

Regulation of Health Insurance Rates in Hawaii

The Insurance Division regulates the premium rates charged by health insurers in Hawaii. Rates may not be excessive, inadequate or unfairly discriminatory and must be reasonable in relation to the cost of the benefits provided. The Insurance Division employs rate analysts and an actuary to perform a rigorous analysis of rates to make sure that they meet the legal standard.

Insurers are required to provide information for all rate increases to the State of Hawaii and to the federal government for posting on a national website. See HealthCare.gov

For each rate increase subject to review, a health insurer must submit a Final Justification for each product affected by the increase. The Final Justification consists of the following three (3) parts:

Part 1, Rate Increase Summary: A form that summarizes the data used to determine the rate increase.

Part II, Written Explanation of the Rate Increase: A simple and brief narrative describing the data provided in Part I and the assumptions used to develop the rate increase, including an explanation of the most significant factors causing the rate increase.

Part III, Rate Filing Documentation: Rate filing documentation that CMS uses to determine whether the rate increase is “unreasonable”. The Centers for Medicare and Medicare Services (CMS) will determine whether this information must be posted. Others may also be utilizing the data presented by the federal government for public use.

Persons wishing to view the public profiles and Final Justifications submitted by health insurers for their rate filings may go to the website of maintained by the federal Department of Health and Human Services at HealthCare.gov

Persons who wish to submit a comment on rate filings to the Hawaii Insurance Commissioner can submit an email to ihealth@dcca.hawaii.gov
