4.Relationships between Insurer and TPAs - OVERSIGHT
83	Number of Renewal/Reissue Individual Applications Received During the Period	a.Collect premiums?
84	Number of New Individual Applications Denied During the Period for Any Reason	b.Producer/distributor?
85	Number of New Individual Applications Denied During the Period - Health Status or Condition	c.Benefit design?
86	Number of Renewal/Reissue Individual Applications Denied During the Period for Any Reason	
87	Number of Renewal/Reissue Individual Applications Denied During the Period - Health Status or Condition	
88	Number of New Individual Applications Approved During the Period	
89	Number of Renewal/Reissue Individual Applications Approved During the Period	
90	Number of Individual Applications Pending at the End of the Period	
91	Number of applications initiated via phone	
92	Number of applications completed via phone	
93	Number of applications initiated face-to-face	
94	Number of applications completed face-to-face	
95	Number of applications initiated online (Electronically)	
96	Number of applications completed online (Electronically)	
97	Number of New Individual Applications initiated by Mail During the Period	
98	Number of New Individual Applications completed by Mail During the Period	
99	Number of New Individual Applications initiated by Any Other Method During the Period	
100	Number of New Individual Applications completed by Any Other Method During the Period	
101	Commissions paid during reporting period (Dollar Amount of Commissions Incurred During the Period)	
102	Unearned Commissions returned to company on policies/certificates sold during the period?	
103	Other remunerations collected during the 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) c.Refundability

Term	Explanation
Individual STLDI product	Policies marketed, sold, and issued to individual consumers, regardless of whether or not the policy forms have been filed with any State's department of insurance.
Group STLDI product/coverage	Policies issued to a trust, association, or administrator for the purpose of marketing, selling, and issuing certificates to individual consumers, regardless of whether or not the policy forms have been filed with any State's department of insurance and regardless of where the association, trust, or administrator is situated
Renewal/Reissue	STLDI policy/certificate issued to an individual or family for whom prior short-term coverage has been placed with the same insurer within the past 63 days
Newly Issued	STLDI policy/certificate issued to an individual or family for whom no prior short-term coverage has been placed with the same insurer within the past 63 days
Claims received	provide the total number of claims received during the reporting period for individual policyholders and/or group certificate holders residing in the state for which reporting is being completed
Claims Paid	provide the total number of claims paid during the reporting period for individual policyholders and/or group certificate holders residing in the state for which reporting is being completed
Claims denied	provide the total number of claims denied during the reporting period for individual policyholders and/or group certificate holders residing in the state for which reporting is being completed; includes rejected and returned claims, whether in whole or in part
Commissions	The total amount of compensation paid to any individual or entity for their consideration in marketing, selling, and attracting potential insureds, by whatever means this compensation is provided. Do not include monetary valuables paid to any individual or entity that is generally not able to be converted into actual money. NOTE: For products not related to the actual sale of a contract, do not include any amounts paid for the specific purpose of marketing, encouraging or promoting. Provide the total amount of commissions paid for policies and/or certificates issued to insureds residing in the state for which reporting is being completed
Other Remuneration	Any monetary consideration provided by the insurer through the course of the insurance transaction. This is not commissions and are separate amounts paid for as a result of the insurance transaction. Provide the total amount of other fees (non-commissions, association dues) paid for all policies and/or certificates issued to insureds residing in the state for which reporting is being completed
Total Annual Premium	Provide the total annual written premium for all policies and/or certificates issued to insureds residing in the state for which reporting is being completed
Policies/Certificates	Refers to the coverage documents provided to individuals or families (i.e., state residents) who are enrolled in coverage (not the association)
Policyholder/Certificateholder	Refers to the individual who is afforded benefits of the coverage according to the laws of the state in which they reside (i.e., not the association)

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

What if company is re-underwriting at "renewal" and essentially issuing a new product to the same individual

break into net and earned premium

Do we need to clarify that data should only be about the state being reported?