

**Pennsylvania Insurance Department
Accident and Health Bureau
Advisory Notice – General Instructions
Update effective July 24, 2012**

Pennsylvania requires all Accident and Health Form and Rate Filings to be submitted on the NAIC System for Electronic Rate and Form Filing – (SERFF) unless special circumstances require an exception by the Department to permit a Paper Filing.

Forms - Each foreign or domestic company, association or exchange, hospital plan corporation, professional health services plan corporation, fraternal benefit society and risk assuming PPO organization and HMO shall file with the Department any form which it proposes to issue in this Commonwealth except a type or kind of form which, in the opinion of the commissioner, does not require filing. (40 P.S. Section 3803(a)). The commissioner shall publish notice in the Pennsylvania Bulletin identifying any type or kind of form which has been exempted from filing.

DEREGULATED "FORM" FILINGS: Certain **Group A&H Forms** have been deregulated. The deregulated *forms* should not be filed with the Department for prior approval. It remains the company's responsibility to assure that the forms are fully compliant with Pennsylvania Laws, Regulations and Rules. Please refer to the Deregulation Notices found on the Department's Website – www.insurance.pa.gov. Three separate Deregulation Notices currently appear. One for Commercial Insurers 26 Pa.B. 1453, one for PPOs and HMOs 27 Pa.B. 1893 and one for Non-Profit (Blue Cross and Blue Shield Plans) 27 Pa.B. 3118.

FILINGS THAT MUST BE FILED WITH THE PROPERTY AND CASUALTY BUREAU

- **TRIP COVERAGE BENEFITS FOR:** Trip companion benefits, food, lodging, education expense, trip cancellation, loss of baggage, change of mind coverage, vehicle related expenses, etc. of a property and/or casualty nature rather than medical expenses related to sickness or injury.

Do not file this coverage with the Accident and Health Bureau.

Individual Rates – Each foreign or domestic company, association or exchange, hospital plan corporation, professional health services plan corporation, fraternal benefit society and risk assuming PPO organization and HMO shall file with the Department rates for individual accident and health policies which it proposes to use in this Commonwealth, except those rates which in the opinion of the commissioner, cannot practicably be filed

before they are used. The commissioner shall publish notice in the Pennsylvania Bulletin identifying rates which the commissioner determines cannot be practicably filed. (40 P.S. Section 3803(c)).

Certain Group Rates Exempt – Each foreign or domestic company, association or exchange, hospital plan corporation, professional health services plan corporation, fraternal benefits society, health maintenance organization and risk assuming PPO organization shall not be required to file with the department rates for accident and health insurance policies which it proposes to issue on a group basis in this Commonwealth except those referenced below under Required Group Rates. (40 P.S. Section 3803 (d)).

Required Group Rates - Each foreign or domestic company, association or exchange, hospital plan corporation, professional health services plan corporation, fraternal benefits society, health maintenance organization and risk assuming PPO organization shall file with the department rates for *small group* accident and health insurance policies which it proposes to issue on a group, basis in this Commonwealth for other than Excepted Benefits as defined in Section 2791 (C) of the Public Health Service Act (110 STAT. 1972, 42 U.S.C. Subsection 300GG-91(C)). (40 P.S. Section 3803(e)).

Note: "Small Group" is a group that purchases accident and health insurance in the small group market as defined in section 2791(e)(5) of the Public Health Service Act (110 Stat. 1972, 42 U.S.C. s 300gg-91(e)(5), provided, however, that for plan years beginning prior to January 1, 2016, or other date as established in Federal law, "50 employees" is substituted for "100 employees" in the definition of "small employer" in section 2791 (e)(4) of the Public Health Service Act.

OUT-OF-STATE GROUPS :

Group accident and health insurance coverage provided in this Commonwealth under a policy issued in another State and except as provided in clause 40 P.S. 756.2(2) of subsection (e) and subsection (f), all group policies, certificates, amendments, endorsements and enrollment forms shall be filed with the Commissioner for approval.

Evidence of approval of rates and forms, in the State where the group policy is issued, must be filed with the Commissioner.

When making an Accident and Health Filing with the Department it is necessary to file separate Form and separate Rate filings.

Make a separate Serff Form Filing and a separate Serff Actuarial/Premium Rate Filing. The separate Form and separate Rate filing must be made at the same time. Use the "Corresponding Serff Filing Tracking Number" located under the Serff General Information Tab to link the separate rate filing with the separate form filing and vice versa.

MULTIPLE FORMS AND/OR COMPANIES: The Accident and Health Bureau does not accept Multiple Company filings. If the same form is to be filed for more than one Company, the form must be filed by each separate Company.

RETALIATORY FILING FEES: All retaliatory filing fees must be received prior to the approval of a filing.

For Serff filings, submit the filing fee via the Electronic Funds Transfer (EFT) feature.

Contact the SERFF Help Desk for assistance with using EFT.

If it is necessary to mail the filing fee to the Department, it will be necessary to submit the check along with a retaliatory filing fee form to the Pennsylvania Insurance Department, Deputy, Insurance Product Regulation, 1311 Strawberry Square, Harrisburg, PA 17120. Checks must be payable to the "Commonwealth of Pennsylvania" and if applicable include the SERFF tracking number on the retaliatory filing fee form. The retaliatory filing fee form is available on the Department's website.

ELECTRONIC COMMUNICATION SENT TO THE ACCIDENT AND HEALTH BUREAU

Do Not establish security settings on your communication that require the use of passwords or going to other websites to obtain or down-load your communication. Communication to the Department containing these security requirements to read or retrieve the communication will be rejected unless by Law or Regulation you are required to secure the information you are sending to the Department.

Serff Filings – (Important requirements) - **the PDF Pipeline** must work on all attachments. The filer must ensure that the PDF Pipeline works before submitting the filing to the Insurance Department. Attachments not compatible with the PDF Pipeline will be rejected. Note: Attachments larger than 3MB cannot be submitted via the PDF Pipeline. Please contact the SERFF Help Desk for assistance. Attachments and information, other than actuarial worksheets must be submitted as Adobe pdf and distilled with acrobat distiller version 7.0 or backwards compatible. Actuarial explanatory materials must also be submitted in Adobe pdf. All Actuarial worksheets and

exhibits with numbers, tables, data, and formulas must be submitted in Excel. **NOTE:** Formulas **must** be submitted.

ELECTRONIC TRANSACTIONS ACT – 73 P.S. Section 2260.101 et seq. – Certifications must be scanned and included with the submission regarding the intent to use an electronic form.

SERFF FILINGS - (Important things to remember):

- **TOIs and Sub-TOIs:** Make sure you use the correct Type of Insurance (TOI) and Sub-Type of Insurance (Sub-TOI) codes for the product you are filing. Consult the NAIC Product Code Matrix for the correct code that corresponds to the Product you are filing.
- **Filing Type:** Clearly define the specific type of Form or Rate you are filing. Note differences between Guaranteed Issue and Medically Underwritten products; Special Products such as Special Care and High Deductible Health Plans, and In-State and Out-of State Group Discretionary or Exempt Group Filings or filings for various applications for PPO Authority or Advertising, or Provider Agreements, or Medicare Supplement Refund Calculation Reports.
- **General Information Tab: Corresponding Filing Serff Tracking Number:** Insert the Corresponding Filing SERFF Tracking Number of the separate Form or Rate filing that corresponds to the immediate filing. The Corresponding Filing Serff Tracking Number serves to link the separate filings. Both filings are reviewed at the same time by the Department and approved at the same time.
- **Form Schedule Tab:** Load only forms being submitted for Department approval under the Form Schedule Tab. Make sure the Form Number listed is the same form number as the form you are loading into the form schedule section of the filing. Make sure the Form Number you list is the same form number that appears on the actual form.
- **Rate/Rule Schedule Tab:** Load the Rates and Rate Schedules under this Tab. The Actuarial Memorandum should be loaded under the Supporting Documentation Tab. Be sure to clearly indicate the name of the issuer and the form number to which the rates or rate schedules are applicable on the rate or rate schedule pages that you submit.

- **Supporting Documentation Tab:** Information that supports the filing and the Actuarial Memorandum should be submitted under this tab.

Do not load forms under the supporting documentation tab that are being submitted for approval purposes. (Load forms to be approved, under the "Form Schedule Tab")

Do not load rates under the supporting documentation tab that are being submitted for approval purposes. (Load these Rates/Schedules under the "Rate/Rule Schedule")
- **IMPORTANT: Confidential Data Request:** Information submitted with a Serff Filing that is to be considered "Confidential – and Not Available for Public Viewing" must be isolated under a separate document component and appropriately identified as "Confidential". The Department cannot exclude certain sections of a form as confidential. The Department can indicate that a specific form is intended to be "Confidential" in its entirety.

Your Confidentiality request must be accompanied by an explanation of why the data is except from any "Right-to-Know" requirement concerning public information.

You may not indicate that an entire filing is "Confidential."
- **TRADE OR MARKETING NAMES:** All filings and all forms and rate schedules *must clearly identify the specific policy form by description of the category of coverage being offered, and the policy form number.* A Trade or Marketing Name may be included *in addition to* the correct description of the category of coverage and policy form number. Trade or Marketing Names may not be used in lieu of a complete disclosure of the specific policy form number and the description of the category of coverage being offered under the policy form. Trade or Marketing names may not be used if they confuse or mislead.
- **SPEED-TO-MARKET:** The Department will make every effort possible to process your filing as quickly as possible and avert unnecessary delays. All new filings will be reviewed to determine if they demonstrate a good faith effort to satisfy Pennsylvania Insurance Laws and Regulations and to ensure that all necessary components of the filing have been submitted. Incomplete or inadequate filings will be immediately rejected by the Department and closed. A "rejected" filing necessitates a new filing being submitted with appropriate filing fees.

- **FAILURE TO RESPOND TO DEPARTMENT OBJECTIONS TO A FILING WITHIN 120-DAYS:**

Please make every effort to respond to all Department inquiries or objections by any "Respond By Date" indicated in the correspondence. Failure to fully respond to all of the Department's objections by the "respond by" date will delay or possibly cause the filing to be disapproved or rejected.

Failure to respond to the Department's objections within the 120-day period will cause the filing to be closed permanently. Once closed, the filing will not be re-opened. It will be necessary for the Filer to present a new filing to the Department, with reference to the Serff Tracking Number of the filing that was closed and the name of the Department Actuary or Forms Examiner that was assigned to the original filing that was closed.

APPLICABLE TO ACCIDENT AND HEALTH BUREAU ONLY: This filing process is specific to the Accident and Health Bureau of the Pennsylvania Insurance Department only and has no bearing on Property and Casualty Bureau or the Life Bureau filing requirements. The filing process will be updated as necessary.

LINKS TO:

DEREGULATED FORM NOTICES ARE AVAILABLE ON THE DEPARTMENT'S WEBSITE AT:

http://www.portal.state.pa.us/portal/server.pt/community/product_and_rate_filing_requirements/9271

RETAILIATORY FILING FEE FORM IS AVAILABLE ON THE DEPARTMENT'S WEBSITE AT:

http://www.portal.state.pa.us/portal/server.pt/community/product_and_rate_filing_requirements/9271

PRODUCT CODING MATRIX FILING CODES: The NAIC Uniform Life, Accident and Health, Annuity, Credit Product Coding Matrix can be found on the Department's Website at:

http://www.portal.state.pa.us/portal/server.pt/community/product_and_rate_filing_requirements/9271/accident_and_health/538836

PRODUCT CHECK-LISTS: Product check lists provide submission requirements for filing specific product line by type of insurer is found on the Department's Website at:

http://www.portal.state.pa.us/portal/server.pt/community/product_and_rate_filing_requirements/9271/accident_and_health/538836

QUESTIONS: If you have any questions regarding this advisory, please contact Peter Camacci, Director, Bureau of Life, Accident and Health Insurance at (717) 787-0762 or via e-mail at Pcamacci@state.pa.us or contact Rick Stoner, Accident and Health Forms Examiners Supervisor at (717)783-9754 or via e-mail at rstoner@state.pa.us.

End of Summary.