

## SERFF FILING INSTRUCTIONS Accident and Health Filings in New York

*(Last updated 9/4/12 to clarify that commission filings should be submitted under the Normal Pre-Approval filing type. Recent prior revisions: 8/27/12 to add new filing type for Multiple Med Supp reports. 3/14/12 to add new Filing Types for Experience Monitoring/Reporting, HHS MLR Annual Rebate Annual Reports, Loss Ratio Report-Other, and Med Supp Refund Calculations Reports. 1/30/12 to add the new Prior Approval Prefiling filing type. 6/15/11 to revise checklist and standard exhibits for a Section 3231(e)(1) or 4308(c) rate adjustment submission. 8/27/10 to add Actuarial Memorandum as a Submission Requirement for all filings that may contain rates and add Notice of Proposed Rate Increase for all filings related to the new prior approval of rates law. 8/20/10 to announce Filing Types and Submission Requirements for new legislation regarding prior approval of rates and the discontinuance of File and Use Rate Adjustment Filing Types. )*

The Health Bureau accepts accident and health policy form and rate filings submitted electronically through SERFF. These general instructions and guidelines are intended to assist you in preparing your submission. The primary topics covered in these instructions are:

- [Rate Adjustments under New Prior Approval Law](#)
- [PPACA Filings](#)
- [Types and Sub-Types of Insurance](#)
- [Filing Types](#)
- [Form and Rate Schedules](#)
- [Submission Requirements](#)
- [Requirements](#)
- [Product Checklists and Outlines](#)
- [State Specific Fields](#)
- [Cover Letter](#)
- [Attachments to Filings](#)
- [Signatures](#)
- [File Size and Compatibility](#)
- [Multiple Licensees](#)
- [Contact Information](#)

\*\*\*\*\*

**RATE ADJUSTMENTS UNDER NEW PRIOR APPROVAL LAW** -- Sections 3231(e)(1) and 4308(c)  
Submission Requirements have been posted for rate adjustments submitted under the new prior rate approval law. Our old Filing Types related to the File and Use rate filings have been eliminated. You may choose from the following two Filing Types:

- **Rate Adjustment Pursuant to Section 3231(e)(1)**
- **Rate Adjustment Pursuant to Section 4308(c)**

See the [Filing Types](#) section below for an explanation of each.

\*\*\*\*\*

### **PPACA FILINGS:**

Below is the process that will be used for filings submitted to comply with the immediate market changes under Federal Health Reform (PPACA).

- Submit the filing using the appropriate sub-Type of insurance applicable to PPACA (e.g., H/S/M expense, major medical, HMO, etc.).
- Complete the field labeled "PPACA" on the General Information tab to identify filings that are submitted to comply with PPACA. Please refer to the documentation in SERFF's Online Help for instructions on completing the required PPACA field. New York accepts Grandfathered and Non-Grandfathered related filings in one submission. If an incorrect value is inadvertently selected, it can be corrected via a Post Submission Update.
- For **RIDER** or **AMENDMENT** filings to **EXISTING** to comply with the immediate market reforms:
  - (1) Submit the filings using our Certification by Checklist filing type to receive priority review.
  - (2) Fulfill the new submission requirement PPA Checklist by completing the New York-specific PPACA checklist. For these rider filings only, our usual Product Checklist submission requirement can be bypassed; simply insert an explanation that a completed PPACA checklist is being submitted instead. This checklist is available on our website and as a requirement in SERFF.

- (3) Model language for PPACA riders is available on our website. Use of the model language is optional for insurers, but its use will speed the Bureau's review. Filers will indicate on the checklist whether the model language appears in the forms in the filing.
- For **NEW** products or filings containing forms in addition to riders to **EXISTING** products:
  - (1) Submit these filings using a filing type that is appropriate for the content of the filing and the method of review you wish to receive.
  - (2) Fulfill the submission requirements for both the PPACA checklist and our usual Product Checklist (if available on our website).

\*\*\*\*\*

**TYPES AND SUB-TYPES OF INSURANCE**

We accept submissions for all accident and health products using SERFF's standardized types (TOIs) and sub-types of insurance. In addition, we accept "rate only" submissions using SERFF that relate to accident and health rate filings, such as commission filings and loss ratio reports. If one of these "rate only" submissions relates to multiple types of insurance, please use "Health-Other" as the TOI and sub-TOI.

**FILING TYPES**

After selecting the appropriate type of insurance and sub-type of insurance, select one of the following Filing Types that determine the kind of filing being submitted and the priority of review it will receive:

"Speed to Market" Filing Types – Receive higher priority of review by the Bureau:

- **Certification by Checklist**
- **Certification by Template** (*not applicable to rate only filings*)
- **Certification by Previously Approved Form** (*not applicable to rate only filings*)  
Circular Letter 4 (2003) introduced the above three "speed-to-market" approval procedures designed to reduce the time required by the Department to review the filing.
- **Rate Adjustment Pursuant to Section 3231(e)(1)** – This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplement insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs). The Checklist and Standard Exhibits are available as Requirements within SERFF and posted on the Department's website under Filing Resources. The Standard Exhibits must be completed and submitted with the rate filing in addition to the actuarial memorandum.
- **Rate Adjustment Pursuant to Section 4308(c)** – This filing type is used for Article 43 Corporations and Health Maintenance Organizations (HMOs) that are submitting a rate adjustment only filing for any policy form that uses a community rating structure. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates. "Community rating" means a rating methodology in which the premium for all persons covered by a policy or contract form is the same, based on the experience of the entire pool of risks covered by that policy or contract form without regard to age, sex, health status or occupation. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing type cannot be used for form filings, initial rate filings, or by commercial insurers. The Checklist and Standard Exhibits are available as Requirements within SERFF and posted on the Department's website under Filing Resources. The Standard Exhibits must be completed and submitted with the rate filing in addition to the actuarial memorandum.
- **Section 3201(b)(6) Deemer** -- Section 3201(b)(6) established and Circular Letter 2 (1998) further explains this process by which a form may be deemed approved or denied if the Department or the insurer fail to act in a timely manner. This filing type is NOT available for rate only filings.

Other Filing Types – Receive standard priority of review by the Bureau:

- **Advertising** - This filing type is used for Medicare Supplement advertising only. Insurers are not required to submit long term care advertising for filing or approval.
- **Filed for Reference** -- This filing type is used for forms other than those defined as "policy forms" under Section 3201(a). Generally, this is used for filings that contain only disclosures, notices, information only filings, etc. that do not fit in one of the other filing types. It should also be used for rate filings for use only outside of New York. Commission filings and merger and/or name change endorsements should be submitted under the filing type of Normal Pre-Approval.

- **Group Prefiling Notification** - This filing type is used when submitting a prefile notification/confirmation letter for coverage to the Department pursuant to Section 52.32 of Regulation 62.
- **Normal Pre-Approval** – This filing type triggers the traditional Department review and may be used for all form and rate filings, form only filings, or commercial insurer rate only filings other than (i) filings submitted pursuant to Section 3231(e)(1) or (ii) Article 43 Corporation and HMO rate only filings submitted pursuant to Section 4308(c). This filing type would also be used for old individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit languages can ONLY reflect rate changes due to the benefit revision and cannot reflect any adjustment for experience or trend. Use of this filing type for a product subject to Section 3231(e)(1) or 4308(c) cannot include rolling rate tables that extend beyond the period included in the most recent approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2011; a benefit revision is submitted January 2011 to be effective July 1, 2011; this form and rate filing can include rolling rate tables for third and fourth quarter of 2011, but not beyond fourth quarter 2011). Commission filings and merger and/or name change endorsement filings should be submitted under this filing type.
- **Out-of-State** - As required by Section 3201(b)(2), this filing type is used for policy forms that only New York **domestic** insurers intend to issue outside New York. This filing type is not to be used for submissions pursuant to Regulation 123.
- **Prior Approval Prefiling** -- This filing type is used for advance filings by Article 42 insurers, Article 43 Corporations, and Health Maintenance Organizations (HMOs) that plan to submit a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance law. This prefilling must contain a draft of the initial notice to policy/certificate holders of proposed premium rate adjustments and a draft of the narrative summary explaining the reason(s) for the proposed rate. This prefilling is required to be submitted at least 10 calendar days before submitting a premium rate adjustment application. The final forms of the initial notice and the narrative summary must be included with the insurer's rate adjustment application. Please refer to Circular Letter No. 12 (2011).

#### Report Filing Types:

- **Experience Monitoring / Reporting** -- This filing type is used for the annual filing of experience data (a) as required under Sections 52.44(a) and (b) of Regulation 62 for individual policies, (b) as required under Section 59.7(b) of Regulation 123, or (c) individual and group Medicare Supplement policies as required under Section 52.40(k) of Regulation 62.
- **HHS MLR Annual Rebate Report** -- This filing type is used to submit a copy of the HHS Medical Loss Ratio Annual Reporting form to the Department by June 30th to satisfy the reporting requirements of Sections 3231(e)(1) and 4308(c)(3)(A) of the Insurance Law. Insurers completing this form should follow the HHS methodology and instructions using the reporting forms prescribed by HHS. In addition, this filing type is used to submit a confirmation to the Department by August 1st whether, in accordance with HHS requirements, it has paid any rebates to policyholders. If rebates have been, or will be paid, the amount of such rebates by each market segment (i.e., each aggregation pool) is to be reported to DFS.
- **Long Term Care Annual Reports** -- This filing type is used for insurers filing the three required reports relating to long term care insurance with the Department. The reports that may be included in this filing type are: (1) the rescission report, due March 1 annually, (2) the claims denial report due June 30 annually, and (3) the lapse and replacement report, due June 30 annually. An insurer may submit one or all reports in a filing, and may bypass any reports that are not contained in the filing.
- **Loss Ratio Report - Other** -- This filing type is used to submit the loss ratio report for any policy form subject to the annual loss ratio reporting requirement of Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law other than (a) policy forms subject to the HHS MLR Rebate testing (use filing type HHS MLR Annual Rebate Report) and (b) Medicare Supplement policy forms (use filing type Med Supp Refund Calculation Report). Where required, insurers are to submit an annual loss ratio report by June 30 of each year following the calendar year being reported upon. Experience data is to be shown for the last three calendar years and for all three calendar year combined for each such policy form. The report is to be submitted as a Microsoft Excel workbook and also in Adobe Acrobat PDF format.
- **Med Supp Refund Calculation Report** -- This filing type is used to submit the report required for all individual and group Medicare Supplement policies per Section 52.44(c) of Regulation 62 (11 NYCRR 52.44), entitled Premium Refund or Credit Calculation for Individual and Group Medicare Supplement Policies. The report is due by May 1 of each year. The reporting and refund calculation form is found in Section 52.28 of Regulation 62 for each type in a standard Medicare Supplement benefit plan.

- **Multiple Med Supp Report** – On or before March 1st of each calendar year, each issuer is required to report the information specified in 11 NYCRR 58.1(h) for every NYS resident for which the issuer has in force more than one Medicare supplement insurance policy or certificate. The information shall be reported using the form included in the regulation.

A filing guidance on priority of review and filing types is available on our website at [http://www.dfs.ny.gov/insurance/health/guidelines\\_indx.htm](http://www.dfs.ny.gov/insurance/health/guidelines_indx.htm). The “file and use” rate adjustment filing types have been removed.

Not all the above Filing Types are available for every type of insurance product. For example, long term care products do not have the “Rate Adjustment Pursuant to Section 4308(c)” filing type.

The attached chart shows whether each Filing Type is available for form only, rate only, or form and rate filings and lists the SERFF Submission Requirements that are expected to be satisfied for each.

### **FORM AND RATE SCHEDULES**

All new and revised “policy forms” as defined in Section 3201 of the Insurance Law (e.g., policies, certificates, endorsements, riders, applications, etc.) must be submitted on the Form schedule in SERFF. Documents that are NOT “policy forms” but are to be filed by the Department (e.g., Medicare Supplemental advertising, administrative forms, etc.) should also be submitted on the Form schedule. All rate material, except the actuarial memorandum, must be submitted on the Rate schedule in SERFF. The actuarial memorandum, actuarial certification, and all supporting exhibits should be attached to the Supporting Documentation schedule, including the Standard Exhibits and Notices required to be submitted with filing types “Rate Adjustment pursuant to Section 3231(e)(1)” or “Rate Adjustment pursuant to Section 4308(c)”.

### **SUBMISSION REQUIREMENTS**

When preparing a filing in SERFF, once you have selected the TOI, sub-TOI and Filing Type, you will see a list of Submission Requirements established by the Health Bureau to be completed and submitted on the Supporting Documentation schedule. Your decision to satisfy or bypass a Submission Requirement should be based strictly on whether the filing is a combined form and rate filing, a form only filing, or a rate only filing. If you are bypassing a Submission Requirement, be sure to enter an explanation; N/A is not acceptable.

The table at the end of this document shows the available Filing Types and the Submission Requirements the Department expects to be satisfied, by Filing Type, for the various methods of filings. In addition to those listed:

- An Explanation of Variability is required for all group filings containing policy forms.
- A completed NY-specific PPACA Compliance Checklist is required for all PPACA-related filings containing policy forms.

### **REQUIREMENTS**

The SERFF system contains an explanation of each of the Requirements. If completion of a specific form is required, the necessary form is attached to the Requirement. The only exception is the Product Checklist that must be downloaded from our website. Each form is in interactive Adobe Acrobat (pdf) format so you may complete the form online, download it and/or print it for your records.

### **PRODUCT CHECKLISTS AND OUTLINES**

All SERFF filings should reflect compliance with New York laws and regulations. To assist you in preparing filings, the Department has developed Product Checklists and Outlines intended to set forth many of New York’s requirements for various accident and health products.

A completed Product Checklist is required for all products for which a checklist is available. The SERFF Submission Requirement of Product Checklist contains a link to the Department’s website that contains the most current list of available [Product Checklists and Outlines](#).

Please read and follow the instructions on the cover of the checklist. The Product Checklists are interactive in several ways. Some checklists contain items that require you to respond by checking a selection box. The last column of each checklist should be completed to indicate the form, page and paragraph of the filing where the requirement is met. Each checklist contains links that take you directly to the regulatory or statutory reference for the requirement. If you believe the checklist is not applicable, complete the appropriate section at the beginning of the checklist to provide the Department with an explanation why the checklist is not applicable.

Product Outlines are a supplement to the Product Checklists wherein they provide a greater explanation of the requirements listed in the checklists. When completing the Product Checklist, the Department also expects that the relevant Product Outline, if available, has been reviewed in the preparation of the filing.

For some product submissions, more than one Product Checklist or Outline may be applicable in whole or in part.

**STATE SPECIFIC FIELDS** (data previously provided in Standard Transmittal)

Completion of a New York-specific standard transmittal form is no longer required. Several State Specific fields were created in SERFF to capture information needed for the proper assignment and review of each filing. State Specific Fields must be completed using the direct answers; N/A is not acceptable.

**COVER LETTER**

Do NOT attach a cover letter to a SERFF filing – use the Filing Description field on the General Information schedule instead.

**ATTACHMENTS TO FILINGS**

All attachments must be submitted in Adobe Acrobat (pdf) format unless specifically required by a State Reviewer. If a Reviewer requires you to submit an attachment in another format (e.g., Excel), submit an additional copy of the attachment with the same name in .pdf format. Multiple forms should not be included in one attachment. Also, when submitting an attachment (e.g. policy form, certification, etc.), please do not attach another document to the attachment; submit the additional document separately.

In connection with Filing Types "Rate Adjustment pursuant to Section 3231(e)(1)" or "Rate Adjustment pursuant to Section 4308(c)", the actuarial memorandum, actuarial certification, and all supporting exhibits must be submitted on the Supporting Documentation schedule, including the standard exhibits, the initial notice and the final notice. Certain of the standard exhibits are requested to be submitted in a specific file format in addition to the Adobe Acrobat (pdf) format and this is noted on the Supporting Documentation schedule and in the checklist.

**FILE SIZE AND COMPATIBILITY**

File size must be less than 3mb. If you have a document exceeding 3mb, contact the SERFF Help Desk for assistance.

**SIGNATURES**

Some Requirements may require a signature. Since all documents submitted within SERFF must be in Adobe Acrobat (pdf) format, acceptable methods of submitting a signature are:

- Add a separate attachment containing the scanned signature to the filing as long as both the attachment with the signature and the original document requiring the signature contain clear references to each other.
- In Adobe, insert a scanned copy of the page with the signature into the document being attached.

**MULTIPLE LICENSEES**

We require a separate filing for each licensee.

**CONTACT INFORMATION**

If you have questions regarding the submission of filings in New York via SERFF, please contact Doris Kullman at (518) 486-7815 or [Doris.Kullman@dfs.ny.gov](mailto:Doris.Kullman@dfs.ny.gov) or the NAIC at [serff.org](http://serff.org).

This table shows the available Filing Types and the Submission Requirements the Department expects to be satisfied, by Filing Type, for the various methods of filings.

	FILING TYPE	METHOD OF FILING			
		Form and Rate	Form only	Commercial Rate Adjustment only	Article 43 & HMO Rate Adjustment only
"Speed to Market" Filing Types –higher priority of review	Certification by Checklist <i>CL4(2003)</i>	Readability Certif. Product Checklist Form Certif-Cklist Rate Certification Actuarial Memo	Readability Certif. Product Checklist Form Certif-Cklist	<i>Unavailable</i>	<i>Unavailable</i>
	Certification by Template <i>CL4(2003)</i>	Readability Certif. Product Checklist Form Certif-Temp Black-lined Copy Rate Certification Actuarial Memo	Readability Certif. Product Checklist Form Certif-Temp Black-lined Copy	<i>Unavailable</i>	<i>Unavailable</i>
	Certification by Previously Approved Form <i>CL4(2003)</i>	Readability Certif. Product Checklist Form Certif-Prev Black-lined Copy Rate Certification Actuarial Memo	Readability Certif. Product Checklist Form Certif-Prev Black-lined Copy	<i>Unavailable</i>	<i>Unavailable</i>
	Rate Adjustment pursuant to Section 3231(e)(1)	<i>Unavailable</i>	<i>Unavailable</i>	Checklist-Rate Adj Actuarial Memo Std Exhibits 1-7 Initial Notice Final Notice	<i>Unavailable</i>
	Rate Adjustment pursuant to Section 4308(c)	<i>Unavailable</i>	<i>Unavailable</i>	<i>Unavailable</i>	Checklist-Rate Adj Actuarial Memo Std Exhibits 1-7 Initial Notice Final Notice
	Section 3201(b)(6) Deemer	Readability Certif. Product Checklist File Certif-Deemer Actuarial Memo	Readability Certif. Product Checklist File Certif-Deemer	<i>Unavailable</i>	<i>Unavailable</i>
Standard review priority	Advertising	<i>Unavailable</i>		<i>Unavailable</i>	<i>Unavailable</i>
	Filed for Reference				<i>Unavailable</i>
	Group Prefiling Notification	<i>Unavailable</i>	Group Prefiling Notification	<i>Unavailable</i>	<i>Unavailable</i>
	Normal Pre-Approval	<u>3201(b)(1)</u> Readability Certif. Product Checklist Actuarial Memo	<u>3201(b)(1)</u> Readability Certif. Product Checklist	<u>3201(c)(3)</u> Product Checklist Actuarial Memo	<u>4308</u> Actuarial Memo
	Out-of-State <u>3201(b)(2)</u>	<i>Unavailable</i>	State Listing	<i>Unavailable</i>	<i>Unavailable</i>
	Prior Approval Prefiling	<i>Unavailable</i>	<i>Unavailable</i>	Draft Initial Notice Draft Narrative Summary	Draft Initial Notice Draft Narrative Summary
Reports	FILING TYPE	METHOD OF FILING			
		Form and Rate	Form only	Rate only	
	Experience Monitoring/Reporting	<i>Unavailable</i>	<i>Unavailable</i>	Experience Report	
	HHS MLR Annual Rebate Report	<i>Unavailable</i>	<i>Unavailable</i>	Reporting Form Confirmation	
	Long Term Care Annual Reports	<i>Unavailable</i>	Claims Denial Report Lapse & Replacement Rescission Report	<i>Unavailable</i>	
	Loss Ratio Report - Other	<i>Unavailable</i>	<i>Unavailable</i>	Form LR	
	Med Supp Refund Calculation Report	<i>Unavailable</i>	<i>Unavailable</i>	Med Supp Refund Calc	
	Multiple Med Supp Report	<i>Unavailable</i>	<i>Unavailable</i>	Multiple Med Supp Report	

**NOTE:** In addition to the above submission requirements:

- An **Explanation of Variability** is required for all group filings containing policy forms.
- A completed **NY-specific PPACA Compliance Checklist** is required for all PPACA-related filings containing policy forms.