

304.17A-330 Self-insurance reporting requirements -- Exemption.

- (1) All insurers authorized to write health insurance in this state and employer-organized associations that self-insure shall transmit at least annually by July 31 to the commissioner the following information, in a format prescribed by the commissioner, on their insurance experience in this state for the preceding calendar year:
 - (a) Total premium by product type and market segment;
 - (b) Total enrollment by product type and market segment;
 - (c) Total cost of medical claims filed by product type and market segment;
 - (d) Total amount of medical claims paid by the insurer and insured by product type and market segment;
 - (e) Total policies canceled by type and the aggregate reasons therefor; and
 - (f) List of total health and medical services paid for, grouped by types of services and costs:
 1. Total cost per health and medical service per insured group:
 - a. Cost paid by insurer;
 - b. Cost paid by insured; and
 2. Number of insureds who received each service.
- (2) With the approval of the commissioner, the department may exempt insurers, employer-organized associations that self-insure, and health purchasing outlets from the data reporting requirements of this section if the total number of insureds is less than five hundred (500).

Effective: July 15, 2010

History: Amended 2010 Ky. Acts ch. 24, sec. 1225, effective July 15, 2010. -- Amended 2004 Ky. Acts ch. 59, sec. 5, effective July 13, 2004. -- Amended 2000 Ky. Acts ch. 521, sec. 3, effective July 14, 2000. -- Created 1998 Ky. Acts ch. 496, sec. 41, effective April 10, 1998.