

Draft
STLDI Data Call and Definitions

- vs line
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 178 to 180 days (178 are not submitted for the first 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 brokers? 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?
11 Provide the number of states that the carrier has filed STLDI PRODUCTS ??? Not sure the effectiveness of this question. See below question for group coverage.
12 List the states where group STLDI coverage policy or certificates are filed. Provide the SERFF tracking numbers.
13 Describe your market distribution (make selection available for insured to select all that apply radio button agents, captive agents, independent agents, TPA's, employees, or other...

Table with columns for Y/N and Comments. Contains questions 1-13 regarding STLDI products, state filings, and distribution methods.

Are producers employees or contracted directly with the insurer? (Interrogatory?)

Policy/Certificate Administration

- SUGGESTED OVERALL CHANGES: Policyholder/certificateholder should be "policyholders and certificateholders" if that is what / is requesting. Otherwise this reads as an "and" or "not inclusive of each other" as "and" would be asking.
2. We can group the mid-term cancellations requested by insureds and nonpayment of premiums into the same bucket; leaving only that data set and those cancelled and terminated by insurer. The only distinction is the two questions specifically related to free look insured cancellations then as to total insured and certificateholder initiated cancellations.
11 Number of Policy and Certificates in Force at the Beginning of the Period
12 Number of Covered Lives on Policies and Certificates in Force at the Beginning of the Period
13 Number of new policies and certificates issued during the period
14 number of policies and certificates in force at the end of the year/period
15 number of covered lives on policies and certificates at the end of the period/year
16 Number of Covered Lives on New Underwritten Policies and Certificates Issued During the Period
17 Number of covered lives automatically renewed/issued during the period (or year)
18 Number of policies and certificates for insureds due to renewed frequency limits implemented by the insurer during the period/year
19 Number of Covered Lives not renewed or renewed due to coverage issuance frequency - same above language
20 Number of renewals allowed by the carrier in the jurisdiction within a 364 day period.

Table with columns for Individual Policies not sold through an Association, Number of Policies/Certificates issued to individuals in this state through an Association, and Number of Policies/Certificates issued to individuals in this state through an Out-of-State Association. Includes a note: 'to be defined'.

Are the numbers of associations in I, L, and K, a subset of F, G, and H? Or do we want those to be tallied separately?

- 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
16 Number of Covered Lives on New Policies/Certificates Issued During the Period
17 Number of covered lives on policies/certificates renewed/reissued during the period
18 Number of policies/certificates non-renewed at the option of issuer or during the period
19 Number of Covered Lives on Renewed/Reissued Policies/Certificates During the Period
20 Number of renewals allowed during the period
21 Member months for policies/certificates newly issued during the period
22 Member months for policies/certificates renewed/reissued 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
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
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 recissions
35 Number of insured lives impacted on terminations and cancellations initiated by the policyholder/certificateholder
36 Number of insured lives impacted on terminations and cancellations due to nonpayment
37 Number of insured lives impacted by recissions
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
40 Number of Prior Authorization Requests Pending at the Beginning of the Period
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

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?

We want to know the number of individuals that the carrier is providing renewed or extended coverage to of their current book of business. Details would be all and not specifically indicate the number of renewals/renewal not taken.

I would be less concerned with denials of renewals considering the renewability is not guaranteed here and the regulations limits the number of renewals not denials.

MD suggestion: Are number of renewals limited? How is renewal defined in each state? (MD comment, 6/12)

- 20 What is this getting at here? Those policy/certificates with or without underwriting? Not sure I understand the distinction trying to be made. See suggested definition changes.
21 some change of verbiage in 31
22 some change of verbiage in 31

do we need to make the policy/covered lives distinction?

This distinction is important to verify the number of individuals covered. Some carriers provide for group STLDI or other supplemental products that are issued to the "family" on a "family" policy which essentially covers an unknown amount of individuals. This could be used to do a validation. I prefer this to the member months. Member months calculated on this is cumbersome and does show similar data, however its based on a variant factor of the months, so you can get an idea of how many members per month had coverage which includes those who did not go to the end of the term of the policy, cancellations, nonrenewals, etc... Its just easier to have the total covered lives insured I think but also understand in the Actuarial world this maybe different, however based on the short term nature is it more or less effective???

how is this different from 28?

- 30 DO WE NEED THIS? I think we are going to get a ton of reported numbers here that have little meaning. If the insurer paid a claim then the policy is cancelled for non-payment of premium, or the term of the product has ended, or the insurer cancelled and did not renew coverage ... it all lands here and is not useful really cause there are too many variable that would qualify given the product nature.
31 This is not a very relevant data set if it doesn't say mid-term - and lends itself to implications; A better question would be number of covered lives on policy/certificates that were cancelled by the insurer mid-term for a reason other than non-payment of premium/policyholder/certificateholder request.
32 SAME AS NUMBER 36 I think.
33 These are the same thing. If I fail to pay my premium then I have chosen to cancel or terminate my coverage - not sure Idaho would need this distinction.
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39

How is this different from above?

- 40 I agree this is a claims handling question - AND:
41 DO WE NEED PRIOR AUTHORIZATION FOR STLDI PRODUCTS... HAS ANYONE VERIFIED THIS IS EVEN A PRACTICE?
42
43
44
45
46

Does Prior auth matter? Perhaps streamline and include in Terms Admin section

Claims Administration

47	
48	<b>Date the claim is received.</b>
49	Yes includes rejected and returned -- this would be a claim for not enough information and it is used in LTC denials reported.
50	
51	
52	<i>I will need to review some contracts and applicable provisions of the contracts before reviewing this section; I am not sure that all of these apply to STLD products, benefit limits, prior auth, max limit dollar amount, non-covered benefit can include -- benefit/annual/term max \$ limits, pre-ex, medically necessary, end..??</i>
53	<b>END -- REVIEW -- ON</b>
54	
55	
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57	
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60	
61	Pick one -- do w want average or median? Don't think both is necessary really.
62	
63	
64	
65	DOES STLD Products have APPEALS rights provisions? What do we want to know if they generally don't have appeals provisions? Claim determinations overturned -- seems to be a better way to state this and just ask the one question number of claims determinations overturned for any reason after a final decision had been sent to insured???
66	
67	
68	
69	
70	<b>Insured/benefits co. provides responsibility</b>
71	<b>Insured/commercial liability</b>
72	<b>Insured/retail/other responsibility</b>

Consumer Requested Reviews/Grievances/Complaints

73		73	Number of complaints received by Company (other than through the DOI)
74		74	Number of complaints received through DOI
75		75	Number of complaints resulting in claims reprocessing
76		76	Number of Lawsuits Open at Beginning of the Period
77		77	Number of Lawsuits Closed During the Period
78		78	Number of Lawsuits Closed During the Period
79		79	Number of Lawsuits Closed During the Period with Consideration for the Consumer
80		80	Number of Lawsuits Open at End of Period

Marketing and Sales

81		81	Number of Individual Applications Pending at the Beginning of the Period
82		82	Number of applications received
83		83	Number of Renewal/Reissue Individual Applications Received During the Period
84		84	Number of New Individual Applications Denied During the Period for Any Reason
85		85	Number of New Individual Applications Denied During the Period - Health Status or Condition
86		86	Number of Renewal/Reissue Individual Applications Denied During the Period for Any Reason
87		87	Number of Renewal/Reissue Individual Applications Denied During the Period - Health Status or Condition
88		88	Number of New Individual Applications Approved During the Period
89		89	Number of Renewal/Reissue Individual Applications Approved During the Period
90		90	Number of Individual Applications Pending at the End of the Period
91		91	Number of applications initiated via phone
92		92	Number of applications completed via phone
93		93	Number of applications initiated face-to-face
94		94	Number of applications completed face-to-face
95		95	Number of applications initiated online (Electronically)
96		96	Number of applications completed online (Electronically)
97		97	Number of New Individual Applications Initiated by Mail During the Period
98		98	Number of New Individual Applications Completed by Mail During the Period
99		99	Number of New Individual Applications Initiated by Any Other Method During the Period
100		100	Number of New Individual Applications Completed by Any Other Method During the Period
101		101	Commissions paid during reporting period (Dollar amount of Commissions Incurred During the Period)
102		102	Unearned Commissions returned (If on policies/certificates sold during the period?)
103		103	Other fees collected during the period (Dollar Amount of Fees Charged to Applicants and Policyholders, During the Period)

a.Fee (application, annual?)  
b.Who collects? (i.e., insurer on behalf of association)  
c.Refundability

non-renews not allowed by regulations

47	Number of Claims Pending at the Beginning of the Period
48	Number of claims received (How are you 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 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 as Subject to Pre-existing Condition Exclusion
55	Number of denied, rejected, or returned (in whole or in part) because maximum \$ limit exceeded
56	Number of denied, rejected, or returned for Out-of-Network provider
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/benefits co. provides responsibility
71	Insured/commercial liability
72	Insured/retail/other responsibility

I don't think these meet the surveillance standards for NCAS

		Term	Explanation	
STLD:	Short-term, Limited-duration Insurance. Health insurance coverage pursuant to a contract that has a specified expiration date less than twelve (12) months after the original effective date of the contract.	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.	
individual coverage	STLD products marketed, sold or issued to individuals regardless of weather or not the policy forms have been filed with any state DOI.	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	<b>Definition of STLDI and Renewal.</b> 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
Group	STLD products marketed, sold or issued to any group of individuals/entities, trust, association, or administrator for the purpose of the same and issuing certificates to individuals regardless of weather or not the policy or certificate has been filed with any State's DOI and regardless of the situs location of the group, association, trust or administrator.	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	<b>What if company is re-underwriting at "renewal" and essentially issuing a new product to the same individual</b>
renewal	For the purpose of this MCAS a renewal contract is defined as a group or individual STLD product that allows for the re-application and re-underwriting of the insured/group 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	
reissue	for the purpose of this MCAS a reissue is a contract defined as a group or individual STLD coverage that allows the insured or group of insureds to continue coverage without a new application and underwriting. This reissuance of the same coverage can be of the same product, form, coverage, or a different product, form, or coverage option of the insurer so long as it is considered STLD coverage.	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	
Extension	A coverage option attached to a STLD product that extends the termination date of the contract to either an other date or another term. This can be in the form of a rider or included in the coverage as optional or required provision.	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	
Issued	The act of providing coverage to an individual or group member as a request of the consumer. The process includes application for coverage, and may or may not include underwriting.	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	
claims received	are claims for benefits, weather they are or are not included as a benefit of the actual coverage provided, which are given, submitted, faxed, sent to in any manner perscribed to the insurer and recieved by the insurer as an official request for benefits under the policy.	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	
claims denied	are claims for benefits from the insurer, weather they are or are not included as a benefit of the actual coverage provided, which are given, submitted, faxed, sent to in any manner perscribed to the insurer as an official request for benefits by the policy or certificate holder which are denied by the insurer for any reason what so ever.	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	
Claims paid	Are claims for benefits from the insurer, that are considered part of the applicable coverage, and paid to the policyholder or certificate holder as a benefit.	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	break into net and earned premium
commissions:	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. This does not include monetary valueables paid to any individual or entity that is generally not able to be converted into actual money, nor does this include amounts paid for the specific purpose of marketing, encouraging the sales of or to promote products not related to the actual sale of a contract.	Policies/Certificates	Refers to the coverage documents provided to individuals or families (i.e., state residents) who are enrolled in coverage (not the association)	
policies/certificates	a document that is issued to an insured or group member outlining substantially the benefits of the coverage provided by the insurer.	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)	
policyholder/certificateholder	individual or group member or dependant that is issued a contract by the insurer outlining substantially the contract terms, and who contractually agrees to the enumerate the coverage provided through some monetary means or premiums weather paid directly by that individual or another individual or entity.			
other fee	any monetary consideration provided through the course of the insurance transaction that is paid for by the insured, policyholder, or group weather directly or indirectly. This is not commissions and are separate amounts paid for as a result of the insurance transaction.			
earned premiums	CAN GET FROM FINANCIAL DEFINITIONS RIGHT			
net premiums	CAN GET FROM FINANCIAL DEFINITIONS .. RIGHT			Do we need to clarify that data should only be about the state being reported?