

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 individual STLDI products filed ?? In this state ?? (or are we looking for the total number?)		
6	Does the company issue STLDI products through associations? If yes, how many?		
7	If yes, is insurer collecting any fees on behalf of association? (Y/N)		
8	Does the company issue STLDI products through trusts? If yes, how many?		
9	Does the company issue STLDI products through administrators? If yes, how many?		
10	Does the company contract with third-party administrators for administrative services related to STLDI products?		

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			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?
<= 90 days	91 to 180	181 to 364	<= 90 days	91 to 180	181 to 364	<= 90 days	91 to 180	181 to 364	
<i>to be defined</i>									

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		
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?
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		
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		Does Prior auth matter??
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	Pre-existing condition applications
55	Number of denied, rejected, or returned (in whole or in part) because maximum \$ limit exceeded	a. What are the triggers or flags for pre-ex review?
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	Commissions recouped on policies/certificates sold during the period?	
103	Other fees 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	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
Other Fees	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) Do we need to clarify that data should only be about the state being reported?

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