

Title 20—DEPARTMENT OF INSURANCE
Division 200—Financial Examination
Chapter 1—Financial Solvency and Accounting
Standards

PROPOSED RULE

20 CSR 200-1.160 Valuation of Life Insurance Policies

PURPOSE: The purpose of this regulation is to provide: 1) tables of select mortality factors and rules for their use; 2) rules concerning a minimum standard for the valuation of plans with non-level premiums or benefits; and 3) rules concerning a minimum standard for the valuation of plans with secondary guarantees. The method for calculating basic reserves defined in this regulation will constitute the Commissioners' Reserve Valuation Method for policies to which this regulation is applicable.

(1) Applicability. This rule shall apply to all life insurance policies, with or without nonforfeiture values, issued on or after the effective date of this rule, subject to the following exceptions and conditions:

(A) Exceptions.

1. This rule shall not apply to any individual life insurance policy issued on or after the effective date of this rule if the policy is issued in accordance with and as a result of the exercise of a reentry provision contained in the original life insurance policy of the same or greater face amount, issued before the effective date of this rule, that guarantees the premium rates of the new policy. This rule also shall not apply to subsequent policies issued as a result of the exercise of such a provision, or a derivation of the provision, in the new policy.

2. This rule shall not apply to any universal life policy that meets all the following requirements:

A. Secondary guarantee period, if any, is five (5) years or less;

B. Specified premium for the secondary guarantee period is not less than the net level reserve premium for the secondary guarantee period based on the CSO valuation tables as defined in subsection (2)(F) and the applicable valuation interest rate; and,

C. The initial surrender charge is not less than one hundred percent (100%) of the first year annualized specified premium for the secondary guarantee period.

3. This rule shall not apply to any variable life insurance policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts.

4. This rule shall not apply to any variable universal life insurance policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts.

5. This rule shall not apply to a group life insurance certificate unless the certificate provides for a stated or implied schedule of maximum gross premiums required in order to continue coverage in force for a period in excess of one year.

(B) Conditions.

1. Calculation of the minimum valuation standard for policies with guaranteed nonlevel gross premiums or guaranteed nonlevel benefits (other than universal life policies), or both, shall be in accordance with the provisions of section (4).

2. Calculation of the minimum valuation standard for flexible premium and fixed premium universal life insurance policies that contain provisions resulting in the ability of a policyholder to keep a policy in force over a secondary guarantee period shall be in accordance with the provisions of section (5).

(2) Definitions. For purposes of this rule:

(A) "Basic reserves" means reserves calculated pursuant to section 376.380.1(2)(b), RSMo.

(B) "Contract segmentation method" means the method of dividing the period from issue to mandatory expiration of a policy into successive segments, with the length of each segment being defined as the period from the end of the prior segment (from policy inception, for the first segment) to the end of the latest policy year as determined below. All calculations are made using the 1980 CSO valuation tables, as defined in subsection (F) of this section (or any other valuation mortality table adopted by the National Association of Insurance Commissioners (NAIC), after the effective date of this rule and promulgated by rule by the director for this purpose) and, if elected, the optional minimum mortality standard for deficiency reserves stipulated in subsection (3)(B) of this rule. The length of a particular contract segment shall be equal to the minimum of the value t for which G_t is greater than R_t (if G_t never exceeds R_t the segment length is deemed to be the number of years from the beginning of the segment to the mandatory expiration date of the policy), where G_t and R_t are defined as follows:

$$G_t = \frac{GP_{x+k+t}}{GP_{x+k+t-1}}$$

where:

- x = original issue age;
- k = the number of years from the date of issue to the beginning of the segment;
- t = 1, 2, ...; t is reset to 1 at the beginning of each segment;

$GP_{x+k+t-1}$ = Guaranteed gross premium per thousand of face amount for year t of the segment, ignoring policy fees only if level for the premium paying period of the policy.

$$R_t = \frac{q_{x+k+t}}{q_{x+k+t-1}}$$

However, R_t may be increased or decreased by one percent in any policy year, at the company's option, but R_t shall not be less than one;

where:

- x , k and t are as defined above, and
- $q_{x+k+t-1}$ = valuation mortality rate for deficiency reserves in policy year $k+t$ but using the mortality of paragraph (3)(B)2. if paragraph (3)(B)3. is elected for deficiency reserves.

However, if GP_{x+k+t} is greater than 0 and $GP_{x+k+t-1}$ is equal to 0, G_t shall be deemed to be 1000. If GP_{x+k+t} and $GP_{x+k+t-1}$ are both equal to 0, G_t shall be deemed to be 0.

(C) "Deficiency reserves" means the excess, if greater than zero, of—

1. Minimum reserves calculated pursuant to section 376.380.1(2)(i), RSMo, over
2. Basic reserves.

(D) "Guaranteed gross premiums" means the premiums under a policy of life that are insurance guaranteed and determined at issue.

(E) "Maximum valuation interest rates" means the interest rates defined in section 376.380.2, RSMo, that are to be used in determining the minimum standard for the valuation of life insurance policies.

(F) "1980 CSO valuation tables" means the Commissioners' 1980 Standard Ordinary Mortality Table (1980 CSO Table) without ten-year selection factors, incorporated into section 376.380,

RSMo, and 20 CSR 400-1.110, 20 CSR 400-1.120 and 20 CSR-1.130.

(G) "Scheduled gross premium" means the smallest illustrated gross premium at issue for other than universal life insurance policies. For universal life insurance policies, scheduled gross premium means the smallest specified premium described in paragraph (5)(A)3., if any, or else the minimum premium described in paragraph (5)(A)4.;

(H) Segmented Reserves.

1. "Segmented reserves" means reserves, calculated using segments produced by the contract segmentation method, equal to the present value of all future guaranteed benefits less the present value of all future net premiums to the mandatory expiration of a policy, where the net premiums within each segment are a uniform percentage of the respective guaranteed gross premiums within the segment. The uniform percentage for each segment is such that, at the beginning of the segment, the present value of the net premiums within the segment equals:

A. The present value of the death benefits within the segment, plus

B. The present value of any unusual guaranteed cash value (see subsection (4)(D)) occurring at the end of the segment, less

C. Any unusual guaranteed cash value occurring at the start of the segment, plus

D. For the first segment only, the excess of part (I) over part (II) as follows:

(I) A net level annual premium equal to the present value, at the date of issue, of the benefits provided for in the first segment after the first policy year, divided by the present value, at the date of issue, of an annuity of one (1) per year payable on the first and each subsequent anniversary within the first segment on which a premium falls due. However, the net level annual premium shall not exceed the net level annual premium on the nineteen (19)-year premium whole life plan of insurance of the same renewal year equivalent level amount at an age one (1)-year higher than the age at issue of the policy.

(II) A net one (1)-year term premium for the benefits provided for in the first policy year.

2. The length of each segment is determined by the "contract segmentation method," as defined in this section.

3. The interest rates used in the present value calculations for any policy may not exceed the maximum valuation interest rate, determined with a guarantee duration equal to the sum of the lengths of all segments of the policy.

4. For both basic reserves and deficiency reserves computed by the segmented method, present values shall include future benefits and net premiums in the current segment and in all subsequent segments.

(I) "Tabular cost of insurance," means the net single premium at the beginning of a policy year for one (1)-year term insurance in the amount of the guaranteed death benefit in that policy year.

(J) "Ten-year select factors," means the select factors adopted with section 376.380, RSMo and 20 CSR 400-1.110, 20 CSR 400-1.120 and 20 CSR 400-1.130.

(K) Unitary Reserves.

1. "Unitary reserves" means the present value of all future guaranteed benefits less the present value of all future modified net premiums, where:

A. Guaranteed benefits and modified net premiums are considered to the mandatory expiration of the policy; and

B. Modified net premiums are a uniform percentage of the respective guaranteed gross premiums, where the uniform percentage is such that, at issue, the present value of the net premiums equals the present value of all death benefits and pure endowments, plus the excess of part (I) over part (II), as follows:

(I) A net level annual premium equal to the present value, at the date of issue, of the benefits provided for after the first policy year, divided by the present value, at the date of issue, of an

annuity of one (1) per year payable on the first and each subsequent anniversary of the policy on which a premium falls due. However, the net level annual premium shall not exceed the net level annual premium on the nineteen (19)-year premium whole life plan of insurance of the same renewal year equivalent level amount at an age one (1) year higher than the age at issue of the policy.

(II) A net one (1)-year term premium for the benefits provided for in the first policy year.

2. The interest rates used in the present value calculations for any policy may not exceed the maximum valuation interest rate, determined with a guarantee duration equal to the length from issue to the mandatory expiration of the policy.

(L) "Universal life insurance policy" means any individual life insurance policy under the provisions of which separately identified interest credits (other than in connection with dividend accumulations, premium deposit funds or other supplementary accounts) and mortality or expense charges are made to the policy.

(3) General Calculation Requirements for Basic Reserves and Premium Deficiency Reserves.

(A) At the election of the company for any one or more specified plans of life insurance, the minimum mortality standard for basic reserves may be calculated using the 1980 CSO valuation tables with select mortality factors (or any other valuation mortality table adopted by the NAIC after the effective date of this rule and promulgated by rule by the director for this purpose). If select mortality factors are elected, they may be:

1. The ten (10)-year select mortality factors incorporated into Section 376.380, RSMo, and 20 CSR 400-1.100, 20 CSR 400-1.120 and 20 CSR 400-1.130;

2. The select mortality factors in the Appendix; or

3. Any other table of select mortality factors adopted by the NAIC after the effective date of this rule and promulgated by rule by the director for the purpose of calculating basic reserves.

(B) Deficiency reserves, if any, are calculated for each policy as the excess, if greater than zero, of the quantity A over the basic reserve. The quantity A is obtained by recalculating the basic reserve for the policy using guaranteed gross premiums instead of net premiums when the guaranteed gross premiums are less than the corresponding net premiums. At the election of the company for any one or more specified plans of insurance, the quantity A and the corresponding net premiums used in the determination of quantity A may be based upon the 1980 CSO valuation tables with select mortality factors (or any other valuation mortality table adopted by the NAIC after the effective date of this rule and promulgated by rule by the director). If select mortality factors are elected, they may be:

1. The ten (10)-year select mortality factors incorporated into section 376.380, RSMo, and 20 CSR 400-1.110, 20 CSR 400-1.120 and 20 CSR 400-1.130;

2. The select mortality factors in the Appendix of this rule;

3. For durations in the first segment, X percent of the select mortality factors in the Appendix, subject to the following:

A. X may vary by policy year, policy form, underwriting classification, issue age or any other policy factor expected to affect mortality experience;

B. X shall not be less than twenty percent (20%);

C. X shall not decrease in any successive policy years;

D. X is such that, when using the valuation interest rate used for basic reserves, part (I) is greater than or equal to part (II):

(I) The actuarial present value of future death benefits, calculated using the mortality rates resulting from the application of X;

(II) The actuarial present value of future death benefits calculated using anticipated mortality experience without recognition of mortality improvement beyond the valuation date;

E. X is such that the mortality rates resulting from the application of X are at least as great as the anticipated mortality experience, without recognition of mortality improvement beyond the valuation date, in each of the first five (5) years after the valuation date;

F. The appointed actuary shall increase X at any valuation date where it is necessary to continue to meet all the requirements of paragraph (B)3.;

G. The appointed actuary may decrease X at any valuation date as long as X does not decrease in any successive policy years and as long as it continues to meet all the requirements of paragraph (B)3. of this section;

H. The appointed actuary shall specifically take into account the adverse effect on expected mortality and lapsation of any anticipated or actual increase in gross premiums; and

I. If X is less than one hundred percent (100%) percent at any duration for any policy, the following requirements shall be met:

(I) The appointed actuary shall annually prepare an actuarial opinion and memorandum for the company in conformance with the requirements of section 20 CSR 200-1.116(6); and

(II) The appointed actuary shall annually opine for all policies subject to this rule as to whether the mortality rates resulting from the application of X meet the requirements of paragraph (B)3. of this section. This opinion shall be supported by an actuarial report, subject to appropriate Actuarial Standards of Practice promulgated by the Actuarial Standards Board of the American Academy of Actuaries. The X factors shall reflect anticipated future mortality, without recognition of mortality improvement beyond the valuation date, taking into account relevant emerging experience.

4. Any other table of select mortality factors adopted by the NAIC after the effective date of this rule and promulgated by rule by the director for the purpose of calculating deficiency reserves.

(C) This subsection applies to both basic reserves and deficiency reserves. Any set of select mortality factors may be used only for the first segment. However, if the first segment is less than ten (10) years, the appropriate ten-year select mortality factors incorporated into section 376.380, RSMo, and 20 CSR 400-1.110, 20 CSR 400-1.120 and 20 CSR 400-1.130 may be used thereafter through the tenth policy year from the date of issue.

(D) In determining basic reserves or deficiency reserves, guaranteed gross premiums without policy fees may be used where the calculation involves the guaranteed gross premium, but only if the policy fee is a level dollar amount after the first policy year. In determining deficiency reserves, policy fees may be included in guaranteed gross premiums, even if not included in the actual calculation of basic reserves.

(E) Reserves for policies that have changes to guaranteed gross premiums, guaranteed benefits, guaranteed charges, or guaranteed credits that are unilaterally made by the insurer after issue and that are effective for more than one (1) year after the date of the change shall be the greatest of the following:

1. Reserves calculated ignoring the guarantee;
2. Reserves assuming the guarantee was made at issue; and
3. Reserves assuming that the policy was issued on the date of the guarantee.

(F) The director may require that the company document the extent of the adequacy of reserves for specified blocks, including, but not limited to policies issued prior to the effective date of this rule. This documentation may include a demonstration of the extent to which aggregation with other non-specified blocks of business is relied upon in the formation of the appointed actuary opinion pursuant to and consistent with the requirements of section 20 CSR 200-1.116(6).

(4) Calculation of Minimum Valuation Standard for Policies with Guaranteed Nonlevel Gross Premiums or Guaranteed Nonlevel Benefits (Other than Universal Life Policies).

(A) Basic Reserves. Basic reserves shall be calculated as the greater of the segmented reserves and the unitary reserves. Both the segmented reserves and the unitary reserves for any policy shall use the same valuation mortality table and selection factors. At the option of the insurer, in calculating segmented reserves and net premiums, either of the adjustments described in paragraph 1. or 2. of this subsection may be made:

1. Treat the unitary reserve, if greater than zero, applicable at the end of each segment as a pure endowment and subtract the unitary reserve, if greater than zero, applicable at the beginning of each segment from the present value of guaranteed life insurance and endowment benefits for each segment;

2. Treat the guaranteed cash surrender value, if greater than zero, applicable at the end of each segment as a pure endowment; and subtract the guaranteed cash surrender value, if greater than zero, applicable at the beginning of each segment from the present value of guaranteed life insurance and endowment benefits for each segment.

(B) Deficiency Reserves.

1. The deficiency reserve at any duration shall be calculated:

A. On a unitary basis if the corresponding basic reserve determined by subsection (A) of this section is unitary;

B. On a segmented basis if the corresponding basic reserve determined by subsection (A) of this section is segmented; or

C. On the segmented basis if the corresponding basic reserve determined by subsection (A) of this section is equal to both the segmented reserve and the unitary reserve.

2. This subsection shall apply to any policy for which the guaranteed gross premium at any duration is less than the corresponding modified net premium calculated by the method used in determining the basic reserves, but using the minimum valuation standards of mortality (specified in subsection (3)(B)) and rate of interest.

3. Deficiency reserves, if any, shall be calculated for each policy as the excess if greater than zero, for the current and all remaining periods, of the quantity A over the basic reserve, where A is obtained as indicated in subsection (3)(B).

4. For deficiency reserves determined on a segmented basis, the quantity A is determined using segment lengths equal to those determined for segmented basic reserves.

(C) Minimum Value. Basic reserves may not be less than the tabular cost of insurance for the balance of the policy year, if mean reserves are used. Basic reserves may not be less than the tabular cost of insurance for the balance of the current modal period or to the paid to date, if later, but not beyond the next policy anniversary, if mid-terminal reserves are used. The tabular cost of insurance shall use the same valuation mortality table and interest rates as that used for the calculation of the segmented reserves. However, if select mortality factors are used, they shall be the ten (10)-year select factors incorporated into section 376.380, RSMo, and 20 CSR 400-1.110, 20 CSR 400-1.120 and 20 CSR 400-1.130. In no case may total reserves (including basic reserves, deficiency reserves and any reserves held for supplemental benefits that would expire upon contract termination) be less than the amount that the policy owner would receive (including the cash surrender value of the supplemental benefits, if any, referred to above), exclusive of any deduction for policy loans, upon termination of the policy.

(D) Unusual Pattern of Guaranteed Cash Surrender Values.

1. For any policy with an unusual pattern of guaranteed cash surrender values, the reserves actually held prior to the first unusual guaranteed cash surrender value shall not be less than the reserves calculated by treating the first unusual guaranteed cash surrender value as a pure endowment and treating the policy as an n year policy providing term insurance plus a pure endowment

equal to the unusual cash surrender value, where n is the number of years from the date of issue to the date the unusual cash surrender value is scheduled.

2. The reserves actually held subsequent to any unusual guaranteed cash surrender value shall not be less than the reserves calculated by treating the policy as an n year policy providing term insurance plus a pure endowment equal to the next unusual guaranteed cash surrender value, and treating any unusual guaranteed cash surrender value at the end of the prior segment as a net single premium, where:

A. n is the number of years from the date of the last unusual guaranteed cash surrender value prior to the valuation date to the earlier of:

(I) The date of the next unusual guaranteed cash surrender value, if any, that is scheduled after the valuation date; or

(II) The mandatory expiration date of the policy; and

B. The net premium for a given year during the n year period is equal to the product of the net to gross ratio and the respective gross premium; and

C. The net to gross ratio is equal to part (I) divided by part (II) as follows:

(I) The present value, at the beginning of the n year period, of death benefits payable during the n year period plus the present value, at the beginning of the n year period, of the next unusual guaranteed cash surrender value, if any, minus the amount of the last unusual guaranteed cash surrender value, if any, scheduled at the beginning of the n year period.

(II) The present value, at the beginning of the n year period, of the scheduled gross premiums payable during the n year period.

3. For purposes of this subsection, a policy is considered to have an unusual pattern of guaranteed cash surrender values if any future guaranteed cash surrender value exceeds the prior year's guaranteed cash surrender value by more than the sum of:

A. One hundred ten percent (110%) of the scheduled gross premium for that year;

B. One hundred ten percent (110%) of one (1)-year's accrued interest on the sum of the prior year's guaranteed cash surrender value and the scheduled gross premium using the nonforfeiture interest rate used for calculating policy guaranteed cash surrender values; and

C. Five percent (5%) of the first policy year surrender charge, if any.

(E) Optional Exemption for Yearly Renewable Term Reinsurance (YRT). At the option of the company, the following approach for reserves on YRT reinsurance may be used:

1. Calculate the valuation net premium for each future policy year as the tabular cost of insurance for that future year;

2. Basic reserves shall never be less than the tabular cost of insurance for the appropriate period, as defined in subsection (4)(C);

3. Deficiency reserves.

A. For each policy year, calculate the excess, if greater than zero, of the valuation net premium over the respective maximum guaranteed gross premium.

B. Deficiency reserves shall never be less than the sum of the present values, at the date of valuation, of the excesses determined in accordance with subparagraph A. of this paragraph.

4. For purposes of this subsection, the calculations use the maximum valuation interest rate and the 1980 CSO mortality tables with or without ten (10)-year select mortality factors, or any other table adopted by the NAIC after the effective date of this rule and promulgated by rule of the director for this purpose.

5. A reinsurance agreement shall be considered YRT reinsurance for purposes of this subsection if only the mortality risk is reinsured.

6. If the assuming company chooses this optional exemption, the ceding company's reinsurance reserve credit shall be limited to

the amount of reserve held by the assuming company for the affected policies.

(F) Optional Exemption for Attained-Age-Based Yearly Renewable Term Life Insurance Policies. At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used:

1. Calculate the valuation net premium for each future policy year as the tabular cost of insurance for that future year.

2. Basic reserves shall never be less than the tabular cost of insurance for the appropriate period, as defined in subsection (4)(C);

3. Deficiency reserves.

A. For each policy year, calculate the excess, if greater than zero, of the valuation net premium over the respective maximum guaranteed gross premium.

B. Deficiency reserves shall never be less than the sum of the present values, at the date of valuation, of the excesses determined in accordance with subparagraph A. of this paragraph.

4. For purposes of this subsection, the calculations use the maximum valuation interest rate and the 1980 CSO valuation tables with or without ten (10)-year select mortality factors, or any other table adopted by the NAIC after the effective date of this rule and promulgated by rule by the director for this purpose.

5. A policy shall be considered an attained-age-based YRT life insurance policy for purposes of this subsection if:

A. The premium rates (on both the initial current premium scale and the guaranteed maximum premium scale) are based upon the attained age of the insured such that the rate for any given policy at a given attained age of the insured is independent of the year the policy was issued; and

B. The premium rates (on both the initial current premium scale and the guaranteed maximum premium scale) are the same as the premium rates for policies covering all insured persons of the same sex, risk class, plan of insurance and attained age.

6. For policies that become attained-age-based YRT policies after an initial period of coverage, the approach of this subsection may be used after the initial period if:

A. The initial period is constant for all insured persons of the same sex, risk class and plan of insurance; or

B. The initial period runs to a common attained age for all insureds of the same sex, risk class and plan of insurance; and

C. After the initial period of coverage, the policy meets the conditions of paragraph 5. of this subsection.

7. If this election is made, this approach shall be applied in determining reserves for all attained-age-based YRT life insurance policies issued on or after the effective date of this rule.

(G) Exemption for Unitary Reserves for Certain n -Year Renewable Term Life Insurance Policies. Unitary basic reserves and unitary deficiency reserves need not be calculated for a policy if the following conditions are met:

1. The policy consists of a series of n -year periods, including the first period and all renewal periods, where n is the same for each period, except that for the final renewal period, n may be truncated or extended to reach the expiry age, provided that this final renewal period is less than ten (10) years and less than twice the size of the earlier n -year periods, and for each period, the premium rates on both the initial current premium scale and the guaranteed maximum premium scale are level;

2. The guaranteed gross premiums in all n -year periods are not less than the corresponding net premiums based upon the 1980 CSO Table with or without the ten (10)-year select mortality factors; and

3. There are no cash surrender values in any policy year.

(H) Exemption from Unitary Reserves for Certain Juvenile Policies. Unitary basic reserves and unitary deficiency reserves need not be calculated for a policy if the following conditions are met, based upon the initial current premium scale at issue:

1. At issue, the insured is age twenty-four (24) or younger;

2. Until the insured reaches the end of the juvenile period, which shall occur at or before age twenty-five (25), the gross premiums and death benefits are level, and there are no cash surrender values; and

3. After the end of the juvenile period, gross premiums are level for the remainder of the premium paying period, and death benefits are level for the remainder of the life of the policy.

(5) Calculation of Minimum Valuation Standard for Flexible Premium and Fixed Premium Universal Life Insurance Policies That Contain Provisions Resulting in the Ability of a Policyowner to Keep a Policy in Force Over a Secondary Guarantee Period.

(A) General.

1. Policies with a secondary guarantee include:

A. A policy with a guarantee that the policy will remain in force at the original schedule of benefits, subject only to the payment of specified premiums;

B. A policy in which the minimum premium at any duration is less than the corresponding one (1)-year valuation premium, calculated using the maximum valuation interest rate and the 1980 CSO valuation tables with or without ten (10)-year select mortality factors, or any other table adopted after the effective date of this rule by the NAIC and promulgated by regulation by the director for this purpose; or

C. A policy with any combination of subparagraphs A. and B. of this paragraph.

2. A secondary guarantee period is the period for which the policy is guaranteed to remain in force subject only to a secondary guarantee. When a policy contains more than one secondary guarantee, the minimum reserve shall be the greatest of the respective minimum reserves at that valuation date of each unexpired secondary guarantee, ignoring all other secondary guarantees. Secondary guarantees that are unilaterally changed by the insurer after issue shall be considered to have been made at issue. Reserves described in subsections (B) and (C) below shall be recalculated from issue to reflect these changes.

3. Specified premiums mean the premiums specified in the policy, the payment of which guarantees that the policy will remain in force at the original schedule of benefits, but which otherwise would be insufficient to keep the policy in force in the absence of the guarantee if maximum mortality and expense charges and minimum interest credits were made and any applicable surrender charges were assessed.

4. For purposes of this section, the minimum premium for any policy year is the premium that, when paid into a policy with a zero account value at the beginning of the policy year, produces a zero account value at the end of the policy year. The minimum premium calculation shall use the policy cost factors (including mortality charges, loads and expense charges) and the interest crediting rate which are all guaranteed at issue.

5. The one (1)-year valuation premium means the net one (1) year premium based upon the original schedule of benefits for a given policy year. The one (1)-year valuation premiums for all policy years are calculated at issue. The select mortality factors defined in paragraphs (3)(B)2., 3., and 4. may not be used to calculate the one (1)-year valuation premiums.

6. The one (1)-year valuation premium should reflect the frequency of fund processing, as well as the distribution of deaths assumption employed in the calculation of the monthly mortality charges to the fund.

(B) Basic Reserves for the Secondary Guarantees. Basic reserves for the secondary guarantees shall be the segmented reserves for the secondary guarantee period. In calculating the segments and the segmented reserves, the gross premiums shall be set equal to the specified premiums, if any, or otherwise to the minimum premiums, that keep the policy in force and the segments will be determined according to the contract segmentation method as defined in subsection (2)(B).

(C) Deficiency Reserves for the Secondary Guarantees. Deficiency reserves, if any, for the secondary guarantees shall be calculated for the secondary guarantee period in the same manner as described in subsection (4)(B) with gross premiums set equal to the specified premiums, if any, or otherwise to the minimum premiums that keep the policy in force.

(D) Minimum Reserves. The minimum reserves during the secondary guarantee period are the greater of:

1. The basic reserves for the secondary guarantee plus the deficiency reserve, if any, for the secondary guarantees; or

2. The minimum reserves required by other rules or regulations governing universal life plans.

(6) This rule incorporates by reference the Appendix hereto containing tables of select mortality factors.

(7) Effective Date. This rule shall become effective thirty (30) days after publication in the *Code of State Regulations*.

Appendix to Rule 20 CSR 200-1.160 Valuation of Life Insurance Policies**SELECT MORTALITY FACTORS**

This appendix contains tables of select mortality factors that are the bases to which the respective percentage of Section (3)(A)2, (3)(B)2, and (3)(B)3 are applied.

The six tables of select mortality factors contained herein include: (1) male aggregate, (2) male nonsmoker, (3) male smoker, (4) female aggregate, (5) female nonsmoker, and (6) female smoker.

These tables apply to both age last birthday and age nearest birthday mortality tables.

For sex-blended mortality tables, compute select mortality factors in the same proportion as the underlying mortality. For example, for the 1980 CSO-B Table, the calculated select mortality factors are eighty percent (80%) of the appropriate male table in this Appendix, plus twenty percent (20%) of the appropriate female table in this Appendix.

Appendix (continued)

SELECT MORTALITY FACTORS

Male, Aggregate

Issue	Duration																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
Age 0-15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
16	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
17	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
18	96	98	98	99	99	100	100	90	92	92	92	92	93	93	96	97	98	98	99	100
19	83	84	84	87	87	87	79	79	79	81	81	82	82	82	85	88	91	94	97	100
20	69	71	71	74	74	69	69	67	69	70	71	71	71	71	74	79	84	90	95	100
21	66	68	69	71	66	66	67	66	67	70	70	70	70	71	71	77	83	88	94	100
22	65	66	66	63	63	64	64	64	65	68	68	68	68	69	71	77	83	88	94	100
23	62	63	59	60	62	62	63	63	64	65	65	67	67	69	70	76	82	88	94	100
24	60	56	56	59	59	60	61	61	61	64	64	64	66	67	70	76	82	88	94	100
25	52	53	55	56	58	58	60	60	60	63	62	63	64	67	69	75	81	88	94	100
26	51	52	55	56	58	58	57	61	61	62	63	64	66	69	66	73	80	86	93	100
27	51	52	55	57	58	60	61	61	60	63	63	64	67	66	67	74	80	87	93	100
28	49	51	56	58	60	60	61	62	62	63	64	66	65	66	68	74	81	87	94	100
29	49	51	56	58	60	61	62	62	62	64	64	62	66	67	70	76	82	88	94	100
30	49	50	56	58	60	60	62	63	63	64	62	63	67	68	71	77	83	88	94	100
31	47	50	56	58	60	62	63	64	64	62	63	66	68	70	72	78	83	89	94	100
32	46	49	56	59	60	62	63	66	62	63	66	67	70	72	73	78	84	89	95	100
33	43	49	56	59	62	63	64	62	65	66	67	70	72	73	75	80	85	90	95	100
34	42	47	56	60	62	63	61	63	66	67	70	71	73	75	76	81	86	90	95	100
35	40	47	56	60	63	61	62	65	67	68	71	73	74	76	76	81	86	90	95	100
36	38	42	56	60	59	61	63	65	67	68	70	72	74	76	77	82	86	91	95	100
37	38	45	56	57	61	62	63	65	67	68	70	72	74	76	76	81	86	90	95	100
38	37	44	53	58	61	62	65	66	67	69	69	73	75	76	77	82	86	91	95	100
39	37	41	53	58	62	63	65	65	66	68	69	72	74	76	76	81	86	90	95	100
40	34	40	53	58	62	63	65	65	66	68	68	71	75	76	77	82	86	91	95	100

Issue	Male, Non-Smoker																			
	Duration																			
Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
0-15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
16	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
17	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
18	93	95	96	98	99	100	100	90	92	92	92	92	92	95	95	96	97	98	98	99
19	80	81	83	86	87	87	87	79	79	81	81	82	83	83	86	89	92	94	97	100
20	65	68	69	72	74	69	69	67	69	70	71	71	72	72	75	80	85	90	95	100
21	63	66	68	71	66	66	67	66	67	70	70	70	71	71	73	78	84	89	95	100
22	62	65	66	62	63	64	64	64	67	68	68	68	70	70	73	78	84	89	95	100
23	60	62	58	60	62	62	63	63	64	67	68	68	67	69	71	77	83	88	94	100
24	59	55	56	58	59	60	61	61	63	65	67	66	66	69	71	77	83	88	94	100
25	52	53	55	56	58	58	60	60	61	64	64	64	64	67	70	76	82	88	94	100
26	51	53	55	56	58	60	61	61	61	63	64	64	66	69	67	74	80	87	93	100
27	51	52	55	58	60	60	61	61	62	63	64	66	67	66	67	74	80	87	93	100
28	49	52	57	58	60	61	63	62	62	64	66	66	66	66	68	74	81	87	94	100
29	49	51	57	60	61	61	62	62	63	64	66	63	65	67	68	74	81	87	94	100
30	49	51	57	60	61	62	63	63	63	64	62	63	66	68	70	76	82	88	94	100
31	47	50	57	60	60	62	63	64	64	62	63	65	67	70	71	77	83	88	94	100
32	46	50	57	60	62	63	64	64	62	63	65	66	68	71	72	78	83	89	94	100
33	45	49	56	60	62	63	64	62	63	65	66	68	71	73	74	79	84	90	95	100
34	43	48	56	62	63	64	62	62	65	66	67	70	72	74	74	79	84	90	95	100
35	41	47	56	62	63	61	62	63	66	67	68	70	72	74	75	80	85	90	95	100
36	40	47	56	62	59	61	62	63	66	67	68	70	72	74	75	80	85	90	95	100
37	38	45	56	58	59	61	62	63	66	67	67	69	71	73	74	79	84	90	95	100
38	38	45	53	58	61	62	63	65	65	67	68	70	72	74	73	78	84	89	95	100
39	37	41	53	58	61	62	63	64	65	67	68	70	71	73	73	78	84	89	95	100
40	34	41	53	58	61	62	63	64	64	66	67	69	71	73	72	78	83	89	94	100

Male, Smoker

Duration

Issue	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+	
Age	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
0-15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
16	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
17	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
18	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
19	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
20	98	100	100	100	100	100	100	99	99	99	100	99	99	99	100	100	100	100	100	100	100
21	95	98	99	100	95	96	96	95	96	97	97	96	96	96	96	97	98	98	99	99	100
22	92	95	96	90	90	93	93	92	93	95	95	93	93	92	93	94	96	97	99	99	100
23	90	92	85	88	88	89	89	89	90	90	90	90	89	90	92	94	95	97	98	100	100
24	87	81	82	85	84	86	88	86	86	88	88	86	86	88	89	91	93	96	98	100	100
25	77	78	79	82	81	83	83	82	83	85	84	84	84	85	86	89	92	94	97	100	100
26	75	77	79	82	82	83	83	82	83	84	84	84	84	85	81	85	89	92	96	100	100
27	73	75	78	82	82	83	83	82	82	82	82	84	84	80	81	85	89	92	96	100	100
28	71	73	79	82	81	82	83	81	81	82	82	82	80	80	81	85	89	92	96	100	100
29	69	72	78	81	81	82	82	81	81	81	81	77	80	80	81	85	89	92	96	100	100
30	68	71	78	81	81	81	82	81	81	81	76	77	80	80	81	85	89	92	96	100	100
31	65	70	77	81	79	81	82	81	81	76	77	79	81	81	83	86	90	93	97	100	100
32	63	67	77	78	79	81	81	81	76	77	77	80	83	83	85	88	91	94	97	100	100
33	60	65	74	78	79	79	81	76	77	77	79	80	83	85	85	88	91	94	97	100	100
34	57	62	74	77	79	79	75	76	77	79	79	81	83	85	87	90	92	95	97	100	100
35	53	60	73	77	79	75	75	76	77	79	80	82	84	86	88	90	93	95	98	100	100
36	52	59	71	75	74	75	75	76	77	79	79	81	83	85	87	90	92	95	97	100	100
37	49	58	70	71	74	74	75	76	77	78	79	81	84	86	86	89	92	94	97	100	100
38	48	55	66	70	72	74	74	75	76	78	79	81	83	85	87	90	92	95	97	100	100
39	45	50	65	70	72	72	74	74	75	77	79	81	84	86	86	89	92	94	97	100	100
40	41	49	63	68	71	72	73	74	74	76	78	80	83	85	86	89	92	94	97	100	100

Issue	Female, Aggregate																			
	Duration																			
Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
0-15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
16	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
17	99	100	100	100	100	100	100	100	93	95	96	97	97	100	100	100	100	100	100	100
18	83	83	84	84	84	84	86	78	78	79	82	84	85	88	88	90	93	95	98	100
19	65	66	68	68	68	68	63	63	64	66	69	71	72	74	75	80	85	90	95	100
20	48	50	51	51	51	47	48	48	49	51	56	57	58	61	63	70	78	85	93	100
21	47	48	50	51	47	47	48	49	51	53	57	60	61	64	64	71	78	86	93	100
22	44	47	48	45	47	47	48	49	53	54	60	61	63	64	66	73	80	86	93	100
23	42	45	44	45	47	47	49	51	53	54	61	64	64	67	69	75	81	88	94	100
24	39	40	42	44	47	47	50	51	54	56	64	64	66	69	70	76	82	88	94	100
25	34	38	41	44	47	47	50	53	56	57	64	67	69	71	73	78	84	89	95	100
26	34	38	41	45	49	49	51	56	58	59	66	69	70	73	70	76	82	88	94	100
27	34	38	41	47	50	51	54	57	59	60	69	70	73	70	71	77	83	88	94	100
28	34	37	43	47	53	53	56	59	62	63	70	73	70	72	74	79	84	90	95	100
29	34	38	43	49	54	56	58	60	63	64	73	70	72	74	75	80	85	90	95	100
30	35	38	43	50	56	56	59	63	66	67	70	71	74	75	76	81	86	90	95	100
31	35	38	43	51	56	58	60	64	67	65	71	72	74	75	76	81	86	90	95	100
32	35	39	45	51	56	59	63	66	65	66	72	72	75	76	76	81	86	90	95	100
33	36	39	44	52	58	62	64	65	66	67	72	74	75	76	76	81	86	90	95	100
34	36	40	45	52	58	63	63	66	67	68	74	74	76	76	76	81	86	90	95	100
35	36	40	45	53	59	61	65	67	68	70	75	74	75	76	75	80	85	90	95	100
36	36	40	45	53	55	62	65	67	68	70	74	74	74	75	75	80	85	90	95	100
37	36	41	47	52	57	62	65	67	68	69	72	72	73	75	74	79	84	90	95	100
38	34	41	44	52	57	63	66	68	69	70	72	71	72	74	75	80	85	90	95	100
39	34	40	45	53	58	63	66	68	69	69	70	70	70	73	74	79	84	90	95	100
40	32	40	45	53	58	65	65	67	68	69	70	69	70	73	73	78	84	89	95	100

Issue	Female, Non-Smoker																			
	Duration																			
Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
0-15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
16	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
17	96	98	98	98	98	99	99	99	92	92	93	95	95	97	99	99	99	100	100	100
18	78	80	80	80	80	81	81	74	75	75	78	79	82	83	85	88	91	94	97	100
19	60	62	63	63	63	65	59	59	60	60	64	67	67	70	72	78	83	89	94	100
20	42	44	45	45	45	42	42	42	45	45	50	51	53	56	58	66	75	83	92	100
21	41	42	44	45	41	42	42	44	47	47	51	53	54	57	59	67	75	84	92	100
22	39	41	44	41	41	42	44	45	49	49	54	56	57	58	60	68	76	84	92	100
23	38	41	38	40	41	42	44	46	49	50	56	57	58	60	62	70	77	85	92	100
24	36	36	38	40	41	42	46	47	50	51	58	59	60	62	63	70	78	85	93	100
25	32	34	37	40	41	43	46	49	51	53	59	60	62	63	64	71	78	86	93	100
26	32	34	37	41	43	45	47	50	53	53	60	62	63	64	62	70	77	85	92	100
27	32	34	38	43	46	47	49	51	53	55	62	63	64	62	62	70	77	85	92	100
28	30	34	39	43	47	49	51	53	56	58	63	63	61	62	63	70	78	85	93	100
29	30	35	40	45	50	51	52	55	58	59	64	61	62	63	63	70	78	85	93	100
30	31	35	40	46	51	52	53	56	59	60	62	62	63	65	65	72	79	86	93	100
31	31	35	40	46	51	53	55	58	60	58	62	62	63	65	65	72	79	86	93	100
32	32	35	40	45	51	53	56	59	57	58	62	63	63	65	64	71	78	86	93	100
33	32	36	41	47	52	55	58	55	58	59	63	63	65	65	65	72	79	86	93	100
34	33	36	41	47	52	55	55	57	58	59	63	65	64	65	64	71	78	86	93	100
35	33	36	41	47	52	53	57	58	59	61	63	64	64	64	64	71	78	86	93	100
36	33	36	41	47	49	53	57	58	59	61	63	64	63	64	63	70	78	85	93	100
37	32	36	41	44	49	53	57	58	59	60	62	62	61	62	63	70	78	85	93	100
38	32	37	39	45	50	54	57	58	60	60	61	61	61	62	61	69	77	84	92	100
39	30	35	39	45	50	54	57	58	60	59	60	60	59	60	61	69	77	84	92	100
40	28	35	39	45	50	54	56	57	59	59	60	59	59	59	60	68	76	84	92	100

Issue Age	Female, Smoker																				
	Duration																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+	
0-15	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
16	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
17	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
18	99	100	100	100	100	100	100	95	96	97	100	100	100	100	100	100	100	100	100	100	100
19	87	89	92	92	92	92	84	84	86	86	92	93	95	96	99	99	99	100	100	100	100
20	74	77	80	80	80	73	73	73	75	77	83	83	86	88	90	92	94	96	98	98	100
21	71	74	78	78	71	71	73	74	77	79	85	86	88	89	90	92	94	96	98	98	100
22	68	71	75	70	71	71	73	74	78	79	88	90	89	89	92	94	95	97	98	98	100
23	65	69	67	70	70	70	73	77	79	81	89	90	90	92	92	94	95	97	98	98	100
24	62	60	64	69	70	70	74	77	79	81	92	90	92	93	93	94	96	97	99	99	100
25	53	58	63	67	69	70	74	78	81	82	92	93	93	95	95	96	97	98	99	99	100
26	53	58	63	69	71	72	75	79	82	82	93	93	95	96	90	92	94	96	98	98	100
27	52	56	63	70	74	74	78	81	82	84	93	95	95	90	90	92	94	96	98	98	100
28	52	56	64	71	75	77	79	82	85	86	95	95	90	92	92	94	95	97	98	98	100
29	51	56	64	71	78	78	81	84	86	88	95	90	90	92	92	94	95	97	98	98	100
30	51	56	64	72	79	79	82	85	88	89	90	90	92	93	93	94	96	97	99	99	100
31	51	56	64	72	78	81	84	84	88	84	90	90	92	93	93	94	96	97	99	99	100
32	51	56	64	71	78	81	85	86	84	85	90	90	92	94	93	94	96	97	99	99	100
33	51	57	62	71	78	82	85	83	84	85	90	92	93	93	93	94	96	97	99	99	100
34	51	56	62	71	78	82	81	83	85	86	90	92	92	94	93	94	96	97	99	99	100
35	51	56	62	71	78	79	83	84	85	86	90	91	91	93	93	94	96	97	99	99	100
36	49	56	62	71	74	79	83	84	85	86	90	90	91	93	92	94	95	97	98	98	100
37	48	55	62	67	74	79	83	84	85	86	89	90	89	92	91	93	95	96	98	98	100
38	47	55	57	66	72	77	81	84	86	86	87	88	88	90	91	93	95	96	98	98	100
39	45	50	57	66	72	77	81	83	85	86	86	87	86	89	90	92	94	96	98	98	100
40	41	50	57	66	72	77	81	83	84	85	86	86	86	89	89	91	93	96	98	98	100

AUTHORITY: section 374.045, RSMo Supp. 1999 and 376.676, RSMo 2000. Original rule filed June 15, 2000.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than \$500 in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing on the proposed rule will begin at 10:00 a.m., September 5, 2000, in Room 630 of Harry S Truman State Office Building, 301 West High Street, Jefferson City, MO 65101. Any person who requests in writing at least seven days in advance of the hearing to be heard will be heard. Others may be heard if convenient. Any interested person, heard or not, may submit written comments supporting or opposing this proposed rule. Requests to be heard and/or comments should be addressed to Diane Garber, Senior Counsel, Missouri Department of Insurance, Legal Section, Harry S Truman State Office Building, Room 630, P.O. Box 690, Jefferson City, MO 65102-0690. To be considered, written comments must be received within thirty days after publication of this notice in the *Missouri Register*.

SPECIAL NEEDS: Persons with special needs addressed by the Americans with Disabilities Act should contact the Missouri Department of Insurance at least ten days prior to the hearing at one of the following numbers: Consumer Services Hotline Number 1-800-726-7390 or TDD number 1-573-751-4126.

**Title 20—DEPARTMENT OF INSURANCE
Division 400—Life, Annuities and Health
Chapter 7—Health Maintenance Organizations**

PROPOSED AMENDMENT

20 CSR 400-7.180 Standard Form To Establish Credentials.
The department is amending section (2) and replacing Exhibit A that follows this rule in the *Code of State Regulations*.

PURPOSE: This amendment allows Missouri licensed health maintenance organizations to use other states' standardized credentialing forms that have been approved by the director prior to their use. This amendment is promulgated pursuant to section 354.485, RSMo, and implements section 354.442.1(15), RSMo.

(2) The form provided in Exhibit A shall be used by all health carriers and their agents when credentialing or recredentialing health care professionals in a managed care plan. **Use of another state's standardized credentialing form is permissible so long as the director determines prior to its use that it is substantially similar to the form in Exhibit A. Requests for the director's approval of the use of another state's standardized credentialing form should be submitted to the following address: Missouri Department of Insurance, Managed Care Section, P.O. Box 690, Jefferson City, MO 65102-0690. A request must include a complete copy of the form to be approved and the name, address and telephone number of the person requesting approval. The director will provide written notice to all Missouri licensed health maintenance organizations of the approval of the use of another state's standardized credentialing form. The director also will provide on the department's Internet home page a copy of Missouri's Standardized Credentialing Form with a list of other state standardized credentialing forms that have been approved.**

AUTHORITY: sections 354.442.1(15), RSMo [Supp. 1997] Supp. 1999 and 354.485, RSMo 1994. Original rule filed Nov. 3, 1997, effective June 30, 1998. Amended: Filed June 6, 2000.

PUBLIC COST: This proposed amendment will cost the Department of Insurance \$55.94 per year for the life of the rule plus a one time cost of \$249.19.

PRIVATE COST: This proposed amendment will save private entities \$84,000 per year for the life of the rule.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing on this proposed amendment is scheduled for August 21, 2000, at 10:00 a.m., in Room 630, Truman State Office Building, 301 West High Street, Jefferson City, Missouri. Opportunity to be heard at the hearing shall be afforded any interested person. Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Insurance, ATTN: Carrie Couch, P.O. Box 690, Jefferson City, MO 65102-0690, or via Internet E-mail at ccouch0@mail.state.mo.us, prior to the hearing.

SPECIAL NEEDS: If you have special needs addressed by the Americans With Disabilities Act, please notify us at (573) 526-2619 at least five working days prior to the hearing.

**Fiscal Note
Public Entity Cost**

I. RULE NUMBER

Title: 20 – Department of Insurance

Division: 400 – Life, Annuities and Health

Chapter: 7 – Health Maintenance Organization

Type of Rulemaking: Proposed Amendment

Rule: 20 CSR 400-7.180 – Standard Form to Establish Credentials

II. SUMMARY OF FISCAL IMPACT

There is a one time cost of \$249.19 to the Department of Insurance to modify the existing rule and standard form. The Department estimates a cost of \$55.94 per year for the remainder of the life of the rule.

III. WORKSHEET

The Department paid one Healthcare Specialist for eight (8) hours at \$16.70 per hour to modify the existing rule and form. 30 licensed HMOs and 1 HMO operating under the license of a health services corporation will be mailed one computer disk and one 12 page copy of the modified rule and standard form. The Department pays 54.9 cents for a computer disk. The Department charges 20 cents per page for copies. It costs the Department 78 cents to mail one computer disk and one 12 page copy of the modified rule and form. Therefore:

8 hours of work for 1 Healthcare Specialist paid at \$16.70 per hour	\$133.59
31 sets of 11 page modified form plus 1 page modified rule @ 20¢ per page	\$ 74.40
31 computer disks @ 54.9¢ per disk	\$ 17.02
31 packages containing 1 disk and 12 pages @ 78¢ per package	\$ 24.18
Total one time cost to the Department	\$249.19

The department expects an average of fifteen credentialing packages will mailed each year thereafter for a total \$55.94 per year.

IV. ASSUMPTIONS

The Department has observed a stable number of HMOs for the past two years, with a balance of market exits and new market entrants. There is no compelling reason to expect that this situation will change significantly in the immediate future.

The Department is aware that most HMOs delegate some or all credentialing activities to companies who do nothing but provider credentialing all over the country. Currently the Department has no mechanism for tracking the number of such companies in Missouri, or the frequency with which such companies move into and out of the market. However, in the last 2 years, the Department has mailed approximately 15 credentialing packages per year to various credentialing entities.

The Department is able to take advantage of the internet to disseminate copies of the rule and the form. The cost of updating the departmental website is negligible, since website maintenance is already a sunk cost. The effort required to place updated files on the departmental website is also negligible. The Department routinely directs interested parties to the website for copies of the existing rule and form, if such parties have internet access. Therefore, the Department bears no cost for dissemination of copies of the modified rule and form via the internet.

Fiscal Note
Private Entity Cost

I. RULE NUMBER

Title: 20 – Department of Insurance

Division: 400 – Life, Annuities and Health

Chapter: 7 – Health Maintenance Organization

Type of Rulemaking: Proposed Amendment

Rule: 20 CSR 400-7.180 – Standard Form to Establish Credentials

II. SUMMARY OF FISCAL IMPACT

The proposed amendment to the existing rule and form will cut the cost of credentialing activities in the Kansas City Metropolitan area and in the counties of western Missouri by \$84,000.00 per year for the life of the rule.

III. WORKSHEET

There are currently 16 HMOs operating in the Kansas City Metropolitan Area, 15 of which are licensed in both Kansas and Missouri. HMOs in Missouri typically maintain networks of approximately 6,000 providers. Each HMO licensed to serve both Kansas and Missouri must credential their providers separately for each state.

Providers typically pay office staff to complete credentialing forms. Pay for office staff is \$7.00 per hour on average. It takes an office staff person approximately 2 hours to complete a credentialing form. Providers must complete credentialing forms for each company with which they contract. Providers in the Kansas City area currently must complete credentialing forms for both Missouri and Kansas. There are 16 HMOs currently operating in the Kansas City area, 15 of which are licensed in both Kansas and Missouri. Therefore:

HMOs in Kansas City have approximately 6,000 providers in their networks on average, and each provider must fill out 1 KS and 1 MO credentialing form	12,000
2 hours of work for office staff paid at \$7.00 per hour	\$14.00
Current cost of completing credentialing forms in Kansas City area	\$168,000
Cost after proposed rule goes into effect	\$84,000

IV. ASSUMPTIONS

The Department assumes the proposed modifications will reduce by 50% the number of forms necessary and the amount of time and money required to comply with the existing rule, which does not allow substitution of the Kansas form for the Missouri form if those forms are substantially identical.

Exhibit A

**Standardized
Credentialing
Form
To Be Used
By Health Maintenance Organizations
Licensed in the State of Missouri**

COMPLETE EACH SECTION AS THOROUGHLY AS POSSIBLE. PLEASE TYPE OR PRINT.

I. GENERAL INFORMATION

1. _____
Name (Last, First, MI, Degree/Prof. Designation-M.D./D.O./Ph.D./M.S.W./D.C./D.P.M./D.D.S./D.M.D./
A.P.N./P.A./Other)

2. _____
Home Address/Street

3. _____
City/State/ZIP

4. _____
E-Mail Address

5. _____
Other Names You May Have Used (i.e. Maiden, etc.)

6. _____
Date of Birth (Month/Day/Year)

7. _____
Place of Birth

8. _____
Social Security Number

9. Are You a U.S. Citizen? Yes _____ No _____

10. Sex: Male _____ Female _____

If Not a Citizen of the U.S., Indicate the Current Status of Your VISA:



Form Authorized by the Missouri Department of Insurance 1998
DO NOT SUBMIT COMPLETED FORM TO THE DEPARTMENT OF INSURANCE

II. OFFICE/PRACTICE INFORMATION

If More Than Two Offices, Check Here and Attach a Copy of Page 3, Completing Questions 22 - 40 for Each Office.

1. Participation Status For Which You Are Applying: (Indicate Specialty)

Primary Care Specialty: _____ Subspecialty: _____ Patient Ages: _____

2. **PRIMARY OFFICE** ADDRESS/STREET/BUILDING/SUITE

3. City/State/ZIP

4. Tax ID # Owner/Corporate Name as Appears on SS4 or W-9 Form (or Full Legal Name)

5. Business Name or Name By Which the Provider Group is Generally Known

6. Office Phone Number 7. After Hours/Emergency Number or Procedure

8. Office Fax Number 9. Office E-Mail Address

10. Office Manager 11. Federal Tax ID#

12. BILLING ADDRESS/STREET (If Different From Above)

13. Billing City/State/ZIP

14. List Routine Office Hours:

Monday	Tuesday	Wednesday	Thursday	Friday

15. Evening Hours: Yes No If Yes, List Hours After 5:00 P.M.

Monday	Tuesday	Wednesday	Thursday	Friday

16. Weekend Hours: Yes No

Saturday	Sunday

17(a) Lab Service in Your Office:
Yes No

17(b) If Yes, specify Waived, Physician Performed Microscopy, Moderately Complex, Highly Complex.

18. Please check all of the following that you perform IN THIS OFFICE:

EKG Office gynecology (Routine Pelvic/PAP) Drawing Blood Age appropriate immunizations
 X-Rays Minor Surgery Tympanometry/audiometry screening Flexible sigmoidoscopy
 Laceration Repair Pulmonary Function Studies Asthma Treatment Allergy Skin Testing
 Osteopathic manipulation IV hydration/treatment Other (please specify) _____

19. (a) Languages Spoken (other than English): _____ (b) Are Interpreters Available? Yes No

Health Care Provider

Staff

20. Does Your Office: (CIRCLE ONE)

- | | | | |
|--|---|--|---|
| (a) Have 24-Hr. Phone Coverage Service? | Y <input type="checkbox"/> N <input type="checkbox"/> | (b) Qualify as a Minority Business Enterprise? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| (c) Have Capability for Electronic Billing? | Y <input type="checkbox"/> N <input type="checkbox"/> | (d) Provide Child Care Services? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| (e) Meet ADA Accessibility Standards? | Y <input type="checkbox"/> N <input type="checkbox"/> | (f) Have Public Transportation Accessibility? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| (g) Collaborate With an Advanced Nurse Practitioner or Physician Assistant (P.A.)? | Y <input type="checkbox"/> N <input type="checkbox"/> | | |
- If Yes, Provide a Copy of Appropriate Collaborative Practice or P.A. Agreement(s) & the Name(s) of the Individual(s).
- (h) Type of Practice: Solo Single Specialty Group Multispecialty Group Other
 If Group Practice, Attach a List of Other Members of Your Practice, Their Specialties, and Coverage Arrangements.

21. Do You Currently: (CIRCLE ONE)

- | | | | |
|--|---|---|---|
| (a) Accept New Patients Into Practice? | Y <input type="checkbox"/> N <input type="checkbox"/> | (b) Accept New Patients By Physician Referral Only? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| (c) Have Medicare Certification? | Y <input type="checkbox"/> N <input type="checkbox"/> | (d) Accept Medicare Assignment? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| (e) Provide Inpatient Care? | Y <input type="checkbox"/> N <input type="checkbox"/> | (f) Accept Medicaid Assignment? | Y <input type="checkbox"/> N <input type="checkbox"/> |



II. OFFICE/PRACTICE INFORMATION

If More Than Two Offices, Check Here and Attach a Copy of Page 3, Completing Questions 22 - 40 for Each Office.

22. Participation Status For Which You Are Applying: (Indicate Specialty)

Primary Care Specialty: _____ Subspecialty: _____ Patient Ages: _____

23. **PRIMARY OFFICE** ADDRESS/STREET/BUILDING/SUITE

24. City/State/ZIP

25. Tax ID # Owner/Corporate Name as Appears on SS4 or W-9 Form (or Full Legal Name)

26. Business Name or Name By Which the Provider Group is Generally Known

27. Office Phone Number 28. After Hours/Emergency Number or Procedure

29. Office Fax Number 30. Office E-Mail Address

31. Office Manager 32. Federal Tax ID#

33. BILLING ADDRESS/STREET (If Different From Above)

34. Billing City/State/ZIP

35. List Routine Office Hours:

Monday	Tuesday	Wednesday	Thursday	Friday

36. Evening Hours: Yes No If Yes, List Hours After 5:00 P.M.

Monday	Tuesday	Wednesday	Thursday	Friday

37. Weekend Hours: Yes No

Saturday	Sunday

38(a) Lab Service in Your Office:
Yes No

38(b) If Yes, specify Waived, Physician Performed Microscopy, Moderately Complex, Highly Complex

39. Please check all of the following that you perform IN THIS OFFICE:

EKG Office gynecology (Routine Pelvic/PAP) Drawing Blood Age appropriate immunizations
 X-Rays Minor Surgery Tympanometry/audiometry screening Flexible sigmoidoscopy
 Laceration Repair Pulmonary Function Studies Asthma Treatment Allergy Skin Testing
 Osteopathic manipulation IV hydration/treatment Other (please specify) _____

40. (a) Languages Spoken (other than English): _____ (b) Are Interpreters Available? Yes No
 Health Care Provider _____ Staff _____

41. Does Your Office: (CIRCLE ONE)

(a) Have 24-Hr. Phone Coverage Service? <input type="checkbox"/> Y <input type="checkbox"/> N	(b) Qualify as a Minority Business Enterprise? <input type="checkbox"/> Y <input type="checkbox"/> N
(c) Have Capability for Electronic Billing? <input type="checkbox"/> Y <input type="checkbox"/> N	(d) Provide Child Care Services? <input type="checkbox"/> Y <input type="checkbox"/> N
(e) Meet ADA Accessibility Standards? <input type="checkbox"/> Y <input type="checkbox"/> N	(f) Have Public Transportation Accessibility? <input type="checkbox"/> Y <input type="checkbox"/> N
(g) Collaborate With an Advanced Nurse Practitioner or Physician Assistant (P.A.)? If Yes, Provide a Copy of Appropriate Collaborative Practice or P.A. Agreement(s) & the Name(s) of the Individual(s).	<input type="checkbox"/> Y <input type="checkbox"/> N
(h) Type of Practice: Solo <input type="checkbox"/> Single Specialty Group <input type="checkbox"/> Multispecialty Group <input type="checkbox"/> Other <input type="checkbox"/> If Group Practice, Attach a List of Other Members of Your Practice, Their Specialties, and Coverage Arrangements.	

42. Do You Currently: (CIRCLE ONE)

(a) Accept New Patients Into Practice? <input type="checkbox"/> Y <input type="checkbox"/> N	(b) Accept New Patients By Physician Referral Only? <input type="checkbox"/> Y <input type="checkbox"/> N
(c) Have Medicare Certification? <input type="checkbox"/> Y <input type="checkbox"/> N	(d) Accept Medicare Assignment? <input type="checkbox"/> Y <input type="checkbox"/> N
(e) Provide Inpatient Care? <input type="checkbox"/> Y <input type="checkbox"/> N	(f) Accept Medicaid Assignment? <input type="checkbox"/> Y <input type="checkbox"/> N



III A. PROFESSIONAL EDUCATION

List All Medical Schools/Institutions Attended.

Please Explain Any 30 Day or Greater Gap In Your Training. Attach Additional Sheets if Necessary.

1. _____
Medical/Professional School Name
2. _____
Address/Street
3. _____
City/State/Zip/Country
4. From: _____ To: _____
Dates Attended (month/year) Degree(s) Awarded
5. If You Are a Graduate of a Foreign Medical School, Are You Certified by the Education Council for Foreign Medical Graduates (ECFMG)? If Yes, Please Enclose a Copy of Your Certificate With This Application.
Yes _____ No _____

III B. POSTGRADUATE TRAINING: INTERNSHIP

1. _____
Institution Name
2. _____
Address/Street
3. _____
City/State/Zip
4. From: _____ To: _____
Dates Attended (month/year) Department Chair/Program Director
5. _____
Type of Internship (Rotating/Straight) - If Straight, Please List Specialty.

III C. POSTGRADUATE TRAINING: FIRST RESIDENCY

1. _____
Institution Name
2. _____
Address/Street
3. _____
City/State/Zip
4. From: _____ To: _____
Dates Attended (month/year) Department Chair/Program Director
5. _____
Type of Residency

III D. POSTGRADUATE TRAINING: SECOND RESIDENCY or FELLOWSHIP

1. _____
Institution Name
2. _____
Address/Street
3. _____
City/State/Zip
4. From: _____ To: _____
Dates Attended (month/year) Department Chair/Program Director
5. _____
Type of Residency/Fellowship



III E. POSTGRADUATE TRAINING: FELLOWSHIP/OTHER

1. Institution Name _____

2. Address/Street _____

3. City/State/Zip _____

4. From: _____ To: _____ 5. Department Chair/Program Director _____
Dates Attended (month/year)

5. Type of Fellowship/Other Explanation _____

IV A. HOSPITAL AFFILIATIONS: PRIMARY

1. CURRENT PRIMARY HOSPITAL NAME _____

2. Address/Street _____

3. City/State/Zip _____

4. Status of Privileges (INDICATE BY USING KEY) _____ 5. From: _____ To: _____
Dates Affiliated (month/year)

Status of Privileges Key				
1 Active	4 Associate	7 Courtesy	10 Senior Staff	13 Consulting
2 Courtesy Provisional Staff	5 Visiting	8 Admitting	11 Provisional	14 Pending
3 Active Provisional Staff	6 Temporary	9 CO-Admitting	12 Suspended	15 Other: _____

If CO-Admitting Status, List Other Admitting Physician(s) _____

6. Any Past or Present Restriction of Privileges? Yes _____ No _____ (IF YES, EXPLAIN) _____

IV B. HOSPITAL AFFILIATIONS: OTHER

List All Other Hospitals At Which You Have Or Have Had Privileges. Attach Additional Pages If Necessary.

1a. HOSPITAL NAME _____

2a. Address/Street _____

3a. City/State/Zip _____

4a. Status of Privileges (INDICATE BY USING KEY) _____ 5a. From: _____ To: _____
Dates Affiliated (month/year)

If CO-Admitting Status, List Other Admitting Physician(s) _____

6a. Any Past or Present Restriction of Privileges? Yes _____ No _____ (IF YES, EXPLAIN) _____

1b. HOSPITAL NAME _____

2b. Address/Street _____

3b. City/State/Zip _____

4b. Status of Privileges (INDICATE BY USING KEY) _____ 5b. From: _____ To: _____
Dates Affiliated (month/year)

If CO-Admitting Status, List Other Admitting Physician(s) _____

6b. Any Past or Present Restriction of Privileges? Yes _____ No _____ (IF YES, EXPLAIN) _____



1c.	HOSPITAL NAME	
2c.	Address/Street	
3c.	City/State/Zip	
4c.	Status of Privileges (INDICATE BY USING KEY) If CO-Admitting Status, List Other Admitting Physician(s)	5c. From: _____ To: _____ Dates Affiliated (month/year)
6c.	Any Past or Present Restriction of Privileges? Yes _____ No _____ (IF YES, EXPLAIN)	

IV C. OTHER PRACTICE AFFILIATIONS (e.g. HMOs, PPOs, IPAs, PHOs, etc.)

Attach Additional Pages If Necessary.

1a.	Institution/Organization Name	
2a.	Address/Street	
3a.	City/State/Zip	
4a.	Type of Affiliation	5a. From: _____ To: _____ Dates Affiliated (month/year)

1b.	Institution/Organization Name	
2b.	Address/Street	
3b.	City/State/Zip	
4b.	Type of Affiliation	5b. From: _____ To: _____ Dates Affiliated (month/year)

1c.	Institution/Organization Name	
2c.	Address/Street	
3c.	City/State/Zip	
4c.	Type of Affiliation	5c. From: _____ To: _____ Dates Affiliated (month/year)

1d.	Institution/Organization Name	
2d.	Address/Street	
3d.	City/State/Zip	
4d.	Type of Affiliation	5d. From: _____ To: _____ Dates Affiliated (month/year)

1e.	Institution/Organization Name	
2e.	Address/Street	
3e.	City/State/Zip	
4e.	Type of Affiliation	5e. From: _____ To: _____ Dates Affiliated (month/year)



V. PRACTICE SPECIALTY

Attach Copy of Certificate(s). If Not Applicable to Your Profession/Specialty, Complete With N/A.

1. _____	2. _____
PRIMARY SPECIALTY / BOARD CERTIFICATION	Certification Number
3. _____	4. _____
Name of Board	Date of Certification
5. _____	6. _____
Expiration Date	Date of Recertification (If Applicable)
7. _____	
If Not Certified, Indicate Current Status and/or Date Intending to Sit For Boards.	
8. _____	9. _____
SECONDARY SPECIALTY / BOARD CERTIFICATION	Certification Number
10. _____	11. _____
Name of Board	Date of Certification
12. _____	13. _____
Expiration Date	Date of Recertification (If Applicable)
14. _____	
If Not Certified, Indicate Current Status and/or Date Intending to Sit For Boards.	

VI. WORK /PRACTICE HISTORY

List Chronologically All Employment, Including Self Employment, For the Last Ten (10) Years. For Any Gap in Chronology, Explain On a Separate Sheet. Leave No Time Period Unaccounted For Within the Last Ten Years, Excluding Previously Stated Training. Attach Additional Sheets If Necessary.

1a. _____	
NAME of PREVIOUS PRACTICE	
2a. _____	
Address/Street	
3a. _____	4a. _____
City/State/Zip	Phone Number
5a. _____	6a. From: _____ To: _____
Title or Professional Occupation	Dates of Employment (month/year)
1b. _____	
NAME of PREVIOUS PRACTICE	
2b. _____	
Address/Street	
3b. _____	4b. _____
City/State/Zip	Phone Number
5b. _____	6b. From: _____ To: _____
Title or Professional Occupation	Dates of Employment (month/year)
1c. _____	
NAME of PREVIOUS PRACTICE	
2c. _____	
Address/Street	
3c. _____	4c. _____
City/State/Zip	Phone Number
5c. _____	6c. From: _____ To: _____
Title or Professional Occupation	Dates of Employment (month/year)
1d. _____	
NAME of PREVIOUS PRACTICE	
2d. _____	
Address/Street	
3d. _____	4d. _____
City/State/Zip	Phone Number
5d. _____	6d. From: _____ To: _____
Title or Professional Occupation	Dates of Employment (month/year)



VII. PROFESSIONAL CERTIFICATES / LICENSE NUMBERS

List All States In Which You Have Held, or Currently Hold a License to Practice Your Profession. Please Attach Copies.

1. _____ License/Certification/Registration Number; Licensing State	2. _____ Expiration Date
3. _____ Other License/Certification/Registration Number; Licensing State	4. _____ Expiration Date
5. _____ Other License/Certification/Registration Number; Licensing State	6. _____ Expiration Date
7. _____ Federal Drug Enforcement Agency (DEA) Number(s)	8. _____ Expiration Date(s)
9. _____ CDS Certification Number (BNDD Number for Missouri)	10. _____ Expiration Date
11. _____ Medicare/Unique Provide ID Number (UPIN)	12. _____ National Provider ID Number (NPI)
13. _____ State Medicaid Number(s); Licensing State(s)	14. _____ ECFMG Number

VIII. PROFESSIONAL LIABILITY INSURANCE INFORMATION

Please Attach a Copy of Your Current Certificate(s) or Declaration(s) of Insurance, Including HCSF for Kansas Practitioners.

1a. _____
CURRENT CARRIER NAME

2a. _____
Address/Street

3a. _____
City/State/Zip

4a. _____
Phone Number

5a. _____
Policy Number

6a. From: _____ To: _____
Dates of Coverage (month/year)

7. Indicate Coverage Type: Claims Based _____ Occurrence Based _____

8. Policy Limits: Per Occurrence \$ _____ Aggregate \$ _____

Prior Carriers Within the Last Ten (10) Years. Attach Additional Sheets if Necessary.

1b. _____
PREVIOUS CARRIER NAME

2b. _____
Address/Street

3b. _____
City/State/Zip

4b. _____
Phone Number

5b. _____
Policy Number

6b. From: _____ To: _____
Dates of Coverage (month/year)

1c. _____
PREVIOUS CARRIER NAME

2c. _____
Address/Street

3c. _____
City/State/Zip

4c. _____
Phone Number

5c. _____
Policy Number

6c. From: _____ To: _____
Dates of Coverage (month/year)

1d. _____
PREVIOUS CARRIER NAME

2d. _____
Address/Street

3d. _____
City/State/Zip

4d. _____
Phone Number

5d. _____
Policy Number

6d. From: _____ To: _____
Dates of Coverage (month/year)



IX. MALPRACTICE CLAIMS HISTORY

Are you currently or have you within the last ten (10) years been involved in a malpractice suit or other suit or claim in which your care and treatment of a patient was at issue, including pending or dismissed cases or claims settled before or during trial, or settled to avoid a lawsuit? yes _____ no _____ if yes, answer the following questions for EACH such claim. Duplicate this page as necessary.

1. _____ Patient Name	2. _____ Plaintiff Name, If Other Than Patient
3. _____ Your Involvement in the Case (Attending, Consulting, Etc.)	4. _____ Date of Occurrence (month/day/year)
5. _____ Your Status in the Case (Primary Defendant, Co-Defendant, Other)	6. _____ Date Claim Was Filed (month/day/year)
7. _____ Professional Liability Insurance Carrier Involved	
8. _____ Carrier's Phone Number	9. _____ Policy Number
10. _____ Additional Defendants	
11. Describe the Allegations Against You: _____ _____	
12. Describe the Alleged Injury to the Patient: _____ _____	
13. Claimant/Plaintiff Filed Suit in Court? Yes _____ No _____	
14. _____ State Court Case Number	15. _____ State
	16. _____ County/Parish
17. _____ Federal Court (US District Court) Case Number	18. _____ District
19. Present Status of Claim: Open _____ Closed _____ Pending _____	

If PENDING, DO NOT Complete the Rest of This Page Except For Signature and Date.

20. If Closed, Indicate the Method of Resolution:

_____ Dismissed	Date: _____
_____ Settled (With Prejudice)	Date: _____
_____ Settled (Without Prejudice)	Date: _____
_____ Judgment for Defendant(s)	Date: _____
_____ Judgment for Plaintiff(s)	Date: _____
_____ Other	Date: _____

21. _____
Settlement Amount Paid On Your Behalf (If Any)

22. Additional Information/Explanation:
(e.g. Patient condition and diagnosis at time of incident, description of treatment, subsequent patient outcome, etc.)

Signature

Date (month/day/year)



X. ADDITIONAL INFORMATION

Please Answer the Following Questions By Circling "Y" (Yes), "N" (No), or "N/A" (Not Applicable).

Please Provide an Explanation For Any "Yes" Responses on a Separate Page.

1. Have any of your board certifications ever been suspended, revoked, not renewed, denied renewal, voluntarily or involuntarily surrendered?	Y	N	N/A
2. Have you ever been named as a defendant in any criminal case?	Y	N	N/A
3. Have you ever been convicted, pled guilty, or pled nolo contendere to any felony, any offense reasonably related to your qualifications, functions, or duties as a medical professional, or any offense an essential element of which is fraud, dishonesty, or an act of violence?	Y	N	N/A
4. Has your malpractice insurance ever been canceled, suspended, not renewed, special rated, or restricted by the exclusion of any specific procedures from coverage?	Y	N	N/A
5. Have you ever been denied participation, suspended from, or denied renewal from the Medicare or Medicaid program, or had participation status modified?	Y	N	N/A
6. Has your authority to practice in any state been suspended, revoked, voluntarily or involuntarily surrendered, been subject to a consent or stipulation order, not renewed, denied renewal, or has probation ever been invoked?	Y	N	N/A
7. Has your federal or state controlled substance license ever been suspended, revoked, voluntarily or involuntarily surrendered, restricted, not renewed, denied renewal, or has probation ever been invoked?	Y	N	N/A
8. Have your privileges at any hospital or other health care setting ever been suspended, revoked, voluntarily or involuntarily surrendered, reduced, restricted, not renewed, denied renewal, or has probation ever been invoked?	Y	N	N/A
9. Within the last five years, have you ever been a participating provider of another HMO, PPO, PHO, or MSO, etc. with which you are not affiliated at this time?	Y	N	N/A
10. Have you ever received sanctions from a regulatory agency (e.g., CLIA, OSHA, etc.)?	Y	N	N/A
11. Has any information on you ever been reported to the National Practitioner Data Bank?	Y	N	N/A
12. Are you currently engaged in the illegal use of drugs? ("Illegal use of drugs" means the use of controlled substances obtained illegally, as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed health care practitioner. "Currently" does not mean on the day of or even the weeks preceding the completion of this application. Rather, it means recently enough so that the illegal use may have an impact on one's ability to practice.)	Y	N	N/A
13. Within the last five years, have you ever been reprimanded or disciplined in any manner by any state licensing authority or other professional board or peer review committee for conduct related to the use of alcohol or the use of any drug?	Y	N	N/A
14. Have you discontinued practice for any reason (other than for routine vacation) for one month (30 days) or more?	Y	N	N/A



X. ADDITIONAL INFORMATION (continued)

15. Do you or a member of your family own, have an investment in, or otherwise have a business interest in any clinical laboratory, diagnostic testing center, hospital ambulatory surgery center, or other business dealing with the provision of ancillary health services, equipment, or supplies? Y N N/A
If so, please provide the following information, attaching additional copies as necessary.

(a) _____ Organization Name	(b) _____ Type of Organization
(c) _____ Address/Street	
(d) _____ City/State/Zip	
(e) _____ Phone Number	(f) _____ Federal Tax ID#
(g) _____ Percent of Business Owned/Invested by Applicant	(h) _____ Nature of Business Interest (owner, partner, investor)

XI. ADDITIONAL DOCUMENTATION / ATTACHMENTS

Please Attach Copies of the Following Documents (If Applicable):

1. W9 Form For Each Entity the Applicant Expects Will Receive Payments or Reimbursements.
2. Collaborative Practice and/or Physician Assistant Agreement(s).
3. A List of Other Members of Your Practice, Their Specialties, and Coverage Arrangements.
4. Education Council for Foreign Medical Graduates (ECFMG) Certificate.
5. Board Certification Certificate(s).
6. Copies of Professional Diplomas, Internship, Residency, and Fellowship Certificates, As Applicable.
7. Current State Licenses (For All States Practicing).
8. Federal DEA Certificate.
9. State Controlled Substance Certificate(s) For All States Practicing (i.e. BNDD for Missouri).
10. Current Certificate(s) or Declaration(s) of Insurance, Including HCSF for Kansas Practitioners.
11. Curriculum Vitae (If Required By Health Carrier).
12. Professional References (If Required By Health Carrier).
13. Signed Copy of an Affirmation and Release of Information Document (Attestation Page) As Stipulated By the Health Carrier to Which the Applicant is Seeking to Become a Participating Provider.
14. Attach a copy of all postgraduate (CME) activities which you have attended and for which you have received credit in the past 2 years.
15. Include a list of societies of which you are currently a member.
16. Include copies of United States Military discharge papers/DD214 if discharged from U.S. Military, or status if currently serving.
17. Include a copy of certificate showing CLIA waiver number and identification number.
18. Provide a statement regarding the reasons for any inability to perform the essential functions, with or without accommodations, for the practice in which you are seeking to become a participating provider.

