



**BlueCross BlueShield  
Association**

An Association of Independent  
Blue Cross and Blue Shield Plans

April 2, 2019

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Office of the Insurance Commissioner  
Washington State  
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Olympia, WA 98504-0255

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Office of the Commissioner of Insurance  
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Via email: Randy Helder, [rhelder@naic.org](mailto:rhelder@naic.org)  
Market Analysis Procedures (D) Working Group

**RE: Feedback on Short-Term Limited Duration Medical Data Call Template**

Dear Chair Haworth and Vice Chair Rebholz,

The Blue Cross Blue Shield Association (“BCBSA”) appreciates the opportunity to provide feedback on the short-term limited duration (STLD) medical data call template exposed on the March 14, 2019 call of the NAIC Market Analysis Procedures (D) Working Group.

BCBSA is a national federation of 36 independent, community-based, and locally operated Blue Cross and Blue Shield Plans (“Plans”) that collectively provide healthcare coverage for one in three Americans. For more than 80 years, Blue Cross and Blue Shield Plans have offered quality healthcare coverage in all markets across America – serving those who purchase coverage on their own as well as those who obtain coverage through an employer, Medicare, and Medicaid.

BCBSA appreciates the workgroup seeking data on the STLD market and offers the following technical comments on the data call template:

- State or NAIC Data Call – It is unclear whether the data call will be done by individual states or a single national data call. If it is a single national data call, it should capture information at the state level where appropriate, such as the product(s) offered, policies and certificates issued, coverage of state mandates, etc.
- Group Coverage – The template asks for information on “group” coverage including the number of certificates issued and later asks for information on whether the coverage is issued through an association or trust. We believe that almost all, if not all STLD coverage issued to a group is issued to an association or a trust and then to an individual subscriber. However, to confirm this, and obtain a better understanding of the STLD market, the survey should distinguish between “group STLD coverage ultimately issued to an individual” and STLD coverage issued to an employer for their employees. We recommend that the data call first ask about “group coverage issued through an employer for their employees” followed by “other group coverage issued through an association, trust or similar arrangement where there is no employer employee relationship”.

- Medical Loss Ratio (MLR) – MLR should be defined. We assume the survey is referring to a non-ACA loss ratio of incurred claims divided by earned premium as the ACA MLR does not apply to STLD. Additionally, insurers have not tracked their data in a way that would allow them to report an ACA MLR.
- Rescissions – The template asks for information on initial denials and renewal denials. An additional data point that states may want to capture are the number of rescissions.
- Claims Denials Related to Pre-existing Conditions – The template asks for information on claims denials. An additional data point that states may want to capture are claims denials related to pre-existing conditions.
- State Mandates – Where the template asks about state mandates, it should clarify which market segment issuers should be comparing to as state mandates vary by market segment.

We appreciate your consideration of our feedback. If you have any questions or want additional information, please contact Joe Zolecki at [joseph.zolecki@bcbsa.com](mailto:joseph.zolecki@bcbsa.com) or 312-297-5766.

Sincerely,



Kim Holland  
Vice President, State Affairs  
Blue Cross Blue Shield Association