

Market Conduct Annual Statement - 2027

Reporting Changes

The following is a summary of MCAS changes for the 2027 data year.

Health

Expatriate business is excluded from Health MCAS reporting.

Long-Term Care

Added data elements

- Stand-Alone LTC - Is there a reason that the reported LTC information may identify the company as an outlier or be substantially different from previously reported data (such as assuming, selling or closing blocks of business; shifting market strategies; underwriting changes, etc.)?
 - If yes, add additional comments
- Life LTC Hybrid - Is there a reason that the reported LTC information may identify the company as an outlier or be substantially different from previously reported data (such as assuming, selling or closing blocks of business; shifting market strategies; underwriting changes, etc.)?
 - If yes, add additional comments
- Annuity LTC Hybrid - Is there a reason that the reported LTC information may identify the company as an outlier or be substantially different from previously reported data (such as assuming, selling or closing blocks of business; shifting market strategies; underwriting changes, etc.)?
 - If yes, add additional comments
- Stand-Alone LTC - Was the company still actively writing policies in the state at year end?
- Life LTC Hybrid - Was the company still actively writing policies in the state at year end?
- Annuity LTC Hybrid - Was the company still actively writing policies in the state at year end?
- Does the company use Managing General Agents (MGAs)?
- Does the company use Third Party Administrators (TPAs)?
- Direct written premium during the period.
- Direct earned premium during the period.
- Number of applications approved during the period.
- Number of applications pending at the beginning of the period.
- Number of applications pending at the end of the period.
- Number of applications received.
- Number of applications denied during the period.

Market Conduct Annual Statement - 2027

Reporting Changes

Long-Term Care (Continued)

- Number of policies terminated or cancelled at the request of the insured.
- Number of policies terminated or cancelled by the insurer for reasons other than nonpayment or at the request of the insured.
- Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews).
- Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels or reviews).
- Number of customer requested appeals on final adverse determinations to an external review organization.
- Number of final adverse determinations overturned upon request for external review.
- Number of final adverse determinations upheld upon request for external review.

Removed data element

- Number of new business policies/contracts issued during the period.

Merged Schedule

- “Claimants” , “Claimant Requests Denied/Not Paid”, “Claimant Request Determinations Timeliness” in to “Claimants and Claimant Requests Activity”
- “Benefit Payment Requests” and “Benefit Payment Request Timeliness” in to “Benefit Payment Requests Activity”

Travel

Merged Interrogatory data elements 7, 9, and 11 into a single element and merged the corresponding follow up questions 8, 10, and 12 into a single element.