

**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 executive director the following information, in a format prescribed by the executive director, 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 executive director, the office 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 13, 2004

**History:** 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.

**Legislative Research Commission Note** (6/20/2005). 2005 Ky. Acts chs. 11, 85, 95, 97, 98, 99, 123, and 181 instruct the Reviser of Statutes to correct statutory references to agencies and officers whose names have been changed in 2005 legislation confirming the reorganization of the executive branch. Such a correction has been made in this section.