



**Missouri Department of Insurance, Financial Institutions & Professional Registration
Insurance Market Regulation Division
Life & Healthcare Section**

Company Name: _____

Form # as it appears in SERFF: _____

This form will be used in the following markets (please indicate all that apply):

Large Group Small Group Individual

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 statues and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statues and Regulations always prevails over this checklist.

HMO Evidences of Coverage

REVIEW REQUIREMENTS	Citation	Summary	Location in Contract (page and section #) If Applicable
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Filing Submissions

Transmittal Document	20 CSR 400-8.200(3)(B)	Format may be different for SERFF filings.	
Cover Letter	(3)(C)	Letter of transmittal which briefly describes benefits, purpose, and intended market. Disclose if form is new or a replacement.	
Form Number	(3)(G)	Each form must have a form number assigned by the submitting HMO in the lower left corner of the face page or first page.	

Policy Forms

	20 CSR 400-7.030	<u>20 CSR 400-7.030 (all policy forms)</u>	
Company contact information	(1)	Name, address, telephone number on face page	
Disclosure of services	(2)	Description of services, Co-payment, other charges	
Cancellation	(3)	Group and individual HMO plans must comply with HIPAA requirements for guaranteed renewability, and with notice requirements for termination. See 376.450 et. al.	
Claims	(4)	Claim filing procedures	
Effective date	(6)	Effective date requirements	
Eligibility	(7)	Eligibility requirements, dependents, limiting age	
Out of area	(9)	Description of out of area benefits.	
Entire contract	(10)	Entire contract provision- any change must be approved by an officer of the HMO	
Exclusions	(11)	Exclusions and limitations	



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Contestability	(12)	2 year incontestability	
Rates	(13)	Prior notification of rate changes	
Service area	(14)	Service area description	
Termination of dependent	(15)	Termination due to limiting age, effects of Medicare eligibility – NOTE – see also 354.536 regarding extended dependent coverage.	
Extended coverage for a dependent	(15)(B)	Coverage for Handicap child past limiting age NOTE – see also 354.536 regarding extended dependent coverage.	
Information to enrollee	(16)	Where to obtain services	
Notice to enrollee	(17)	Notice required if choice of providers is restricted	
Group Policy Forms	20 CSR 400-7.040		
EOC for each enrollee	(2)	Evidence of coverage delivered to each enrollee. Conflict between the EOC and the contract for coverage to be resolved in favor of the enrollee.	
New employees	(3)	How to add new employees	
Grace period	(4)	Grace period (31 days)	
Individual Policy Forms	20 CSR 400-7.050		
Reinstatement	(2)	Reinstatement requirements	
Right to examine	(3)	10 day right to examine agreement	
Premium Disclosure	(4)	Original premium must be stated	
Grace period	(5)	10-day grace period	
Coordination Of Benefits	20 CSR 400-7.060	Same as Health Group COB (20 CSR 400-2.030)	
C.O.B. – definition of plan type	20 CSR 400-2.030(2)(F)	The definition of “plan” must state the types of coverage considered in applying COB.	
C.O.B. – appendix	20 CSR 400-2.030(3)(B)	Appendix provided, certain changes permitted.	YES or NO
C.O.B. – designation	20 CSR 400-2.030(3)(C)2	Plans may not designate themselves as always secondary	
C.O.B. – subrogation	20 CSR 400-2.030(6)(D)3	Subrogation will not be allowed in any plan as distinguished from the rights to recovery.	
Definitions	354.400 RSMo.	Definition of emergency and other standards.	
Specialty Providers	354.442.1(14) RSMo.	Listing by specialty of all participating providers updated at least annually	
Cancel / non-renew	354.462 RSMo.	Cancellation or non-renewal only for failure to pay charges, fraudulent misuse of system, abusive conduct, failure to establish proper patient-physician relationship	



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Dependent coverage	354.536 RSMo.	Coverage provided for dependents who are no more than 25 years old	
Second Opinions	354.546 RSMo. 376.1253 RSMo.	Second Opinions - Any Condition Second Opinions – Newly diagnosed Cancer Patients	
Disclosure	354.603.1(4) RSMo.	Clear statement that, notwithstanding legitimate and medically based referral patterns, neither the HMO nor the participating providers shall act in a manner that unreasonably restricts an enrollee's access to the entire network, unless the HMO has a written agreement with the holder of the benefits contract to a reduced network, and has requested an exception for a reduced network per 20 CSR 400-7.095 and filed an access plan for the reduced network prior to selling a new product, per 354.603.2.	
Hold Harmless	354.606.2 RSMo.	The enrollee may not be billed by the provider for anything other than co-payments	
Insolvency	354.606.3 RSMo.	Services continue in the event of a carrier's insolvency or cessation of operations	
Termination of Contract	354.606.4 RSMo.	Provisions shall...favor enrollee, survive termination of the contract, supersede other agreements	
Continuation of care	354.612 RSMo.	Up to 90 day continuation of care when provider terminated, continued care at no greater cost	
Referrals	354.615.1 RSMo.	Referral to non-participating specialist, if none in network	
Referrals	354.615.2 RSMo.	Standing referral to specialist for ongoing care	
Referrals	354.615.3 RSMo.	Referral to specialist for providing and coordinating services when life-threatening condition or degenerative disease or condition	
Referrals	354.615.4 RSMo.	Same as 354.615.3 for specialty care centers	
Open Referral	354.618 RSMo.	Offering of an open referral health plan when applicable	
Complications of pregnancy	375.995	Complications of pregnancy must be covered like any other covered illness;	
“Right of Recovery” (Maximum time to offset paid claims)	376.383 - 376.384	Rules for acknowledgement and prompt payment of claims, civil recourse available	
Diabetes	376.385 RSMo.	Diabetes equipment, supplies, etc - MANDATED OFFER	
Drug Co-pay	376.386 RSMo.	1 co-pay for multi dosage, where applicable	
Drug Cancellation Notification	376.392 RSMo.	Carriers are required to notify enrollees 30 days prior to cancellation of a specific Rx.	
Conversion - group	376.395-404 RSMo.	Conversion upon termination of eligibility - group	
Newborn coverage	376.406 RSMo.	Moment of birth to 31 days. Plus an additional 10 days.	



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Continuation of coverage	376.428 RSMo.	Following COBRA	
Clinical Trials	376.429 RSMo.	Shall provide coverage for routine patient care costs incurred from phase II, III or IV clinical trials	
Extension of Benefits - group	376.438	Provision for extension of benefits in the event of total disability at the date of any termination	
HIPAA requirements	376.450	Limits on pre-ex; requirements for special enrollment;	
Eligibility rules	376.451	Standards for eligibility and prohibiting discrimination	
Guaranteed renewability	376.452	Group policies guaranteed renewable; termination allowed only under specified conditions	
Coverage for adopted children	376.816 RSMo.	Provision identifying the effective dates of coverage for adoptive children	
Child Coverage: Discrimination Prohibited	376.820	Prohibited discrimination of child enrollment	
Spousal continuation - group	376.891-894 RSMo.	Continuation for terminated member - group	
Direct access OB/GYN	376.1199 RSMo.	Direct access OB/GYN, Osteoporosis, Contraceptives	
Chemotherapy	376.1200 RSMo.	Chemotherapy/Bone Marrow Transplants - OFFER (in writing)	
Reconstructive surgery following mastectomy	376.1209 RSMo.	Coverage for reconstructive surgery & prosthetic devices following mastectomy. No time limits allowed.	
Minimum maternity benefits	376.1210 RSMo.	48/96 hr inpatient, postdischarge, etc.	
Childhood immunizations	376.1215 RSMo.	Childhood immunizations with no co-payment	
First Steps	376.1218 RSMo.	For children enrolled in the Part C early intervention system.	
PKU testing and formula	376.1219 RSMo.	Coverage for the treatment of phenylketonuria	
Newborn Hearing Screening	376.1220 RSMo.	Coverage for Newborn hearing screening, necessary re-screening, follow-up	
Coverage for hospital dental procedure	376.1225	Coverage for general anesthesia, hospital charges for dental care	
Coverage for Chiropractic Care	376.1230	Shall provide chiropractic care, as defined in chapter 331, RSMo, as part of basic health care services for covered conditions. No limits to the number of chiropractic service visits. Though, carriers may require that an authorization be obtained for any visit after the first 26 per policy period.	
Insurers to offer coverage for prosthetics.	376.1232	Shall offer coverage for prosthetic devices and services, including original and replacement devices, as prescribed by a physician acting within the scope of his or her practice.	
Cancer Screenings	376.1250	Pelvic exam, prostate exam, colorectal exam, etc.	



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Antigen Testing	376.1275	Human leukocyte antigen testing for bone marrow transplantation	
Testing for lead poisoning	376.1290	OFFER – Coverage for testing of lead poisoning	
Appeal for Drugs and DME	376.1361.10 RSMo.	Right to appeal for coverage of drugs & durable medical equip.	
Mental Health / Chemical Dependency			
Alcoholism	376.779 RSMo	30 days inpatient treatment for alcoholism - applicable if the benefits outlined under 376.811 are not automatically included or are rejected and the benefits outlined under 376.827 are not provided	
Definitions	376.810	Definitions: chemical dependency & mental illness	
Chemical dependency and mental illness benefits	376.811	OFFER	
Mental Health & Chemical Dependency	376.825-840	Mental Health & Chemical Dependency Minimums (If Coverage Included)	
Mental Health Parity	376.1550	No longer allows a time limit for in-patient requirement as found in 376.811.2(3) . Applies to group policies with mental health coverage.	
Grievance Procedures & Utilization Review			
Definitions UR	376.1350 RSMo.	Definitions UR and grievance	
Right to appeal	376.1361.10	Right to appeal for coverage of drugs & durable medical equip.	
UR Determinations	376.1363 RSMo.	Notification requirements for UR determinations	
Determination for emergency services	376.1367 RSMo.	UR or benefit determination for emergencies	
Utilization Review procedures	376.1372 RSMo.	UR procedures in EOC	
Grievance procedures in EOC	376.1378 RSMo.	Includes statement that enrollee can contact MDI at anytime	
Grievance procedures	376.1382 RSMo.	Guidelines for 1 st level grievance procedure identified	
Grievance: second level review	376.1385 RSMo.	Guidelines for 2 nd level grievance	
Expedited review	376.1389 RSMo.	Procedure for an expedited review	



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SMALL GROUP

Provisions applicable to small group only:

Eligible Employee	379.930.2(15) RSMo.	Requirements for those who are eligible for coverage	
Late enrollee	379.930.2(23) RSMo.	Provision for a late enrollee	
Definition of Small Employer	379.930.2(34) RSMo.	Not less than 2 to 50 employees.	
Change of premiums	379.938.4(2) RSMo.	Rules relating to the carrier's ability change premiums.	
<ul style="list-style-type: none"> • Pre-existing condition exclusions • Qualifying previous coverage • Waiting periods 	379.940.2(1) RSMo.	See 376.450 & 376.451 RSMo.	
Participation Levels	379.940.2(2) RSMo.	100% for groups 3 or less 75% for groups with more than 3 employees	

PROHIBITED

Arbitration	435.350 RSMo.	Arbitration is not allowed in contracts of insurance	
Subrogation & Third party recovery	20CSR 400- 2.030	"Subrogation will not be allowed in any plan as distinguished from the rights to recovery"	
Application	375.936 (11) (f) RSMo.	Applications cannot ask if the applicant has been declined for other insurance	

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