

Short Term Limited Duration (STLD) Data Call Definitions

Any company marketing STLD insurance plans during the reporting period of January 1, 2019 through June 30, 2019 within the participating states are required to submit the requested data. Each company should review their business to determine if these types of policies are being marketed.

For purposes of this data call Short-Term Limited-Duration is defined as health coverage provided pursuant to a contract with an issuer that has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration of no longer than 36 months in total.

The participating states are:

Alaska	Mississippi
Arizona	Missouri
Arkansas	Montana
California	Nebraska
Colorado	North Carolina
Connecticut	Ohio
Delaware	Oklahoma
District of Columbia	Oregon
Florida	Pennsylvania
Georgia	Rhode Island
Idaho	South Carolina
Illinois	South Dakota
Indiana	Tennessee
Iowa	Utah
Kansas	Vermont
Kentucky	Virginia
Louisiana	Washington
Maine	West Virginia
Maryland	Wisconsin
Minnesota	Wyoming

The STLD data call is being collected using the NAIC Regulatory Data Collection (RDC) application. Each company will enter data into the provided Excel template and upload the data using the RDC application.

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Data Elements – General Information

1	NAIC Company Code	Required– 5 digit Integer
2	Group Code	Required field (if not part of a group, report 0)
3	Carrier/Company Name	Required–alpha/numeric
4	Contact Name	Required–alpha/numeric
5	Contact Title	Required–alpha/numeric
6	Contact Phone Number	Required–alpha/numeric
7	Contact email address	Required–alpha/numeric
8	Past Marketing - Did the company market short term limited duration (STLD) forms during the prior 3 years, 2016 through 2018? (Yes/No)	Required “Yes”/”No”
9	Current Marketing: Does that company intend to market STLD forms during the data call period? (Yes/No)	Required “Yes”/”No”
9a	If Yes, indicate how many distinct forms the company will market.	Required (text) if the response to question 9 is “Yes”
10	Company Comments: (Optional)	Optional

If the response to question 9 of the General Information section is “No”, the company is not required to submit STLD data. Companies submitting data must complete the General Information section.

Form and State-specific Data Elements

	NAIC Company Code (Key-From General Information Sheet)	Value will feed from General Information
1	State (Key)	Required (2 letter state abbreviations)
2	Form Name	Required–alpha/numeric
3	Form Number (Key)	Required–alpha/numeric
4	SERFF Tracking Number	Provide if available (alpha/numeric)
5	SERFF Type of Insurance (TOI)	Required–alpha/numeric (If unknown, enter 0)
6	Number of covered lives under individual plans	Required-Integer
7	Number of individual policies in force as the beginning of the data call period (January 1, 2019)	Required-Integer
8	Number of individual policies in force as of the end of the data call period (June 30, 2019)	Required-Integer
9	Number of individual policies renewed	Required-Integer
10	Number of covered lives under group plans	Required-Integer
11	Number of group certificates in force as the beginning of the data call period (January 1, 2019)	Required-Integer

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12	Number of group certificates in force as of the end of the data call period (June 30, 2019)	Required-Integer
13	Number of group certificates renewed	Required-Integer
14	Number of member-requested cancellations	Required-Integer
15	Is health status used as a rating factor?	Required "Yes"/"No"
15a	If Yes, provide the total number of denials issued based on health status at the point of initial application	Required (alpha/numeric) if the response to #15 is "Yes"
15b	If Yes, provide the total number of cancellations based on health status at the point of renewal	Required (alpha/numeric) if the response to #15 is "Yes"
16	Maximum term of form (in months)	Required-Integer
17	Number of renewals allowed	Required-Integer
18	Does the form offer coverage for prescription drugs?	Required "Yes"/"No"
19	Maximum annual policy limits that apply to the form	Required-Text
20	Maximum lifetime policy limits that apply to the form	Required-Text
21	Total written premium during the reporting period	Required-Integer
22	Commission	Required-Integer
23	Other fees	Required-Integer
24	Number of claims received	Required-Integer
25	Number of claims paid	Required-Integer
26	Number of claims denied	Required-Integer
27	Number of complaints received	Required-Integer
28	Does the form cover state-mandated benefits for this state? (Yes/No)	Required "Yes"/"No"
28a	If Yes, list the benefits covered for individual policies	Required (alpha/numeric) if the response to #28 is "Yes"
28b	If Yes, list the benefits covered for group policies	Required (alpha/numeric) if the response to #28 is "Yes"
29	Describe how this form is marketed (i.e. Agency, Social Media, Email contacts, Telephone contacts, other).	Required-Text
30	Do the marketing materials advertise coverage for mental health services? (Yes/No)	Required "Yes"/"No"
31	Do the marketing materials advertise coverage for substance use disorder services? (Yes/No)	Required "Yes"/"No"
32	Do the marketing materials advertise coverage for organ transplants? (Yes/No)	Required "Yes"/"No"
33	List all websites on which this form is being sold.	Required-Text
34	Is a free look period offered for this form? (Yes/No)	Required "Yes"/"No"

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34a	If yes, what is the time frame for the free look period?	Required if the response to #34 is "Yes"
35	Describe how applications for this form are taken (i.e. Face-to-Face, Telephone, Internet, Mail, Other).	Required-Text
36	Number of individuals who were enrolled during the data call period by: Online – either directly or via web broker	Required-Integer
37	Number of individuals who were enrolled during the data call period by: Phone	Required-Integer
38	Number of individuals who were enrolled during the data call period by: In person	Required-Integer
39	Number of individuals who were enrolled during the data call period by: Other	Required-Integer
39a	Specify "Other"	Required (alpha/numeric) if the response to #39 is greater than zero
40	How does the company oversee producers and/or websites selling this form?	Required-Text
41	Does the company monitor sales and conduct follow-up contact with consumers to verify that they understood the product? (Yes/No)	Required "Yes"/"No"
42	Indicate the age range of individuals to whom the company will offer coverage.	Required-Text
43	Are there any restrictions applied to renewability? (Yes/No)	Required "Yes"/"No"
43a	If Yes, what are those restrictions?	Required (alpha/numeric) if the response to #43 is "Yes"
44	Does the company offer coverage with preexisting condition limitations or exclusions? (Yes/No)	Required "Yes"/"No"
44a	If Yes, provide the definition of a pre-existing condition as it appears in the form.	Required (alpha/numeric) if the response to #34 is "Yes"
44b	If Yes, describe the range of effects of preexisting conditions which may include, for example, complete denial, waiting/look back period, exclusion of a medical condition or treatment, or any other limitation on coverage or benefit levels.	Required (alpha/numeric) if the response to #34 is "Yes"
45	Does the form include any dollar limits for specific benefits in addition to the annual and lifetime policy limits? (Yes/No)	Required "Yes"/"No"
45a	If Yes, itemize the benefits.	Required (alpha/numeric) if the

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		response to #45 is "Yes"
46	Are riders/endorsements offered as part of the form? (Yes/No)	Required "Yes"/"No"
46a	If Yes, list the form number for each rider/endorsement and specify the type of coverage it provides.	Required (alpha/numeric) if the response to #46 is "Yes"
47	Does the form include rescission provisions? (Yes/No)	Required "Yes"/"No"
48	Is there an appeal process available to the insured? (Yes/No)	Required "Yes"/"No"
48a	If Yes, provide a full description of the appeal process	Required (alpha/numeric) if the response to #48 is "Yes"
48b	If Yes, provide the total number of claims that were appealed during the data call period	Required (alpha/numeric) if the response to #48 is "Yes"
48c	If Yes, provide the total number of denied claims that were overturned on appeal during the data call period	Required (alpha/numeric) if the response to #48 is "Yes"
48d	If Yes, provide the total number of denied claims that were upheld on appeal during the data call period	Required (alpha/numeric) if the response to #48 is "Yes"
49	Does the company delegate administration, claims, complaints, medical underwriting, pricing, producer appointments, advertisement, lead generation, enrollment or marketing of STLD policies to third parties? (Yes/No)	Required "Yes"/"No"
50	Is there any other person or entity the company pays, directly or indirectly, for services associated with issuance and service of these contracts? (Yes/No)	Required "Yes"/"No"
51	If Yes to either 49 or 50, for each of the following identify all applicable parties, and indicate whether each is properly licensed:	No response
51a	Administration	Required (alpha/numeric) if the response to #49 or #50 is "Yes"
51b	Claims	Required (alpha/numeric) if the response to #49 or #50 is "Yes"

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51c	Complaints	Required (alpha/numeric) if the response to #49 or #50 is "Yes"
51d	Medical underwriting	Required (alpha/numeric) if the response to #49 or #50 is "Yes"
51e	Pricing	Required (alpha/numeric) if the response to #49 or #50 is "Yes"
51f	Producer appointments	Required (alpha/numeric) if the response to #49 or #50 is "Yes"
51g	Marketing, advertisement, lead generation, enrollment	Required (alpha/numeric) if the response to #49 or #50 is "Yes"
51h	Other – specify	Required (alpha/numeric) if the response to #49 or #50 is "Yes"
52	Is the form marketed through an association? (Yes/No)	Required "Yes"/"No"
52a	If Yes, provide the association name	Required (alpha/numeric) if the response to #52 is "Yes"
52b	If Yes, provide the situs of the association	Required (alpha/numeric) if the response to #52 is "Yes"
53	Is the form marketed through a trust? (Yes/No)	Required "Yes"/"No"
53a	If Yes, provide the legal name of the trust linked to the form	Required (alpha/numeric) if the response to #53 is "Yes"
53b	If Yes, provide the situs of the trust	Required (alpha/numeric) if the response to #53 is "Yes"
54	Is the form marketed through an Administrator? (Yes/No)	Required "Yes"/"No"
54a	If Yes, provide the Name of the Administrator linked to the form	Required (alpha/numeric) if the

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		response to #54 is "Yes"
54b	If Yes, provide the Situs of the Administrator	Required (alpha/numeric) if the response to #54 is "Yes"
55	Loss Ratio (Incurred Losses/Earned Premiums)	Required-Enter as a percentage with 2 decimal places, i.e. 32.85
56	General Comments: (Optional)	Optional

General Instructions:

1. **Data Call Reporting Period:** The period of review for this data call is **January 1, 2019 to June 30, 2019**. Data provided in response to this data call should be based on occurrences within this period – i.e. claims paid within the review period, a form issued, renewed or cancelled within the review period.
2. **Form:** This means the policy/product issued under a specific form number – the unique identifier printed on the form itself.
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.
4. **Submission of Data:** If the reporting company markets multiple Short Term Limited Duration (STLD) forms within a state, a separate data call response (Excel Sheet) must be submitted for each form. This data call should be completed separately for each STLD form being offered – even if some of the data/responses are the same across multiple forms.
5. **Reporting for forms issued to discretionary groups, associations or trusts:** The data call is designed to collect data from the perspective of individual insureds in each state that the form is marketed in. When reporting for forms issued to discretionary groups, associations or trusts – data should be provided on each state of residence of the insureds, rather than only where the discretionary group, association or trust is situated.
6. **Entering the data:**
 - a) General Information Sheet (tab) – enter this information once regardless of the number of forms or states the company is reporting on. If the answer to Question #9 on the General Information Sheet is "yes" -complete the entire data call. If the answer is "no" - no further information is required.
 - b) Form_State Sheet (tab) - Complete questions on this sheet once for each STLD form the company is marketing. If the product will be marketed in more than one state, responses for each

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state/form combination using state-specific data for each form.

Example: A company markets two STLD forms – Form 123 and Form 456. Form 123 is marketed and/or sold in Nebraska; Form 456 is marketed in Wyoming, South Dakota and Montana. The answer to the General Information Question #9a is “2”.

- Form 123; the entire data call should be completed once with information specific to Form 123 and to Nebraska.
- Form 456; the entire data call should be completed three times with information specific to Form 456 as that form is marketed and/or sold in Wyoming, South Dakota and Montana respectively.

Definitions: General Information

1. **Group Code:** The NAIC Group code if the carrier is part of a holding company. If not part of a holding company, leave the field blank.
2. **NAIC CoCode:** The NAIC CoCode for the reporting company.
3. **Carrier Name:** Legal name of the insurance company.
4. **Contact Name:** The company contact person for the purposes of this report. First name, Last name.
5. **Contact Title:** The contact person's business title.
6. **Contact Phone #:** Phone number for the contact person filing the report.
7. **Contact email address:** E-mail address of contact person filing the report.
8. **Past Marketing:** Did the company market short-term limited-duration (STLD) forms during the prior 3 years, 2016 through 2018? (Y/N)
9. **Current Marketing:** Did the company market STLD forms during the data call period? (Y/N)
9.A. If No; Be sure Questions 1-9 in Section II are completed. No further information is required.
9.B. If Yes, indicate how many distinct forms the company will market. NOTE: The full data call must be completed.

Definitions: Form and State-specific Data Elements

Form Name: Provide the name of the form being marketed.

State: Provide the two-letter abbreviation for the state in which the form is marketed. If the form is marketed in more than one state, complete this section with state specific data for each state.

Form number: Provide the form number exactly as it appears on the form.

SERFF Tracking Number: Provide the SERFF tracking number for the most recent submission that contains

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the form identified in the previous question. Fill this field with zeros (0) if the form is not filed through SERFF.

Type of Insurance (TOI): Provide the SERFF Type of Insurance code if the form is filed through SERFF.

Number covered lives under individual plans: Provide the total number of *unique* lives issued coverage under this form during the data call period. Do not report a form renewal as an additional life. **NOTE:** Group STLD coverage that is ultimately issued to an individual should be included in the responses to Questions 6, 7 and 8.

Individual policies in force at beginning of period: Provide the total number of individual policies in force on this form on 1/1/2019.

Individual policies in force at end of period: Provide the total number of individual policies in force on this form on 6/30/2019.

Individual policies renewed: Provide the total number of individual policies renewed under this form with the renewal date occurring during the data call period.

Number of covered lives under group plans. Provide the total number of *unique* lives issued coverage under group plans during the data call period. Do not report a form renewal as an additional life. **NOTE:** STLD coverage issued to an employer for their employees should be included in the responses to Questions 9, 10 and 11.

Group certificates in force: Provide the total number of group certificates in force on this form during the data call period.

- Provide the total number of certificates in force as of the beginning of the data call period (1/1/2019)
- Provide the total number of certificates in force as of the end of the data call period (June 30, 2019)

Group certificates renewed: Provide the total number of certificates of coverage renewed for group members with the renewal date occurring during the data call period.

Member-requested cancellations: Provide the total number of member-requested cancellations that occurred during the data call period. **NOTE:** This number should include cancellations for non-payment of premium.

Is health status used as a rating factor? (Y/N) If yes, provide the total number of denials issued based on health status. **NOTE:** Rejecting an online application for a “yes” answer would constitute denial at the point of initial application purposes of this data call.

- At the point of initial application
- At the point of renewal

Term of Form: Provide the maximum term of the form in months.

Number of Renewals allowed: Provide the maximum number of times the form can be renewed.

Prescription drugs covered? (Y/N) Does the form offer coverage for prescription drugs? **NOTE:** a

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prescription drug discount card does not constitute prescription drug coverage for the purposes of this data call.

Maximum policy limits: Provide the maximum

- Annual policy limits that apply to the form.
- Lifetime policy limits that apply to the form.

Total Annual Premium: Provide the total annual premium collected from all policies issued in the state during the data call period for this form.

Commission: Provide the total amount of commission paid on all policies issued in the state during the data call period for this form.

Other Fees: Provide the total amount of other fees (non-commission) paid on all policies issued in the state during the data call period for this form.

Claims received: Provide the total number of claims received during the data call period for this form.

Claims Paid: Provide the total number of claims paid during the data call period for this form.

Claims Denied: Provide the total number of claims denied during the data call period for this form.

Complaints Received: Provide the total number of complaints received during the data call period for this form. NOTE: A complaint means any dissatisfaction about an insurer or its contracted providers expressed by an enrollee, or an enrollee's authorized representative, to the insurer. This includes complaints received from a State DOI and from an insured or their representative/provider.

Does the form cover state-mandated benefits for this state? (Y/N) If yes, list the benefits covered:

- For individual policies
- For group policies

Describe how this form is marketed (i.e. Agency, Social Media, Email contacts, Telephone contacts, other).

- Do the marketing materials advertise coverage for mental health services, substance use disorder services, or organ transplants?
- List all websites on which this form is being sold.

Is a free look period offered for this form? (Y/N).

- If yes, what is the time frame for the free look period?

Describe how applications for this form are taken (i.e. Face-to-Face, Telephone, Internet, Mail, Other). Provide the number of individuals who were enrolled during the data call period by the following methods:

- online – either directly or via web broker
- by phone

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- in person
- Other - specify

How does the company oversee producers and/or websites selling this form? Does the company monitor sales and conduct follow-up contact with consumers to verify that they understood the product?

Indicate the age range of individuals to whom the company will offer coverage.

Are there any restrictions applied to renewability? (Y/N)

- If Yes, what are those restrictions?

Does the company offer coverage with preexisting condition limitations or exclusions? (Y/N) If Yes;

- Provide the definition of a pre-existing condition as it appears in the form.
- Describe the range of effects of preexisting conditions which may include, for example, complete denial, waiting/look back period, exclusion of a medical condition or treatment, or any other limitation on coverage or benefit levels.

Indicate whether the form includes any dollar limits for specific benefits in addition to the annual and lifetime policy limits. (Y/N)

- If Yes, itemize the benefits.

Are riders/endorsements offered as part of the form? (Y/N)

- If Yes, list the form number for each rider/endorsement and specify the type of coverage it provides.

Indicate whether the form includes rescission provisions. (Y/N)

Is there an appeal process available to the insured? (Y/N) If yes, provide the following:

- A full description of the appeal process
- The total number of claims that were appealed during the data call period
- The total number of denied claims that were overturned on appeal during the data call period
- The total number of denied claims that were upheld on appeal during the data call period

Delegation of Tasks:

- Does the company delegate administration, claims, complaints, medical underwriting, pricing, producer appointments advertisement, lead generation, enrollment or marketing of STLD policies to third parties? (Y/N)
- Is there any other person or entity the company pays, directly or indirectly, for services associated with issuance and service of these contracts? (Y/N)

If Yes to either of the delegation of tasks questions, for each of the following identify all applicable parties, and indicate whether each is properly licensed:

- Administration
- Claims
- Complaints
- Medical Underwriting

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- Pricing
- Producer appointments
- Marketing, advertisement, lead generation, enrollment
- Other – specify

Association Name: If the form is marketed through an Association, include the legal name of the Association linked to the form.

Situs of Association: Situs state where the Association is based. Use the two-letter abbreviation for the situs state.

Trust Name: If the form is marketed through a Trust, include the legal name of the Trust linked to the form.

Situs of Trust: Situs state where the Trust is based. Use the two-letter abbreviation for the situs state.

Administrator Name: If the form is marketed through an Administrator, include the legal name of the Administrator linked to the form.

Situs of the Administrator: Situs state where the Administrator is based. Use the two-letter abbreviation for the situs state.

Loss Ratio: If claims data exists for the data call period, provide the Loss Ratio (incurred losses/earned premium) on an aggregate basis for the form.