Draft
STLDI Data Call and Definitions

Policy/Certificate Administration

<table>
<thead>
<tr>
<th>Individual Policies not sold through an Association</th>
<th>Number of Policies/Certificates issued to individuals in this state through an Association</th>
<th>Number of Policies/Certificates issued to individuals in this state through an Out of State Association</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 90 days</td>
<td>&gt; 90 days</td>
<td>&lt; 90 days</td>
<td>Possible exclusions are to be defined</td>
</tr>
</tbody>
</table>

11 Net Written Premium
12 Cancelled 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
16 Number of policies/certificates issued during the period
17 Number of policies/certificates renewed/reissued during the period
18 Number of Covered Lives on Renewed/Reissued Policies/Certificates During the Period
19 Number of renewals/reissues allowed
20 Number of policies/certificates renewed/reissued with full or partial non-refundable premium
21 Number of policies/certificates renewed/reissued with full or partial non-refundable premium
22 Number of policies/certificates renewed/reissued with full or partial non-refundable premium
23 Number of policies/certificates renewed/reissued with full or partial non-refundable premium
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44 Number of policies/certificates renewed/reissued with full or partial non-refundable premium
45 Number of policies/certificates renewed/reissued with full or partial non-refundable premium
46 Average Number of Days from Receipt of Priority Authorization to Policies/Certificates Issued
## 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, rejected or returned
50. Number of denied, rejected, or returned due to claims administrator coding errors
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 due to pre-existing condition exclusions
55. Number denied, rejected, or returned due to failure to provide adequate documentation
56. Number denied, rejected, or returned due to being within the waiting period
57. Number of denied, rejected, or returned due to maximum $ limit exceeded
58. Number denied, rejected, or returned for Out-of-Network provider
59. Number of claims pending at the end of the period
60. Median Number of Days from Receipt of Claim to Decision for Denied Claims
61. Average Number of Days from Receipt of Claim to Decision for Denied Claims
62. Number of Claim Decisions Appealed During the Period
63. Number of Claim Decisions Appeals Resulting in Decisions Upheld During the Period
64. Number of Claim Decisions Appeals Resulting in Decisions Overturned or Modified During the Period
65. Number of Claim Decisions Appeals Rejected and Not Considered for Any Reason
66. Number of Claim Decisions Appeals Pending at End of Period
67. Average Number of Days from Receipt of Appeal to Decision

## 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 complaints resulting in claims reprocessing for any reason
77. Number of complaints resulting in claims reprocessing due to consumer
78. Number of complaints received by Company during the period
79. Number of complaints received by the DOI during the period
80. Number of complaints resulting in claims reprocessing for any reason
81. Number of complaints resulting in claims reprocessing due to consumer

## Marketing and Sales
82. Number of Individual Applications Pending at the Beginning of the Period
83. Number of applications received
84. Number of Renewal/Reissue Individual Applications Received During the Period
85. Number of Renewal/Reissue Individual Applications Approved During the Period
86. Number of Renewal/Reissue Individual Applications Denied During the Period
87. Number of Renewal/Reissue Individual Applications Denied Due to Health Status or Condition
88. Number of New Individual Applications Approved During the Period
89. Number of New Individual Applications Denied During the Period
90. Number of New Individual Applications Denied Due to Health Status or Condition
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 received during the period (Dollar Amount of Fees Charged to Applicants and Policyholders During the Period)

## Marketing and Sales (cont.)
4. Relationships between Insurer and TPAs - OVERSIGHT
   a. Collect premiums?
   b. Produce claimset?
   c. Refundability
<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual STLDI product</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Group STLDI product/coverage</td>
<td>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 sitused.</td>
<td>What if company is re-underwriting at &quot;renewal&quot; and essentially issuing a new product to the same individual.</td>
</tr>
<tr>
<td>Renewal/Reissue</td>
<td>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.</td>
<td>Refer to Group Health Insurance Standards Model Act (#100) - section 4E and 5</td>
</tr>
<tr>
<td>Newly Issued</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Claims received</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Claims Paid</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Claims denied</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Commissions</td>
<td>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 insured residing in the state for which reporting is being completed.</td>
<td></td>
</tr>
<tr>
<td>Other Remuneration</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Total Annual Premium</td>
<td>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.</td>
<td>break into net and earned premium</td>
</tr>
<tr>
<td>Policies/Certificates</td>
<td>Refers to the coverage documents provided to individuals or families (i.e., state residents) who are enrolled in coverage (not the association)</td>
<td></td>
</tr>
<tr>
<td>Policyholder/Certificateholder</td>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>

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