

Title 19: Department of Insurance

Part 3: Accident and Health

Part 3 Chapter 17: Large Group Health Insurance Claims Data Reporting

Rule 17.01 Authority

This regulation is adopted and promulgated pursuant to the authority granted by Miss. Code Ann. § 83-5-1, §§ 83-9-1 et seq., §§ 83-41-401 et seq. and in accordance with the provisions of the Administrative Procedures Act found at Miss Code Ann. § 25-43-1 et seq.

Source: Miss. Code Ann. §§ 25-43-1 et seq.; § 83-5-1; §§ 83-9-1 et seq., § 83-41-401, et seq. (Rev. 2011).

Rule 17.02 Purpose and Scope

- A. Purpose. The purpose of this regulation is to establish requirements for companies who offer fully insured, comprehensive, major medical health insurance products on the remittance of certain claims data to large employer groups as defined by Mississippi Insurance Department Bulletin 2016-9, entitled, “Clarification on How and When Employees Must be Counted for the Purposes of Determining Group Health Plan Size.”
- B. Scope. This regulation shall apply to all health carriers that offer managed care plans.

Source: Miss. Code Ann. § 83-5-1; §§ 83-9-1 et seq., § 83-41-405; § 83-41-413 (Rev. 2011).

Rule 17.03 Claims Data Reporting

- A. Upon request by a large employer group (“group”) or the group’s agent or broker, the group’s health carrier shall make available the currently available de-identified claims utilization data, aggregate paid claims, and premium data accumulated for the current and the two (2) immediately preceding policy periods. The company shall make this data available within fourteen (14) business days of the request.
- B. The company may condition the remittance of the data on both the execution of an agreement for immunity from civil liability and a certification of compliance with the federal rules concerning privacy of individually identifiable health information found in 45 C.F.R. Section 164.504(f)(2).
- C. All group claims data reports provided pursuant to this regulation shall include all data available to the company as of the date of the request and shall include the following information:
 - 1. The net claims paid by month during the current and the two immediately preceding policy periods.

2. The monthly enrollment by employee only, employee and spouse, employee and child(ren), and the employee and family during the current and the two immediately preceding policy periods.
 3. The amount of any claims reserve established by the insurance company against future claims under the policy.
 4. Claims over ten thousand dollars including claim identifier, the date of occurrence, the amount of claims paid and those unpaid or outstanding, and claimant health condition or diagnosis during the current and two immediately preceding policy periods. The data shall provide a unique identifying number or code for the claimant.
 5. A complete listing of all potential catastrophic diagnoses and prognoses involving persons covered under the policy provisions. The data shall provide a unique identifying number or code for the claimant that is not a name identifier of an employee, employee's spouse, or employee's dependent.
- D. Nothing in this section shall be construed to prohibit a plan and group from negotiating the release of additional information not described in this regulation.
- E. The provisions of this regulation shall not be construed to authorize the disclosure of the identity of a particular employee covered under the group policy, nor the disclosure of any individual employee's particular health insurance claim, condition, diagnosis, or prognosis, which would violate federal or state law. Nothing in this regulation shall be construed to require an insurer to provide information protected as confidential by the Health Insurance Portability and Accountability Act of 1996 or any other provision of federal law.

Source: Miss. Code Ann. § 83-5-1, §§ 83-9-1 et seq., §§ 83-41-401 et seq. (Rev. 2011).

Rule 17.04: Severability

If any section or portion of a section of this regulation or the application thereof to any person or circumstance is held by a court to be invalid, such invalidity shall not affect any other provision of that section or application of this regulation which can be given effect without the invalid provision or application, and to this end the provisions of this regulation are declared to be severable.

Source: Miss. Code Ann. § 83-5-1 (Rev. 2011).

Rule 17.05: Effective Date

This regulation shall become effective thirty (30) days after filing for final adoption with the Office of the Secretary of State.

Source: Miss. Code Ann. § 25-43-3.112; § 25-43-3.113 (Rev. 2018).