



HMO Evidence of Coverage (HOrg02G, HOrg02I, & HOrg03)
 Missouri Department of Commerce and Insurance
 Insurance Market Regulation Division
 Life & Healthcare Section

COMPANY NAME: _____

Lead Form # as it appears in SERFF: _____

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

Large Group <input type="checkbox"/>	Small Group <input type="checkbox"/>	Individual <input type="checkbox"/>
If the filing is used in a group or group type market, please indicate all that apply:		
Employer/(Single)Employer Trust; 376.421.1(1) RSMo <input type="checkbox"/>	Association; 376.421.1(5) RSMo <input type="checkbox"/>	
Creditor; 376.421.1(2) RSMo <input type="checkbox"/>	Assoc. Sm. & Large Empl. 376.421.1(5)(e) RSMo <input type="checkbox"/>	
Labor Union; 376.421.1(3) RSMo <input type="checkbox"/>	Credit Union; 376.421.1(6) RSMo <input type="checkbox"/>	
Trust (MET, etc); 376.421.1(4) RSMo <input type="checkbox"/>	Discretionary; 376.421.2 RSMo <input type="checkbox"/>	

All filings and payments must be through SERFF. A filing fee of \$150 applies to each filing, pursuant to 374.230 RSMo.

For appropriate use of TOIs, please see the NAIC CDS Coding Matrix at: NAIC.org

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 Documentation 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 - A. Cannot be reused, except when original filing rejected or withdrawn.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 TD1 and 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 Documentation tab; the forms for approval should be in final format.



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Description of Provisions for Health Maintenance Organization coverage Type of Insurance (TOI) codes HOrg02G, HOrg02I, and HOrg3			
Subject	Citation	Summary	Location in Filing: Section &/or Page number required

Filing Submissions

Filing Submissions	20 CSR 100-9.100	Procedures for filing all policy forms	
Separate Submissions	20 CSR 100-9.100	Group coverage must be filed separately from individual coverage, and separately from provider contracts.	

Policy Forms

Company contact information	20 CSR 400-7.030(1)	Name, address, telephone number on face page	
Disclosure of services	20 CSR 400-7.030 (2)	Description of services, Co-payment, other charges	
Cancellation	20 CSR 400-7.030 (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	20 CSR 400-7.030 (4)	Claim filing procedures	
Effective date	20 CSR 400-7.030 (6)	Effective date requirements	
Eligibility	20 CSR 400-7.030 (7)	Eligibility requirements, dependents, limiting age	
Out of area	20 CSR 400-7.030 (9)	Description of out of area benefits.	
Entire contract	20 CSR 400-7.030 (10)	Entire contract provision- any change must be approved by an officer of the HMO	
Exclusions	20 CSR 400-7.030 (11)	Exclusions and limitations	
Contestability	20 CSR 400-7.030 (12)	2 year incontestability	
Rates	20 CSR 400-7.030 (13)	Prior notification of rate changes	
Service area	20 CSR 400-7.030 (14)	Service area description	
Termination of dependent	20 CSR 400-7.030 (15)	Termination due to limiting age, effects of Medicare eligibility – NOTE – see also 354.536 RSMo regarding extended dependent coverage.	
Extended coverage for a dependent	20 CSR 400-7.030 (15)(B)	Coverage for Handicap child past limiting age NOTE – see also 354.536 RSMo regarding extended dependent coverage.	
Information to enrollee	20 CSR 400-7.030 (16)	Where to obtain services	
Notice to enrollee	20 CSR 400-7.030 (17)	Notice required if choice of providers is restricted	

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.



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Group Policy Forms

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.	
EOC for each enrollee	20 CSR 400-7.040 (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	20 CSR 400-7.040 (3)	How to add new employees	
Grace period	20 CSR 400-7.040 (4)	Grace period (31 days)	

Individual Policy Forms

Reinstatement	20 CSR 400-7.050 (2)	Reinstatement requirements	
Right to examine	20 CSR 400-7.050 (3)	10 day right to examine agreement	
Premium Disclosure	20 CSR 400-7.050 (4)	Original premium must be stated	
Grace period	20 CSR 400-7.050 (5)	10-day grace period	

All Policy Forms

Reinstatement	20 CSR 400-7.050 (2)	Reinstatement requirements	
Right to examine	20 CSR 400-7.050 (3)	10 day right to examine agreement	
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	
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, New 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 RSMo .	



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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 RSMo for specialty care centers	
Open Referral	354.618 RSMo	Offering of an open referral health plan when applicable	
Disclosure	375.924 RSMo	Company address and telephone number	
Complications of pregnancy	375.995 RSMo	Complications of pregnancy must be covered like any other covered illness;	
"Right of Recovery" (Maximum time to offset paid claims)	376.383 RSMo – 376.384 RSMo	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 RSMo – 376.404 RSMo	Conversion upon termination of eligibility - group	
Newborn coverage	376.406 RSMo	Moment of birth to 31 days. Plus an additional 10 days.	
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 RSMo	Provision for extension of benefits in the event of total disability at the date of any termination	
HIPAA requirements	376.450 RSMo	Limits on pre-ex; requirements for special enrollment;	
Eligibility rules	376.451 RSMo	Standards for eligibility and prohibiting discrimination	
Guaranteed renewability	376.452 RSMo	Group policies guaranteed renewable; termination allowed only under specified conditions	
Mammography	376.782 RSMo	Coverage requirements, cost sharing requirements	

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Coverage for adopted children	376.816 RSMo	Provision identifying the effective dates of coverage for adoptive children	
Child Coverage: Discrimination Prohibited	376.820 RSMo	Prohibited discrimination of child enrollment	
Spousal continuation - group	376.891 RSMo – 376.894 RSMo	Continuation for terminated member - group	
Direct access OB/GYN	376.1199 RSMo	Direct access OB/GYN, Osteoporosis, Contraceptives	
Breast Cancer/ Chemotherapy	376.1200 RSMo	OFFER – Treatments for breast cancer: Chemotherapy/Bone Marrow Transplants/Stem Cell	
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, post discharge, etc.	
Childhood immunizations	376.1215 RSMo	Childhood immunizations with no co-payment	
First Steps	376.1218 RSMo	CONTINGENT on the company's choice to pay the assessment or cover benefits, company chooses annually – coverage 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 RSMo	Coverage for general anesthesia, hospital charges for dental care	
Coverage for Chiropractic Care	376.1230 RSMo	Shall provide chiropractic care, as defined in chapter 331, 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.	
Prosthetics	376.1232 RSMo	OFFER – coverage of prosthetic devices and services, cost sharing requirements	
Cancer Screenings	376.1250 RSMo	Pelvic exam, prostate exam, colorectal exam, comparable cost sharing	
Antigen Testing	376.1275 RSMo	Antigen testing – comparable cost sharing, but benefit may be limited to \$75	
Testing for lead poisoning	376.1290 RSMo	OFFER – comparable cost sharing	

Mental Health / Chemical Dependency

Alcoholism	376.779 RSMo	30 days inpatient treatment for alcoholism - applicable if the benefits outlined under 376.811	
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		RSMo are not automatically included	
Definitions	376.810 RSMo	Definitions: chemical dependency & mental illness	
Chemical dependency and mental illness benefits	376.811 RSMo	OFFER	
Applied Behavioral Analysis (ABA)	376.1224 RSMo	\$40K+ coverage of ABA therapy, adjusted triennially for inflation – Must be OFFERED to EACH individual in individually underwritten coverage.	
Mental Health Mandate and Parity	376.1550 RSMo	Coverage of all items in the DSM except drug/alcohol, on a parity basis, for all groups. Must be OFFERED for individual coverage. NOTE: Federal mental health parity also applies to large groups	

Grievance Procedures & Utilization Review

Definitions UR	376.1350 RSMo	Definitions UR and grievance	
Toll free #	376.1361.7 RSMo	Timely access to review staff by a toll-free number	
Appeal for Drugs and DME	376.1361.10 RSMo	Right to appeal for coverage of drugs & durable medical equip.	
Authorizations may not be retracted	376.1361.13 RSMo	Authorization for services may not be reduced or retracted.	
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 in EOC	376.1372 RSMo	Prior authorization, notice requirements-not less than 60 days	
Grievance procedures in EOC	376.1378 RSMo	Includes statement that enrollee can contact DCI 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	

SMALL GROUP

Provisions applicable to small group only:

Eligible Employee	379.930.2(15) RSMo	Requirements for those 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.	
• Pre-existing condition exclusions	379.940.2(1) RSMo	See also 376.450 RSMo & 376.451 RSMo	



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<ul style="list-style-type: none"> • Qualifying previous coverage • Waiting periods 			
Participation Levels	379.940.2(2) RSMo	100% for groups 3 or less 75% for groups with more than 3 employees	

Prohibited Provisions

Ambiguous, misleading provisions	354.430 RSMo	Policy provisions may not be deceptive or misleading or encourage misrepresentation.
Arbitration	435.350 RSMo	Arbitration is not allowed in contracts of insurance
Subrogation & Third party recovery	20 CSR 400-2.030	“Subrogation will not be allowed in any plan as distinguished from the rights to recovery”
“Sole Discretion”	354.430.3(1) RSMo	Provisions that specifically state the company has sole discretionary power, or words to that effect, are not permitted
Provisions which prevent coverage of basic healthcare services, including waiting periods, are prohibited.	354.410 RSMo	HMOs must provide coverage of basic healthcare services, and may not impose conditions or exclusions which would prevent such coverage, such as benefit limits, waiting periods, exclusions related to crimes, suicide or war, etc.