Indiana Department of Insurance
Filing Company Checklist
HMO Group Accident & Health Contract Review Standards

(Checklist must be submitted with filing—attach as PDF document if filing electronically)

Company Name_____ **NAIC #** _____

Form number(s)_____ **Filing date**_____

To be used with: ☐ Single Employer Groups ☐ Multiple Employer Groups ☐ Non-Employer Groups
(**Check all that apply**) ☐ Large Group ☐ Small Group ☐ Association(s)

Product Type (Some types may be exempt from certain filing requirements as marked by **)
Check all that apply.
☐ Major Medical ☐ Accident Only ☐ Dental ☐ Vision ☐ Supplemental Plan
☐ Employer Coverage for Medicare Eligible Only ☐ Other _____

Statute/Regulation	***Requirement***	***N/A***	***Location in submitted documents***	***For IDOI USE ONLY Yes/No/Comments***
General Filing Requirements				
IC 27-1-3-15	***Filing Fees***—We will bill you quarterly. The fees are $35 per form plus $35 for rates or the retaliatory fees based on your state of domicile. **PLEASE DO NOT** submit any filing fees with your filing.			
Bulletin 125	**All rate filings that involve either an aggregate rate change or a change in the underlying factors utilized to calculate premium must be filed electronically. All information required by the Indiana Department of Insurance is on the website under the Accident and Health Instructions page must be included in the electronic filing.**			
Bulletin 125	NAIC Standard A&H Transmittal Sheet— Use coding from NAIC Uniform Product Coding Matrix— Links to these items on the IDOI website or www.naic.org			
Bulletin 125	A cover document, either the General Information tab within SERFF or an NAIC Transmittal form or a cover letter, and one copy of all forms and rates to be filed. The cover document should include:			
	a) A reference "Re:" line identifying the insurance company's name and NAIC number, and the form number of **each** form to be filed.			
	b) If there are numerous forms in one filing, please list them on a separate document and indicate via reference "see additional listing." Please list the most important form first and keep the same order in related correspondence			
	c) The name of a contact person, w/ e-mail address, telephone and fax numbers. On all e-mails and other correspondence, please include NAIC number, Company Name and lead form number. Any submission of additional forms or materials should include a separate response for each filing being addressed.			
	d) The nature of the insurance product (e.g. Medicare Supplement, individual, small group, association group, employer group health, etc.)			
Bulletin 125	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.			
Required Provisions for HMO Group A&H Contracts IC 27-13-7-3	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)	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 27-13-36.2	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)).			
IC 27-13-7-3(a)(26) and IC 27-8-5-28 Bulletin 189	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 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).			
Bulletin 128	Notice to policyholders regarding filing complaints with the Department of Insurance.			
Group A & H Contracts *must provide*:				
IC 27-8-5-21	Adopted children			
760 IAC 1-39-7	AIDS, HIV and related conditions IF other diseases covered (can't be unique exclusion)			
IC 27-8-14-8	Colorectal cancer screening *			
IC 27-13-7-13	Continuation of Coverage statement			
IC 27-13-7-15	Dental anesthesia/ hospitalization			

IC 27-8-14.5	Diabetes treatment, supplies & equipment			
IC 27-8-5-19(c)(17)	Handicapped children beyond the age of maturity. (w/ 120 days notice to the company)			
IC 27-8-26	Individuals w/o regard to genetic testing			
IC 27-8-24-4	Infant screening tests required by IC 16-41-17-2			
IC 27-13-7-18	Inherited metabolic disease			
IC 27-13-7-15.3	Mammography * (Baseline, then 1 per year after 40 unless high risk)			
IC 27-13-7-14.8	Mental health parity if mental health benefits provided			
IC 27-8-24	Minimum maternity stays, IF maternity benefits offered			
IC 27-8-5.6-2(b)	Newborns, unless pregnancy pre-existed issuance of policy			
IC 27-8-20	Off-label use of certain drugs, IF drugs are covered			
IC 27-13-7-14.7	Pervasive development disorders including Autism and Asperger's			
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 27-13-7-14	Post-mastectomy breast reconstruction & prosthesis IF mastectomy coverage is provided			
IC 27-13-7-16	Prostate cancer screening *(1 per year after 50 unless high risk)			
IC 27-8-24.3	Victims of abuse w/o regard to the abuse			
COBRA/ERISA	Opportunity for COBRA coverage if employer has 20 or more employees			
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.			
Group A&H Contracts *must offer*				
IC 27-13-7-14.5	Coverage for Surgical Treatment of Morbid Obesity			
See citations above	All coverage marked with a single asterisk must be offered to non-employer-based groups			
A Small Group Contract				
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			
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.			
Application questions IC 27-13-7-2	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.			
Arbitration IC 27-13-7-2	Mandatory and/or binding arbitration provisions are prohibited.			
First manifest language IC 27-8-5-19(c)(6) IC 27-8-5-2.5 IC 27-8-15-27	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.			
Foreign language forms Bulletin 106	Foreign language forms must comply with Bulletin 106.			
Large endorsements IC 27-13-7-2	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.			
Open endorsements IC 27-13-7-2	Highly flexible or "blank check" type endorsement forms that provide unlimited ability to revise forms without regulatory review are not allowed.			
Privacy of health information IC 27-13-7-2	Employers cannot be asked to reveal or certify the accuracy of any knowledge they may have regarding an individual's health condition.			

Various fees IC 27-13-7-2	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.			
Bulletin 103	No full and final discretion clauses except where policy is governed by ERISA			
760 IAC 1-8	Use of terms "Noncancellable" and "Guaranteed Renewable" must not be misleading			
IC 27-13-7-2	The policy form cannot contain provisions that are unjust, unfair, inequitable, misleading, or deceptive, or that encourage misrepresentation of the policy.			

I hereby certify, pursuant to IC 27-8-5-1.5(i)(1)(C), that the policy form submitted with this checklist meets all requirements of Indiana law.

Filer: _____

Printed: _____

Company: _____

Title: _____

Date: _____