Draft: 6/21/23

Market Analysis Procedures (D) Working Group
Virtual Meeting
June 12, 2023

The Market Analysis Procedures (D) Working Group of the Market Regulation and Consumer Affairs (D) Committee met June 12, 2023. The following Working Group members participated: Jo LeDuc, Chair (MO); John Haworth, Vice Chair (WA); Teri Ann Mecca (AR); Maria Ailor and Tolanda Coker (AZ); Don McKinley (CA); Tracy Garceau (CO); Steve DeAngelis (CT); Susan Jennette (DE); Scott Woods (FL); Erica Weyhenmeyer (IL); Shannon Lloyd (KS); Lori Cunningham (KY); Mary Lou Moran (MA); Raymond Guzman (MD); Timothy N. Schott and Connie Mayette (ME); Jeff Hayden (MI); Martin Swanson and Robert McCullough (NE); Maureen Belanger (NH); Ralph Boeckman and Erin Porter (NJ); Hermoliva Abejar (NV); Larry Wertel (NY); Guy Self (OH); Landon Hubbart (OK); Karen Veronikis (PA); Matt Gendron and Brett Bache (RI); Rachel Moore (SC); Tracy Klausmeier (UT); Melissa Gerachis (VA); Karla Nuissl (VT); and Mary Kay Rodriguez (WI). Also participating was: Lance Hirano (HI).

1. Adopted its May 8 Minutes

LeDuc said the Working Group met May 8 to discuss data sources for market analysis, the standardized ratios for the Other Health Market Conduct Annual Statement (MCAS), and the exemption of fraternals from MCAS reporting.

Haworth made a motion, seconded by Gendron, to adopt the Working Group's May 8 minutes (Attachment XX). The motion passed unanimously.

2. Discussed NAIC MIS Data

LeDuc said the Working Group is identifying what data sources market analysts use as the first part of its charge to "assess currently available market analysis data to identify needed improvements in the effectiveness of the data for market analysis and the predictive abilities of the market scoring systems utilizing the data." She said the current version contains the additions and re-ordering discussed in May. She said once the Working Group has satisfactorily identified these sources, it will begin the task of assessing the data.

Veronikis said the use of artificial intelligence (AI) techniques in market analysis is new and promising. She said there are large quantities of data available for examinations in the Regulatory Information Retrieval System (RIRS) and the Market Actions Tracking System (MATS), and AI analysis techniques will enable analysts to sort through the large quantities of data to find correlations between effects and possible causes, such as changes in company leadership. She cautioned about biases that can re-enforce themselves by the AI technique focusing only on issues that have repeated. She recommended that AI be limited in its self-learning and require human intervention as algorithms are developed.

Birny Birnbaum (Center for Economic Justice—CEJ) said any data source could be useful for market analysis when used at the right time and in the right context. Data can be useful in some circumstances but not useful in other circumstances. Birnbaum said a question to ask is whether the data are available and in a format that is useful. He said creating a list of data sources is useful, but the Working Group needs to determine if a data source could be available for AI applications. He said it should also be considered whether the source could be used by itself or if it would need to be used in conjunction with other sources and how easily that can be accomplished. LeDuc asked the Working Group as it moves through the list of sources to consider whether each source can be used alone, in

conjunction with other sources, or if it must be used in conjunction with other data. She said a good example would be the American Community Survey (ACS) data, which by itself would not provide much useful information, but adds insight when used with other market analysis data.

Ailor asked for identification of where the data on the list can be obtained. She said newer and even experienced analysts do not necessarily know where to find the sources of data listed. LeDuc said an additional column will be added with information on where the data source can be located.

LeDuc asked for comments to be sent to Helder by July 7.

3. Discussed Proposed Other Health Insurance MCAS Ratios

LeDuc asked Rodriguez to review the draft proposed standard ratios for the Other Health MCAS blank.

Rodriguez said the subject matter expert (SME) group met four times, and it is proposing the adoption of 15 ratios.

Rodriguez said ratio 1 provides the percentage of closed claims denied, rejected, or returned. She said the SME group changed the title of the ratio for clarity.

Rodriguez said ratios 2 and 3 look at the total number of denials and determine the percentage of denials for pre-existing conditions and due to inadequate documentation. Hirano asked if there was a definition for inadequate documentation. LeDuc said the MCAS blank has a set of definitions that is available. Rodriguez said that term was not specifically defined. Birnbaum noted that these are only ratios. If there are definitional issues, they will show up in the reported data rather than the ratio. Ailor suggested that this could be addressed in training.

Rodriguez said ratios 4 and 5 allow analysts to measure the average number of days to decide on a denied claim and an approved claim. She said both ratios are new. She said a note was added to clarify that the average is determined as a sum of all company data, and it is a true average for the state. She said that is the case for all ratios, and she asked why a note needed to be added to these two. Birnbaum said the two ratios are different in that the numerator is first calculated per company and then calculated using those individual results to determine the statewide number of days to a decision.

Rodriguez said ratios 6, 7, and 8 are measurements of cancellations. She said ratio 6 measures free look cancellations; ratio 7 is the percentage of cancellations initiated by the policyholder; and ratio 8 is the percentage of cancellations initiated by the company.

Rodriguez said ratio 9 was unchanged, and it provides analysts with the loss ratio.

Rodriguez said ratios 10 and 11 are complaint measurements. She said ratio 10 is the number of complaints per 1,000 policies in force and claims handled during the period.

Rodriguez said ratio 11 is a new ratio, and it measures the percentage of complaints that lead to claims reprocessing.

Rodriguez said ratios 12 and 13 are lawsuit ratios that measure the number of lawsuits per 1,000 policies and claims handled, as well as the percentage of those lawsuits that were closed with consideration to the consumer.

Rodriguez said ratios 14 and 15 utilize data elements that have never been collected before in the MCAS. She said since this MCAS blank has data on commissions, the SME group agreed that it would be helpful to measure the

average commission per policy and average commission as a percentage of written premium. She said the SME group also recognized that there was some uncertainty on how, and whether, commissions were paid on renewals, so it added a caveat to the ratio. She said even with the caveat, the SME group believed it was a worthwhile ratio to add to the set of standard ratios, but she suggested re-visiting them in a couple years.

LeDuc said Birnbaum was a member of the SME group and submitted some suggested improvements that the SME group did not have time to consider, so she would like the Working Group to consider them. She said they do not change the substance of the ratios.

Birnbaum said the CEJ supports the ratios, and it is not suggesting any changes to the ratios themselves. He proposed that the language, "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" be appended to ratios 4 and similar language to ratio 5 for approved claims. He said he agrees with the denominator chosen for ratios 7 and 8, but he said the title needs to be changed to accurately reflect what the denominator is. He suggested using the term "policies during the period" rather than "policies in force." He also suggested new titles for ratios 14 and 15 to better reflect what the ratios measure. For ratio 14, he suggested "Average Dollars of Commission per Policy," and for ratio 15, he suggested "Percentage Commissions to Written Premium." Haworth asked if language similar to what was added to ratios 4 and 5 needs to be added to ratios 14 and 15 since those two are also averages. Birnbaum said it was not necessary since no separate calculation needs to be made per company to derive ratios 14 and 15. There were no objections to the recommendations.

LeDuc said the ratios with Birnbaum's suggestions will be posted to the Working Group web page. She asked for comments by July 7, and they will be considered for adoption during the Working Group meeting.

4. Discussed the Inclusion of Fraternal Insurance Companies in the MCAS

LeDuc said during the May meeting of the Working Group, Virginia asked the Working Group to again consider whether to require fraternal companies to file MCAS data to participating states. She said in the past, the MCAS has excluded fraternals because they are not uniformly regulated across the states.

LeDuc said the Working Group last considered lifting the exemption in late 2019 because at that time, fraternals began filing their financial annual statements on the life, health, and property/casualty (P/C) statement types. She said this enabled them to access the MCAS to report their data. However, she noted that since no motion was made to require fraternals to file, fraternals continued to be exempt.

LeDuc said regardless of what is ultimately decided, an individual state can always require a fraternal licensed in their state to file an MCAS. She said the MCAS data belongs to the state to which it is reported, and that state can require any company licensed in its jurisdiction to file an MCAS. Overall, however, on a national basis, the MCAS requirements exempt fraternals from filing an MCAS.

LeDuc said numerous comments from fraternal insurers were sent to both the Working Group and individual states. She said for the most part, the comments were the same. She invited any fraternal organizations that submitted comments to address the Working Group.

Allison Koppel (American Fraternal Alliance—AFA) said fraternals typically serve the middle market of life and annuity customers, and their insureds are members of the fraternal society and participate in the governance of the society. She said this close relationship between the members and the fraternal insurer results in fewer complaints and market conduct issues. She said MCAS reporting would be unduly burdensome, and there are more effective ways to collect market conduct data from fraternals, such as complaint logs and routine market

conduct examinations. She said fraternals are committed to their members and eager to work with departments of insurance (DOIs) to protect consumers.

Swanson said the current exemption for fraternals is appropriate. He said fraternals are regulated differently in different states, and it has never been a concern to get needed market conduct information from fraternals. He said in 2019, Nebraska's Director of Insurance, Bruce R. Ramge, sent a comment letter that still reflects Nebraska's position. LeDuc said it would be re-posted for the current discussion.

LeDuc said in the last meeting, she asked the state insurance regulators to look at the landscape of fraternals in their jurisdictions. She said in Missouri, the majority of fraternals are very small, but there are a handful of fraternals that are very large, with one writing over $96 million in premium. Gerachis said in Virginia, there were 18 fraternals that wrote more than the $50,000 MCAS reporting threshold, and nine wrote in excess of $1 million dollars in premium each. She said there are many small companies that report an MCAS, and it seems unfair to exempt fraternals because of their size. Ailor said in Arizona, there are quite a few fraternals with insignificant amounts of premium, but there is one fraternal with more than $67 million.

Birnbaum said an MCAS was designed for the efficient analysis of consistent and regularly reported data. He said market conduct examinations and complaints do not provide consistent data. He said it makes no more sense to exempt fraternals from reporting an MCAS than it would to exclude them from reporting their financial annual statements. He said state insurance regulators cannot assume that there are no market conduct issues with fraternals. Complaints are not a good substitute for MCAS data since many consumers are unaware that they can file a complaint with DOIs. Regarding an exemption due to size, he said many mutual insurers are small, but they are not exempt. He said market conduct examinations are not a good substitute for regular, consistent reporting, and it is not as efficient as an MCAS. He said reporting to an MCAS is more in the interest of fraternals than relying on examinations, as it is less costly to routinely report data.

Todd Martin (AFA) said there should always be a cost/benefit analysis for any regulatory burden by the state insurance regulators and industry. He said the reasons to remain exempt are the same as they were historically and in 2019.

Le Duc said the discussion will continue at the July meeting. She asked for comments by July 7.

Having no further business, the Market Analysis Procedures (D) Working Group adjourned.

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Adopted by the Market Analysis Procedures (D) Working Group,

DRAFT - MCAS Ratios

Other Health

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

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

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

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

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

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

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

$$\left(\frac{\begin{bmatrix}[\text{Total \# of claims denied, rejected or returned (68)}]\\ *\ [\text{Average \# of days from receipt of claim to decision for denied claims (76)}]\end{bmatrix}}{[(\text{Total \# of claims denied, rejected or returned (68)}]}\right)$$

- *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.*

DRAFT - MCAS Ratios

Ratio 5. Average Number of Days to a Decision on Approved Claims

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

- *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

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

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

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

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

$$\left(\begin{bmatrix} \text{\# of policies/certificates cancelled by the company} \\ \text{for any reason other than non-payment during the period (59)} \end{bmatrix} \Big/ \begin{bmatrix} \text{[\# of policies/certificates in force at beginning of period (47)]} \\ +\text{[\# of new policies/certificates issued during the period (50)]} \end{bmatrix} \right)$$

DRAFT - MCAS Ratios

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**

$$\left(\frac{\left[\begin{array}{c}\text{[\# of complaints received by company (other than through the DOI) (83)]}\\ +\text{ [\# of complaints received through DOI (84)]}\end{array}\right]}{\left[\begin{array}{c}\text{[\# of policies/certificates in force at beginning of period (47)]}\\ +\text{[\# of new policies/certificates issued during the period (50)]}\end{array}\right]+\left[\left[\begin{array}{c}\text{[\# of claims pending at beginning of period (66)]}\\ +\text{ [\# of claims received (include non-clean claims) (67)]}\\ -\text{ [\# of claims pending at end of period (74)]}\end{array}\right]/1{,}000\right]}\right)$$

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

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

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**

$$\left(\frac{\text{[\# of lawsuits opened during the period (87)]}}{\left[\begin{array}{c}\text{[\# of policies/certificates in force at beginning of period (47)]}\\ +\text{[\# of new policies/certificates issued during the period (50)]}\end{array}\right]+\left[\left[\begin{array}{c}\text{[\# of claims pending at beginning of period (66)]}\\ +\text{ [\# of claims received (include non-clean claims) (67)]}\\ -\text{ [\# of claims pending at end of period (74)]}\end{array}\right]/1{,}000\right]}\right)$$

DRAFT - MCAS Ratios

Ratio 14. **Average Dollars of Commission Per Policy/Certificate**

$$\left(\frac{\left[\begin{array}{c}[\text{Commissions paid during the reporting period (101)}] \\ \text{- [Unearned commissions returned to company on} \\ \text{policies/certificates sold during the period (102)]}\end{array}\right]}{[(\#\text{ of new policies/certificates issued during the period (50)}]}\right)$$

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

$$\left(\frac{\left[\begin{array}{c}[\text{Commissions paid during the reporting period (101)}] \\ -\ [\text{Unearned commissions returned to company on} \\ \text{policies/certificates sold during the period (102)}]\end{array}\right]}{[\text{Direct written premium (45)}]}\right)$$

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

2022 Fraternal and LAH Premiums by Jurisdiction

	Fraternal	Life, Accident, and Health	Grand Total
AK	$11,256,812	$976,631,928	$987,888,740
AL	$127,534,332	$5,500,573,215	$5,628,107,547
AR	$95,905,614	$2,523,797,827	$2,619,703,441
AZ	$161,196,827	$9,753,179,719	$9,914,376,546
CA	$481,123,880	$44,977,566,807	$45,458,690,687
CO	$144,210,972	$7,089,573,278	$7,233,784,250
CT	$47,312,071	$6,701,710,728	$6,749,022,799
DC	$4,560,772	$672,007,159	$676,567,931
DE	$12,327,994	$3,311,631,800	$3,323,959,794
FL	$408,036,278	$34,640,798,381	$35,048,834,659
GA	$211,202,149	$10,524,985,770	$10,736,187,919
HI	$13,500,141	$2,463,282,772	$2,476,782,913
IA	$281,996,523	$5,206,880,264	$5,488,876,787
ID	$67,909,588	$1,802,962,680	$1,870,872,268
IL	$536,148,309	$16,169,930,438	$16,706,078,747
IN	$174,674,618	$7,648,534,280	$7,823,208,898
KS	$119,847,527	$3,354,663,018	$3,474,510,545
KY	$139,905,496	$4,255,021,434	$4,394,926,930
LA	$94,063,829	$5,973,522,268	$6,067,586,097
MA	$69,622,863	$10,673,335,352	$10,742,958,215
MD	$107,391,004	$7,796,848,092	$7,904,239,096
ME	$64,856,528	$1,555,504,424	$1,620,360,952
MI	$451,542,868	$14,840,310,674	$15,291,853,542
MN	$786,183,418	$9,071,106,078	$9,857,289,496
MO	$251,711,367	$8,599,205,826	$8,850,917,193
MS	$105,370,778	$2,816,498,641	$2,921,869,419
MT	$47,900,046	$845,776,098	$893,676,144
NC	$308,252,098	$13,864,115,767	$14,172,367,865
NE	$190,719,490	$2,822,902,983	$3,013,622,473
NH	$19,593,525	$2,389,714,434	$2,409,307,959
NJ	$136,693,394	$17,791,040,151	$17,927,733,545
NM	$28,994,053	$1,593,170,486	$1,622,164,539
NV	$35,133,632	$3,423,244,396	$3,458,378,028

OH	$480,652,515	$15,455,164,748	$15,935,817,263
OK	$96,986,404	$3,130,805,151	$3,227,791,555
OR	$57,420,794	$3,471,518,103	$3,528,938,897
PA	$1,004,879,441	$19,763,473,332	$20,768,352,773
PR	$4,955,383	$1,781,661,386	$1,786,616,769
RI	$8,238,027	$1,784,830,245	$1,793,068,272
SC	$126,287,220	$6,907,895,418	$7,034,182,638
SD	$181,239,748	$1,878,623,176	$2,059,862,924
TN	$221,508,958	$8,552,066,480	$8,773,575,438
TX	$657,358,470	$30,310,017,180	$30,967,375,650
UT	$22,586,046	$4,775,299,668	$4,797,885,714
VA	$155,039,785	$9,728,352,814	$9,883,392,599
VT	$11,522,862	$819,187,466	$830,710,328
WA	$189,094,097	$7,793,065,895	$7,982,159,992
WI	$930,369,369	$7,088,736,296	$8,019,105,665
WV	$62,114,630	$1,692,359,748	$1,754,474,378
WY	$19,728,538	$728,961,597	$748,690,135
Grand Total	**$9,966,661,083**	**$397,292,045,871**	**$407,258,706,954**
	2.45%	97.55%	100.00%

Potential Data Sources Used in Market Analysis

NAIC Sources	Where to Find
• CDS – Complaint Database System	i-Site+
• RIRS – Regulatory Information Retrieval System	i-Site+
• FAS – Financial Annual Statement	i-Site+
○ Financial Profile reports	i-Site+
○ State Page	i-Site+
○ MDA	i-Site+
○ FAST	i-Site+
○ RBC	i-Site+
○ IRIS	i-Site+
○ Supplement Exhibits	i-Site+
• MATS – Market Actions Tracking System	i-Site+
○ Examinations	i-Site+
○ Continuum Actions	i-Site+
• MARS – Market Analysis Review System	i-Site+
○ Level 1	i-Site+
○ Level 2	i-Site+
• MAPT – Market Analysis Prioritization Tool (Combines FAS, RIRS, CDS data)	i-Site+
• MCAS – Market Conduct Annual Statement	i-Site+
○ MCAS-MAPT – combine MCAS, FAS data	i-Site+
○ Filings	i-Site+
○ Dashboards	i-Site+
• MAMS – Market Analysis Market Share	i-Site+
• SERFF – System for Electronic Rates and Forms Filing	SERFF
○ State Instances | IIPRC	SERFF
○ Filing Documents	SERFF
• PDB – Producer Database	PDB
• NAIC Bulletin Boards	StateNet
○ Market Analysis	StateNet
○ Market Regulation	StateNet
○ Product Filing Boards – Health | Life | P&C	StateNet
○ Attorneys	StateNet
○ Actuary Boards – Health | Long-Term Care | CASTF	StateNet
• Statistical Reports	
○ Accident and Health Policy Experience Report	
○ Analysis of Annuity Operations by Line of Business	
○ Auto Insurance Database Report	
○ Competition Database Report	
○ Credit Life Insurance and Credit Accident and Health Insurance Experience Report	
○ Director and Officer Insurance Report	
○ Dwelling, Fire, Homeowners Owner-Occupied, and Homeowners Tenant and Condominium/Cooperative Unit Owner's Insurance	
○ Long-Term Care Insurance Experience Report	
○ Market Share by Line Reports	
○ Market Share Reports for Groups and Companies	
○ Market Share Reports for the Top 25 Property/Casualty Insurers Over 25 Years	
○ Medical Malpractice Insurance Report: A Study of Market Conditions and Potential Solutions to the Recent Crisis	
○ Medicare Supplement Loss Ratios Report	
○ Profitability by Line by State	
○ State Average Expenditures & Premiums for Personal Automobile Insurance	
○ Statistical Compilation of Annual Statement Information	
○ Supplemental Health Care Exhibit Report	

State Data Sources

- Complaints | Inquiries
- Regulatory | Enforcement Actions
- Examination Reports
- Producer Licensing Data
- State Mandated Filings
    - Grievance Reports
    - Prompt-Pay Reports
    - ZIP Code Reports
    - Premium Comparison Survey
    - Claims Reports
- Other State Agencies/Departments/Divisions
    - Securities
    - Banking
    - Labor
    - Attorney General
- Rates and Filings
- Marketplace Testing

Non-NAIC Sources

- U.S. Centers for Medicare & Medicaid Services (CMS)
    - Health Insurance Exchange Public Use Files (Exchange PUFs) https://www.cms.gov/cciio/resources/data-resources/marketplace-puf
    - Health Insurance State-based Marketplaces Public Use Files (PUF) https://www.cms.gov/cciio/resources/data-resources/sbm-puf
    - Issuer Level Enrollment Data https://www.cms.gov/cciio/resources/data-resources/issuer-level-enrollment-data
    - Medical Loss Ratio Data and System Resources https://www.cms.gov/cciio/resources/data-resources/mlr
- U.S. Securities & Exchange Commission (SEC)
- Financial Industry Regulatory Authority (FINRA)
- U.S. Department of Labor
- FIO
- American Community Survey https://www.census.gov/programs-surveys/acs/data.html
- Self-insured plan filings Self-insured plan filings https://www.efast.dol.gov/5500search/
- CMS consent Orders CMS consent Orders https://www.cms.gov/medicare/compliance-and-audits/part-c-and-part-d-compliance-and-audits/partcandpartdenforcementactions
- Trade Press / Research Papers
- Social Media
    - Twitter
    - Instagram
    - Pinterest
    - Snap Chat
    - Facebook
- Insurance company materials
    - Websites – producer information
    - Insurance company manuals
- Rating Agencies
    - AM Best
    - Fitch
    - Moody’s
    - Standard & Poor’s
    - Weise
    - Demotech
- Lawsuits | Class Action Lawsuits
    - LexisNexis
    - Westlaw
- Better Business Bureau (BBB)
- Google Play and Apple App Store
    - Company telematic devices and reviews/complaints