

1 Public Protection Cabinet

2 Department of Insurance

3 Division of Health and Life Insurance and Managed Care

4 (Amendment)

5 806 KAR 14:007. Rate and form filing for health insurers.

6 RELATES TO: KRS 304.1-010, 304.1-050, 304.3-270, 304.4-010, 304.14-120, 304.14-
7 190,304.17-380, 304.17A-005, 304.17A-095, 304.17A-096, 304.17C-010(5)

8 STATUTORY AUTHORITY: KRS 304.2-110(1)

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

13 Section 1. Definitions.

14 (1) "Commissioner" means the Commissioner of Insurance as defined by KRS 304.1-
15 050(1).

16 (2) "Department" means Department of Insurance as defined by KRS 304.1-050(2).

1 (3) "Filing entity" means a health insurer authorized to transact business in Kentucky or
2 an entity authorized by that health insurer to submit filings on its behalf.

3 (4) "Health benefit plan" is defined by KRS 304.17A-005(22).

4 (5) "Health policy form" or "form" means application, policy, certificate, contract, rider,
5 endorsement, and for long-term care, short term nursing and Medicare Supplement products,
6 including advertising.

7 (6) Limited health service benefit plan is defined by KRS 304.17C-010(5).

8 Section 2. Filing Procedures. (1) A health insurance rate and form filing shall be
9 accompanied by a Face Sheet and Verification Form, Form HIPMC-F1.

10 (2) An individual health insurance rate filing shall be accompanied by an Individual
11 Health Forms Actuarial Certification Form, Form HIPMC-R4.

12 (3) An insurer issuing, delivering, or renewing a health benefit plan or a limited health
13 service benefit plan shall complete and attach to each plan filed a Health Summary Sheet – Form
14 Filings, Form HL-F11.

15 (4) Except for a health benefit plan rate filing pursuant to KRS 304.17A-095, a rate filing
16 shall be accompanied by a Rate Filing Information Form, Form HIPMC-R36.

17 (5) If a rate or form filing submitted by a health insurer does not contain the information
18 necessary to review the filing, the department shall use an Additional Health Information
19 Request Form, Form HIPMC-F16, to request submittal of the incomplete information.

1 (6)(a) Each form shall be identified by a unique form number in the lower left-hand
2 corner of the first page of the form; and

3 (b) Other numbers shall not appear in close proximity to the form number.

4 (7) Each submission shall be accompanied by a submittal letter listing all forms by
5 number with a brief description of each form and listing all of the forms that will be submitted
6 together.

7 (8) If a form is submitted with alternate pages or alternative benefits, the submittal letter
8 required by subsection (7) of this section shall:

9 (a) State under what conditions each alternate page or alternative benefit may be used;
10 and

11 (b) Identify by a unique form number each alternate page or alternative benefit.

12 (9) If a filing entity files a form containing variable text, the filing entity shall file an
13 explanation of each variation the health insurer proposes to use.

14 (10) Except for an insert page or alternate page, each form shall contain the corporate
15 name and address of the health insurer.

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

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

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

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

5 Section 4. Date of Filing. Pursuant to KRS 304.4-010(2), a fee payable under the
6 Kentucky Insurance Code shall be collected in advance, unless an insurer is excluded from
7 paying the fee in advance pursuant to KRS 304.4-010(3). The period of time in which the
8 commissioner may approve or disapprove a filing shall not commence, and the submission shall
9 not be given a filing date, until the following are received by the department:

10 (1) The rate or form filing;

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

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

14 Section 5. Use of Forms and Rates. (1) A form or rate shall not be used in Kentucky until:

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

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

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

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

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

9 (a) Filed with the department; and

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

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

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

15 (2) The form being replaced;

16 (3) The date the replaced form was:

17 (a) Approved;

18 (b) Disapproved;

1 (c) Withdrawn; or

2 (d) Submitted; and

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

4 Section 7. Rate Revision and Annual Rate Filings. (1) The following shall be included
5 and properly completed in a filing for rate revision or annual rate filing:

6 (a) Signed actuarial memorandum, in accordance with 806 KAR 17:070, Sections 3 and
7 4;

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

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

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

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

14 Section 9. Electronic Filings. (1) A health insurer may file a rate or form electronically
15 through the National Association of Insurance Commissioners' electronic system for rate and
16 form filings via the Web site [~~Website~~] www.serff.com.

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

1 Section 10. Incorporation by Reference. (1) The following material is incorporated by
2 reference:

3 (a) Form HIPMC-F1, "Face Sheet and Verification Form", 10/2021 [~~07/2020~~] edition;

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

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

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

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

9 (2) This material may be inspected, copied or obtained, subject to applicable copyright
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11 Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on
12 the department's Web site at: <https://insurance.ky.gov/ppc/CHAPTER.aspx>
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