

806 KAR 14:007. Rate and form filing for health insurers.

RELATES TO: KRS 304.1-010, 304.1-050, 304.3-270, 304.4-010, 304.14-120, 304.14-190, 304.17-380, 304.17A-005, 304.17A-095, 304.17A-096, 304.17C-010(5)

STATUTORY AUTHORITY: KRS 304.2-110(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 304.2-110(1) authorizes the Commissioner of Insurance to promulgate reasonable administrative regulations necessary for or as an aid to the effectuation of the Kentucky Insurance Code, as defined by KRS 304.1-010. This administrative regulation establishes rate and form filing procedures for health insurers.

Section 1. Definitions.

- (1) "Commissioner" means the Commissioner of Insurance as defined by KRS 304.1-050(1).
- (2) "Department" means Department of Insurance as defined by KRS 304.1-050(2).
- (3) "Filing entity" means a health insurer authorized to transact business in Kentucky or an entity authorized by that health insurer to submit filings on its behalf.
- (4) "Health benefit plan" is defined by KRS 304.17A-005(22).
- (5) "Health policy form" or "form" means application, policy, certificate, contract, rider, endorsement, and for long-term care, short term nursing and Medicare Supplement products, including advertising.
- (6) Limited health service benefit plan is defined by KRS 304.17C-010(5).

Section 2. Filing Procedures.

- (1) A health insurance rate and form filing shall be accompanied by a Face Sheet and Verification Form, Form HIPMC-F1.
- (2) An individual health insurance rate filing shall be accompanied by an Individual Health Forms Actuarial Certification Form, Form HIPMC-R4.
- (3) An insurer issuing, delivering, or renewing a health benefit plan or a limited health service benefit plan shall complete and attach to each plan filed a Health Summary Sheet - Form Filings, Form HL-F11.
- (4) Except for a health benefit plan rate filing pursuant to KRS 304.17A-095, a rate filing shall be accompanied by a Rate Filing Information Form, Form HIPMC-R36.
- (5) If a rate or form filing submitted by a health insurer does not contain the information necessary to review the filing, the department shall use an Additional Health Information Request Form, Form HIPMC-F16, to request submittal of the incomplete information.
- (6)
 - (a) Each form shall be identified by a unique form number in the lower left-hand corner of the first page of the form; and
 - (b) Other numbers shall not appear in close proximity to the form number.
- (7) Each submission shall be accompanied by a submittal letter listing all forms by number with a brief description of each form and listing all of the forms that will be submitted together.
- (8) If a form is submitted with alternate pages or alternative benefits, the submittal letter required by subsection (7) of this section shall:
 - (a) State under what conditions each alternate page or alternative benefit may be used; and
 - (b) Identify by a unique form number each alternate page or alternative benefit.
- (9) If a filing entity files a form containing variable text, the filing entity shall file an explanation of each variation the health insurer proposes to use.
- (10) Except for an insert page or alternate page, each form shall contain the corporate name and address of the health insurer.

(11) A form filed for approval by the department shall not contain advertising or marketing material.

(12) If a new form is submitted, the filing entity shall identify the unique features of the form.

(13) If a filing includes a form which was previously disapproved by the department, the filing entity shall assign the form a new form number.

Section 3. Filing Entity. A filing entity may include in a filing multiple forms or documents pertaining to a single line of insurance, filed together on a particular date.

Section 4. Date of Filing. Pursuant to KRS 304.4-010(2), a fee payable under the Kentucky Insurance Code shall be collected in advance. The period of time in which the commissioner may approve or disapprove a filing shall not commence, and the submission shall not be given a filing date, until the following are received by the department:

(1) The rate or form filing;

(2) The appropriate fee pursuant to 806 KAR 4:010; and

(3) The form or letter of explanation required by Sections 2 and 6 of this administrative regulation, as appropriate.

Section 5. Use of Forms and Rates.

(1) A form or rate shall not be used in Kentucky until:

(a) The form or rate has been approved by the department, which shall occur within the sixty (60) day time frame identified in KRS 304.14-120(2) except as follows:

1. If the 60th day falls on a weekend or holiday, the 60th day shall be the following business day; and

2. If the commissioner grants an extension of the sixty (60) day time period required for approval or disapproval of a form or rate, and the insurer does not submit a corrected form or rate or additional requested information at least five (5) days prior to the expiration of the extended time period, the filing shall be disapproved; and

(b) If a rate for the form is required by KRS 304.14-120 to be approved, the appropriate rate schedule has been approved.

(2) A document subject to a filed only process, including advertisements and provider directories, shall be:

(a) Filed with the department; and

(b) Subject to review in accordance with KRS 304.14-120.

Section 6. Form Revision. If a filing includes a form which amends, replaces, or supplements a form which has been previously filed, it shall be accompanied by a letter of explanation from the filing entity which identifies:

(1) All changes contained in the newly filed form;

(2) The form being replaced;

(3) The date the replaced form was:

(a) Approved;

(b) Disapproved;

(c) Withdrawn; or

(d) Submitted; and

(4) The effect the changes have upon the policy or the rates applicable to the policy.

Section 7. Rate Revision and Annual Rate Filings.

(1) The following shall be included and properly completed in a filing for rate revision or annual rate filing:

(a) Signed actuarial memorandum, in accordance with 806 KAR 17:070, Sections 3 and 4;

(b) New rate sheet, in accordance with 806 KAR 17:070, Section 3; and

(c) Forms required by Section 2 of this administrative regulation.

(2) An appropriate fee pursuant to 806 KAR 4:010, shall be submitted with each filing.

Section 8. Officer Signature. A change of signature of the executing officer on a policy form shall not, because of this change alone, require a new filing.

Section 9. Electronic Filings.

(1) A health insurer may file a rate or form electronically through the National Association of Insurance Commissioners' electronic system for rate and form filings via the Web site www.serff.com.

(2) An electronic filing as identified in subsection (1) of this section shall be in lieu of a paper filing.

Section 10. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) Form HIPMC-F1, "Face Sheet and Verification Form", 07/2020 edition;

(b) Form HL-F11, "Health Summary Sheet – Form Filings", 07/2020 edition;

(c) Form HIPMC-R4, "Individual Health Forms Actuarial Certification Form", 07/2020 edition;

(d) Form HIPMC-R36, "Rate Filing Information Form", 07/2020 edition; and

(e) Form HIPMC-F-16, "Additional Health Information Request Form", 07/2020 edition.

(2) This material may be inspected, copied or obtained, subject to applicable copyright law, at the Department of Insurance, Mayo-Underwood Building, 500 Mero Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the department's Web site at: <http://insurance.ky.gov>.

(29 Ky.R. 608; Am. 955; eff. 10-16-2002; 32 Ky.R. 156; 499; eff. 10-7-05; 34 Ky.R. 1802; 2093; eff. 4-4-2008; 35 Ky.R. 650; 12-5-2008; Crt eff. 2-26-2020; 47 Ky.R. 1656, 2388; eff. 8-3-2021.)