

Medicare Supplement Insurance Report Online User Manual

Missouri Department of Insurance, Financial Institutions and Professional Registration

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Summary

To further assist our patrons, Medicare Supplement Claim reports can now be created and updated online through DIFP Statistics Claim Reporting Portal. This tutorial guides users through the online system for data management. This guide does not provide information about requirements or regulations.

Site Address

<https://apps.difp.mo.gov/ProfLiab/Login.aspx>

Account Management

Users require an approved account to create or update data. New users must create an account and received approval prior to creating or updating data. Existing users will need to sign in to manage their account information.

Account Registration

Required Information: Users will need to create and/or provide the following information when registering for an account with DIFP:

- Create a User Name
- Provide a valid Email Address
- Create a Password
- Provide Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information
- Provide NAIC number(s) associated with type of filing(s)

Registration Process

New users must register with DIFP to gain access to the application. See instruction for new user sign up: <https://apps.difp.mo.gov/ProfLiab/Login.aspx>

Contact Information Updates

It is important to keep your contact information up-to-date, log into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option. The system automatically approves updates immediately but account changes process nightly.

To log in, provide your username and password.

- If you forget your account login information, you may request your information sent to your on-file email address by selecting the “Can’t access your account?” link.

STATISTICS CLAIMS REPORTING REGISTRATION

SIGN IN

Account Information

Please enter your username and password.

Username:

Password:

[User Guide](#)

[Can't access your account?](#)

Not Registered? [Sign up](#)

[Contact Us](#)

Once you log in, the page redirects to the portal homepage. From the portal homepage, you can navigate to your account settings; select your NAIC code and form type.

Reporting

Once you have selected the NAIC code and form selection, you will be directed to the reporting form. Verify the Name of Company, NAIC group and company codes are correct. NOTE: Companies who have nothing to report are not required to file.

The Medicare Supplement Insurance Report form will appear as follows:

Note: If your company has data reported on Missouri Experience, the Countrywide Experience needs to be filled out too. If your company has no Missouri Experience to report, a report is not to be filed.



Missouri Department of Insurance
 Financial Institutions & Professional Registration
Medicare Supplement Insurance Experience Report

Welcome [User Name]
[Log Off](#)

Name of Company: 40000 - VICTORIA FIRE & CASUALTY COMPANY
 NAIC Company Code: 40000 [Change NAIC Company Code](#)
 NAIC Group Code: 0000
 For Year Ending: 2014
 Name of Submitter: S. Tuckwell
 Title:
 Telephone Number: 314-775-4867
 EMAIL: steve.tuckwell@victoriainc.com

Policy Form Number:

Year First Issued in Missouri:

Company Address:

Is the same rate charged countrywide for this policy form?:

Is this policy mass-marketed:

Is this a group or individual policy:

Renewability Type:

Missouri Experience

Duration (Policy Year)	Number of Policies In Force	Written Premium	Earned Premium	Paid Claim Count	Paid Losses	Total Loss Reserves	Incurred Claim Count	Incurred Losses	Loss Ratio
5+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total	0	0	0	0	0	0	0	0	0

Missouri Reserves

Unpaid Claim Reserves									
Claims Reserves, Current Year				<input type="text"/>					
Claims Reserves, Prior Year				<input type="text"/>					
Change in Unpaid Claim Reserves						0			
IBNR Reserves									
IBNR Reserves, Current Year				<input type="text"/>					
IBNR Reserves, Prior Year				<input type="text"/>					
Change in IBNR Reserves						0			
Total Loss								0	

List All Riders Attached to this Policy Form and Included in the Experience Above.

Rider Form Number	Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Countrywide Experience

Duration (Policy Year)	Number of Policies In Force	Written Premium	Earned Premium	Paid Claim Count	Paid Losses	Total Loss Reserves	Incurred Claim Count	Incurred Losses	Loss Ratio
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

To SUBMIT the completed form:

Check the SAME AS ABOVE checkbox to fill the following preparer information with the information from the User Account. If other Preparer information is desired, it may be entered in the boxes.

Entry errors will appear after SUBMIT is selected. A notice box will appear at the top of the screen and will also give direction to what and where the error is.

Missouri Department of Insurance
Financial Institutions & Professional Registration
Medicare Supplement Insurance Experience Report

Welcome [User Name]
Log Off

Medicare Supplement Insurance Experience Report

Please correct the following:

- ▲ Policy Form Number Required
- ▲ Year First Issued in Missouri Required
- ▲ Company Address Required
- ▲ Is the same rate charged countrywide for this policy form Selection Required
- ▲ Is this policy mass-marketed Selection Required
- ▲ Is this a group or individual policy Selection Required
- ▲ Renewability Type Selection Required

Name of Company: 40888 - VICTORIA FIRE & CASUALTY COMPANY
NAIC Company Code: 40888 [Change NAIC Company Code](#)
NAIC Group Code: 0000
For Year Ending: 2014
Name of Submitter: S Tuckwell
Title :
Telephone Number : 617-752-8887
EMAIL : steven.tuckwell@victoria.com

Policy Form Number: *

Year First Issued in Missouri: *

Company Address: *

Is the same rate charged countrywide for this policy form?: *

Is this policy mass-marketed: *

Is this a group or individual policy: *

Renewability Type: *

Once a form has been SUBMITTED and ACCEPTED by our office, a CONFIRMATION NUMBER and STATUS will be displayed. Please print and keep for your records. Use the HOME button to return to the home screen.

Missouri Department of Insurance
Financial Institutions & Professional Registration
Medicare Supplement Insurance Experience Report

Welcome

Medicare Supplement Insurance Experience

Confirmation Number : **MS484D16FB**
For Year Ending : **2014**
NAIC: [REDACTED]
Status : **Form Submitted**

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SAVE: Save the form in its current form.

PRINT: Print the form.

HOME: Returns to the HOME screen for form selection OR to enter/submit data for another company you are reporting for.

CANCEL: Removes all unsaved entries and returns to the HOME screen.

Contact Us

Contact the Department of Insurance, Financial Institutions, and Professional Registration, Statistics Section, for help with completing this online data system by email at: Statistics@insurance.mo.gov

User Guide

This User Guide can be obtained from the **User Guide** menu as well as from the DIFP web site at http://insurance.mo.gov/industry/filings/stats/Stats_Portal_Medicare_Supp_Guide.pdf

Logout

Before closing the application, be sure to logout. To logout, select the LOG OFF hyperlink at the top right corner of the page. Upon successful logout, the system redirects you to a confirmation page.