Indiana Department of Insurance
Company Filing Checklist - Policy Review Standards

22 HMO Small Group Accident & Health

Small Group Accident and Health filings including 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: _____

Adult Dental: Adult Dental (all dental plans other than Pediatric Stand-Alone Dental plans) should use the Grandfathered Company Filing Checklist (either non-HMO or HMO, as appropriate). It is assumed that Adult Dental plans will not apply for Exchange participation. Contact the Indiana Department of Insurance for further clarification, if needed.

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 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.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
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.		
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	this is testing the font and text in boxes on the form	

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
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 27-13-36.2	Clean claims		
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		
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))		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
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 guardianship.		
IC 27-13-10 IC 27-13-10.1 760 IAC 1-59	**Grievance and Appeal 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).		
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.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
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 27-8-5-21	**Adopted children**		
IC 27-8-5.6-2(b)	**Newborns**, unless pregnancy pre-existed issuance of policy		
IC 27-8-14.5	**Diabetes treatment, supplies, equipment & education**		
IC 27-8-14.8	**Colorectal cancer screening** *		
IC 27-8-15-27	**Pre-existing conditions after 9 months**		
IC 27-8-15-28	**Waiver of pre-ex for creditable coverage**		
IC 27-8-15-29	**Late enrollees may have to wait 15 months**		
IC 27-8-15-31	**Conversion right**		
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 27-8-24-4	**Infant screening tests** required by IC 16-41-17-2		
IC 27-8-26	Individuals without regard to **genetic testing**		
IC 27-13-7-13	**Continuation of coverage statement**		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
IC 27-13-7-14	**Post-mastectomy breast reconstruction & 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		
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)		
COBRA/ERISA	**Opportunity for COBRA coverage** if employer has 20 or more employees		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
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 telemedicines 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. HMO Group A&H Policies *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, 27-8-5-1 and 27-8-5-1.5, the Department monitors various issues that have been determined to be unjust, unfair, inequitable, misleading, deceptive, or encourage misrepresentation of the policy 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. 3. Small employer applications may not require applicants declining coverage to complete health questions.		
IC 27-13-7-2	**ARBITRATION**: Mandatory and/or binding arbitration provisions are prohibited.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
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 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)	**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.		

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: _____