

PROMULGATION HISTORY

West Virginia Insurance Commission Health Maintenance Organization Title 114, Series 43

6/28/95	Notice of Comment Period Filed
7/28/95	Last Date Comments Were Received
7/31/95	Agency Approved Legislative Rule Filed
10/26/95	Date Reviewed by Legislative Rule-Making Review Committee
11/27/95	Date Modified and Approved Rule Filed
4/3/96	Date Filed
4/3/96	Effective Date

114CSR43

WEST VIRGINIA LEGISLATIVE RULE
INSURANCE COMMISSIONER

SERIES 43
HEALTH MAINTENANCE ORGANIZATIONS

Section

- 114-43-1. General.
- 114-43-2. Definitions.
- 114-43-3. Intermediary Contract Requirements.
- 114-43-4. HMO Requirements.
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114CSR43

WEST VIRGINIA LEGISLATIVE RULE
INSURANCE COMMISSIONER

SERIES 43
HEALTH MAINTENANCE ORGANIZATIONS

§ 114-43-1. General.

1.1. Scope. -- This rule applies to all persons or entities which are licensed or which may be required to be licensed pursuant to the provisions of West Virginia Code § 33-25A-1 et seq.

1.2. Authority. -- W. Va. Code §§ 33-25A-3(3) 5, 20.

1.3. Filing Date. --

1.4. Effective Date. --

§ 114-43-2. Definitions.

2.1. "Administrative health service contract" means an agreement between a certificate of authority holder and a health service intermediary or between health service intermediaries in which:

a. The intermediary accepts payments, including payments on a fixed per capita fixed aggregate sum or percentage of premium basis, from the certificate of authority holder or from another health service intermediary for one or more health care services to be rendered by providers to subscribers, members, policyholders, or certificateholders, as applicable, of a certificate of authority holder, where the intermediary assumes financial risk for payments to providers; and

b. The intermediary contracts with providers to render one or more health care services to subscribers, policyholders or certificateholders, as applicable, of a certificate of authority holder.

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2.2. "Certificate of authority holder" means an entity which holds a valid certificate of authority from the commissioner to operate a health maintenance organization under West Virginia Code §§ 33-25A-1 et seq.

2.3. "Commissioner" means the Insurance Commissioner of the State of West Virginia.

2.4. "Financially sound" or "fiscally and financially sound" means that according to presently accepted actuarial standards of practice, consistently applied and fairly stated, that the respective considerations to the parties under the contract, including, but not limited to, reserves, the investment earnings on such considerations, the considerations anticipated to be received and retained by the parties under the contract, and related actuarial values, make adequate provision for the anticipated cash flows required by the contractual obligations and related expenses of the parties.

2.5. "Group Practice" means a professional corporation, partnership, association, or other organization composed solely of health professionals licensed to practice medicine or osteopathy and of such other licensed health professionals, including podiatrists, dentists and optometrists, as are necessary for the provision of the health services for which the group is responsible: a. who engage in a single field of medical practice or specialty or who all practice at a single location; b. a majority of the members of which are licensed to practice medicine or osteopathy; c. who as their principal professional activity engage in the coordinated practice of their profession; d. who pool their income for practice as members of the group and distribute it among themselves according to a prearranged salary, drawing account or other plan; and e. who share medical and other records and substantial portions of major equipment and professional, technical and administrative staff.

2.6. "Health care services" or "health services" means services, medical equipment, and supplies furnished by a

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provider, which may include, but which are not limited to, medical, surgical, or dental care; psychological, optometric, optic, chiropractic, podiatric, nursing, physical therapy, mental health, substance abuse, or pharmaceutical services; health education, preventive medical, rehabilitative, or home health services; inpatient or outpatient hospital services; extended care; nursing home care; convalescent institutional care; technical and professional clinical pathology laboratory services; laboratory and ambulance services; appliances, drugs, medicines, and supplies; or any other care, service, or treatment of disease, or correction of defects for human beings.

2.7. "Health service intermediary" or "intermediary" means a physician, hospital, physician-hospital organization, independent provider organization, independent provider network, or other entity or person that arranges for one or more health care services to be rendered by providers to subscribers, policyholders, or certificateholders, as applicable, of a certificate of authority holder. "Health service intermediary" or "intermediary" does not include:

a. A provider directly contracting with a certificate of authority holder for the provider to render health care services, when that provider renders those services directly and only through its own professional license or licenses or, in the case when the provider is a "group practice" the group practice utilizes only its employees, partners or shareholders and their professional licenses to render those services.

b. A certificate of authority holder.

2.8. "Incurred but not reported health care costs" or "IBNR" means the cost of health care services rendered to subscribers, policyholders or certificateholders, as applicable, of a certificate of authority holder by providers during the reporting period and for which the health service intermediary is financially responsible, but which are not reported to the intermediary until after the reporting period.

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2.9. "Independent certified public accountant" means an independent certified public accountant who holds a valid license to practice, issued by the state in which he or she resides or has his or her principal place of business who has experience auditing or performing accounting functions for health maintenance organizations and who does not have a financial or other interest in a given entity which could influence his or her professional judgement.

2.10. "Provider" means a person or other entity which holds a valid license to provide specific health care services in the State of West Virginia.

2.11. "Qualified independent actuary" means an actuary who is a member of the American Academy of Actuaries or the Society of Actuaries and has experience in establishing rates for health maintenance organizations and who has no financial or employment interest in the certificate of authority holder or the health care intermediary.

§ 114-43-3. Intermediary Contract Requirements.

3.1. A certificate of authority holder may not enter into an administrative health service contract with a health service intermediary unless the contract is in writing, is filed with the commissioner accompanied by an opinion by a qualified independent actuary which states that the entering of the contract by the certificate of authority holder is financially sound, and the contract contains provisions which:

a. Require the health service intermediary to provide the certificate of authority holder with regular written reports prepared on a West Virginia statutory accounting basis, at least quarterly, that state the health service intermediary's current assets and identify in the aggregate all payments made or owed to its providers in sufficient detail for the certificate of authority holder and the Commissioner to determine if the payments are being made in a timely manner and which identify in

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the aggregate the reasonably estimated incurred but not reported health care costs;

b. Require the certificate of authority holder to monitor the health service intermediary's reports required under paragraph a of this subsection;

c. Permit the certificate of authority holder and the commissioner, both singularly and jointly, upon reasonable prior notice, to audit, inspect and copy the health service intermediary's books, records, and other evidence of its operations which are, in the discretion of the certificate of authority holder or the commissioner, relevant to the intermediary's obligations under the administrative health service contract for the purpose of determining the intermediary's compliance with all requirements legally mandated by statute, rule or the administrative health service contract. Any review is subject to any confidentiality requirements imposed by State or Federal law;

d. Require the health service intermediary to maintain working capital in the form of cash or equivalent liquid assets at least equal to one month's claims calculated by using the monthly average of actual and estimated claims for the prior six months for all health services provided under the administrative health service contract;

e. Require the intermediary to create a segregated fund, which may be aggregated, equal to the entire monthly IBNR as of the first day of each month as actuarially determined by the certificate of authority holder.

A. The commissioner may upon application of the certificate of authority holder and good cause shown, give prior written approval to alternative financial arrangements between the certificate of authority holder and the intermediary, such as the use of premium withhold funds, either in conjunction with or in lieu of the capital and reserve fund requirements of paragraphs d and e of this section;

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f. Require the certificate of authority holder to assume the full financial responsibility as specified in subsection 4.2. of this rule, for any valid claims presented for payment to the health service intermediary by providers for covered health care services rendered to a subscriber, policyholder, enrollee or certificate holder, as applicable, and which are not paid by the health service intermediary as provided by law and by the contract between the intermediary and provider;

g. Require that all enrollee or enrollee group contracts must be directly with the certificate of authority holder and not the intermediary;

h. Require that the intermediary provide services on behalf of the certificate of authority holder only in counties where the certificate of authority holder is authorized by the commissioner to operate;

i. Clearly delineate the responsibilities to be assumed by the intermediary and require that the intermediary adhere to all quality and accessibility standards to which the certificate of authority holder is subject;

j. Require that to the extent the intermediary is permitted to sub-contract the provision of health care services that all sub-contractors must adhere to quality and accessibility standards to which the certificate of authority holder is subject;

k. Require that the certificate of authority holder continuously monitor the intermediaries' compliance with the contract requirements;

l. Specify that the certificate of authority holder is responsible for maintaining appropriate levels of capital, surplus, claims reserves, and other financial criteria as established pursuant to statute or rule;

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m. Require the health service intermediary and any entities with which the health service intermediary sub-contracts for the provision of health care services to obtain and provide to the certificate of authority holder no later than the first day of June of each year an annual audited financial report prepared by an independent certified public accountant; and

n. If the health service intermediary provides health care services on behalf of more than one entity, specify that the health service intermediary maintain records which are adequate to clearly differentiate the transactions which relate to the provision of health care services on behalf of the certificate of authority holder.

§ 114-43-4. HMO Requirements.

4.1. Upon entry of a health service intermediary contract, a certificate of authority holder shall immediately file with the commissioner a full executed copy of the contract and all exhibits, attachments, addenda, schedules or other documents relevant to the contract.

a. Upon filing a health service intermediary contract with the commissioner, the certificate of authority holder shall simultaneously file the opinion of a qualified independent actuary which expresses the opinion of the qualified independent actuary that the entry of the contract by the certificate of authority holder:

A. Is a fiscally and financially sound transaction;

B. Does not cause excessive payments to the intermediary;

C. Provides for reasonable incentives to the intermediary for cost control; and

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D. Does not contribute to the escalation of the cost of providing health care to enrollees.

4.2. A certificate of authority holder is financially responsible for any valid claims for covered health care services, exclusive of unpaid claims of providers who have contracted with the health service intermediary, presented for payment to a health service intermediary and which are not paid by the health service intermediary.

4.3. All affected master group contracts or evidences of coverage must reflect that the certificate of authority holder retains financial responsibility as specified in subsection 4.2. of this rule when health care services are provided through a health care intermediary.

4.4. A certificate of authority holder is responsible for compliance by the health care intermediary with all applicable standards required by West Virginia Code § 33-25A-1, et. seq. as to any services performed on behalf of the certificate of authority holder.

4.5. No health care intermediary may contract directly with enrollees or subscribers without first having obtained a certificate of authority to operate a health maintenance organization.

4.6. All financial statements provided by the certificate of authority holder to the commissioner must fully and accurately reflect on a West Virginia statutory accounting basis the costs and liabilities to the certificate of authority holder associated with any health service intermediary contract including those liabilities assumed by the health service intermediary.

4.7. A certificate of authority holder is responsible for taking all reasonable measures to provide the commissioner full access to all books and records of any health service intermediary with which it contracts and to the books and records of any entity with which the intermediary sub-contracts for the

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provision of health care services, to the same extent the commissioner is given access to the books and records of the certificate of authority holder pursuant to W. Va. Code §§ 33-25A-17 and 33-2-9. The certificate of authority holder is financially responsible for any costs of examining the books and records of the health service intermediary or sub-contractor consistent with W. Va. Code § 33-2-9.

4.8. A certificate of authority holder must within ten days of receipt of the annual audited financial report of a health service intermediary, file a full copy of the report with the commissioner.

4.9. The commissioner may require immediate cancellation or renegotiation of any administrative health service contract when the commissioner determines that the contract does any of the following:

- a. Provides for excessive payments;
- b. Fails to include reasonable incentives for cost control; or
- c. Otherwise substantially or unreasonably contributes to the escalation of the cost of providing health care services to enrollees.

§ 114-43-5. Guarantees.

5.1. A health service intermediary's obligations, pursuant to paragraphs 3.1.d. and 3.1.e. may be fulfilled by the unconditional, irrevocable guarantee of a parent, sister or affiliated entity which:

- a. Has been in operation for five years or more and has a surplus on a West Virginia statutory accounting basis, not including land, buildings, and equipment, of greater than \$2 million. In any determination of the financial condition of the guaranteeing operation, investments in or loans to any

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organizations guaranteed by the guaranteeing organization shall be excluded from surplus. If the guaranteeing organization is sponsoring more than one organization, the surplus requirement shall be increased by a multiple equal to the number of organizations;

b. Submits a guarantee that is approved by the commissioner in writing as meeting the requirements of this section. The written guarantee must contain a provision which requires that the guarantee be irrevocable unless the guaranteeing organization can demonstrate to the commissioner that the cancellation of the guarantee will not result in the insolvency of the intermediary and the commissioner approves in writing the cancellation of the guarantee;

c. Initially submits its audited financial statements, certified by an independent certified public accountant, prepared in accordance with generally accepted accounting principles, covering its two most current annual accounting periods; and

d. Submits annually, within three (3) months after the end of its fiscal year, an audited financial statement certified by an independent certified public accountant, prepared in accordance with generally accepted accounting principles. The commissioner may, as he or she considers necessary, require quarterly financial statements from the guaranteeing organization.

§ 114-43-6. Separability.

6.1. If any provision of this rule is held invalid, the remainder of this rule shall not be affected thereby.

5927

H. B. 4265

(By ~~Delegates Douglas, Gallagher, Faircloth, Compton,~~
Linch and Riggs)

(Introduced January 29, 1996; referred to the
Committee on Banking and Insurance then the Judiciary.)

114-43

A BILL to amend and reenact section four, article seven,
chapter sixty-four of the code of West Virginia, one
thousand nine hundred thirty-one, as amended, relating
to authorizing the insurance commissioner to
promulgate legislative rules relating to health
maintenance organizations.

Be it enacted by the Legislature of West Virginia:

That section four, article seven, chapter sixty-four
of the code of West Virginia, one thousand nine hundred
thirty-one, as amended, be amended and reenacted, to read
as follows:

ARTICLE 7. AUTHORIZATION FOR DEPARTMENT OF TAX AND REVENUE
TO PROMULGATE LEGISLATIVE RULES.

§64-7-4. Insurance commissioner.

(a) The legislative rules filed in the state register

4265

1 on the seventeenth day of August, one thousand nine hundred
2 ninety-three, authorized under the authority of sections
3 four and five, article twenty-eight, chapter thirty-three,
4 of this code, modified by the insurance commissioner to
5 meet the objections of the legislative rule-making review
6 committee and refiled in the state register on the
7 seventeenth day of June, one thousand nine hundred
8 ninety-four, relating to the insurance commissioner
9 (individual accident and sickness insurance minimum
10 standards, 114 CSR 12), are authorized.

11 (b) The legislative rules filed in the state register
12 on the fifteenth day of August, one thousand nine hundred
13 ninety-four, authorized under the authority of section ten,
14 article two, chapter thirty-three, of this code, modified
15 by the insurance commissioner to meet the objections of the
16 legislative rule-making review committee and refiled in the
17 state register on the twenty-eighth day of November, one
18 thousand nine hundred ninety-four, relating to the
19 insurance commissioner (regulation of credit life insurance
20 and credit accident and sickness insurance, 114 CSR 6), are
21 authorized.

22 (c) The legislative rules filed in the state register
23 on the twelfth day of August, one thousand nine hundred
24 ninety-four, authorized under the authority of section ten,

1 article two, chapter thirty-three, of this code, modified
2 by the insurance commissioner to meet the objections of the
3 legislative rule-making review committee and refiled in the
4 state register on the twenty-third day of November, one
5 thousand nine hundred ninety-four, relating to the
6 insurance commissioner (credit for reinsurance, 114 CSR
7 40), are authorized.

8 (d) The legislative rules filed in the state register
9 on the thirty-first day of July, one thousand nine hundred
10 ninety-five, authorized under the authority of section
11 twenty, article twenty-five-a, chapter thirty-three, of
12 this code, modified by the insurance commissioner to meet
13 the objections of the legislative rule-making review
14 committee and refiled in the state register on the twenty-
15 seventh day of November, one thousand nine hundred
16 ninety-five, relating to the insurance commissioner (health
17 maintenance organizations, 114 CSR 43), are authorized.

18

19 NOTE: The purpose of this bill is to authorize the
20 Insurance Commissioner to promulgate legislative rules
21 relating to health maintenance organizations.

22

23 Strike-throughs indicate language that would be
24 stricken from the present law, and underscoring indicates
25 new language that would be added.

SENATE BILL NO. 195

(By Senators Ross, Anderson, Boley,
Buckalew, Grubb and Macnaughtan)

[Introduced January 29, 1996; referred
to the Committee on

BANKING AND INSURANCE

THE JUDICIARY

114-43

A BILL to amend and reenact section four, article seven,
chapter sixty-four of the code of West Virginia, one
thousand nine hundred thirty-one, as amended, relating
to authorizing the insurance commissioner to
promulgate legislative rules relating to health
maintenance organizations.

Be it enacted by the Legislature of West Virginia:

That section four, article seven, chapter sixty-four
of the code of West Virginia, one thousand nine hundred
thirty-one, as amended, be amended and reenacted, to read
as follows:

**ARTICLE 7. AUTHORIZATION FOR DEPARTMENT OF TAX AND REVENUE
TO PROMULGATE LEGISLATIVE RULES.**

§64-7-4. Insurance commissioner.

(a) The legislative rules filed in the state register

1 on the seventeenth day of August, one thousand nine hundred
2 ninety-three, authorized under the authority of sections
3 four and five, article twenty-eight, chapter thirty-three,
4 of this code, modified by the insurance commissioner to
5 meet the objections of the legislative rule-making review
6 committee and refiled in the state register on the
7 seventeenth day of June, one thousand nine hundred
8 ninety-four, relating to the insurance commissioner
9 (individual accident and sickness insurance minimum
10 standards, 114 CSR 12), are authorized.

11 (b) The legislative rules filed in the state register
12 on the fifteenth day of August, one thousand nine hundred
13 ninety-four, authorized under the authority of section ten,
14 article two, chapter thirty-three, of this code, modified
15 by the insurance commissioner to meet the objections of the
16 legislative rule-making review committee and refiled in the
17 state register on the twenty-eighth day of November, one
18 thousand nine hundred ninety-four, relating to the
19 insurance commissioner (regulation of credit life insurance
20 and credit accident and sickness insurance, 114 CSR 6), are
21 authorized.

22 (c) The legislative rules filed in the state register
23 on the twelfth day of August, one thousand nine hundred
24 ninety-four, authorized under the authority of section ten,

1 article two, chapter thirty-three, of this code, modified
2 by the insurance commissioner to meet the objections of the
3 legislative rule-making review committee and refiled in the
4 state register on the twenty-third day of November, one
5 thousand nine hundred ninety-four, relating to the
6 insurance commissioner (credit for reinsurance, 114 CSR
7 40), are authorized.

8 (d) The legislative rules filed in the state register
9 on the thirty-first day of July, one thousand nine hundred
10 ninety-five, authorized under the authority of section
11 twenty, article twenty-five-a, chapter thirty-three, of
12 this code, modified by the insurance commissioner to meet
13 the objections of the legislative rule-making review
14 committee and refiled in the state register on the twenty-
15 seventh day of November, one thousand nine hundred
16 ninety-five, relating to the insurance commissioner (health
17 maintenance organizations, 114 CSR 43), are authorized.

18

19 NOTE: The purpose of this bill is to authorize the
20 Insurance Commissioner to promulgate legislative rules
21 relating to health maintenance organizations.

22

23 Strike-throughs indicate language that would be
24 stricken from the present law, and underscoring indicates
25 new language that would be added.



STATE OF WEST VIRGINIA

Offices of the Insurance Commissioner

Legal Division

GASTON CAPERTON
Governor

HANLEY C. CLARK
Insurance Commissioner

April 3, 1996

HAND DELIVERED

Ms. Judy Cooper, Director
Administrative Law Division
Office of Secretary of State
State Capitol
Charleston, West Virginia 25305

Dear Ms. Cooper:

Attached for filing with your office is the "final filing" form for the rule Series 43 titled "Health Maintenance Organizations." This rule was authorized in Senate Bill 171 and passed by the Legislature on March 7, 1996.

We are also providing your office with a computer disk containing the aforementioned rule and a hard copy of the promulgation history of that rule. The filing date and effective date have already been inserted onto the computer disk.

If you have any questions about the enclosed forms or the computer disk, please do not hesitate to call me.

Sincerely,

B. Keith Huffman
General Counsel

BKH/sar
Attachment



KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

STEPHEN N. REED
Deputy Secretary of State

CATHERINE FREROTTE
Executive Assistant

WILLIAM H. HARRINGTON
Chief of Staff

JUDY COOPER
Director, Administrative Law

PENNEY BARKER
Supervisor, Corporations

STATE OF WEST VIRGINIA
SECRETARY OF STATE
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1900 Kanawha Blvd., East
Charleston, WV 25305-0770

Telephone: (304) 558-6000
Corporations: (304) 558-8000
FAX: (304) 558-0900

RECEIVED (Plus all the volunteer help we can get)
MAY 23
LEGAL DIVISION
W. VA. INS. DEPT.

TO: B. Keith Huffman

AGENCY: Insurance Commission

FROM: JUDY COOPER, DIRECTOR, ADMINISTRATIVE LAW DIVISION

DATE: April 19, 1996

THE ATTACHED RULE FILED BY YOUR AGENCY HAS BEEN ENTERED INTO OUR COMPUTER SYSTEM. PLEASE REVIEW, PROOF AND RETURN IT WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS, PLEASE SIGN THIS MEMO AND RETURN IT TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF THE RULE FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

SERIES: 43 TITLE: 114 Insurance Commission

* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE
 MAY 13 2 42 PM '96
FILED

* THE ATTACHED RULE HAS BEEN REVIEWED AND NEEDS CORRECTING. THE CORRECTIONS HAVE BEEN MARKED.

SIGNED: B. Keith Huffman

TITLE OF PERSON SIGNING: General Counsel

DATE: 5/10/96

NOTE: IF YOU ARE NOT THE PERSON WHO HANDLES THIS RULE, PLEASE FORWARD TO THE CORRECT PERSON.



KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

STEPHEN N. REED
Deputy Secretary of State

CATHERINE FREROTTE
Executive Assistant

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WILLIAM H. HARRINGTON
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STATE OF WEST VIRGINIA

SECRETARY OF STATE

Building 1, Suite 157-K
1900 Kanawha Blvd., East
Charleston, WV 25305-0770

(Plus all the volunteer
help we can get)

March 12, 1996

B Keith Huffman
Insurance
PO Box 50540
2019 Washington Street East
Charleston, WV 25305-0540

SB 171 authorizing, **Title 114, Series 43, Health Maintenance Organization** passed the Legislature on **March 7, 1996**. It is now awaiting the Governor's signature.

You have sixty (60) days after the Governor signs **SB 171** to final file the legislative rule with the Secretary of State's office. To final file your legislative rule, fill in the blanks on the enclosed form #6, the "Final Filing" form and file the form with our office with a promulgation history of the rule. Authorization for your legislative rule is cited in **SB 171 Section 64-7-3(i)**. The agency may set the effective date of the legislative rule up to ninety (90) days from the date the legislative rule is final filed with the Secretary of State's office. Please have an authorized signature on the bottom line.

*****IMPORTANT: IF YOUR AGENCY HAS COMPLETED THE LEGISLATIVE RULE ON A WORD PERFECT OR WORD PERFECT COMPATIBLE COMPUTER SYSTEM THAT USES A 3 1/2" DISK, YOU MUST SUBMIT A CLEAN COPY WITH ALL UNDERLINING AND STRIKE-THROUGHS, HEADERS OR FOOTERS REMOVED, TO OUR OFFICE WHEN FINAL FILING THE RULE. REMEMBER, THE TEXT OF THE COMPUTER FILED RULE MUST BE IDENTICAL - WORD FOR WORD, COMMA FOR COMMA, WITH ALL UNDERLINING, STRIKE-THROUGHS, HEADERS OR FOOTERS REMOVED, AS THE HARD COPY AUTHORIZED BY THE LEGISLATURE. NOTICE: ALL ELECTRONIC FILINGS NOT COMPLYING WITH THIS WILL BE REJECTED AND SENT BACK TO THE AGENCY TO BE RESUBMITTED!**

After the final rule is entered into the data base, the rule will be sent back to the agency for review and proofing. The agency has ten (10) working days to send a confirmation or corrections to the Secretary of States. If the agency fails to return this within ten (10) working days, the rule will be filed in the data base with a disclaimer attached stating that the agency failed to review the rule. Following confirmation, corrections or failure to review, as the case may be, the Secretary of State shall submit to the agency a final version of the rule for their records.

If you have any questions or need any assistance, please do not hesitate to contact our office.

Thank you,
Administrative Law Division