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**Sent:** Thursday, April 14, 2022 1:39 PM  
**To:** Helder, Randy <[RHelder@naic.org](mailto:RHelder@naic.org)>  
**Subject:** NAIC NOTICE - Draft Other Health MCAS Data Call and Definitions

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Good afternoon Randy.

Comments regarding the Draft Other Health MCAS Data Call and Definitions:

**Data Call Schedule 2 – Policy/Certificate Administration**

2-14 Number of covered lives on policies/certificates cancelled due to non-payment of premium during the period &

2-16 Number of covered lives on policies/certificates cancelled by the company due to non-payment of premium during the period.

**While not identical wording, they appear to be requesting the same data.**

**Definitions Schedule 4 – Consumer Complaints and Lawsuits:**

**Complaint** - any written communication that expresses dissatisfaction with a specific person or entity. An oral communication, which is subsequently converted to a written form in order to be analyzed and acted upon, will meet the definition of a complaint for this purpose. **A complaint should be reported to the state where the policyholder resides.**

**NC does not have jurisdiction over policies issued in other states. When a NC resident presents a complaint on a policy issued in another state, we refer the complainant to the issue state regulator and provide that jurisdiction's contact information. I spoke with our L&H Complaints supervisor and was advised that, while they don't keep track of exact numbers, it happens on a regular basis and understandably so. I don't know if we are unique in not having jurisdiction over policies issued out-of-state, but receiving resident state numbers would skew our numbers. Is there a way this can be addressed in this MCAS?**

Thanks,  
Shane