

806 KAR 17:555. ICARE Program requirements.

RELATES TO: KRS 304.1-050(2), 304.14-120, 304.14-430-304.14-450, 304.17A-095-304.17A-0954, 2012 Ky Acts ch. 144, Part XII, sec. 1-8, 42 U.S.C. 1396e

STATUTORY AUTHORITY: KRS 304.2-110(1), 2012 Ky Acts ch. 144, Part XII, secs. 2(5) and 8(2)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 304.2-110(1) authorizes the commissioner to promulgate administrative regulations necessary for or as an aid to the effectuation of any provision of the Kentucky Insurance Code as defined in KRS 304.1-010. 2012 Ky Acts ch. 144, Part XII, sec. 2(5) requires the department to establish guidelines for determination of preference for employer groups based upon federal poverty level, eligibility criteria, health care incentive payment procedures, program participating insurer and employer reporting requirements, and administrative guidelines for the ICARE Program. 2012 Ky Acts ch. 144, Part XII, sec. 8 requires an insurer which offers a health benefit plan to disclose the availability of a health insurance purchasing program as authorized in 42 U.S.C. 1396e to eligible employer groups and the Insurance Coverage, Affordability and Relief to Small Employers Program. This administrative regulation establishes requirements for ICARE Program participating insurers, qualified health benefit plans, disclosure of information, data reporting, and annual review by the office.

Section 1. Definitions.

- (1) "Agent" is defined in KRS 304.9-020(1).
- (2) "Basic health benefit plan" is defined in KRS 304.17A-005(4).
- (3) "Consumer-driven health plan" is defined in 2012 Ky Acts ch. 144, Part XII sec. 1(1).
- (4) "Department" is defined by KRS 304.1-050(2).
- (5) "Eligible employee" is defined by 2012 Ky Acts ch. 144, Part XII sec. 1(3).
- (6) "Eligible employer" is defined by 2012 Ky Acts ch. 144, Part XII sec. 1(2).
- (7) "Health benefit plan" is defined by KRS 304.17A-005(22).
- (8) "Health care incentive payment" means a payment as established in 2012 Ky Acts ch. 144, Part XII, secs. 2(3) and 4(1).
- (9) "Health risk assessment" is defined by 2012 Ky Acts ch. 144, Part XII, sec. 1(4).
- (10) "ICARE Program" means the Insurance Coverage, Affordability and Relief to Small Employers Program as established in 2012 Ky Acts ch. 144, Part XII, sec. 2(1).
- (11) "ICARE Program participating insurer" is defined by 2012 Ky Acts ch. 144, Part XII, sec. 1(6).
- (12) "ICARE Program year" means a one (1) year period of time beginning on an employer's enrollment date in the ICARE Program.
- (13) "Qualified health benefit plan" is defined in 2012 Ky Acts ch. 144, Part XII, sec. 1(8).
- (14) "Small group" is defined by KRS 304.17A-005(42).

Section 2. Health Risk Assessment. An ICARE Program participating insurer shall:

- (1) Within sixty (60) days of receiving notification of a newly-enrolled ICARE Program participating employer by the department, conduct a health risk assessment as established in 2012 Ky Acts ch. 144, Part XII, sec. 3(4) for each eligible employee of the employer; and
- (2) Within sixty (60) days of conducting a health risk assessment as established in subsection (1) of this section, and pursuant to 2012 Ky Acts ch. 144, Part XII, sec. 3(4), offer the following:
 - (a) A wellness program;
 - (b) Case management services; and
 - (c) Disease management services.

Section 3. Qualified Health Benefit Plans.

- (1) All health benefit plans approved by the department for use in the small group or employer-organized association market shall be deemed qualified health benefit plans.
- (2) If an ICARE Program participating insurer develops a new health benefit plan or amends a previously approved health benefit plan to meet the requirements of 2012 Ky Acts ch. 144, Part XII, secs. 3(2) and (4), the insurer shall submit for approval by the department, a:
 - (a) Form filing for each new or amended health benefit plan in accordance with KRS 304.14-120(2), 304.14-430 through 304.14-450, and 806 KAR 14:007; and
 - (b) Rate filing for each new or amended health benefit plan in accordance with KRS 304.17A-095, 304.17A-0952, 304.17A-0954, and 806 KAR 17:150, as applicable.

Section 4. Requirements of Disclosure. Pursuant to 2012 Ky Acts ch. 144, Part XII, sec. 8(1), a disclosure shall:

- (1) Be distributed to an eligible employer by an insurer in written or electronic format;
- (2) Include information relating to availability of the:
 - (a) Health Insurance Premium Payment (HIPP) Program by stating the following: "The Health Insurance Premium Payment (HIPP) Program is administered by the Department for Medicaid Services and pays for the cost of private health insurance premiums. The Program reimburses individuals or employers for private health insurance payments for individuals who are eligible for Medicaid when it is cost effective. For more information, or to see if you are eligible, contact the Department for Medicaid Services, HIPP Program, 275 East Main Street, Frankfort, Kentucky 40621."; and
 - (b) ICARE Program, which shall include:
 1. Information relating to an eligible employer and employee;
 2. Amount of initial health care incentive payment and incremental reduction in rates pursuant to 2012 Ky Acts ch. 144, Part XII, sec. 4(1);
 3. Limited enrollment of eligible employers under the ICARE Program; and
 4. Department Web site and toll-free telephone number of the ICARE Program; and
- (3) Be submitted annually to the department for review.

Section 5. ICARE Program Data Reporting Requirements.

- (1)
 - (a) An ICARE Program participating insurer shall designate a contact person to respond to inquiries of the department relating to the ICARE Program and provide to the department the contact person's:
 1. Name;
 2. Telephone and fax numbers; and
 3. Electronic mail address; and
 - (b) If the information requested in paragraph (a) of this subsection is changed, the insurer shall notify the department within fifteen (15) days of the date of the change.
- (2) No later than the 15th day of each month, the department shall report electronically to the designated contact person of an ICARE Program participating insurer as established in subsection (1) of this section, the following information for each newly enrolled and terminated ICARE Program participating employer:
 - (a) The ICARE Program identification number;
 - (b) Name of employer group; and
 - (c) The ICARE Program year effective date.
- (3) Each ICARE Program participating insurer shall collect the following information monthly for each ICARE Program participating employer:
 - (a) The ICARE Program identification number;
 - (b) Name of employer group;

- (c) Name of the qualified health benefit plan covering eligible employees;
 - (d) Month of coverage;
 - (e) Average monthly premium of each eligible employee;
 - (f) Number of eligible employees covered under the qualified health benefit plan; and
 - (g) Termination date, if applicable.
- (4) No later than the 20th day of each month, an ICARE Program participating insurer shall report to the department information identified in subsection (3) of this section in a format as established in the form, ICARE Report-1.
- (5) For the calendar year ending December 31, 2007, and annually thereafter, an ICARE Program participating insurer shall submit to the department, a report of the average annual premium of each ICARE Program participating employer. The annual report shall:
- (a) Include for each ICARE Program participating employer:
 - 1. ICARE Program identification number;
 - 2. Name of the employer group; and
 - 3. Average annual premium paid; and
 - (b) Be submitted in a format as established in the form, ICARE Report-1:
 - 1. No later than February 1, for the previous calendar year; and
 - 2. In an electronic or written format.

Section 6. Annual Department Review of ICARE Books and Records. The department may make or cause to be made an annual review of the books and records of an ICARE Program participating insurer or agent to ensure compliance with:

- (1) 2012 Ky Acts ch. 144, Part XII, secs. 1 through 8; 806 KAR 17:540; 806 KAR 17:545; and this administrative regulation; and
- (2) The representations made by the employer on its application for participation in the ICARE Program.

Section 7. Incorporation by Reference.

- (1) "ICARE Report-1", 7/2008, is incorporated by reference.
 - (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Department of Insurance, 215 West Main Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on the department Web site at <http://insurance.ky.gov>.
- (33 Ky.R. 1476; Am. 1846; 2304; eff. 3-9-2007; 34 Ky.R. 402; 1429; eff. 1-4-2008; 35 Ky.R. 672; 1471; eff. 1-5-2009; 37 Ky.R. 507; 11-5-2010; 39 Ky.R. 620; eff. 12-7-2012.)