Other Health

Ratio 1. **The number of claims denied, rejected or returned to the total number of claims paid, denied, rejected or returned closed**

\[
\frac{\text{Total # of claims denied, rejected or returned (68)}}{\text{[# of claims pending at beginning of period (66)]} + \text{[# of claims received (include non-clean claims) (67)]} - \text{[# of claims pending at end of period (74)]}}
\]

Ratio 2. **Pre-existing Condition Denials to Total Denials**

\[
\frac{\text{# of denied, rejected, or returned as subject to pre-existing condition exclusion (70)}}{\text{Total # of claims denied, rejected or returned (68)}}
\]

Ratio 3. **Inadequate Documentation Denials to Total Denials**

\[
\frac{\text{# of denied, rejected or returned due to failure to provide adequate documentation (71)}}{\text{Total # of claims denied, rejected or returned (68)}}
\]

Ratio 4. **Average Number of Days to a Decision on Denied Claims**

\[
\frac{\text{Total # of claims denied, rejected or returned (68) \times \text{Average # of days from receipt of claim to decision for denied claims (76)}}}{\text{(Total # of claims denied, rejected or returned (68))}}
\]

- **Note:** The above calculation is the total number of days for all insurers to a decision on denied claims divided by the total number of denied claims for all insurers to produce the statewide average time to a decision.
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Ratio 5. **Average Number of Days to a Decision on Approved Claims**

\[
\frac{\text{[\# of claims pending at beginning of period (66)]} + \text{[\# of claims received (include non-clean claims) (67)]} - \text{[\# of claims pending at end of period (74)]} - \text{[Total # of claims denied, rejected or returned (68)]} \times \text{[Average # of days from receipt of claim to decision for approved claims (78)]}}{\text{[\# of claims pending at beginning of period (66)]} + \text{[\# of claims received (include non-clean claims) (67)]} - \text{[\# of claims pending at end of period (74)]} - \text{[Total # of claims denied, rejected or returned (68)]}}
\]

*Note: The above calculation is the total number of days for all insurers to a decision on denied claims divided by the total number of denied claims for all insurers to produce the statewide average time to a decision.*

Ratio 6. **Cancellations During Free Look Period**

\[
\frac{\text{[\# of policies/certificates cancelled during free look period (55)]}}{\text{[\# of new policies/certificates issued during the period (50)]}}
\]

Ratio 7. **Cancellations by Policyholder to Total Policies/Certificates During the Period**

\[
\frac{\text{[\# of policy/certificate terminations and cancellations initiated by the policyholder/certificate holder during the period (53)]}}{\text{[\#of policies/certificates in force at beginning of period (47)]} + \text{[\# of new policies/certificates issued during the period (50)]}}
\]

Ratio 8. **Cancellations by Company to Total Policies/Certificates During the Period**

\[
\frac{\text{[\# of policies/certificates cancelled by the company for any reason other than non-payment during the period (59)]}}{\text{[\# of policies/certificates in force at beginning of period (47)]} + \text{[\# of new policies/certificates issued during the period (50)]}}
\]
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**Ratio 9.**  
**Loss Ratio**

\[
\left( \frac{\text{Aggregate dollar amount of paid claims during the period (80)}}{\text{Direct written premium (45)}} \right)
\]

**Ratio 10.**  
**Number of Complaints received per 1,000 Policies/Certificates In Force During the Period and Claims During the Period**

\[
\left( \frac{\text{[# of complaints received by company (other than through the DOI) (83)]}}{\text{[# of policies/certificates in force at beginning of period (47)]} + \text{[# of new policies/certificates issued during the period (50)]}} + \frac{\text{ [# of claims pending at beginning of period (66)]}}{\text{ + [# of claims received (include non-clean claims) (67)]}} \right) / 1,000
\]

**Ratio 11.**  
**Number of Complaints Resulting in Claims Reprocessing to Total Complaints**

\[
\left( \frac{\text{[# of complaints resulting in claims reprocessing (85)]}}{\text{[# of complaints received by company (other than through the DOI) (83)]} + \text{[# of complaints received through DOI (84)]}} \right)
\]

**Ratio 12.**  
**Percentage of Lawsuits Closed with Consideration for the Consumer**

\[
\left( \frac{\text{[# of lawsuits closed during the period with consideration for the consumer (89)]}}{\text{[# of lawsuits closed during the period (88)]}} \right)
\]

**Ratio 13.**  
**Lawsuits opened per 1,000 Policies/Certificates In Force During the Period and Claims During the Period**

\[
\frac{\text{[# of lawsuits opened during the period (87)]}}{\text{[# of policies/certificates in force at beginning of period (47)]} + \text{[# of new policies/certificates issued during the period (50)]}} + \frac{\text{ [# of claims pending at beginning of period (66)]}}{\text{ + [# of claims received (include non-clean claims) (67)]}} \right) / 1,000
\]
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Ratio 14. **Average Dollars of Commission Per Policy/Certificate**

\[
\text{Ratio} \ 14. \ \text{Average Dollars of Commission Per Policy/Certificate} = \frac{[\text{Commissions paid during the reporting period (101)}] - [\text{Unearned commissions returned to company on policies/certificates sold during the period (102)}]}{[\# \text{ of new policies/certificates issued during the period (50)}]}
\]

Ratio 15. **Percentage Commissions to Written Premium**

\[
\text{Ratio} \ 15. \ \text{Percentage Commissions to Written Premium} = \frac{[\text{Commissions paid during the reporting period (101)}] - [\text{Unearned commissions returned to company on policies/certificates sold during the period (102)}]}{[\text{Direct written premium (45)}]}
\]

- **Note**: It is unclear to what extent commissions are paid on events other than new business (e.g., such as renewals)