Health Market Conduct Annual Statement

Data Call & Definitions

Line of Business: Health

Reporting Period: January 1, 2023 through December 31, 2023

Filing Deadline: May 31, 2024 *Pending Final Approvals by D Committee and EX/Plenary*

Contact Information

MCAS Administrator	The person responsible for assigning who may view and input company data.
MCAS Contact	The person most knowledgeable about the submitted MCAS data. This person can be the same as the MCAS Administrator.
MCAS Attestor	The person who attests to the completeness and accuracy of the MCAS data.

Schedule 1 - Interrogatories

1-01	In-exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report?	Yes/No

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		Yes/No
1-04	In-exchange - Does the company have Multi-State (Individual) data to report?	Yes/No
1-05	In-exchange - Does the company have Multi-State (Small Group) data to report?	Yes/No
1-06	In-exchange - Number of small groups in-force at the end of the reporting period	
1-07	In-exchange - Does the company have an additional voluntary level of review for grievances?	Yes/No
1-08	In-exchange Comments	Comment
1-09	Out-of-exchange – Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report?	Yes/No
1-10	Out-of-exchange – Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report?	Yes/No
1-11	Out-of-exchange – Does the company have Grandfathered or Transitional plan data to report?	Yes/No
1-12	Out-of-exchange - Does the company have Catastrophic data to report?	Yes/No
1-13	Out-of-exchange – Does the company have Large Group comprehensive major medical and managed care (Minimum Essential Coverage policies) data to report? (Y/N)	Yes/No

Schedule 2 - Policy Administration

2-19/92	Earned premiums for the reporting year
2-20-93	+Number of new policies issued during the period
2-21/94	+Number of policies renewed during the period
2-22/95	Member months for policies issued during the period
2-23/96	Member months for policies renewed during the period
2-24/97	+Number of policy terminations and cancellations initiated by the policyholder
2-25/98	

Schedule 2B – Prior Authorizations (Prospective Utilization Review Requests) – Pharmacy Only

2B-36/109

3-60/133	1XPEHURIRXWRIQHWZRUNGHQLHGUHMHFWHGRUUHWXUQHGaRW0HGLFDOO1HFHV (Excluding Behavioral Health Benefits
3-61/134	1XPEHURIRXWRIQHWZRUNGHQLHGUHMHFWHGRUUHWXUQHGDaeW Medically Necessary (Behavioral Health Benefits Only).
3-62/135	Number of paid claims for in-network services
3-63/136	In-network claims paid within 0-30 days
3-64/137	In-network claims paid within 31-60 days
3-65/138	In-network claims paid within 61-90 days

3-

General Definitions:

Exchange (Marketplace) -

the full actuarial value (with allowable de minimus variations as described in 45 CFD 156.140(c)) of the benefits provided under the plan.

Catastrophic – Health insurance coverage that does not provide a metal level of coverage. Catastrophic coverage plans pay less than 60% of the total average cost of care and are available only to people who are under 30 years of age before the beginning of the plan year or who have received an exemption from the requirement to maintain minimum essential coverage by reason of hardship or lack of affordability.

Individual Health Insurance Coverage – Health insurance coverage offered in the individual market, but does not include short-term limited duration insurance.

Grandfathered Plan – Health insurance coverage that an individual was enrolled in prior to March 23, 2010 either through an individual health insurance coverage or group health insurance coverage plan. Grandfathered plans are exempted from most changes required by the ACA. New

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Insured/beneficiary co-payment responsibility – Total dollar value of co-payments reflected in claimants' EOBs for the requested period. A co-payment is a fixed amount (for example, $15) paid by a covered life for a covered health care service, usually paid when the service is provided. The amount can vary by the type of 3