

**TITLE 114  
LEGISLATIVE RULE  
INSURANCE COMMISSIONER**

**SERIES 84  
HEALTH POLICY RATE AND FORM FILING**

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**§114-84-1. General.**

1.1. Scope -- The purpose of this rule is to provide a uniform standard for processing of accident and sickness policy form filings. This rule is based on the “Health Policy Rate and Form Filing Model Regulation (Model 165)” adopted by the National Association of Insurance Commissioners (NAIC) in 2006. Series 26 and 67 of this title should also be consulted for additional information pertaining to form and rate filings.

1.2. Authority -- W. Va. Code §33-2-10.

1.3. Filing Date --

1.4. Effective Date --

**§114-84-2. Definitions.**

2.1. “Accident and sickness carrier” means an entity licensed to offer accident and sickness insurance in this state, or subject to the insurance laws and rules of this state, or subject to the jurisdiction of the Commissioner, that contracts or offers to contract to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services, or any insurer that provides policies of supplemental, disability income, Medicare supplement or long term care insurance.

2.2. “Commissioner” means the insurance commissioner of this state.

2.3. “Health care services” means services for the diagnosis, prevention, treatment, cure or relief of a health condition, illness, injury or disease.

2.4. “Policy form” means any accident and sickness policy, contract, certificate, rider, endorsement, evidence of coverage or any amendments thereto that are required by law to be filed with the Commissioner for approval prior to their sale or issuance for sale in this state.

2.5. “Supplemental documents” means documents required to be filed in support of policy forms that may or may not be subject to approval.

2.6. “Type of insurance” means those coverages listed on the NAIC Uniform Life, Accident and Health, Annuity and Credit Product Coding Matrix or any successor document

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under the headings “Continuing Care Retirement Communities,” “Health,” “Long Term Care” and “Medicare Supplement.”

**§114-84-3. Due Diligence.**

All parties in the filing process shall act in good faith and with due diligence in performance of their duties pursuant to this rule.

**§114-84-4. Review Procedures.**

4.1. Subject to the provisions of this section, no policy form subject to this rule shall be delivered or issued for delivery in this state, unless it has been filed with and approved by the Commissioner.

4.2. a. The Commissioner shall create a document containing filing requirements for each type of insurance. The document shall contain a list of all product filing requirements contained in the statutes, rules, orders, and published bulletins in this state having the force and effect of law, with appropriate citations to each, including the citation for the type of insurance that is required to be filed, and shall be available on the Insurance Commissioner’s Internet site.

b. The Commissioner shall update the document no less frequently than annually and within thirty days of any change in law, rule or bulletin published by the Commissioner having the force and effect of law requiring its amendment.

4.3. A filer shall submit a copy of the document with a policy form filing, indicating the location within the policy form or supplemental documents for each requirement contained in the document and certifying that the policy form meets all requirements of state law.

4.4. The Commissioner shall review and approve, provide a notice of deficiencies or disapprove the initial filing within sixty days of receipt. Any notice of deficiencies or disapproval shall be in writing and based only on the specific provisions of applicable statutes, rules or bulletins published by the Commissioner pursuant to subsection 4.2 of this section. The notice of deficiencies or disapproval shall provide the reasons for notice of deficiencies or disapproval and sufficient detail for the filer to bring the policy form into compliance and shall cite the specific statutes, rules or bulletins upon which the notice of deficiencies or disapproval is based.

4.5. A filer may resubmit a policy form that corrects any deficiencies or resubmit a disapproved policy form within thirty days of its receipt of the Commissioner’s notice of deficiencies or disapproval. Any policy form not resubmitted within thirty days of the notice of

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deficiencies shall be deemed withdrawn. Any disapproved policy form not resubmitted within thirty days is disapproved.

4.6. At the end of the review period, the form is deemed approved if the Commissioner has taken no action.

4.7. a. The Commissioner shall review the resubmitted filing and shall approve or disapprove it within thirty days. Notice of deficiencies or disapproval shall be in writing and shall provide a detailed description of the reasons for the notice of deficiencies or disapproval and sufficient details for the filer to bring the policy form into compliance and shall cite the specific statutes, rules or bulletins upon which the notice of deficiencies or disapproval is based. No further extensions of time may be taken unless the filer has introduced new provisions in the resubmission or the filer has materially modified any substantive provisions of the policy form, in which case the Commissioner may extend the time for review by an additional thirty (30) days. At the end of the review period, the policy form is deemed approved if the Commissioner has taken no action.

b. 1. Subject to paragraph 2 of this subdivision, the Commissioner may not disapprove a resubmitted policy form for reasons other than those initially set forth in the original notice of deficiencies or disapproval sent pursuant to subsection 4.4 of this section.

2. The Commissioner may disapprove a resubmitted policy form for reasons other than those initially set forth in the original notice of deficiencies or disapproval sent pursuant to subsection 4.4 of this section if:

- A. The filer has introduced new provisions in the resubmission;
- B. The filer has materially modified any substantive provisions of the policy form;
- C. There has been a change in statutes, rules or published bulletins in this state having the force and effect of law; or
- D. There has been reviewer error and the written disapproval fails to state a specific provision of applicable statute, rule or bulletin published by the Commissioner having the force and effect of law in this state that is necessary to have the policy form conform to the requirements of law.

4.8. Notwithstanding any other provision in this section, the Commissioner may return a grossly inadequate filing to the filer without triggering any of the time deadlines set for in this section. For purposes of this subsection, a “grossly inadequate filing” means a filing that fails to

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provide key information, including state-specific information, regarding a product, policy or rate, or that demonstrates an insufficient understanding of what is required to comply with state statutes or rules.

**§114-84-5. Effect of Deemer Provision.**

Except in cases of a material error or omission in a policy form that has been approved or deemed approved pursuant to the provisions of this rule, the Commissioner shall not:

Retroactively disapprove that filing; or

With respect to those policy forms, examine the filer during a routine or targeted market conduct examination for compliance with any later-enacted policy form filing requirements.

**§114-84-6. Effect of Subsequent Law Changes.**

Unless otherwise required by statute, no rules issued by the Commissioner affecting product filings shall be applicable to existing approved or deemed-approved policy forms except upon policy renewal or anniversary date.

**§114-84-7. Rate Filings and Marketing Materials.**

If a rate filing or marketing material is required to be filed or approved by state law for a specific policy form, the time frames for review, approval or disapproval, resubmission, and re-review of those rates or materials shall be the same as those provided for in sections 4 and 5 of this rule for the review of policy forms.