

**Market Conduct Annual Statement (MCAS)
Frequently Asked Questions
Updated 05/25/2015**

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1. Who has to complete the MCAS?

MCAS is collected on the state level. A company needs to file MCAS data to a participating state if it meets the following criteria in that particular state:

- **Life/Annuity:** The company is licensed and reports at least \$50,000 of individual life insurance premium (excluding credit life) for the data year or at least \$50,000 of individual annuity consideration for the data year in that participating state (For Arkansas filings only, the threshold is \$7 million in individual life insurance premium or \$7 million in individual annuity consideration; or both.) If the company meets the threshold for either individual life insurance or individual annuities in a state, but does not meet the threshold for the other line of business, reporting to the state should be made only for the one line of business that meets the threshold.
- **Property/Casualty:** The company is licensed and reports at least \$50,000 in private passenger automobile insurance premium for the data year; or \$50,000 in homeowners insurance premium for the data year; or both for that participating state (For Arkansas filings only, the threshold is \$7 million in private passenger auto insurance premium; or \$7 million in homeowners insurance premium; or both.) If the company meets the threshold for either private passenger automobile or homeowners insurance in a state, but not the other, reporting to the state should be made only for the one line of business that meets the threshold.

Long-Term Care: The company is licensed and reports any long-term care insurance premium (stand-alone, life-LTC hybrid, annuity-LTC hybrid) insurance premium for the data year for that participating state (For Arkansas filings only, the threshold is \$7 million in LTC insurance premium.) All companies with any in-force LTC policies, Life-LTC hybrid products, or Annuity-LTC hybrid products are required to report data in MCAS beginning April 30, 2015. The first report will cover the 2014 calendar year.

- The company is automatically exempt from filing in a particular participating state if:
 - The company is not licensed to do business in that state; or
 - The company reported less than the state threshold in premium or consideration in individual life, individual annuity, long-term care (stand-alone or hybrid), private passenger auto and homeowners insurance.

See [Participation Requirements](#).

2. If I don't have a Required to File asterisk in my filing matrix in a state and line of business where I have data to report, am I automatically exempt from filing?

The Required to File asterisk is based on the most current information contained in your company's most recent financial annual statement (FAS). It is possible for a company to have met the threshold to report MCAS as of April 30, but not appear on the Filing Matrix as Required to File.

If you have data to report that meets the filing thresholds but do not have a required to file asterisk, you must report this data. This is particularly important for the **LTC-hybrid** products. The policy and premium data for hybrid products are not collected in the FAS on a state level, so if the only LTC business your company writes is a Life-LTC hybrid or an Annuity-LTC hybrid, the Filing Matrix will not indicate that your company is required to file. Nevertheless, you must file an MCAS for the LTC-hybrid business that you have in-force for each state in which you have this business. It is the responsibility of the company to determine if they have data that it is required to file.

3. The company has less than the premium threshold for a given state and line of business. The filing matrix, however, indicates that the company is required to file. How do we get rid of the asterisk (★) that indicates required to file on the filing matrix?

The required to file indicator on the filing matrix cannot be removed. The required to file indicator is populated based on the reported financial annual statement state page premiums. It is understood that there may be discrepancies between the state page premium and the premium that is applicable to MCAS reporting.

4. What changes will there be this year?

There are changes to note for the 2014 filing year. Tennessee is now a participating state for all lines of business. This is also the first year that Long-Term Care insurance is required to be reported. There are three types of long-term care products that are required. Stand-alone long-term care, life-LTC hybrid, and annuity-LTC hybrid. The MCAS Data Call and Definitions for stand-alone products and hybrid products are located in the resources section on the left side of the MCAS web page.

5. What is the MCAS filing due date?

The due date for submitting MCAS filings is **April 30th** of each year.

6. Do companies in a group file separately or as a group?

Each company within a group must file separately for each state in which it meets the minimum threshold. Data for the members of a group or insurance holding company cannot be combined into a single filing.

See ***Participation Requirements***.

7. Whom do we contact if the company did not receive a call letter?

If your company did not receive a call letter and you believe that your company should have been included based on business written, you should contact mcas@naic.org.

Copies of the call letters for each MCAS line of business can be found on the MCAS Web page (www.naic.org/industry_market_conduct_statement.htm)

For all lines except Long-Term Care, call letters are sent to companies that report positive premium for the MCAS lines of business on their prior year Financial Annual Statement state page. For LTC, all companies received a call letter.

These are the state page line references that are used:

- Private Passenger Auto – Direct Premiums Written, lines 19.1,19.2 and 21.1
- Homeowners – Direct Premiums Written, line 4
- Life – Ordinary premiums, line 1
- Annuity – Ordinary considerations, line 2
- LTC – Long-Term Care Experience Reporting Form 5, line 1

Companies that file their financial annual statement as a Property company received a call letter requiring them to report any private passenger auto, homeowners or LTC business that exceeds the reporting thresholds.

Companies that file their financial annual statement as a Life or a Health company received a call letter requiring them to report any life, annuity or LTC business that exceeds the reporting thresholds.

See [Participation Requirements](#).

8. How do I request a waiver or an extension?

To request a waiver or an extension, you must log into the online MCAS submission tool. Within the tool there is a section for requesting waivers and extensions. You will be able to make your request to one or more states. Requests should be made as early as possible. Do not wait until the data is due.

It is not necessary to request a waiver if the company does not meet the [Participation Requirements](#) for a given state and line of business.

9. I received a waiver last year. Do I have to request a waiver again this year?

Companies exempt from filing in previous years are not automatically exempt from filing the current year. You must request a waiver each year.

See [Participation Requirements](#).

10. Which jurisdictions participate in the MCAS?

Forty-seven jurisdictions are currently participating in MCAS. For a complete listing, please refer to the [Participating Jurisdictions](#) link.

11. What are the hours of operation for the MCAS application?

During the MCAS submission and correction period (April 1st through the following January 31st), the MCAS application is available each business day of the week from 7 am to 7 pm CDT. At 7pm each night, the application is taken down for nightly processing. The MCAS application is also available on Sundays from noon to 6 pm CDT. If a user chooses to submit files outside these times, the user may experience connectivity issues with the application.

12. What is the role of the Market Conduct Contact?

The Market Conduct Company Contact is provided by the company on the Jurat page of the quarterly and annual financial statements. The Market Conduct Contact is the person that state insurance regulators contact for all market conduct matters with the company; therefore, the Market Conduct Contact is also the first person assigned an MCAS login for the company. That means that the Market Conduct Contact is the default MCAS Administrator for the company. Once signed into the application, the Market Conduct Contact designates which individuals will be able to view, enter and edit data for their company. The Market Conduct Contact will also designate who the company [MCAS Contact](#) will be for questions specific to the company's MCAS responses.

13. How do I assign users to input MCAS data for my company?

The MCAS Administrator will need to log in > From the drop down list, select the company and click "continue" > click on the "User Assignments" tab > then enter the MCAS ID for the person to be added. The newly assigned user will now be able to enter and edit MCAS data for the company(s) that they are assigned to.

14. I want to assign a user for my company but the individual does not have a user ID. How does this individual obtain a user ID?

Individuals can obtain a user ID and password to log into the MCAS application from the NAIC Help Desk. A link is available on the MCAS Web page ([link to MCAS Web page](#)) in the **red box** that says "Don't have an MCAS login? Click here to get it." After receiving the user ID and password, the user will be

unable to view, edit or update data for any specific company until the MCAS Administrator has assigned them as a user for the company.

15. Our Market Conduct Contact has changed. Whom do we notify so we can login to the MCAS application?

The Market Conduct Contact change will be made at the NAIC when the revised annual or quarterly financial statement is received. To change the MCAS Administrator prior to the next Annual Statement filing, choose one of the following options:

- The current MCAS Administrator can request that a new person be assigned as the company's MCAS Administrator by sending a request to mcas@naic.org.
- A company officer can request that the MCAS Administrator be reassigned by sending a letter (on company letterhead) to mcas@naic.org.

16. What is the role of the MCAS Contact?

Jurisdictions will contact the MCAS Contact if there are questions about the MCAS filing. The MCAS Administrator is shown as the MCAS Contact by default, but the role can be reassigned by the MCAS Administrator.

17. I have already submitted my data for the current data year. How can I submit corrections/changes to the MCAS filings I've already submitted?

Regardless of the line of business, re-filing for the current data year is handled much the same as the initial filing. The appropriate screen is accessed through the Filing Matrix where the most recently saved data is displayed. You will click on the green "filed" checkmark in the filing matrix on the state whose data you wish to edit. Changes are made by replacing the old values with new ones where needed. Once changed, the data may be saved, validated, and submitted again when ready. When the re-filing is processed, the refiled data replaces the previously submitted data. Once the green check reappears, your data has been successfully resubmitted.

18. When is the latest date I can submit changes to my MCAS filings?

The last day to login to the MCAS system and submit data is indicated on the MCAS webpage in the Key MCAS Dates section. The system will stop accepting filings for the prior year's filing on the indicated date in order for preparations to take place for the next data-year filing.

When the system becomes available for accepting the next year's filings, you will again be able to make changes to your prior-year data. However, before you are able to make any changes to any prior MCAS filing, you must get written approval from the state to which the MCAS was originally submitted. State contacts can be located at www.naic.org/industry_mcas_states.htm.

19. What are the system requirements for using the MCAS application? (My data appears to have saved/uploaded, but I don't see anything when I return to the filing matrix.)

The NAIC recommends using Internet Explorer (IE) or Firefox when working with MCAS. When using IE v9 or IE v10 please use compatibility view. In addition, individuals using any version of Internet Explorer (IE) might see some numbers appearing in purple or green shades, while others are black. This is a known anomaly with IE, and it has no adverse effect on the application or entered data. Incompatible browsers also may appear to upload your data (CSV file) or save it after entry (manual entry), but when you return to the filing matrix, your data has not saved. Using compatibility mode in IE or using Firefox should remedy this problem. Google Chrome and Safari are not supported browsers.

A 800 x 600 screen resolution setting is **not** supported by the MCAS application. A higher resolution (i.e., 1024 x 768 or more) is recommended for the best viewing experience. Higher resolutions reduce the amount of screen scrolling needed to view an entire page.

20. What is the Attestation?

Before any filing will be accepted for submission, the company must provide the name of two individuals authorized to attest on behalf of the company that the data is complete and accurate. The attestation will be made by clicking a checkbox titled, "I attest." This checkbox is located immediately below the attestation wording. It is not necessary that the attester be the **Market Conduct Contact** or the **MCAS Contact**.

21. The data we are providing in MCAS may raise some additional questions. Whom should we contact?

Contact the jurisdiction to which the information is being provided. The contact information can be found on the **Participating Jurisdictions** link. You are also provided with a comment box for each section of the MCAS. Be sure to use the comment boxes for any explanations of the data you are submitting. Comments about specific data elements can be made on the page where the data is entered. General comments about the company or the company data, as a whole, can be made on the Attestation page of MCAS.

22. Do we provide jurisdiction specific or national data to each participating jurisdiction?

Provide the jurisdiction-specific data that applies to each jurisdiction to which you are providing information; for example, only provide California information to California, and Ohio information to Ohio.

23. Can we edit prior year's MCAS submission(s)?

Yes, but you must first get the jurisdiction's approval to edit the data. With this approval, the NAIC will unlock your data and allow you to edit the data.

24. Where do I find data definitions and reporting guidelines?

The data definitions and reporting guidelines can be found on the MCAS Web page (www.naic.org/industry_market_conduct_statement.htm) under the (blue) Resources section.

25. What if we reinstate a cancelled policy? Do we still need to report it as a cancellation?

If the cancellation is remedied and does not result in any lapse of coverage, do not count it as a cancellation. If the reinstatement resulted in any lapse of coverage, it should be counted as a cancellation.

26. Should confirmed third-party claims be included in automobile or homeowners claims?

Yes, third-party claims should be included for either private passenger auto or homeowners claims.

27. What types of complaints should be reported?

You are only required to report complaints that were made directly to the company. If you are made aware of the complaint through the DOI, you do not need to report it. If you receive a complaint from a consumer and later hear from the DOI, still report it. They can be any type of complaint (claims, underwriting, marketing, etc.). Complaints also include those received from 3rd parties.

"Directly from consumer" should be interpreted as directly from a source other than the DOI. Therefore, a complaint from the BBB or the Attorney General should be included. In the past, the Life companies had to report on MCAS both complaints "received from consumers" and "complaints received from the DOI". This was meant to be all-encompassing. The decision was made a few years ago to drop the "complaints

received from the DOI” since the DOI’s were already aware of those complaints. So what is left should be complaints other than those received from the DOI.

Finally, you should treat social media complaints depending on the context. If the consumer lodges a complaint on a social media site set up by the company with the intent to communicate one-on-one with consumers and the consumer would have a reasonable expectation of a response then count it as a complaint. However, if the consumer is merely taking advantage of the medium to vocalize dissatisfaction in a large scale way but has no real expectation of a direct response then it would not.

28. What types of coverage should be included in the report?

The MCAS filed by your company should be consistent with the information reported by the company in the financial annual statement filing. In order to accurately report, you should determine what is included in the lines of the financial annual statement:

Example

For homeowners insurance:

Determine what lines of coverage are included on the State page line 4 (Homeowners Multiple Peril Financial Annual Statement filed by your company annually. All business reported as Homeowners Multi-Peril should be included in the scope for the MCAS. Any scheduled benefits attached to a policy reported in Line 4 should also be included.

There may be a difference between the premium reported to MCAS and the premium reported in the financial statement because some coverages are not reported in MCAS. If the difference between the MCAS and the financial statement is greater than 20%, you should provide an explanation in the comments box for the coverage.

If Dwelling policies are also reported on Line 1 and/or Line 17 of the Financial Annual Statement State page, you should only report that premium if you are able to segregate it from the other coverages reported on those lines of the Financial Annual Statement.

Please refer to the *Data Call and Definitions* for [Life and Annuity](#), [Private Passenger Auto](#), [Homeowners](#) and [Long-Term Care](#).

29. Within the “Homeowners Underwriting Activity” data request, what does the data element, “Dwellings with policies in force at the end of the period” mean? How does this data element differ from “Policies in force at the end of period”?

If your company covers only one dwelling on each policy written, the numbers reported for both fields would be the same. If your company writes policies that can insure multiple dwellings on the same policy, there would be a higher number of dwellings than policies. If your company writes renters policies that do not insure the dwelling, there would be a lower number of dwellings than policies.

30. The private passenger auto and homeowner MCAS asks that lawsuit information be reported. How do I report the suits?

In past years, if a single plaintiff filed a lawsuit on a claim and was seeking an award on multiple coverages or even against multiple policies, you counted this as one lawsuit under the most relevant coverage part. Starting with the 2012 data, you were asked to report one suit for each applicable claimant/coverage combination. So, if a suit seeks an award under HO Liability and HO Medical Payments, you would report the suit under both the Liability coverage and the Medical Payments coverage. If the suit seeks award on multiple policies, you will count a suit for each policy.

If you are reporting to more than one state, you should report the lawsuit to the state in which the claim was reported on the MCAS. For example, if your MCAS reports a claim received in Indiana, but the lawsuit was filed in Michigan, you would report the lawsuit to Indiana.

31. What if we have no private passenger auto/homeowner claims data to enter, but do need to report underwriting data? How can this be done?

In order to accommodate companies that need to report private passenger auto and/or homeowner underwriting data and have no claims data, the interrogatory questions have been changed. The wording of the questions changed from “Does the company have data to report for X coverage?” to “Were there policies in force during the reporting period that provided X coverage?”

By making this change, companies can now select the coverage(s) that are included in their in force policies, then all zeros can be entered for the coverage(s) if no claims are applicable. This allows for the entry of underwriting data while designating the coverage(s) that the company has included in its policies.

32. The MCAS application returned a warning message about the company data. The data is correct. How do I submit the data?

There are two types of data validation messages: errors and warnings.

A warning message means that the data appears unusual and may be incorrect. If, in spite of the warning, the data is correct as reported, you will be allowed the option to submit the data with warnings. Before submitting data with a warning message, provide an explanation in the comment box addressing the warning.

An error message means the data is incorrect or incomplete and cannot be submitted as entered. You are not able to submit data with errors.

33. The MCAS application returned a warning message regarding median days to final payment. I do not understand how to read the warning message. What does it mean?

The median days to final payment validation description will look something like this...**Col 1 Ln 23 must correspond to the date range of median claim reported.**

Here is what it means...The system takes the number of claims that you reported as “closed with payment” and divides it by 2 (If the number of claims closed with payment is odd, then it rounds the division result up to the next whole number.) The result of the division is then compared to the number of claims that were reported as “closed with payment within 0-30 days”. If the division result is less than or equal to the “closed with payment within 0-30 days”, then the median days to final payment should be in the range of 0-30 days. If the result of the division is not less than or equal to the “closed with payment within 0-30 days” then the validation moves to the next bucket and compares the result of the division to the sum of the “closed with payment within 0-30 days” plus the “closed with payment within 31-60 days”. If the division result is less than or equal to the sum of the “closed with payment within 0-30 days” plus “closed with payment within 31-60 days”, then the median days to final payment should be in the range of 31 to 60 days...and so on.

Example

The company reports the following:

Number of claims closed with payment	25
Median days to final payment	82
Number of claims closed with payment within 0-30 days	7

Number of claims closed with payment within 31-60 days	5
Number of claims closed with payment within 61-90 days	10
Number of claims closed with payment within 91-180 days	2
Number of claims closed with payment within 181-365 days	1
Number of claims closed with payment beyond 365 days	0

1. Number of claims closed with payment divided by 2 is $25/2=12.5$, which is then rounded up to 13.
2. Thirteen is compared to claims closed with payment within 0-30 days. 13 is not ≤ 7
3. Comparison moves to the next bucket. 13 is compared to claims closed within 0-30 days plus claims closed within 31-60 days. 13 is not $\leq (7+5)$
4. Comparison moves to the next bucket. 13 is compared to claims closed within 0-30 days plus claims closed within 31-60 days plus claims closed within 61-90 days. 13 is $\leq (7+5+10)$
5. The median days to final payment should be in the 61-90 days range. 82 is within 61-90 days.
6. The validation passes.

34. For homeowners insurance, MCAS requires that we report dwelling and personal property claims separately. Our claims system does not distinguish between dwelling claims and personal property claims. How should we report these claims in MCAS?

You are expected to report the claims in the way required by and described in the MCAS *Data Call and Definitions*. This additional break out of personal property claims was approved in 2010. In order to provide time for companies to make systems changes, for the 2011 data year companies were allowed to combine dwelling and personal property claims as dwelling claims.

35. For annuity considerations, do we include business reported as “Other Considerations” or “Deposit-Type Contract Funds”?

No. MCAS is only collecting information on individual annuities that have an element of insurance risk.

36. The life and annuity policy/contract surrender data elements now request that surrenders be split according to the date of issuance. It is not clear where surrenders should be reported if the policy/contract is two, five or 10 years old. How should these be reported?

The life and annuity policy/contract surrender data element date of issuance splits should be interpreted as follows:

Data element wording	Clarification
Under 2 years	< 2 years
Between 2 years and 5 years	≥ 2 years and < 6 years
Between 6 years and 10 years	≥ 6 years and < 11 years

37. When a joint life or joint annuity policy/contract is issued, what age and resident state do I report?

When a joint life policy or joint annuity contract is issued, the eldest policy holder/annuitant should be used to determine the reporting state and age bucket to report the issued policy/contract in.

38. When calculating the number of days until company initiated cancellation for homeowners and private passenger auto business, the data call and definitions specify that the notice of cancellation is the date the cancellation notice was mailed to the insured. My company does not capture the mailing date within our system. What date do I use?

If the mailing date is not captured in the company system, the cancellation processing date may be used in place of the mailing date as long as the processing date and mailing date are within a reasonable time apart that can be justified upon request.

39. What is the difference between “pending” benefit payment requests versus “pending” claimant request determinations for Long-Term Care?

The section on claimant request determinations section is to be done on a “per claimant” basis which means that we are counting each individual who makes one or more requests for coverage under a policy or contract. It is NOT the actual benefit payment request. A benefit payment request is a request for benefits after the insurer has determined the insured is entitled to benefits following the initial claimant request. Each request or demand for a benefit payment (after satisfaction of the waiting or elimination period, if any) is treated as a distinct benefit payment request, and continuing payments for the same service should each be treated as a distinct benefit payment.

40. Is Schedule 6 on the Long-Term Care MCAS referring to the amount of time between a benefit payment request and when the company makes the payment? Or is it the amount of time between subsequent payments after the initial payment?

The data elements in Schedule 6 capture the period of time between the company's receipt of a claim form, bill, invoice, or other satisfactory documentation to the date the company makes payment for an approved claimant (after satisfaction of the waiting or elimination period, if any).

41. Are the number of benefit payment requests received during the reporting period referring to every transaction/payment made on any one policy with LTC?

Each request or demand for a benefit payment (after satisfaction of the waiting or elimination period, if any) is treated as a distinct benefit payment request, and continuing payments for the same service should each be treated as a distinct benefit payment. Benefit payment requests should be reported on a line-by-line basis.

42. Can I use a data upload file instead of manually entering all of the data?

Yes. There is a data upload feature. This feature allows the use of a comma delimited (.csv) file.

43. Where can I find the specifications for the data upload file?

The [Data File Instruction Guide](#) can be found on the MCAS Web page.

44. What if I upload incorrect data?

The data that you upload is not submitted to the regulators until you click on the “Submit” button for each of the states to which you wish to submit data. Therefore, you are able to upload the data as many times as you wish and make corrections until you are satisfied with the results.

45. I am receiving error messages when trying to upload my data file. What am I doing wrong?

Here are some things that you can check for:

- Open your csv upload file in Notepad. This will show you the true layout of your file.
- Remove all extra commas. When you save an Excel file as a .csv file, it will try to determine how many fields you want in each record. Because the comment records in your upload file contain less fields than the other records, you often need to delete the extra commas.
- Remove all extra spaces. For example, for the State field, you should only have two characters with no extra spaces.
- If you continue to have problems, you can try creating separate upload files: one for claims and another for underwriting. This can be done for the private passenger auto insurance and homeowners insurance lines of business.

46. I am uploading data for Stand-Alone Long-Term Care only from a CSV I created in Excel. I get an error saying that there are values missing in a record. What is this error and how do I fix it?

This error most likely occurs because there are not places held for the data for the Hybrid LTC columns in the CSV file. You still need to have 8 columns of data (for all other schedules). If you have blank columns in Excel for the last two columns, saving as a CSV does not work because Excel does not know to create an “empty field” for those two. An example of how this would look follows in Figure 1. You can see that the blank columns don’t show in the CSV file because they are empty. You can add a title at the top next to your data so that it creates “empty fields” in the CSV file. Once you have saved the file as a CSV, open it in notepad and delete the text you added, leaving the commas. See Figure 2 for an example of how this looks. This will format the data so that all columns are included and it should upload properly.

Figure 1

	A	B	C	D	E	F	G	H	I	J	K	L
1	2014	12345	WA	LTCGENINFO	19	251						
2	2014	12345	WA	LTCGENINFO	20	5			<-- No hybrid data to report			
3	2014	12345	WA	LTCGENINFO	21	1						
4	2014	12345	WA	LTCGENINFO	22	1						
5	2014	12345	WA	LTCGENINFO	23	0						
6	2014	12345	WA	LTCGENINFO	24	254						
7	2014	12345	WA	LTCGENINFO	25	2						
8	2014	12345	WA	LTCGENINFO	26	3						
9	2014	12345	WA	LTCGENINFO	27							
10	2014	12345	WA	LTCGENINFO	28							
11	2014	12345	WA	LTCGENINFO	29							
12	2014	12345	WA	LTCGENINFO	30	1						
13												
14							^	^				
15							Blank					
16							Columns					
17												

Book1.csv - Notepad

File Edit Format View Help

```

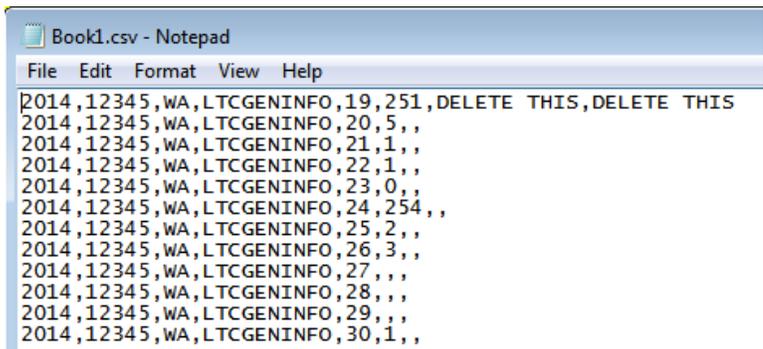
2014,12345,WA,LTCGENINFO,19,251
2014,12345,WA,LTCGENINFO,20,5
2014,12345,WA,LTCGENINFO,21,1
2014,12345,WA,LTCGENINFO,22,1
2014,12345,WA,LTCGENINFO,23,0
2014,12345,WA,LTCGENINFO,24,254
2014,12345,WA,LTCGENINFO,25,2
2014,12345,WA,LTCGENINFO,26,3
2014,12345,WA,LTCGENINFO,27,
2014,12345,WA,LTCGENINFO,28,
2014,12345,WA,LTCGENINFO,29,
2014,12345,WA,LTCGENINFO,30,1
                
```

No data is included in columns G and H. When it is saved as a CSV, only 6 columns of data appear.

	A	B	C	D	E	F	G	H	I	J	K	L
1	2014	12345	WA	LTCGENINFO	19	251	DELETE THIS	DELETE THIS				
2	2014	12345	WA	LTCGENINFO	20	5			<-- Still no hybrid data but added filler data.			
3	2014	12345	WA	LTCGENINFO	21	1						
4	2014	12345	WA	LTCGENINFO	22	1						
5	2014	12345	WA	LTCGENINFO	23	0						
6	2014	12345	WA	LTCGENINFO	24	254						
7	2014	12345	WA	LTCGENINFO	25	2						
8	2014	12345	WA	LTCGENINFO	26	3						
9	2014	12345	WA	LTCGENINFO	27							
10	2014	12345	WA	LTCGENINFO	28							
11	2014	12345	WA	LTCGENINFO	29							
12	2014	12345	WA	LTCGENINFO	30	1						
13												
14							^	^				
15							Blank Columns					
16							Except for Row 1					
17												
18												
19												

The filler data included in columns G and H forces Excel to create a column for these fields.. When it is saved as a CSV, all 8 columns of data appear. You can then just delete the words “DELETE THIS” from the CSV file when it is opened in Notepad.

Figure 2



```
File Edit Format View Help
2014,12345,WA,LTCGENINFO,19,251,DELETE THIS,DELETE THIS
2014,12345,WA,LTCGENINFO,20,5,,
2014,12345,WA,LTCGENINFO,21,1,,
2014,12345,WA,LTCGENINFO,22,1,,
2014,12345,WA,LTCGENINFO,23,0,,
2014,12345,WA,LTCGENINFO,24,254,,
2014,12345,WA,LTCGENINFO,25,2,,
2014,12345,WA,LTCGENINFO,26,3,,
2014,12345,WA,LTCGENINFO,27,,
2014,12345,WA,LTCGENINFO,28,,
2014,12345,WA,LTCGENINFO,29,,
2014,12345,WA,LTCGENINFO,30,1,,
```