

Type of Action				
RIRS Code	Code Description	Code Status	Definition	Comments
TBA	Market	Add	Action taken by Market Conduct staff	
TBA	Financial	Add	Action taken by Financial staff	
TBA	Producer	Add	Action taken by Producer Licensing or Agent/Producer Investigations staff	
TBA	Company Licensing	Add	Action taken by Company Licensing staff	

Line of Business			
Description	Status	Definition	Comments
Bail Bond	Add	Use for actions related to Bail Bond business	
Commercial Auto	Add	Use for actions related to all types of Commercial Auto products	
Commercial Liability	Add	Use for actions related to all types of Commercial Liability insurance	
Commercial Property	Add	Use for actions related to all types of Commercial Property insurance	
Credit	Add	Use for actions related to all types of Credit insurance	
Fidelity and Surety	Add	Use for actions related to Fidelity and Surety insurance	
Group Accident and Health	Add	Use for actions related to Group Accident and Health insurance	
Group Annuity	Add	Use for actions related to Group Annuity insurance	
Group Life	Add	Use for actions related to Group Life insurance	
Homeowner	Add	Use for actions related to Homeowner insurance	
Individual Accident and Health	Add	Use for actions related to Individual Accident and Health insurance	
Individual Life	Add	Use for actions related to Individual Life insurance	
Long Term Care	Add	Use for actions related to Long Term Care insurance	
Medical Malpractice	Add	Use for actions related to Medical Malpractice insurance	
Medicare Supplement	Add	Use for actions related to Medicare Supplement insurance	
Other	Add	Use for actions related to undefined Lines of Business	
Private Passenger	Add	Use for actions related to Private Passenger insurance	
Title	Add	Use for actions related to Title insurance	
Workers Comp	Add	Use for actions related to Workers Compensation insurance	

Entity Function/Role Codes								
RIRS Code	Description	Code Status	Individual	Count 2011 - Current	Risk Bearing/ Business Entities	Count 2011 - Current	Definitions	Comments
ADJ	Adjuster/ Appraiser	Keep	x	1,991	x	451	Individual employed by a company to settle claims on its behalf or determine valuation of property resulting from property loss	
AIR	Alien Insurer/ Reinsurer	Keep			x	7	Non-US insurance companies or producers or those not licensed in the entering state.	
	Association	Add					Bona fide organization formed for purposes other than obtaining insurance that offers group coverage and other benefits to its members.	
BBA	Bail Bond Agency	Keep			x	46	An agency that solicits or engages in bail bond business and appoints licensed bail bond agents to execute and issue appearance bonds.	
BNK	Bank	Keep			x	1	A financial institution that solicits, receives, or accepts money or its equivalent on deposit and makes loans.	
BOG	Bogus Firm	Keep		17	x	2	An entity that solicits or transacts insurance or financial business without proper authority or licensure.	
BOG	Bogus Representative	Keep	x				An individual who solicits or transacts insurance or financial business without proper authority or licensure.	
CAI	Captive Insurer	Keep			x	7	An insurance company subsidiary designed to cover the risks of its parent organization(s).	
CAC	Certified Application Counselor	Keep	x		x		An individual (affiliated with a designated organization) who is trained and certified to provide free assistance to consumers with health coverage options through a state or federally-facilitated Marketplace.	Added for ACA
CEO	Chief Executive Officer	Keep	x	1			An individual responsible for overall functions within a company	
COO	Chief Operation Officer	Keep	x				An individual responsible for all business operations within a company	
COP	CO-OP Insurer	Keep			x		A mutual insurance association that issues insurance to its members on a nonprofit basis.	
DIT	Director/ Trustee	Keep	x	1	x		A person appointed to manage the property of another.	

Entity Function/Role Codes								
RIRS Code	Description	Code Status	Individual	Count 2011 - Current	Risk Bearing/ Business Entities	Count 2011 - Current	Definitions	Comments
EMP	Employee	Keep	x	9			An individual that receives payment/compensation in exchange for services to a company or organization.	
	Fraternal or Fraternal Benefit Society	Add					A nonprofit membership organization with a representative form of government organized through a lodge system that provides insurance and other financial protection benefits.	
HCP	Health Care Provider	Keep	x	1	x	1	A medical professional licensed to provide health care services.	
HMO	Health Maintenance Org	Keep			x	2	Prepaid group health insurance plan that entitles members to services of participating physicians, hospitals and clinics. Emphasis is on preventive medicine. Members of HMO pay a flat periodic fee for medical services.	
	Health Services Corporation	Add					A nonprofit corporation established for the purposes of operating nonprofit plans that furnish or provide reimbursement to members for prepaid hospital care, medical-surgical care and other health care and services.	
INC	Insurance Consultant	Keep	x	3	x		A third party that analyzes insurance information and provides recommendations as to the best solution for a given situation.	
IPA	In-Person Assister	Keep	x				Non-Navigator assistance personnel trained to provide free education and assistance to consumers regarding Qualified Health Plans (QHPs) and insurance affordability programs through a state or federally facilitated Marketplace.	Added for ACA
JUA	Joint Underwriting Assn	Keep			x		An unincorporated association of insurance companies formed to provide a particular form of insurance to the public.	
KEE	Key Employee	Keep	x	2			An individual who is crucial to certain areas of a company and is relied upon for business continuation.	

Entity Function/Role Codes								
RIRS Code	Description	Code Status	Individual	Count 2011 - Current	Risk Bearing/ Business Entities	Count 2011 - Current	Definitions	Comments
MGA	Managing General Agent	Keep	x	3	x	8	A wholesale insurance intermediary with the authority to accept placements from retail agents on behalf of an insurer, most common in surplus lines markets. MGAs generally provide underwriting and administrative services on behalf of an insurer.	
MET	MET/MEWA	Keep			x	15	Employer funds and trusts providing health care benefits to individuals.	
NAV	Navigator	Keep	x	1	x		An individual or entity who is certified and/or licensed to conduct outreach, provide education and assistance, and enroll consumers in Qualified Health Plans (QHPs) and insurance affordability programs through a state or federally facilitated Marketplace.	Added for ACA
OFF	Officer	Keep	x	4			An individual holding a position of authority or trust in an organization, government or corporation.	
OTH	Other	Keep	x	2,377	x	876	Used if no other role code is applicable to the RIRS entry.	
PFC	Premium Finance Co	Keep			x	11	A company that primarily finances insurance premiums; the company does not provide insurance as their business.	
PPO	Preferred Provider Org	Keep			x		A system of hospitals, physicians and health care providers that an insurer recommends to insureds. Allows insurers to negotiate directly with health care providers for lower cost services.	
PRE	President	Keep	x	9			An individual appointed or elected to preside over an organized body of people.	
PRI	Principal/Owner	Keep	x	99	x	31	An insurance company that employs or contracts with insurance producers to represent it.	
PRO	Producer	Keep	x	24,038	x	3,013	An individual or agency that sells and services insurance policies. An independent producer represents more than one insurer and serves clients by providing the best cost for the desired coverage. A direct writer (closely tied or captive producer) represents only one company and sells only its policies.	PPOs try to combine the best elements of a fee-for-service and an HMO system

Entity Function/Role Codes								
RIRS Code	Description	Code Status	Individual	Count 2011 - Current	Risk Bearing/ Business Entities	Count 2011 - Current	Definitions	Comments
PAJ	Public Adjustor	Keep	x	23			An individual who is compensated to appraise and negotiate an insurance claim on behalf of the policyholder.	
REI	Reinsurance Intermediary	Keep	x		x		Brokers who act as intermediaries between reinsurers and ceding companies. For the reinsurer, intermediaries operate as an outside sales force. They also act as advisers to ceding companies in assessing and locating markets to meet reinsurance needs.	A ceding company is one who assigns a portion of covered risks to another insurer.
RPG	Risk Purchasing Group	Keep			x		A group formed in compliance with the Risk Retention Act of 1986, which authorizes a group of insureds engaged in similar businesses or activities to purchase insurance coverage from a commercial insurer.	
RRG	Risk Retention Group	Keep			x	7	Liability insurance companies that are owned by their policyholders. Memberships are limited to persons in the same business or activity, exposing them to similar liability risks.	Assumes and spreads liability to group members and provides an alternative risk financing mechanism.
SCY	Security	Keep			x		An entity that guarantees or assumes the financial obligations of another.	
SEC	Secretary	Keep	x				An individual in charge of the records, correspondence, minutes of meetings, and related affairs of an organization, company or association.	
SEI	Self-Insured	Keep			x	3	A plan of insurance in which an employer pays claims rather than an insurance company. A self-insured entity must have the financial ability to meet pure risks and possible losses in excess of those estimated or expected.	
STF	State Fund	Keep			x	1	A mandatory insurance system whose risks are covered by some state government funds. The fund may be monopolistic, that is, purchasers of the type of insurance required must purchase the state funded; or it may be competitive as a voluntary alternative to private insurance.	Examples are workers compensation, non-occupational disability benefits, or state-offered life insurance.

Entity Function/Role Codes								
RIRS Code	Description	Code Status	Individual	Count 2011 - Current	Risk Bearing/ Business Entities	Count 2011 - Current	Definitions	Comments
TPA	Third Party Administrator	Keep	x	3	x	376	A firm which provides administrative services for employers and other associations having group insurance policies. In addition to being a liaison between employer and insured, the TPA may also be involved with certifying eligibility, processing claims and preparing state-required reports.	Managerial, clerical and claims functions related to employee benefit insurance plans may be performed by a TPA that is not an original party to the benefit plan.
TAG	Title Agency	Keep			x	168	An agency that issues and prepares title related documents for outside parties without bias.	
TRE	Treasurer	Keep	x				A person appointed to administer or manage the financial assets and liabilities of a company, local authority, or other body.	
UDI	U.S. Domiciled Insurer	Keep			x	10,618	A risk-bearing entity with its principal legal residence in a state in the United States.	
UNK	Unknown	Keep	x	1,639	x	614	Entity is unknown.	
URO	Utilization Review Org	Keep	x		x	39	An organization composed of medical personnel whose purpose is to monitor the appropriateness, necessity and quality of health care services and supplies provided to insurers.	
VIP	Vice President	Keep	x				An assistant to the President, who is appointed or elected to preside over an entity or organization.	
WBK	Web Broker	Keep			x		Agents or brokers who enroll consumers through public-facing websites.	Added for ACA
	Total			30,221		16,297		

Origin of Action				
RIRS Code	Code Description	Code Status	Definition	Comments
1003	Market Analysis	Keep	Action resulting from Baseline, Level 1, or Level 2 market analysis review	
1005	Complaint Investigation	Keep	Action resulting from a thorough investigation of one or more complaints against a producer or insurer	
1007	Field Investigation	Keep	Action resulting from a regulator's investigation and verification of circumstances through direct communication with the producer or insurer	
1008	Public Inquiry	Drop	N/A	Use new code: Other Inquiry, Investigation, or Audit
1010	Routine Dept Action	Keep	Action resulting from recurring Department of Insurance activity and not triggered by a problem, complaint, etc.	
1013	Financial	Drop	N/A	Use new code: Financial Analysis
1015	Other States Action	Keep	Action resulting from action taken by another state's Department of Insurance concerning an issue(s) that also impacts the entering state	
1016	Annual Statement	Drop	N/A	Use new code: Financial Analysis
1018	Information/Referral From Another State Agency	Keep	Action resulting from information or referral from another state agency within the entering state that indicates a producer or insurer may be non-compliant with state insurance laws and regulations	
1020	Insurer Report	Keep	Action resulting from any type of report filed with the Department of Insurance (except financial or market conduct annual statements).	
1023	Statistical Filing	Drop	N/A	Use new code: Other Filing
1025	Legal	Keep	Action resulting from litigation (e.g., class action) or other legal proceeding that indicates the producer or insurer may be non-compliant with state insurance laws and regulation	
1030	Market Conduct Exam	Keep	Action resulting from a previous market conduct examination	
1035	Financial Exam	Keep	Action resulting from a financial examination of the regulated entity	
1040	Workers Comp Exam	Drop	N/A	Use Market Conduct Exam, Financial Exam, or new code: Other Inquiry, Investigation, or Audit
1045	Combined Exam	Drop	N/A	Use Market Conduct Exam or Financial Exam
1050	Bankruptcy Notices	Keep	Action generated by notice that a producer or insurer has filed for legal insolvency, is unable to meet financial obligations, or has other financial issues that may impact compliance with state insurance laws and regulations	

Origin of Action				
RIRS Code	Code Description	Code Status	Definition	Comments
1055	Third Party Information	Keep	Action resulting from information obtained from an outside source that is not defined in another category and is not a regulatory agency	
1060	Licensing Administration	Keep	Action resulting from a producer or insurer's licensing status	
1063	Background Check	Keep	Action resulting from review of a producer or employee's criminal, financial, or disciplinary history	
1065	Other	Keep	Any action resulting from an event that is not described/defined in another category.	Change wording to 'State Specific'. CDS Definitions and Basics manual defines State Specific as "Insurance Department will use a further state-specific code to track data needed for a purpose not share by other states or the NAIC"
TBA	Market Conduct Investigation	Add	Action resulting from a market conduct investigation	
TBA	Other Inquiry, Investigation, or Audit	Add	Any action resulting from an inquiry, investigation, or audit that is not described/defined in another category	
TBA	Financial Analysis	Add	Action resulting from Baseline, Level 1, or Level 2 financial analysis review	
TBA	Rate/Form Filing	Add	Action resulting from review of a regulated entity's rate or form filing	
TBA	Other Filing	Add	Any action resulting from review of a filing that is not described/defined in another category	
TBA	Multi State Regulatory Action	Add	Action resulting from a Multi State Regulatory Action	
TBA	Information/Referral From Federal Agency	Add	Action resulting from information or referral from a federal agency that indicates a producer or insurer may be non-compliant with state insurance laws and regulations	

Proposed RIRS Reason Code Definitions
MO – Brent Kabler
7/ 28/ 2014

Cells highlighted in yellow indicate an existing RIRS code. Cells highlighted in orange indicate an ETS code and RIRS code that don't closely match, or a code that does not appear in one or the other datasets. These codes need to be harmonized.

Proposed Code	Definition
Operations and Management	
Failure of internal/external auditing procedures	Company has failed to implement proper surveillance procedures to ensure the absence of significant structural or systemic problems with core functions.
Failure to maintain safeguards for security of data & information	Failure of procedures to maintain the integrity of company information stored in electronic or other media. Such information may include, but is not limited to, underwriting files, claim files, rate and form filings and statistical data. Examples include failures to maintain adequate information controls, data backup and recovery systems, or to restrict access to sensitive information.
Problem with monitoring contracts with MGAs, TPA or other third party	Failure to exercise and appropriate level of oversight of third parties that have assumed a business function and are acting on behalf of an insurer.
(2039) Failure to maintain books and records	Records are incomplete, inaccessible, inconsistent or disordered, or fail to conform to state record retention laws.
Improper management of private records	Failure to adequately preserve the privacy of confidential or sensitive information, including improper disclosure within a regulated entity. May also include failure to provide appropriate privacy disclosures to consumers or to notify consumers of security breaches.
ETS Code: Appropriate licensure/certificates for lines of business. No close RIRS match; could be similar to " (2102) Unauthorized insurance business"	
Other Operations and Management issue	Any other management and operations issue not included in a prior category.
Complaint Handling	
Maintenance of complaint log	Improper documentation of consumer complaints, both those received

	directly from a consumer and via insurance departments.
Failure to timely respond/manage complaints	Failure to respond to consumer complaints within required time frames.
Failure to provide an adequate response/resolution to complaints	Failure to address issues raised in a complaint and take appropriate remedial actions as necessary.
Other Complaint Handling issue	Other deficiency in complaint handling procedures not addressed above, including the failure to have complaint handling procedures.
Policyholder Service	
This class of codes pertains to the servicing of a policy, and includes such items as properly handling premium and billing notices, failure of procedures to locate policyholders, improper refunds, and other improper management of policies.	
Premium/billing notices not timely	Consumers were not notified of billing notices or premiums due within timeframes established by statute or regulation.
Premium/billing notices not provided	Premium or billing notices were not sent.
Other required notification/correspondence not sent or not timely	Failure to make any other required notification in a timely manner.
Inadequate attempts to locate policyholders	No reasonable attempt was made to locate policyholders or beneficiaries.
Nonforfeiture violation	Failure to secure a policyholder's interest in a policy in the event the policy lapses, in accordance with policy provisions or statute / regulation.
Improper free-look procedures	Failure to remit a full refund if a policy is returned with required timeframes; or to adhere to any other free-look provisions prescribed by the policy or by statute or regulation.
Reinstatement violation	Differential treatment of similarly situated individuals with respect to reinstatement rights provided under the policy or as required by state law or regulation.
HIPAA noncompliance	Improper handling of private electronic claims records or other patient information.
COBRA noncompliance	Improper documentation of eligibility for group health insurance coverage.
Other Policyholder Service issue	Any other policyholder service issue not identified above, including but not limited to a failure to provide timely notices of cancellation, notification of changes in customer service telephone numbers or locations, failure to promptly answer telephone calls or electronic inquiries, or failure to clearly identify the name of the underwriter on correspondence.
Rating	
Rates filed and approved as necessary	The use of rates that have not been filed or approved by the state insurance department as required by statute or regulation.
Rates not unfairly discriminatory	Like risks are charged different rates in a way not justified by expected loss costs.

Use of prohibited rating factors	Use of factors for rating that are prohibited by statute or regulation.
Incorrect application of rate	Actual rates charged deviate from a carrier's established rates or rating plan.
Excessive rate	Rates are excessive in relation to expected losses, as defined by statute or regulation.
Inadequate rate	Rates are too low in relation to the exposure presented by the risk.
IPRM procedures / scheduled rating	Inconsistent application of scheduled rating plan across eligible risks, failure to adhere to filings, or improper documentation of modifications.
Other Rating issue	Any improper rating practice not described in another category.
Underwriting	
The term underwriting refers to methods used by an insurer to determine whether to insure applications or renew existing policyholders, or to assess types of coverage or endorsements an applicant might be eligible to purchase. This category of codes includes violations of statutes and regulations related to unfair discrimination, the use of prohibited underwriting factors, failure to adhere to filed underwriting guidelines and internal procedures, and proper disclosures to consumers.	
Underwriting unfairly discriminatory	Underwriting practices treat like risks differently.
Provision of disclosures/notifications	Improper issuance of disclosures or notifications, in violation of policy provisions, statute, or regulation. Examples: notices of mandated coverage, disclosure of preexisting condition exclusions, or disclosure that credit insurance is optional and not a condition for loan approval. Do not include cancellation or nonrenewal notices, which have a separate code.
(2042) Rebating	Improperly providing monetary inducements to purchase coverage.
Cancellation/nonrenewal notices not timely	Notice of the termination of coverage was not issued within timeframes prescribed by statute or policy provisions.
(2003) Failure to send required cancellation/nonrenewal notice	Failure to send notice termination of coverage.
Other cancellation/nonrenewal/rescission issue	Any other improper termination of coverage not included in a previous underwriting category. Example: Rescissions made for non-material misrepresentations.
Declination notice - inadequate	Failure to make the required notification to an applicant that was rejected for coverage. Examples: notification of alternative coverage or the reason for the declination.
Declination notice - untimely or not issued	Failure to issue a proper notice as required by statute or regulation pursuant to refusing to insure an applicant.
Other declination problems	Other inappropriate declination not include in an above category. For example, failure to adhere to internal underwriting guidelines.
Improper question on application	
Other Underwriting issue	Any other violation related to the determination of eligibility for coverage, not included in an above category.

Forms	
This category of codes relates to insurance contracts that fail to comply with statute or regulation, such as the use of unapproved forms, failure to cover required benefits, or other compliance issue related to the language or content of forms.	
(2053) Use of unapproved forms	The use of insurance forms that have not been properly filed or approved by the appropriate regulatory authority.
Coverage of mandated benefits	Failure to provide coverage for benefits required by statute or regulation.
Other Forms issue	Any other form violation not included in an above category.
Marketing and Sales	
Codes relating to representations made by insurers or producers to consumers, and whether such representations are accurate, and that sales practices are in the best interest of consumers and conform to statute and regulation.	
(2014) Misrepresentation of insurance products/policy	Deceptive representations regarding the nature of an insurance product.
Producer training, education, compliance	Training materials and communications with producers fail to comply with statute or regulation.
Illustrations	Sales materials and exhibits fail to contain all required information, disclaimers, or are otherwise misleading.
(2012) Replacement violation	Policy replacements violate statute or regulation.
Disclosure/outline of coverage	Inadequate procedures to provide full disclosure or appropriate outline of coverage to consumers in connection with the sale of an insurance product.
Other Marketing and Sales issues	Any of marketing and sales violation not described in an above category.
Claims	
This category of codes is related to proper claim handling procedures and practices, and identifies practices that may depart from statute or regulation with respect to communicating with claimants, and providing a full and timely investigation of the circumstances surrounding a claim and of applicable coverages.	
Provision of appropriate claims materials or other reasonable assistance	Failure to provide required claim forms, notifications of coverage, coinsurance, deductibles or other items necessary to properly process a claim.
Initial contact	Failure to make an initial contact with and insured or claimant within timeframes established by statute or regulation.
Adequate/timely investigation	Inadequate or untimely investigation to determine available coverage or liability.
Timely resolution / prompt pay	Failure to resolve and if appropriate pay claims within statutory timeframes.
Files inadequately documented	Inadequate documentation or retention of claims records.
Adequate explanations of claims denied/closed without payment	Deficient correspondence with a claimant or policyholder regarding the reasons for a claim denial, including failure to explain the policy basis for a denial and appeal rights or other issue in violation of statute or regulation.

Loss valuation	Improper damage estimates, total loss valuations or other claim valuation procedures and practices.
Appropriate representation of coverage	Available coverage was not adequately communicated to a policyholder or claimant.
Improperly compelling claimant to litigate	Delay or inadequate settlement offer made after claim liability has become reasonably clear, thus compelling a claimant to litigate.
Claim denials due to improper rescission	Improper rescission of a policy subsequent to the presentation of a claim.
Improper subrogation practices	Inappropriate recoupment of a loss from a liable third party, or improper distribution of such a recoupment.
Failure to pay mandated coverages	Improper denial or reduction of coverages that are mandated by statute or regulation.
Other improper denial of claim	All claim denial violations not included in an above category.
Other improper claim settlement practice	All other improper claim handling procedures or practices.
Other Claims handling issue	Any other claims handling issue.
Producer/Adjuster Licensing	
Producer/adjuster not properly licensed	A producer is not properly licensed to transact business for a given line of insurance; or adjuster not properly licensed according to statute or regulation.
Producer / adjuster not properly appointed	A producer or adjuster is not properly appointed to an insurer as required by statute or regulation.
Improper termination of producer	Failure to adhere to all statutes and regulations regarding the termination of a producer, such as notification requirements to both the producer and the relevant regulation bodies.
Other licensure/appointment problem	Any other violation with respect to licensure and appointment of producers or adjusters not described by an above category.
Improper Practices Related to Health Insurance	
Deficient network adequacy	Failure to provide timely and local access to healthcare providers in accordance with policy provisions or state or federal requirements.
Improper utilization review practices /procedures	Improper procedures or practices associated with monitoring the use, delivery or efficiency of medical services by insureds.
Quality assurance violation	Inappropriate or inadequate procedures or practices associated with conducting quality assessments and improving health outcomes, including adequately communicating such procedures to health care providers.
Improper grievance practices	Failure to adhere to policy provisions regarding the handling of complaints or appeals by consumers or health care providers.
Appeals practices/ procedures violation	Improper or inadequate procedures to appeal unsatisfactory claim outcomes. Examples: First-level appeals are reviewed by a qualified

	medical practitioner. Second-level review processes conform to applicable statute and regulation.
Improper external /independent review practices/ procedures	Failure to provide appropriate cost-free access to an independent external body to review medical determinations in relations to the terms of a policy or applicable statute or regulation.
Inadequate provider credentialing/monitoring	Failure to ensure that contracted providers are properly licensed and practicing within the scope of their license and at the contracted location.
Other Improper Practices Related to Health Insurance issue	Any other insurer practice related to health insurance. Examples: provision of correct formulary information regarding covered medications; proper notifications to consumers regarding changes in coverage or company processes and procedures.
Inquiries/Investigations	
This class of codes relates to regulatory inquiries or investigations of a regulated entity, and entities' cooperation and responsiveness to such investigations, including taking remedial measures as appropriate.	
(2036) Late or incomplete response	Regulated entity fails to respond in a timely manner to requests for information, or provide other required response in relation to an examination or investigation.
(2035) Failure to respond	Regulated entity fails to respond to appropriate requests for information.
Failure to cooperate with and examination/investigation	Other failure to cooperate with an examination or investigation.
(2038) Failure to comply with previous order	Failure to comply with an order pertaining to corrective action, as determined by a follow-up examination, investigation or other means.
Other investigation/examination issue	Any other failure related to an examination or investigation, such as providing inaccurate or misleading information.
Escrow/Settlement, Closing or Security Deposit Funds	
Improper collection and handling of funds.	Failure to collect and deposit funds in an appropriate institution, such as an institution insured by the FDIC.
Improper interest payment	Failure to pay appropriate interest in accordance with statute or regulation.
Inappropriate disbursement procedures/practices	Failure to disburse funds in conformity with all applicable statutes and regulations.
Other escrow/settlement, closing or security deposit funds issue	Any other issue not included in an above category.
RIRS Codes with no Corresponding ETS Code That will be maintained	
(2056) Demonstrated lack of fitness / trustworthiness	
(2100) No certificate of authority	
(2085) Failure to pay tax	
(2087) Failure to pay fees	
(2090) Failure to pay fine	

(2095) Failure to pay assessment	
(2040) Failure to timely file	
<i>Producer related codes</i>	
(2055) No License	
(2058) Mistatement on application	
(2059) Failure to make required disclosure on application	
(2060) Not appointed	
(2061) Selling for unlicensed insurer	
(2037) Failure to notify department of address change	
(2030) Failure to meet continuing ed requirements	
(2075) Failure to report other state action	
(2103) Fiduciary violation	
(2105) Misappropriation of premium	
(2106) Forgery	
(2107) Criminal record/history	
(2108) Criminal proceedings	
(2032) Continuing Education Requirements Met	
(2042) Failure to pay child support	
(2097) Bail bond forfeiture judgment	
(2104) Failure to remit premiums to insurer	
<i>Financial impairment</i>	
(2070) Financial impairment	
(2065) Notice of financial impairment from another state	
(2072) Cure of financial impairment	
(2080) Dissolution	
Codes recommended for deletion	
(2005) Underwriting	
(2007) Market Conduct Examination	
(2010) Marketing & Sales	
(2015) Claim Handling	
(2020) Policyholder Service	

(2025) Advertising	
((2026) Premium Finance Act Violation	
(2027) Surplus Lines Violation	
(2028) TPA Violation	
(2029) Unfair Insurance Practices Act Violation	
(2050) Rate violation	
(2063) Employed unlicensed individuals	
(2064) Paid commissions to unappointed agents	
(2074) Other state's action	
(2110) Reconsideration	
(2111) Inappropriate sales of solicitation to a military service member	
(2112) Inappropriate sales or solicitation on a military installation	

RIRS Code	Code Description	Code Status	Comments on Proposed Changes to Codes	Definition	Notes on Definition of Codes
3001	License, Denied	Keep		The regulated entity applied or attempted to renew a license and it was denied	Notes should this be used only at initial application or upon renewal
3003	License, Suspended	Keep		The regulated entity or individual's license is suspended; the regulated entity or individual is temporarily prohibited from engaging in the	
3004	License, Cancelled	Keep		The regulated entity or individual's license was cancelled	I am not sure what this is used for
3006	License, Revoked	Keep		The regulated entity or individual's license is revoked ; the regulated entity or individualis permanently prohibited from engaging in the business of insurance	
3009	License, Probation	Keep		The regulated entity or individual's license is subject to a probationary period or specific time during which the entity or individual is obligated to comply with certain standards specified by the issuing authority or the liscence can be cancelled,revoked, or suspended. Probation may include limitations on the types of transactions in which the entity can engage	do we need both conditional and probationary
3010	License, Conditional	Keep		The regulated entity or individual's license is issued on a conditional basis; similar to probationary the entity or individual is obligated to comply with certain standards specified by the issuing authority or the liscence can be cancelled,revoked, or suspended. Conditions may include limitations on the types of transactions in which the entity can engage	do we need both conditional and probationary
3011	License, Supervision	Keep		The regulated entity or individual's licensure is under supervision as the regulated entity is subject to a formal supervisory plan usually due to hazardous financial condition;this a tempory status which may result in revocaton or suspension or release from supervision	
3012	License, Reinstatement	Drop	Does not describe an action pursuant to a violation		I am not sure we should drop if an order is required to reinstate
3013	License, Granted	Drop	Does not describe an action pursuant to a violation		

RIRS Code	Code Description	Code Status	Comments on Proposed Changes to Codes	Definition	Notes on Definition of Codes
3014	License, Surrendered	Keep		The regulated entity or individual's license has been voluntarily surrendered; the entity or individual is prohibited from engaging in the business of insurance in the affected jurisdiction	
3015	License, Voluntarily Surrendered	Drop	Collapse into the broader 3014, License, Surrendered		
3016	License, Other	Keep	Change wording to License, State Specific Disposition	State DOI Specific Disposition pertaining to an regulated entity or individual's license	
3021	Certificate of Authority, Denied	Keep		The regulated entity's applied for a Certificate of Authority was denied by the jurisdiction.the regulated entity or individual is prohibited from engaging in the business of insurance in the affected jurisdiction(s)	
3023	Certificate of Authority, Suspended	Keep		The Regulated Certificate of Authority was suspended by the jurisdiction.	
3025	Certificate of Authority, Suspension Extended	Drop	Should not generate new RIRS record	The regulated entity's Certificate of Authority was suspended for a specific time period which is now extended.	
3026	Certificate of Authority, Revoked	Keep		The regulated entity's Certificate of Authority was revoked by the DOI	
3028	Certificate of Authority, Expired	Drop	Does not describe an action pursuant to a violation		
3029	Certificate of Authority, Probation	Keep		The regulated entity was issued a probationary Certificate of Authority	
3031	Certificate of Authority,	Drop	Does not describe an action pursuant to		
3034	Certificate of Authority, Surrendered	Keep		The regulated entity surrendered its Certificate of Authority	
3036	Certificate of Authority, Other	Keep	Change wording to Certificate of Authority, State Specific Disposition	State DOI Specific Disposition pertaining to a regulated entity's Certificate of Authority	
3042	Cease and Desist from Violations	Keep		The licensed entity was issued a Cease and Desist from specific activities that were not compliant with law or regulation	
3043	Cease and Desist from all Insurance Activity	Keep		The licensed entity was issued a Cease and Desist from all insurance activities due to non-compliance with law or regulation	
3044	Remedial Measures Ordered	Keep		An order of a judicial or administrative tribunal relating to a means of enforcing an existing substantive right	

RIRS Code	Code Description	Code Status	Comments on Proposed Changes to Codes	Definition	Notes on Definition of Codes
3045	Consent Order or Stipulated Agreement Order	Keep		An order that all parties of a judicial or administrative proceeding agree to.	
3046	Stipulated Agreement/Order	Drop		Same as Consent order Drop	
3047	Previous Order Vacated	Keep		Order of a judicial or administrative tribunal that is nullified or cancelled.	
3048	Ordered to provide requested information	Keep		an order requiring a party to produce certain information that is relevant, or likely to lead to relevant information, with respect to a judicial or administrative proceeding.	
3049	Stayed Order	Keep		An order of a judicial or administrative tribunal that postpones or suspends a proceeding, judgment or the like.	
3050	Temporary Restraining Order	Keep		an order of a judicial or administrative tribunal that preserves the status quo until a request for a preliminary or permanent injunction can be heard	
3051	Final Agency Order	Drop	Not sure what this is, too generic. Use other existing code		
3052	Ordered to Comply with Specific Statute or Regulation	Drop	Seems redundant with respect to 3042		
3055	Reprimand	Keep		When a DOI censures or formally scolds an entity or individual	
3060	Hearing Waiver	Keep		The entity has waived its right to a hearing	
3065	Show Cause	Keep		An order of a judicial or administrative tribunal directing a party to appear before the tribunal and explain why the party took (or failed to take) some action or why the tribunal should or should not grant some relief	
3070	Re-exam	Drop	Does not describe an action pursuant to a violation		
3075	Rescission of	Drop	Does not describe an action pursuant to a violation		
3076	Involuntary Forfeiture	Keep		Involuntary relinquishment of money or property without compensation as a consequence of a breach or nonperformance of an activity	
3078	Restitution	Keep		The restoration of something that was lost or taken.	
3079	Suspended from Writing New Business; Renewals ok	Keep		Entity is not allowed to write new business but may serve current policy holders	

RIRS Code	Code Description	Code Status	Comments on Proposed Changes to Codes	Definition	Notes on Definition of Codes
3080	Supervision	Keep		An action taken by a State Insurance Department to closely monitor the financial condition of an insurer.	
3085	Rehabilitation	Keep		An action taken by a State Insurance Department to restore an impaired or insolvent insurer to sound financial standing.	
3090	Liquidation	Keep		When a regulated entity is found to be insolvent and unable to become viable, it may then be subject to liquidation where assets may be sold and outstanding policies cancelled.	
3095	Conservatorship	Keep		Conservation allows the DOI a period of time to analyze the regulated entity and its financial condition and determine whether the policyholders and creditors will be best served by liquidation, rehabilitation or returning the regulated entity to private management.	
3097	Hearing	Drop	Not final disposition.		
3100	Receivership	Keep		Insurer insolvencies are governed by state law and not federal bankruptcy law. State statutes provide for the appointment of the insurance commissioner as receiver of an insurer.	
3101	Ancillary Receivership	Keep		A receivership proceeding in a state other than the state in which the insurer is legally domiciled	
3102	Monetary Penalty	Keep		Monetary fine imposed on a single legal entity in one action for one or more violations	
3103	Aggregate Monetary Penalty	Drop	New "Aggregate Multistate Monetary Penalty"		
3103	Aggregate Monetary Penalty	Keep	Some monetary penalties are aggregates and not allocated per regulated entity	Monetary fine imposed on a more than one legal entity in a single action for one or more violations	
3104	Settlement	Keep			
3105	Other	Keep	Change wording to 'State Specific'		
TBA	Order or fine stayed	Add			
TBA	Premium refund	Add			
TBA	Return of excess profits	Add			
TBA	Aggregate Multistate Monetary penalty	Add			

Proposed RIRS Business Processes
MO – Jim Mealer and Brent Kabler
7/28/2014

Entering Regulatory Actions with Aggregate Penalty Amounts

Scenario: A state calls one exam, which includes multiple companies and which subsequently leads to regulatory actions for multiple companies, including an aggregate penalty.

In the Examination Tracking System (ETS):

- State enters one multi-company exam.
- There will be one Exam ID for all of the companies included in the exam.

In the Regulatory Information Retrieval System (RIRS):

- Option 1 – State enters multi-respondent regulatory action
 - State enters one regulatory action with multiple respondents.
 - There will be one State RIRS ID that links each regulatory action together.
 - State should be able to link the Exam ID and State RIRS ID to show a relationship between the two.
 - State enters an ‘aggregate’ penalty amount for each respondent.
 - RIRS shows aggregate penalty amount for each respondent and clearly indicates that it is an aggregate penalty.
- Option 2 – State enters individual respondent regulatory action
 - State submits multiple regulatory actions, each with one respondent.
 - There will be multiple State RIRS IDs.
 - State should be able to link the State RIRS IDs to show a relationship.
 - State should be able to link the Exam ID and the State RIRS ID to show a relationship.
 - State enters an ‘aggregate’ penalty amount for each regulatory action.
 - RIRS shows aggregate penalty amount in each regulatory action but clearly indicates that it is an aggregate penalty and lists the State RIRS ID of the other regulatory actions that are linked to it. The penalty amount is not split among companies in RIRS.

Proposed RIRS Business Processes
MO – Jim Mealer and Brent Kabler
7/28/2014

Entering Multi-State Regulatory Actions

Scenario: Multiple states are part of a multiple company examination, which results in multiple state regulatory actions.

○ Option 1 – Lead state enters data

In the Examination Tracking System (ETS):

- Lead state enters one multi-company, with multiple participating states.
- There will be one Exam ID for all of the companies that are included in the exam.

In the Regulatory Information Retrieval System (RIRS):

- Lead state enters all state regulatory actions for each state, with appropriate information for each state, including penalty amounts.
- There will be one State RIRS IDs.
- Lead state should be able to link the Exam ID and the State RIRS ID to show a relationship.

○ Option 2 – Each state enters its data

In the Examination Tracking System (ETS):

- Lead state enters one multi-company exam, with multiple participating states.
- There will be one Exam ID for all of the companies that are included in the exam.

In the Regulatory Information Retrieval System (RIRS):

- Lead state provides each state with one State RIRS ID to use for all related actions.
- Each state enters regulatory actions for its state.
- Each state should be able to indicate that the regulatory action is part of a multi-state regulatory action.
- Each state should be able to link the Exam ID and the State RIRS ID.

○ Option 3 – Each state enters its own RIRS data and lead state enters additional information

In the Examination Tracking System (ETS):

- Lead state enters one multi-company exam, with multiple participating states.
- There will be one Exam ID for all of the companies that are included in the exam.

In the Regulatory Information Retrieval System (RIRS):

- Lead state provides each state with one State RIRS ID to use for all related actions.
- Each state enters regulatory actions for its state.
- Each state should be able to indicate that the regulatory action is part of a multi-state regulatory action.
- Each state should be able to link the Exam ID and the State RIRS ID.
- Lead state also enters states that are part of the multi-state action. This information will be used to validate when each state has its RIRS entered.
- An 'alert' goes to lead state as each state enters its regulatory actions.

NAIC Regulatory Information Retrieval System (RIRS) Data

For regulatory actions reported to the NAIC

State Contact Information		
Last Name:	First Name:	Middle Initial:
Phone Number:	Email Address:	State Contact ID:
State Web Site:	Email Address:	Phone Number:
Collaborative Action Designee Last Name:	First Name:	Middle Initial:
Phone Number:	Email Address:	State Contact ID:

Lead State Information (if you are not the lead state, please contact the lead state for a State RIRS ID)		
Lead State (Y/N):	Multi-State RIRS ID:	Other States involved:
Other Entities (Y/N):	Other Entity Identifiers:	

Regulatory Action Information		
Action State:	Action Date:	Effective Date:
State RIRS ID:	File Reference:	

Firm/Agency Information		
Entity Name:		
NAIC Company Code:	Federal Employee Identification Number (FEIN):	Alien ID:
National Producer Number (NPN): Agencies Only	Social Security Number (SSN): Agencies Only	
Address, City, State, Zip:		

Individual Information		
Entity Name:		
National Producer Number (NPN):	Social Security Number (SSN):	Date of Birth:
Address, City, State, Zip:		

Type of Action – Action Taken By (check all that apply)			
Market Conduct staff	Financial staff	Producer Licensing staff	Company Licensing staff

Lines of Business (select one)			
Bail Bond	Fidelity and Surety	Individual Accident and Health	Other
Commercial Auto	Group Accident and Health	Individual Life	Private Passenger
Commercial Liability	Group Annuity	Long Term Care	Title
Commercial Property	Group Life	Medical Malpractice	Workers Comp
Credit	Homeowner	Medicare Supplement	

NAIC Regulatory Information Retrieval System (RIRS) Data

For regulatory actions reported to the NAIC

Entity Functions <i>(select one)</i>					
ADJ	Adjuster/Appraiser	IPA	In-Person Assister	REI	Reinsurance Intermediary
AIR	Alien Insurer/Reinsurer	INC	Insurance Consultant	RPG	Risk Purchasing Group
BBA	Bail Bond Agency	JUA	Joint Underwriting Assn	RRG	Risk Retention Group
BNK	Bank	KEE	Key Employee	SCY	Security
BOG	Bogus Firm	MET	MET/MEWA	SEC	Secretary
BOG	Bogus Representative	MGA	Managing General Agent	SEI	Self-Insured
CAC	Cert. Application Counselor	NAV	Navigator	STF	State Funded
CAI	Captive Insurer	OFF	Officer	TPA	Third Party Administrator
CEO	Chief Executive Officer	OTH	Other	TAG	Title Agency
COO	Chief Operating Officer	PPO	Preferred Provider Org	TRE	Treasurer
COP	Co-Op Insurer	PFC	Premium Finance Company	UDI	U.S. Domiciled Insurer
DIT	Director/Trustee	PRE	President	UNK	Unknown
EMP	Employee	PRI	Principal/Owner	URO	Utilization Review Organization
HCP	Health Care Provider	PRO	Producer (agency, brokerage, etc.)	VIP	Vice President
HMO	Health Maintenance Organization	PAJ	Public Adjuster	WBK	Web Broker

Origins of Action <i>(select one, maximum of four)</i>		
1003 Market Analysis	1025 Legal	1065 Other*
1005 Complaint Investigation	1030 Market Conduct Exam	1070 Market Conduct Investigation
1007 Field Investigation	1035 Financial Exam	1071 Other Inquiry, Investigation, or Audit
1010 Routine Department Action	1050 Bankruptcy Notices	1072 Financial Analysis
1015 Other State's Action	1055 Third Party Information	1073 Rate/Form Filing
1018 Referral from Another State Agency	1060 Licensing Administration	1074 Other Filing
1020 Insurer Report	1063 Background Check	

Reasons for Action <i>(select one, maximum of twenty)</i>		
Operations and Management		
2500 Internal/external audit	2039 Maintenance of adequate books and records	2056 Demonstrated lack of fitness or trustworthiness
2501 Safeguards for security of data/information	2503 Privacy issues	2100 No certification of authority
2502 Monitoring contracts with MGAs, TPAs, or other third party	2102 Appropriate licensure/certifications for lines of business	2504 Other Operations and Management issue*
Complaint Handling		
Maintenance of complaint log	Failure to provide adequate response/resolution to complaints	Other Complaint Handling issue*
Failure to timely respond/manage complaints		
Policyholder Service		
Timeliness of premium/billing notices	Reasonable attempts to locate policyholders	Other Policyholder Service issue
Premium/billings notices not provided	Non-forfeiture	HIPAA noncompliance
Other required notification/correspondence not sent or not timely	Free-look handling	COBRA non compliance
	Reinstatements	
Rating		
Rated filed and approved as necessary	Incorrect application of rate	IPRM procedures/scheduled rating
Rates not unfairly discriminatory	Excessive rate	Other rating issues
Prohibited rating factor use	Inadequate rate	
Underwriting		
Underwriting unfairly discriminatory	Untimely cancellation/nonrenewal notices	Declination notice – inadequate
Provisions of disclosures/notifications	2003 Failure to send required cancellation/nonrenewal notice	Declination notice – untimely or not issued
2042 Rebating		Other cancellation/nonrenewal/rescission issue
Improper question on application		
Other declination problems		
Forms		
2053 Use of unapproved forms	Coverage of mandated benefits	Other Forms issue
Coverage of mandated benefits		
Marketing and Sales		
2014 Misrepresentation of insurance products/policy	Illustrations	Disclosures
Producer training, education, compliance	2012 Replacement violation	Other Marketing and Sales issues

NAIC Regulatory Information Retrieval System (RIRS) Data For regulatory actions reported to the NAIC

Reasons for Action (continued)		
Claims		
Provision of appropriate claims materials or other reasonable assistance	Adequate/timely investigation	Files inadequately documented
	Other improper claim settlement practice	Other Claims handling issue
Initial contact	Loss valuation	Claim denials due to improper rescission
Timely resolution/prompt pay	Appropriate representation of coverage	Improper subrogation practices
Adequate explanations of claims denied/closed without payment	Improperly compelling claimant to litigate	Failure to Pay mandated coverage
	Other improper denial of claim	
Producer/Adjuster Licensing		
Produce/adjuster not properly licensed	Improper termination of producer	Other licensure/appointment problem
Producer/adjuster not properly appointed		
Improper Practices Related to Health Insurance		
Deficient network adequacy	Quality assurance violation	Inadequate provider credentialing/monitoring
Improper utilization review practices	Improper external/independent review practices/procedures	Other Improper Practices Related to Health Insurance issue
Inquiries/Investigations		
2036 Late or incomplete response	Failure to comply with previous order	Other investigation/examination issue
2035 Failure to respond	2038 Failure to respond	
Escrow/Settlement, Closing or Security Deposit Funds		
Improper collection and handling of funds	Inappropriate disbursement procedures and practices	Other escrow/settlement, closing or security deposit funds issue
Improper interest payment		

Dispositions (select one, maximum of four)		
3001 License, Denied	3042 Cease and Desist from Violation	3085 Rehabilitation
3003 License, Suspended	3043 Cease and Desist from all Insurance Activity	3090 Liquidation
3004 License, Cancelled	3044 Remedial Measures Ordered	3095 Conservatorship
3006 License, Revoked	3045 Consent Order	3097 Hearing
3009 License, Probation	3046 Stipulated Agreement/Order	3100 Receivership
3010 License, Conditional	3047 Previous Order Vacated	3101 Ancillary Receivership
3011 License, Supervised	3048 Ordered to provide requested information	3102 Monetary Penalty
3012 License, Reinstatement	3049 Stayed Order	3103 Aggregate Monetary Penalty
3013 License, Granted	3050 Temporary Restraining Order	3104 Settlement
3014 License, Surrendered	3051 Final Agency Order	3105 Other (up to 100 char)
3015 License, Voluntarily Surrendered	3055 Reprimand	
3016 License, Other (up to 100 char)	3052 Ordered to Comply with Specific Statute or Regulation	
3021 Certificate of Authority, Denied		
3023 Certificate of Authority, Suspended	3060 Hearing Waiver	
3025 Certificate of Authority, Suspension Extended	3065 Show Cause	
3026 Certificate of Authority, Revoked	3070 Re-exam	
3028 Certificate of Authority, Expired	3075 Rescission of	
3029 Certificate of Authority, Probation	3076 Involuntary Forfeiture	
3031 Certificate of Authority, Reinstated	3078 Restitution	
3034 Certificate of Authority, Surrendered	3079 Suspended from New Business/Renewals ok	
3036 Certificate of Authority, Other (up to 100 char)	3080 Supervision	
2056 Demonstrated lack fitness/trustworthiness	2087 Failure to pay fees	2040 Failure to timely file
2100 No certificate of authority	2090 Failure to pay fine	
2085 Failure to pay taxes	2095 Failure to pay assessment	
Producer Related Codes		
2055 No License	2030 Failure to meet continuing ed. requirements	2108 Criminal proceedings
2058 Misstatement on application	2075 Failure to report other state action	2032 Continuing Education Requirements met
2059 Failure to make required disclosure on app.	2103 Fiduciary violation	2042 Failure to pay child support
2060 Not appointed	2105 Misappropriation of premium	2097 Bail bond forfeiture judgment
2061 Selling for unlicensed insurer	2106 Forgery	2104 Failure to remit premiums to insurer
2037 Failure to notify dept of address change	2107 Criminal record/history	

NAIC
Regulatory Information Retrieval System (RIRS) Data
For regulatory actions reported to the NAIC

Dispositions *(continued)*

Financial Impairment

2070 Financial impairment	2015 Claim Handling	2063 Employed unlicensed individuals
2065 Notice of financial impairment – other state	2020 Policyholder Service	2064 Paid commissions to unappointed agent
2072 Cure of financial impairment	2025 Advertising	2074 Other state's action
2080 Dissolution	2026 Premium Finance Act Violation	2110 Reconsideration
2005 Underwriting	2027 Surplus Lines Violation	2111 Inappropriate sales/solicitation to military
2007 Market Conduct Examination	2029 TPA Violation	2112 Inappropriate sales/solicitation on military installation
2010 Marketing & Sales	2050 Rate violation	

Complete as needed

Time or Length of order <small>(select one)</small>	Enter in whole dollar amounts	Enter in whole dollar amounts
# of days	Penalty \$	Restitution amount \$
Indefinite	Fine \$	
N/A	Forfeiture \$	
Permanent		

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