Medicare Supplement Insurance Report Online User Guide

Missouri Department of Commerce and Insurance

Contents

Summary

To further assist our patrons, Medicare Supplement Claim reports can now be created and updated online through DCI 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.dci.mo.gov/ProfLiab/MedMal/Login.aspx

Account Management

Users require an approved account to create or update data. New users must create an account and receive 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 DCI:

- 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 DCI to gain access to the application. See instruction for new user sign up: https://apps.dci.mo.gov/ProfLiab/MedMal/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.

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.

Screen shot appears in full on next page.

Missouri Department of Commerce And Insurance
Medicare Supplement Insurance Experience Report

Welcome logan!
Log Off
Account Settings

Esardei ▾

Medicare Supplement Insurance Experience Report

Name of Company:
NAIC Company Code: Change NAIC Company Code
NAIC Group Code:
Year Ending: 2019
Name of Submitter:
Title :
Telephone Number :
EMAIL :

Policy Form Number:

Year First Issued in Missouri:

Company Address:

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

Is this policy mass-marketed: Select

Is this a group or individual policy: Select

Renewability Type: Select

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+									
4									
3									
2									
1									
0									
Total	0	0	0	0	0	0	0	0	0

Missouri Reserves

Unpaid Claim Reserves

Claims Reserves, Current Year		
Claims Reserves, Prior Year		
Change in Unpaid Claim Reserves		0

IBNR Reserves

IBNR Reserves, Current Year		
IBNR Reserves, Prior Year		
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

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
5+									
4									
3									
2									
1									
0									
Total	0	0	0	0	0	0	0	0	0

☐ Same as Above

First name of report Preparer :

Last name of report Preparer :

Telephone :

EMAIL :

Submit   Save   Print   Home   Cancel

Privacy Policy   Accessibility   Contact Us   Data Policy   Alerts   Follow us on Google+

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.

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

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 Commerce and Insurance, 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 DCI web site at http://insurance.mo.gov/industry/filings/stats/Medicare_Supplement_User_Guide_v2.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.