Filing Checklist for Group Intensive Care (H08), Organ & Tissue Transplant/ Limited Benefit (H09), and Short Home or Nursing Facility Term Care (H13)
Insurance Market Regulation Division
Life and Health Section

Company Name: _____

This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. This checklist is a representation of general provisions and objections and should not be construed as a legal position or legal advice. Please refer to the statutes and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statutes and Regulations always prevails over this checklist.

Intensive Care (H08): Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day.

Organ & Tissue Transplant/ Limited Benefit (H09): Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day.

Short Term Care- Home or Nursing Facility (H13): Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.

All filings must be through SERFF and a filing fee of $150 applies to each filing, pursuant to 374.230 RSMo. Please refer to the DCI website for more filing guidance if desired.

For appropriate use of TOIs, please see the NAIC CDS Coding Matrix at: https://www.naic.org/documents/industry_pcm_lahac.pdf and the MO SERFF filing guidelines in SERFF.

To expedite filings and ensure an efficient use of resources, the L&H Section offers the following tips:

1. Please complete this form by listing the location of the provision in the forms. Please attach to the Supporting Documents tab.
2. Please ensure the Form Type under the Form Schedule tab matches the attached form. For example, if the Form Type is an application, make sure the attached form is an application.
3. The Form Number:
    a. Cannot be reused, except when original filing rejected or withdrawn.
    b. Provided under the Form Schedule tab must match the form number that is provided on the lower left hand corner of the first page.
4. Provide an explanation of variability for all bracketed alpha and numeric text.
5. If filing a rider, endorsement or application, please provide the SERFF tracking number or copy of TD1and approved policy forms.
6. If the company wishes to mark a form confidential, please provide an explanation of how the request complies with 374.070 RSMo and 20 CSR 10-2.400.
7. If providing a red line version, please attach to the Supporting Documents tab; the forms for approval should be in final format.

8. Rate filings must be separate filings: Please see https://insurance.mo.gov/industry/filings/healthrates/ and 20 CSR 400-8.200(6).
9. In general, Filing Submissions shall:
    a. Under General Information Tab in SERFF: Provide a brief, detailed description of benefits, the purpose of the filing and the intended market. Disclose if the form is new or a replacement. If amendment/rider, please provide the SERFF tracking number of the corresponding policy.
    b. Life must be filed separately from Health. Group separately from Individual.
    c. The form number shall be in the lower left corner of the face page.
    d. If filing a rider, endorsement or application, please provide the SERFF tracking number or copy of TD1 and approved policy forms.
    e. If the company wishes to mark a form confidential, please provide an explanation of how the request complies with 374.070 RSMo and 20 CSR 10-2.400.
    f. If providing a red line version, please attach to the Supporting Documents tab; the forms for approval should be in final format.

#	Citation	Name	LOCATION IN FILING	Comment
1	375.995 RSMo	Sex or marital status discrimination as to benefits or coverage prohibited		
2	376.386 RSMo	Prescription drugs, one co-payment for dosage prescribed		If policy covers prescription drugs
4	376.407 RSMo	Advance practice nurse, claims for service to be reimbursed, when		Health Plan as defined under 376.806 RSMo
6	376.776 RSMo	Hospital and medical expense provisions extended for certain handicapped and dependent children past normal coverage age		applies to hospital and medical expense of an accident OR sickness policy
7	376.426	Required Policy Provisions, if applicable: 376.426: (1): Grace Period: 31 days and policy remains in force (2): Incontestability period (3): Entire Contract/ copy of application attached (4): Evidence of Insurability (5): Pre-existing Condition provision (6): Premiums that vary by age: equitable adjustment (7): Certificate issued to each insured (8): Notice of Claim: within 20 days		

		(9): Claim Forms: within 15 days or deemed to have complied (10): Written Proof of loss: shall not invalidate nor reduce; a. for loss of time for disability: 90 days after commencement period, subsequent as reasonably required by insurer b. all other claims: 90 days c. absence of legal capacity, one year (11): benefits payable, other than loss of time; 30 days after receipt of proof. Loss of time claims: not less frequently than monthly during continuance of disability and any remaining balance unpaid at termination be paid as soon as possible. (12): For Accidental Loss of Life Benefits: benefits paid to beneficiary designated. (13): Right to exam and autopsy during pendency of claim. (14): No Legal Action: prior to 60 days after proof of loss filed and not at all unless within 3 years from when proof of loss required. (15): Termination provision: a. prior to first anniversary: except for nonpayment of premium or failure to meet continued underwriting standards, b. 31 days' notice c. without prejudice to any expense prior to termination (16): Dependent Child: Incapacitated: a. attainment of age shall not terminate while incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent upon certificate holder for support. b. Proof: within 31 days of attaining max age; may require at reasonable intervals during 2 years following (not to exceed once per year)		

		(17): Dependent Child: if policy provides for dependents, must cover dependents, at option of certificate holder: a. unmarried and no more than 25 years of age; b. resident of this state and c. not covered by Medicaid. (18) For policies insuring debtors: insurer shall furnish certificate describing benefits and benefits paid toward debt.		
8	376.778 RSMo	Public hospitals - Payment direct to public hospitals or clinics with or without assignment, when--provisions required in contracts		expense incurred plans
9	376.779 RSMo	Alcoholism: Offer		individually underwritten policy of accident and sickness insurance (includes; sickness or bodily injury or death by accident or both)
10	376.781 RSMo	Speech & hearing - Speech and hearing disorders, companies to offer coverage on expense incurred basis, when--rules, procedure		Definitions found under 20 CSR 400-2.140; OFFER;
13	376.806 RSMo	Refund of health insurance premium on notice of death of insured—refunded to whom—definitions—exception—failure to notify within one year		individual on expense incurred basis and group where insured pays full premium directly to the insurer
14	376.816 RSMo	Adopted children		
15	376.820 RSMo	Child coverage: Discrimination prohibited		Individual and group proving coverage on an expense incurred basis
18	376.1235 RSMo	Physical therapy – Cost share		
19	376.1350 RSMo	Definitions.		
20	376.1361 RSMo	Utilization Program and Right to Appeal		For managed care plans
21	376.1363 RSMo	Utilization review decisions, procedures		For managed care plans
22	376.1365 RSMo	Reconsideration of an adverse determination, when		For managed care plans
23	376.1367 RSMo	Emergency services benefit determination, coverage required, when		For managed care plans
24	376.1372 RSMo	Utilization review, procedures - Certification and member handbook to include utilization review procedures		For managed care plans
25	376.1378 RSMo	Grievance Procedures in Evidence of Coverage (EOC) - Grievances and certificate of compliance filed with the director, when.		For managed care plans
26	376.1382 RSMo	Grievance Procedures - First- and second-level grievance review for managed care plans, first-level procedures		For managed care plans
27	376.1385 RSMo	Grievance Second-level review procedures		For managed care plans

28	376.1389 RSMo	Expedited Review - Expedited grievance review procedure.		For managed care plans
29	20 CSR 400-2.010	Insured's right to examination of accident and sickness coverage		For groups under 376.421.2 which are mass marketed or marketed on individual basis.
30	20 CSR 400-2.060 (3)	(A): Insureds in the military: if benefits are not provided for those in military; pro-rata refund of unearned premium. Optional provision to reinstate at discharge. (C): Agent's Authority: company may disclaim agent's authority to alter contract or gran insurability –prohibition on certain language. (D): Policies that reimburse for hospital charges may not reduce benefits for hospital charges incurred due to stay at a VA or other government hospital (E): Deductible shall be applied to allowable expenses prior to the applicable coinsurance (F): policy or certificate shall not include any language which requires that accidental bodily injury be effective sole through external, violent and accident means. (G): Alcoholism coverage; if plan provides for hospital treatment.		Hospital reimbursement policies; does not apply to hospital or cash indemnity contracts per 20 CSR 400-2.020 Group that is individually underwritten
31	20 CSR 400-2.060 (4)	Essential Conditions to be contained: (A): if certificate or coverage booklet is to be delivered to a member of group, must file for review and approval. (B): requirements on variable language (C): Definition of Total Disability (D): Definition of Residual Disability (E): Timing of notice of acceptance of application or give the prospective insured reason for delay. (F): Self-inflicted injuries resulting from attempted suicide while sane. (G): Exclusion of injuries or illness due to course of employment.		
32	20 CSR 400-2.060(6)	Ambulatory Surgical Centers		Individual and group accident and sickness policies

Prohibited Provisions				
1	376.405 RSMo	Ambiguous, misleading provisions: uncertain, ambiguous or not reasonably adequate for insured's protection prohibited		
2	435.350 RSMo	Arbitration prohibited		
3	376.405 and 376.426	Force Majeure & Acts beyond the company control: deemed not reasonably adequate for protection of insured Waiting period during which no benefits are payable prohibited Sole Discretion language prohibited		

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