Indiana Department of Insurance
Company Filing Checklist - Policy Review Standards

23 HMO Large Group Accident & Health

HMO Large Group Accident and Health filing including Grandfathered and Non-Grandfathered Major Medical and Dental plans.

Please attach this completed checklist as a PDF to your electronic filing.

Company Name: _____ NAIC #: _____

Form Number(s): _____ Filing Date: _____

Product Type:

- ☐ Major Medical
- ☐ Dental
- ☐ Vision
- ☐ Other: _____

All coverage items marked with a single asterisk (*) must be OFFERED to non-employer based groups.

Requirements in this checklist include:

Instructions:

This document is intended to provide a checklist for form and filings of the applicable Accident and Health product. The checklist contains (1) specific requirements/provisions and (2) certifications that the Insurer has acknowledged and is in compliance with particular laws, regulations and bulletins. Additionally, this checklist is intended to provide supplementary information regarding certain laws, regulations and/or bulletins. When providing the completed checklist, the Insurer is expected to address **each** checklist line item in the column labeled "Response" as follows:

- Provide the specific location(s) in the documents provided which address the requirement; or
- Provide an affirmative statement or initial that the certification is being given; or
- Provide an explanation as to why the Insurer believes the item is not applicable for the product submitted for review.

All checklist line items require a response. Failure to provide a fully completed checklist may result in a delay of regulatory approval.

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
A. General Filing Requirements			
IC 27-1-3-15	**FILING FEES:** The fees are $35 per form plus $35 for rates or the retaliatory fees based on your state of domicile, whichever is greater. Filing fee compliance includes general compliance with SERFF user/filing fees as related to utilizing Electronic Funds Transfer (EFT) payment method.		
Bulletin 125	**RATE FILING REQUIREMENTS:** 1. All new product filings must include rates 2. Any form filing that impacts rates must be accompanied by the related rate justification 3. If rates change for any reason, they must be submitted for review. See the IDOI website for filing instructions indicating which Rate Filing Requirements document is applicable to the product being filed.		
Bulletin 125	**FILING DESCRIPTION/COVER/LETTER/NAIC TRANSMITTAL**: Each filing must contain a complete description of the filing using one of these three methods: 1. In SERFF on the General Tab - Filing Description; 2. As a note referring to a Cover Letter If using a Cover Letter or NAIC Transmittal, please attach the document to the Supporting Documentation Tab within SERFF.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
Bulletin 125	**CONSULTING AUTHORIZATION:** If the filing is submitted by an outside consulting firm, a letter giving authorization to file on behalf of the company. If you are filing for multiple companies, you must submit an authorization from each Company, list each company separately on the cover letter by NAIC #, Company Name and form #. Separate filing/retaliatory fees for each company will be applicable.		
Bulletin 125	**ACKNOWLEDGEMENT:** All IDOI instructions, checklists and requirements for accident and health rate and/or form filings have been satisfied and are in compliance with PPACA and state requirements. *Please acknowledge.*		
B. Required Provisions	**The following rights of Insurers and insureds must be disclosed in HMO group accident and sickness policies issued in Indiana. As exact wording is not provided by statute it is recommended that language be modeled after the comparable language under IC 27-8-5-19(c) or be more favorable to the insured or policyholder.**		
IC 27-13-7-3(a)(1)	The name and address of the health maintenance organization.		
IC 27-13-7-3(a)(2)	Eligibility requirements.		
IC 27-13-7-3(a)(3)	Benefits and services within the service area.		
IC 27-13-7-3(a)(4) IC 27-13-36-9	Emergency care benefits and services.		
IC 27-13-7-3(a)(5)	Any out-of-area benefits and services.		
IC 27-13-7-3(a)(6)	Copayments, deductibles, and other out-of-pocket costs.		
IC 27-13-7-3(a)(7)	Limitations and exclusions.		
IC 27-13-7-3(a)(8)	Enrollee termination provisions.		
IC 27-13-7-3(a)(9)	Any enrollee reinstatement provisions.		
IC 27-13-7-3(a)(10)	Claims procedures.		
IC 27-13-7-3(a)(11)	Enrollee grievance procedures.		
IC 27-13-7-3(a)(12)	Continuation of coverage provisions.		
IC 27-13-7-3(a)(13)	Conversion provisions.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
IC 27-13-7-3(a)(14)	Extension of benefit provisions.		
IC 27-13-7-3(a)(15) 760 IAC 1-38.1	Coordination of benefit provisions. Not applicable for Limited Service Health Maintenance Organizations.		
IC 27-13-7-3(a)(16)	Any subrogation provisions.		
IC 27-13-7-3(a)(17)	A description of the service area.		
IC 27-13-7-3(a)(18)	The entire contract provisions.		
IC 27-13-7-3(a)(19)	The term of the coverage provided by the contract.		
IC 27-13-7-3(a)(20)	Any right of cancellation of the group or individual contract holder.		
IC 27-13-7-3(a)(21)	Right of renewal provisions.		
IC 27-13-7-3(a)(22)	Provisions regarding reinstatement of a group or an individual contract holder.		
IC 27-13-7-3(a)(23)	Grace period provisions.		
IC 27-13-7-3(a)(24)	A provision on conformity with state law.		
IC 27-13-7-3(a)(25)	A provision or provisions that comply with the: (A) guaranteed renewability; and (B) group portability; requirements of the federal Health Insurance Portability and Accountability Act of 1996 (26 U.S.C. 9801(c)(1)).		
IC 27-13-7-3(a)(26) IC 27-8-5-28 Bulletin 189	**Dependent Age 26:** A policy of accident and sickness insurance may not be issued, delivered, amended, or renewed unless the policy provides for coverage of a child of the policyholder or certificate holder, upon request of the policyholder or certificate holder, until the date that the child becomes twenty-six (26) years of age. Indiana Public Law 160-2011 requires Insurers and HMOs that offer dependent coverage to make the coverage available until a child reaches the age of 26. Consistent with the federal law, coverage cannot be restricted regardless of financial dependency, residency, marital status, student status, employment, eligibility for other coverage, or IRS qualification. This requirement applies to natural and adopted children, stepchildren, and children subject to legal		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	guardianship.		
IC 27-13-10 IC 27-13-10.1 760 IAC 1-59	**Grievance and Appeals Procedures:** Provisions should be provided which describe a three tier process for handling (1) internal grievances, (2) internal appeals and (3) external appeals and the related time frames for each tier. Not applicable for Limited Service Health Maintenance Organizations per IC 27-13-34-12(4).		
IC 27-13-36.2	Clean claims		
Bulletin 128	Notice to policyholders regarding filing complaints with the Department of Insurance.		
C. HMO Group A& H Policies *Must Provide*			
IC 27-8-5-15.6(e)	**Substance abuse parity**—when abuse treatment provided in conjunction with health treatment it must provide coverage in parity with other medical benefits.		
IC 27-8-5-19	**Intellectually Disabled Children -** If the policy provides that hospital or medical expense coverage of a dependent child of a group member terminates upon the child's attainment of the limiting age as stated in the policy, it must also provide that a child's attainment of a limiting age does not terminate the hospital and medical coverage of such child while the child is and continues to be both (a) incapable of self-sustaining employment by reason of mental, intellectual, or physical disability; and (b) chiefly dependent upon the policyholder for support and maintenance. May require that proof of child's incapacity and dependency be furnished to the insurer by the group member within one hundred twenty (120) days of the child's attainment of the limiting age, and subsequently, at reasonable intervals during the two (2) years following the child's attainment of the limiting age.		
IC 27-8-5.6-2(b)	**Newborns**, unless pregnancy pre-existed issuance of policy		
IC 27-8-5-21	**Adopted children**		
IC 27-8-14.5	**Diabetes treatment, supplies & equipment**		
IC 27-8-14.8	**Colorectal cancer screening** *		
IC 27-13-7-13	**Continuation of Coverage** statement		
IC 27-13-7-14	Post-mastectomy **breast reconstruction &**		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	prosthesis IF mastectomy coverage is provided		
IC 27-13-7-14.7 Bulletin 136 Bulletin 179	**Autism Spectrum Disorder (Previously PDD)** As per Bulletins 136 and 179, "Coverage for services will be provided as prescribed by the insured's treating physician in accordance with a treatment plan." Autism Spectrum Disorder include Asperger's Syndrome and Autism.		
IC 27-13-7-14.8	**Mental health parity** if mental health benefits provided		
IC 27-13-7-15	**Dental anesthesia/hospitalization**		
IC 27-13-7-15.3	**Mammography *** (Baseline, then 1 per year after 40 unless high risk)		
IC 27-13-7-16	**Prostate cancer screening** * (1 per year after 50 unless high risk)		
IC 27-13-7-18	**Inherited metabolic disease**		
IC 27-13-7-23(h)	**PHARMACY STEP THERAPY EXCEPTION** Company must provide in writing a procedure for use in requesting an exception to a step therapy protocol that includes instructions for making the request and outlines the obligations of the carrier in making the determination and notification of the enrollee.		
IC 27-13-37.5-2	**Prescription drug:** Can't require use of specific mail order pharmacy for coverage		
IC 27-13-38-1	**Prescription drug:** Allows formularies but requires process for obtaining non-formulary drug		
IC 27-8-20	**Off-label use of certain drugs**, IF drugs are covered		
IC 27-8-24	**Minimum maternity stays**, IF maternity benefits Offered		
IC 27-8-24.3	**Victims of abuse without regard to the abuse**		
IC 27-8-26	**Individuals without regard to genetic testing**		
Bulletin 172	**Chemotherapy parity**		
760 IAC 1-39-7	**AIDS, HIV and related conditions** IF other diseases covered (can't be unique exclusion) (Does not apply to specified disease policies)		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
COBRA/ERISA	**Opportunity for COBRA coverage** if employer has 20 or more employees		
IC 27-13-1-34/IC 27-13-7-22	**Telemedicine** services means health care services delivered by use of interactive audio, video, or other electronic media, including (a) medical exams and consultations; and (b) behavioral health, including substance abuse evaluations and treatment. A group contract must provide coverage for telemedicine services at parity with the same clinical criteria as provided for the same health care services delivered in person. Coverage for telemedicine services may not be subject to a dollar limit, copayment, or coinsurance requirement that is less favorable to an enrollee than the dollar limit, deductible, or coinsurance that applies to the same health care services delivered in person. Any annual or lifetime dollar limit that applies to telemedicine services must be the same annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the group contract.		
D. Group HMO A & H *Must Offer*			
IC 27-13-7-14.5	Coverage for Surgical Treatment of **Morbid Obesity**		
E. General Regulatory Issues	**Under the authority provided by IC 27-4-1-4 the Department monitors various issues that have been determined to be unfair, misleading or potentially constitute unfair trade practices. The following issues will also be reviewed.**		
IC 27-13-7-2	**APPLICATION QUESTIONS:** 1. Questions regarding an applicant's health cannot inquire about non-specific conditions prior to the most recent five years. 2. Questions inquiring if an applicant has had signs or symptoms of a condition are not permitted.		
IC 27-13-7-2	**ARBITRATION:** Mandatory and/or binding arbitration provisions are prohibited.		
IC 27-13-7-2	**LARGE ENDORSEMENTS:** The Department does not allow use of large or confusing endorsements to bring contracts into compliance. In such cases the entire contract should be refiled to incorporate the multiple changes. On a similar note, Indiana specific certificates should be filed rather than file an endorsement to revise another state's certificate.		
IC 27-13-7-2	**OPEN ENDORSEMENTS:** Highly flexible or "blank check" type endorsement forms that provide unlimited ability to revise forms without regulatory review are not		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	allowed.		
IC 27-13-7-2	**PRIVACY OF HEALTH INFORMATION:** Employers cannot be asked to reveal or certify the accuracy of any knowledge they may have regarding an individual's health condition.		
IC 27-13-7-2	**PROHIBITED PROVISIONS:** The policy form cannot contain provisions that are unjust, unfair, inequitable, misleading, or deceptive, or that encourage misrepresentation of the policy.		
IC 27-13-7-2	**VARIOUS FEES:** Fees charged to accept or process an application are not allowed. One- time fees such as may be charged to issue a policy are acceptable providing they are clearly labeled and accompanied by a disclosure that the fee is fully refundable if the policy is not issued, not taken or returned during the "free look" period.		
IC 27-8-5-19(c)(6) IC 27-8-5-2.5 IC 27-8-15-27	**FIRST MANIFEST LANGUAGE:** Typically first manifest type language creates a permanent exclusion of coverage related to a condition present any time prior to the effective date of coverage contrary to any pre-existing condition provisions included in the form. Such inconsistencies are not permitted.		
Bulletin 103	**FULL AND FINAL DISCRETION**: No full and final discretion clauses except where policy is governed by ERISA.		
Bulletin 106	**FOREIGN LANGUAGE FORMS**: Foreign language forms must comply with Bulletin 106.		
760 IAC 1-8	**NONCANCELLABLE/GUARANTEED RENEWABLE:** Use of terms "Noncancellable" and "Guaranteed Renewable" must not be misleading.		
F. ACA Must Provide			
IC 27-8-5-1(c) 45 C.F.R. 147.104(a)	**GUARANTEED AVAILABILITY OF COVERAGE:** Insurer is aware that if it offers health insurance coverage in the group market in Indiana it must offer to any employer in Indiana all products that are approved for sale and must accept any employer that applies for any of those products, subject to exclusions allowed by the Affordable Care Act. Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c)	**OPEN ENROLLMENT:** Insurer permits an employer to		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
45 C.F.R. 147.104(b)	purchase health insurance coverage for a group health plan at any point during the year. If the large group plan is also offered in SHOP, coverage shall become effective consistent with the dates mandated by the SHOP Exchange even if plan is off Exchange. Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.104(b)	**SPECIAL ENROLLMENT:** Insurer has special enrollment periods for qualifying events as defined under section 603 of the Employee Retirement Income Security Act of 1974, as amended. Enrollees are provided 30 calendar days after the date of the qualifying event to elect coverage, with such coverage becoming effective consistent with the dates described in the Affordable Care Act. These special enrollment periods are in addition to any other special enrollment periods that are required under federal and state law. Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.104(c)	**SPECIAL RULES FOR NETWORK PLANS:** (1) If Insurer offers health insurance coverage through a network plan, the Insurer may: (i) Limit the employers that may apply for the coverage to those with eligible individuals in the group market who live, work, or reside in the service area for the network plan (ii) Within the service area of the plan, deny coverage to employers if the Insurer has demonstrated to the IDOI the following: (A) It will not have the capacity to deliver services adequately to enrollees of any additional groups because of its obligations to existing group contract holders. (B) It is applying this section uniformly to all employers without regard to the claims experience of those employers and their employees (and their dependents) or any health status-related factor relating to such employees, and dependents. (2) An Insurer that denies health insurance coverage to an employer in any service area may not offer coverage in the group market within the service area to any employer for a period of 180 calendar days after the date the coverage is denied. This does not limit the Insurer's ability to renew coverage already in force or relieve the Insurer of the responsibility to renew that coverage.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	(3) Coverage offered within a service area after the 180-day period is subject to the requirements. Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.104(d)	**APPLICATION OF FINANCIAL CAPACITY LIMITS**: Insurer is aware that it may deny health insurance coverage in the group market if it has demonstrated to IDOI limitations provided in the Affordable Care Act. An Insurer is also aware that if it denies group health insurance coverage to any employer in Indiana under the financial capacity limitations, it may not offer coverage in the group market in Indiana for at least 180 days. This limitation does not however limit the Insurer's ability to renew coverage already in force or relieve the Insurer of the responsibility to renew that coverage. Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.106(a)	**GUARANTEED RENEWABILITY OF COVERAGE:** Insurer is aware that if it offers health insurance coverage in the group market in Indiana it must renew or continue in force the coverage at the option of the plan sponsor subject to exclusions allowed by the Affordable Care Act. Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.106(b)	**GUARANTEED RENEWABILITY OF COVERAGE EXCEPTIONS:** Insurer may nonrenew or discontinue health insurance coverage offered in the group market based only on one or more of the following: (1) Nonpayment of premiums (2) Fraud (3) Violation of participation or contribution rules (4) Termination of plan (5) Enrollees' movement outside service area (6) Association membership ceases Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.106(c)	**DISCONTINUING PRODUCTS:** Insurer is aware of the requirements to discontinue a particular health insurance plan in Indiana including: (1) Notice provision (2) Requirement to offer other health insurance		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	coverage currently offered (3) Acting without regard to claims experience or health status-related factor Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.106(d)	**DISCONTINUING ALL COVERAGE:** Insurer is aware of the requirements to discontinue all individual, group or all markets of health insurance coverage in Indiana including: (1) Notice provision (2) 5-year discontinuation period Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.106(e)	**UNIFORM MODIFICATION OF COVERAGE:** Insurer may only modify coverage at the time of coverage renewal. Applicable for plans with effective dates on or after January 1, 2014.		
IC 27-8-5-1(c) 45 C.F.R. 147.106(f)	**COVERAGE THROUGH ASSOCIATIONS:** Any reference to "plan sponsor" is deemed, with respect to coverage provided to an employer member of the association, to include a reference to the employer. Applicable for plans with effective dates on or after January 1, 2014.		
A. HMO Group A & H Policies *Must Provide*			
IC 27-8-5-1(c)	Preventive services covered under PPACA. For a complete listing of preventive services required, see website: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations		
IC 27-8-5-1(c)	**SUMMARY OF BENEFITS COVERAGE:** The Summary of Benefits Coverage must reflect the covered Essential Health Benefits, cost-sharing and Actuarial Value (metal level) that the final approved rates and forms permit. Submission of the Summary is not required as a part of this filing; however, filer must certify to the completion and conformity with regulatory requirements of the Summary.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
IC 27-8-5-1(c) 45 C.F.R. 147.104(e)	**MARKETING:** Insurer and its officials, employees, agents and representatives comply with any applicable state laws and regulations regarding marketing by health insurance Insurers and do not employ marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage. Applicable for plans with effective dates on or after January 1, 2014.		

By signing below, I am certifying on behalf of my company pursuant to Ind. Code 27-8-5-1.5(i)(1)(C) that our policy form(s) submitted with this checklist meets all of the applicable requirements of Indiana law and meets all the applicable requirements of federal law contained in the Patient Protection and Affordable Care Act. I understand and acknowledge, on behalf of my company, that the Indiana Department of Insurance is relying on this certification in making its determination whether to approve or disapprove this policy filing. If any policy provision is not in compliance with Indiana law or the Patient Protection and Affordable Care Act, the Indiana Department of Insurance may take regulatory action against my company.

Signature: _____

Printed Name: _____

Title: _____

Company: _____

Date: _____