

Chapter 284-46A WAC

HEALTH MAINTENANCE ORGANIZATION GENERAL RULES FOR ELECTRONIC FILING OF FORMS AND RATES IN SERFF

WAC

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WAC 284-46A-010 Definitions that apply to this chapter. The definitions in this section apply throughout this chapter.

(1) "Complete filing" means a package of information containing forms, supporting information, documents and exhibits submitted to the commissioner electronically using the system for electronic rate and form filing (SERFF).

(2) "Date filed" means the date a complete filing has been received and accepted by the commissioner.

(3) "Filer" means:

(a) A person, organization or other entity that files forms or rates with the commissioner for an HMO; or

(b) A person employed by the HMO to file under this chapter.

(4) "Form" means a:

(a) "Contract" as defined in WAC 284-43-910; and includes:

(i) Applications;

(ii) Certificates of coverage;

(iii) Disclosure forms;

(iv) Enrollment forms;

(v) Policy forms, including riders;

(vi) Termination notice forms;

(vii) Short form filing summary, as outlined in the SERFF filing instructions; and

(viii) All other forms that are part of the contract.

(b) "Contract form" as defined in WAC 284-43-910;

(c) Network enrollment forms described in WAC 284-43-220(2);

(d) Prepayment agreements described in RCW 48.46-060;

(e) Participating provider agreements as required by RCW 48.46.243; and

(f) Medicare supplement forms required to be filed under chapter 48.66 RCW.

(5) "Health maintenance organization" or "HMO" means the same as in RCW 48.46.020.

(6) "NAIC" means the National Association of Insurance Commissioners.

(7) "Objection letter" means correspondence created in SERFF and sent by the commissioner to the filer that:

(a) Requests clarification, documentation or other information;

(b) Explains errors or omissions in the filing; or

(c) Disapproves a form under RCW 48.46.060 or 48.46.243.

(8) "Rate" or "rates" means all classification manuals, rate manuals, rating schedules, class rates, and rating rules that must be filed under RCW 48.46.060 or 48.66.035.

(9) "Rate schedule" means the same as in WAC 284-43-910.

(10) "SERFF" means the system for electronic rate and form filing. SERFF is a proprietary NAIC computer-based application that allows insurers and other entities to create and submit rate, rule and form filings electronically to the commissioner.

(11) "Type of insurance" or "TOI" means a specific type of health care coverage listed in the *Uniform Life, Accident and Health, Annuity and Credit Coding Matrix* published by the NAIC and available at www.naic.org.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-010, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-020 Purpose of this chapter. The purpose of this chapter is to:

(1) Adopt processes and procedures for filers and HMOs to use when submitting electronic forms and rates to the commissioner by way of SERFF.

(2) Effective July 1, 2010, designate SERFF as the method by which filers and HMOs must submit all forms and rates to the commissioner.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-020, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-030 Scope of this chapter. This chapter applies to all HMOs that must file forms and rates under RCW 48.46.060, 48.46.243, and 48.66.035.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-030, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-040 Filing instructions that are incorporated into this chapter. SERFF is a dynamic application that the NAIC will revise and enhance over time. To be consistent with NAIC filing standards and provide timely instructions to filers, the commissioner will incorporate documents posted on the SERFF web site into this chapter. By

reference, the commissioner incorporates these documents into this chapter:

(1) The *SERFF Industry Manual* available within the SERFF application; and

(2) State specific rate and form filing instructions posted on the commissioner's web site (www.insurance.wa.gov), including the:

(a) *Washington State SERFF Health and Disability Form Filing General Instructions*; and

(b) *Washington State SERFF Health and Disability Rate Filing General Instructions*.

[Statutory Authority: RCW 48.02.060, 48.44.050, 48.46.200, and 48.110.150. 12-01-103 (Matter No. R 2011-24), § 284-46A-040, filed 12/21/11, effective 1/21/12. Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-040, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-050 General form and rate filing rules. (1) Each form or rate filing must be submitted to the commissioner electronically using SERFF.

(a) Every form filed in SERFF must:

(i) Be attached to the form schedule; and

(ii) Have a unique identifying number and a way to distinguish it from other versions of the same form.

(b) Filers must send all written correspondence related to a form or rate filing in SERFF.

(2) All filed forms must be legible for both the commissioner's review and retention as a public record. Filers must submit new or revised forms to the commissioner for review in final form displayed in ten-point or larger type.

(3) Filers must submit complete filings that comply with the *SERFF Industry Manual* available within the SERFF application and state specific instructions posted on the commissioner's web site (www.insurance.wa.gov), including the:

(a) *Washington State SERFF Health and Disability Form Filing General Instructions*; or

(b) *Washington State SERFF Health and Disability Rate Filing General Instructions*.

(4) Filers must submit separate filings for each type of insurance.

[Statutory Authority: RCW 48.02.060, 48.44.050, 48.46.200, and 48.110.150. 12-01-103 (Matter No. R 2011-24), § 284-46A-050, filed 12/21/11, effective 1/21/12. Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-050, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-060 Specific rate filing rules. (1) If a rate filing is required under RCW 48.46.060, or 48.66.035, the filer must submit it:

(a) Separate from any corresponding form filing; and

(b) Concurrently with the corresponding form filing if new forms are being introduced.

(2) Each rate filing must include, if appropriate:

(a) Rates schedules;

(b) Actuarial data that supports the:

(i) Proposed rate schedules; and

(ii) Anticipated loss ratio; and

(c) Any additional data or information requested by the commissioner.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-060, filed 12/17/09, effective 1/17/10.]

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WAC 284-46A-070 The commissioner may reject filings. (1) The commissioner may reject and close any filing that does not comply with WAC 284-46A-040, 284-46A-050, or 284-46A-060. If the commissioner rejects a filing, the filer has not filed forms or rates with the commissioner.

(2) If the commissioner rejects a filing and the filer resubmits it as a new filing, the date filed will be the date the commissioner receives and accepts the new filing.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-070, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-080 Filing authorization rules. An HMO may authorize a third-party filer to file forms or rates on its behalf. For the purposes of this section, a "third-party filer" means a person or entity in the business of providing regulatory compliance services.

(1) If an HMO delegates filing authority to a third-party filer, each filing must include a letter as supporting documentation signed by an officer of the HMO authorizing the third-party filer to make filings on behalf of the HMO.

(2) The HMO may not delegate responsibility for the content of a filing to a third-party filer. The commissioner considers errors and omissions made by the third-party filer to be errors and omissions of the HMO.

(3) If a third-party filer has a pattern of making filings that do not comply with this chapter, the commissioner may reject a delegation of filing authority from the HMO.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-080, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-090 Rules for responding to an objection letter. An objection letter may ask the filer to revise a noncompliant form or rate filing or provide clarification or additional information. The objection letter will state the reason(s) for disapproval, including relevant case law, statutes and rules. Filers must:

(1) Provide a complete response to an objection letter. A complete response must include:

(a) A separate response to each objection, and if appropriate;

(b) A description of changes proposed to noncompliant forms, and a replacement form attached to the form schedule; or

(c) Revised exhibits and supporting documentation.

(2) Respond to the commissioner in a timely manner.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-090, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-100 Rules for revised or replaced forms. If an HMO files a revised or replaced form, the filer must provide the supporting documentation described below:

(1) If a form is revised due to an objection(s) from the commissioner, the filer must provide a detailed explanation of all material changes to the disapproved form.

(2) If a form which received final action is replaced with a new version, the filer must submit an exhibit that marks and identifies each change or revision to the replaced form using one of these methods:

(a) A draft form that strikes through deletions and underlines additions or changes in the form;

(b) A draft form that includes comments in the margins explaining the changes in the form; or

(c) A side-by-side comparison of current and proposed language.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-100, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-110 Effective date rules. (1) Filers must include a common implementation date for all forms or rates submitted in a filing.

(2) Filers may submit a request to change the implementation date of a filing as a note to reviewer.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-110, filed 12/17/09, effective 1/17/10.]

WAC 284-46A-120 Rules that apply to forms translated from English to another language. HMOs may issue forms written in languages other than English.

(1) If the HMO translates the form from English to another language, the HMO must:

(a) File the translated version of the form.

(b) Include written disclosure statements on the translated contract indicating that it is issuing the translated form on an informational basis and the English version is controlling for the purposes of application and interpretation. The disclosure statements must be in English and the language of the translated form and printed in bold face type of at least twelve-point font.

(c) Submit a certification with the filing by an officer employed by the HMO that they will issue the English version of the form with the translated form.

(2) When filing a translated form, the filer must:

(a) Identify the approved English version of the form by providing, as applicable, the:

(i) SERFF filing number;

(ii) Form number, edition date or edition identifier; and

(iii) Effective date of the filing.

(b) Submit certification by a professional translator certified by the American Translators Association or a comparable organization that the:

(i) Translator has translated the English version of the form; and

(ii) Translation is accurate.

(3) The commissioner will file but not review or approve translated form.

[Statutory Authority: RCW 48.02.060, 48.44.050, and 48.46.200. 10-01-118 (Matter No. R 2009-04), § 284-46A-120, filed 12/17/09, effective 1/17/10.]