RENEWALS
Short Term Limited Duration (STLD) Data Call Definitions
https://content.naic.org/sites/default/files/inline-files/STLD%20Data%20Call%20Definitions_0.pdf

General Instructions:
3. Renew or renewal: When a policy form is renewed or reissued to an insured or group of insureds with the same form number as the preceding policy/product. It is not a renewal if a policy is issued to an insured with a new form number.

This is the same definition in 3/10/2020, Comments on MCAS for Short-Term, Limited Duration Insurance.

Comment: Adding “or reissued” for each may clearly capture reissued policies for States that do not require renewal of STLD policies and certificates but allows all consecutive periods of the insurer's coverage of the insured not exceed a specified number of months. This change may also eliminate the need for 21 and 58.

16 Number of policies renewed or reissued during the period
17 Number of Covered Lives on Renewal or Reissued Policies Issued During the Period
18 ?Number of renewal or reissued policies allowed?
20 Member months for policies renewed or reissued during the period
21 Number of Member Months of on Other Than New Policies or Renewal Policies Issued During the Period Not sure what “other” than new policies or renewed policies would be.
42 Number of Renewal or Reissued Certificates Issued During the Period on Group Policies
43 Number of Covered Lives on Renewal or Reissued Certificates Issued During the Period on Group Policies
57 Number of Member Months on Renewal or Reissued Certificates on Group Policies Issued During the Period
58 Number of Member Months on Other Than New Certificates on New Renewal Certificates on Group Policies Issued During the Period Not sure what “other” than new policies or renewed policies would be.
102 Number of Renewal or Reissue Individual Applications Received During the Period
105 Number of Renewal or Reissue Individual Applications Denied During the Period for Any Reason
106 Number of Renewal or Reissue Individual Applications Denied During the Period - Health Status or Condition
108 Number of Renewal or Reissue Individual Applications Approved During the Period

OTHER FEES
Current Definition: Other Fees 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

Comments:
- When $ is reported need interrogatory for company to explain
- Are we looking for billing and application fees?
- Are we attempting to determine if the consumer incurs additional membership fees when purchasing STLD from an association?

RESCISSION OR CANCELLED BY INSURER FOR ANY REASON OTHER THAN NON-PAYMENT

Comment:
Referring to rescission and cancellation by an insurer for any reason other than non-payment may be confusing. Including a definition of rescission may alleviate this confusion and allow for consistency in 29,31, 32, 50, 51, 52 and 53.

29 Number of Policies Cancelled by Insurer for Any Reason Other Than Non-Payment of due to material misrepresentation
31 Number of Policies Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the Policyholder During the Period
32 Number of Lives on Policies Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the Policyholder During the Period
33 Number of rescissions
36 Number of insured lives impacted by rescissions
50 Number of Certificates on Group Policies Cancelled by Insurer for Any Reason Other Than Non-Payment of Premium
51 Number of Covered Lives on Certificates on Group Policies Cancelled by Insurer for Any Reason Other than Non-Payment of Premium During the Period
52 Number of Certificates on Group Policies Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the Policyholder During the Period
53 Number of Covered Lives on Group Policies Cancelled by Insurer Following Filing of a Claim or Prior Authorization Request by the Policyholder During the Period

PRE-EX INTERROGATORY
My experience has been that STLD products are scrutinized for pre-existing conditions. Would it make sense to add the following to the interrogatories?
- Does the company investigate all claims for pre-ex?
- What is the pre-ex investigation process? – questionnaire, aps, etc.
- Are claims investigated based on a dollar threshold?
- Are specific diagnosis flagged for review? If so, provide list.
- Does the company review past claim history?