

Market Conduct Annual Statement - 2018

Reporting Changes

The following is a summary of changes related to the changes found in the data call and definitions and blanks.

Private Passenger Auto & Homeowners

No changes for the 2018 data year

Individual Life

The following data elements have been updated to make the reporting more granular:

Number of death claims closed with payment, during the period, within 30 days from the date the claim was received (Include claims where the final decision was payment in full, and was made within 30 days from when the claim was received)

Number of death claims closed with payment, during the period, within 31-60 days from the date the claim was received (Include claims where the final decision was payment in full, and full payment was made within 60 days from when the claim was received)

Number of death claims closed with payment, during the period, within 30 days from the date of due proof of loss (Include claims where the final decision was payment in full, and was made within 30 days from when the date of due proof of loss occurred).

Number of death claims closed with payment, during the period, 30-60 days from the date of due proof of loss (Include claims where the final decision was payment in full, and was made 30-60 days from when the date of due proof of loss occurred).

Individual Annuity

No changes for the 2018 data year.

Individual Stand-Alone and Individual Hybrid Long-Term Care

No changes for 2018 data year.

Health

The following new data elements have been added:

- Prior Authorizations (Prospective Utilization Review Requests) Excluding Pharmacy (In-Exchange and Out-of-Exchange)
 - Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders.
 - Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied.
 - Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved.

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- Prior Authorizations (Prospective Utilization Review Requests) Pharmacy Only (In-Exchange and Out-of-Exchange)
 - Number of prior authorizations requested.
 - Number of prior authorizations approved.
 - Number of prior authorizations denied.
- Claims Administration (Excluding Pharmacy) In-Exchange and Out-of-Exchange
 - Number of in-network denied, rejected or returned - Claims Submission Coding Error(s).
 - Number of in-network denied, rejected or returned - Prior Authorization Needed.
 - Number of in-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.
 - Number of in-network denied, rejected or returned -
 - Not Medically Necessary (Excluding Behavioral Health Benefits)
 - Number of in-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).
 - Number of out-of-network denied, rejected or returned - Claims Submission Coding Error(s).
 - Number of out-of-network denied, rejected or returned - Prior Authorization Needed.
 - Number of out-of-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation.
 - Number of out-of-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits)
 - Number of out-of-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only).

Lender Place Auto & Home

New line for 2018 data year