# Draft

## STLDI Data Call and Definitions

<table>
<thead>
<tr>
<th></th>
<th>Individual STLDI product</th>
<th>Association STLDI products</th>
<th>Trust STLDI products</th>
<th>Administrator STLDI products</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90-day</td>
<td>180-day</td>
<td>364-day</td>
<td>90-day</td>
</tr>
</tbody>
</table>

### Policy Administration

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. Does the company have group STLDI coverage to report (Y/N)?
3. Does the company offer STLDI policies with 90-day duration?
4. Does the company offer STLDI policies with 180-day duration?
5. Does the company offer STLDI policies with 364-day duration?
6. Number of individual STLDI products filed
7. Number of associations through which STLDIs are issued
8. Number of trusts through which STLDIs are issued
9. Number of administrators through which STLDIs are issued
10. Earned premiums for Reporting Year
11. Number of new policies issued during the period
12. Number of policies renewed during the period
13. Number of renewals allowed?
14. Member months for policies issued during the period
15. Member months for policies renewed during the period
16. Number of policy terminations and cancellations initiated by the policyholder
17. Number of policies cancelled during the free look period
18. Number of policy terminations and cancellations due to non-payment of premium
19. Number of rescissions
20. Number of insured lives impacted on terminations and cancellations initiated by the policyholder
21. Number of insured lives impacted on terminations and cancellations due to non-payment
22. Number of insured lives impacted by rescissions

### Prior Authorization?

23. Number of prior authorizations requested
24. Number of prior authorizations approved
25. Number of prior authorizations denied

### Claims Administration

26. Number of claims received
27. Total number of claims denied
   - Number of denied, rejected, or returned - claims submission
   - Coding Error(s)
   - Number of denied, rejected, or returned - Prior Authorization needed

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Number of denied, rejected, or returned - Non-Covered benefit or benefit limitation
Number of denied, rejected, or returned - Not medically necessary
Number of denied, rejected, or returned - Subject to pre-existing condition exclusion
Number of denied, rejected, or returned - maximum $ limit exceeded
Number of claims paid
Insured/benefit co-payment responsibility
Insured coinsurance liability
Insured deductible responsibility

Consumer Requested Reviews/Grievances/Complaints
Number of complaints received
Number of complaints resulting in claims reprocessing

Producer Oversight?
Number of applications received
Number of applications taken via phone
Number of applications taken face-to-face
Number of applications taken online
Commissions paid during reporting period
Other fees collected during experience period

Commissions paid for reporting period
Other fees charged for reporting period

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