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