

11 NCAC 16 .0602 HMO GENERAL FILING REQUIREMENTS

(a) All schedules of premiums for enrollee coverage for health care services and all amendments to schedules of premiums that are filed with the Department shall be submitted to and stamped received by the Life and Health Division and shall indicate whether the filing is an original or amended filing. All data requirements prescribed by this Section shall be submitted within 30 days after the date that the filing is stamped received, or the filing will be deemed to be disapproved. Subsequent data submissions for rate filings deemed to be in non-compliance with this Section shall be made directly to the Department's Actuarial Services Division within the 30 day period.

(b) All filings shall be accompanied by:

- (1) A certification by a qualified actuary that the premiums applicable to an enrollee are not individually determined based on the status of their health and that such premiums are established in accordance with actuarial principles for various categories of enrollees and are not excessive, inadequate, or unfairly discriminatory.
- (2) Actuarial data supporting the schedule of premiums as prescribed by 11 NCAC 16 .0603, 11 NCAC 16 .0604, 11 NCAC 16 .0605, 11 NCAC 16 .0206 and 11 NCAC 16 .0207.

(c) As used in Paragraph (b) of this Rule, "qualified actuary" means an individual who is a member of the American Academy of Actuaries, an Associate or Fellow of the Society of Actuaries, or an Associate or Fellow of the Casualty Actuarial Society, and has at least three years of substantive experience in the HMO or another managed health care field.

*History Note: Authority G.S. 58-67-50(b); 58-67-150;
Eff. April 1, 1995;
Amended Eff. February 1, 1996;
Readopted Eff. October 1, 2018.*