

Missouri Department of Commerce & Insurance Insurance Market Regulation Division Life & Healthcare Section

MISSOURI FILING GUIDELINES

These guidelines for filing requirements and filing fees are based on **Mo. Reg 20 CSR 100-9.100**. Please review the regulation for additional information about filing with the Life & Healthcare Section. If you would like to speak to someone in the Life & Healthcare Section about filing, please call the L&H Section at **573-751-3365**.

https://s1.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c100-9.pdf https://www.insurance.mo.gov/laws/

Revised 6/26/20:

Filing fee is \$150 per submission.

Companies may now select H25G Similar Supplemental Coverage. Please refer to the definitions on the NAIC Product Coding Matrix for appropriate use. Please refer to the NAIC CDS Product Coding Matrix of 2020 for up to date codes and descriptions.

Short Term Major Medical policies: Because short term major medical policies (defined as six months or less) typically do not have a network and are not comprehensive medical plans, companies shall file their forms under H15I or H15G. Missouri created a state specific code for Short Term Major Medical. Please note, any policy that renews beyond 6 months will be required to comply with applicable state mandates.

Forms that must be submitted to DCI for "Approval"

List these forms separately in the "Form Schedule" tab in SERFF.

☐ Application / Enrollment forms	☐ HMO Provider Contracts	☐ LTC Personal Worksheets
☐ Endorsements / Riders / Amendments	☐ HMO Annual Written Access Plan	☐ LTC Suitability Letters
☐ Policies / Contracts / Certificates	☐ LTC Partnership Delivery Notice	☐ Medicare Supplement
☐ Reinstatement Requests/Notices	☐ LTC Partnership Disclosure Form	☐ Medicare Supplement – Outline of
□ Rejection Notices	☐ LTC Partnership Exchange Notice	Coverage (See below for non-Med Sup
☐ Replacement Notices and Disclosures		OOCs)
∏ Schedule Pages		

If you aren't sure which tab to attach a form to in SERFF and you don't see your form listed in these Filing Guidelines, CONTACT THE L&H SECTION AT 573-751-3365.

Rates that must be submitted to DCI for "Approval":

List these forms separately in the "Rate/Rule Schedule" tab in SERFF.

☐ Credit Life ☐ Medicare Supplement

Forms that are "Filed" for informational purposes only, not "Approval":

List these forms separately in the "Supporting Documentation" tab in SERFF.

☐ Actuarial Notice/Descriptions	☐ All Reports (see below)	☐ Assignment Form
☐ All Advertising/Sales Material/Brochures	☐ Annual Life Illustrations	
☐ Authorization to Obtain and Disclose Inform	mation	
☐ Description of Separate Accounts		
☐ Plan Designs	☐ Disclosure Statement/Annuity Disclosure	
☐ Policy Delivery Receipt		
☐ Benefit Summary	☐ Explanation of variable policy language	
☐ Previously approved forms		
☐ Buyers Guide	☐ Forms in foreign languages	☐ Renewal Notices
☐ HIV Consent Form	☐ Specification or Data Page	
☐ Missouri Guaranty Life/Health Notice		
☐ Notice of Cancelation		
☐ Notice of Informational Practices		
☐ Outline of Coverage (EXCEPT Med. Sup.)		
☐ Things You Should Know Before You Buy	Long Term Care Insurance	
	form to in SERFF and you don't see your for elines, CONTACT THE L&H SECTION AT	
Rates For Health Filings: Pl https://insurance.mo.gov/industry/	ease see specific filing guidelines und <u>/filings/healthrates/</u>	der:
Rates that are "Filed" for infor	mational purposes only, not "Approval	"·•
List these forms separately in the '	'Rate/Rule Schedule" tab in SERFF.	
☐ General Rates (Not Credit Life or Med Sup	p.) □ Long Term Care	

SEE LAST PAGE FOR ADDITIONAL INFORMATION REGARDING HEALTH RATE FILINGS

Reports

List reports in the "Supporting Documentation" tab in SERFF, unless instructed otherwise.

\Box (5)(e) Association affidavits	☐ HMO Provider Incentive Arrangements	☐ Medicare Select Grievances
☐ Annual Report of Utilization Review Activities (all health plans)	☐ HMO Provider Selection Standards	☐ Medicare Select New Plan - Plan of
	☐ HMO Service Area Changes	Operation
☐ Certificate of Mental Health Compliance (all health plans)	☐ LTC Denied Claims	☐ Medicare Select Quarterly Provider L
	☐ LTC Replacement and Lapse	☐ Medicare Supplement Multiple Polici
☐ HMO Annual Access Plan Supporting Documents	☐ LTC Rescissions	☐ Medicare Supplement Refund Calcula
	☐ LTC Suitability	☐ Small Employer Rate Compliance
☐ HMO Annual Mental Health	,	Certification
Confidentiality Report		

Filing Fees:

* EFT payment required. Per RSMo 374.230 (6) and 20 CSR 100-9.100, the fee is \$150 per filing submission.

General Filing Guidelines and Requirements for All L&H filings

* Checklists

• For details about how your filing relates to Missouri Statutes and Regulations, please review the form filing checklists located on our web site at https://www.insurance.mo.gov/industry/filings/checklists/index.htm.

* Form Numbers

- Form numbers must be listed on the SERFF Form Schedule exactly as they are shown on the lower left hand corner of the face page of the form.
- Form numbers cannot be reused. If form numbers are not unique, the forms may be rejected.
- Only one attachment per form number is permitted.

* Length/Size of submission:

• The Life & Healthcare Section will give priority to filings consisting of less than the lesser of two hundred fifty (250) pages or twenty five (25) forms.

* Amendments and riders:

- Amendments must amend policies and not other amendments or riders. Riders must apply to policies, and not to amendments or other riders.
- Amendments and riders will only be approved for use with the specific policies identified by the company.
 - 1. If previously approved, the policy which will be affected by the amendment or rider must be identified by SERFF tracking number. If there is no SERFF tracking number, the previously approved policy and stamped approved TD-1 must be attached to the filing as supporting documentation. Any applicable amendment that affects the terms and conditions of the policy must also be similarly identified.
 - 2. If no policy has been previously approved, then the affected policy must be submitted for approval with the amendment or rider.

* Extension requests:

• If you receive a Follow Up Notice (5-Day follow-up notice) and you need more time than the notice allows, then you must request an extension of time by contacting the DCI Analyst reviewing the filing.

* Previously Approved Forms:

 If you submit forms that have been previously approved, please place them on the Supporting Documentation tab of SERFF.

* Approved vs. Filed:

• If you aren't sure which tab to attach a form to in SERFF and you don't see your form listed in these Filing Guidelines.

CONTACT THE L&H SECTION AT 573-751-3365.

* Variable text:

- No policy form will be approved for which the assigned reviewer is not reasonably comfortable that all variables are understandable and manageable.
- * Insert pages and Matrix filings are not accepted in Missouri.
- * Multi-Line forms, except applications, are not accepted in Missouri.
- * Substitution requests will not be fulfilled.
 - Once a file is closed, it will not be reopened. Changes or edits to previously Approved or Filed form filings will need to be submitted as a new filing with new form numbers.
- * Blanket health insurance coverage. NAIC Coding Guidelines apply H04 to Blanket Group and H22 as Blanket issued to individuals.
 - Filers may use H04.000 for Accident and Sickness policies if no other TOI is appropriate for product filed and H04.001 for Student Blanket policies issued to Groups. Please see NAIC codes in SERFF filing guidelines.

* Out of state policies covering Missouri residents

- Out of state certificates to be issued to Missouri residents should be filed separately from all other forms. Filings should include the domicile states approval of the policy in PDF format attached to supporting documents. If the domiciled state did not approve the filing, Missouri will review entire product for compliance with MO Insurance Laws.
- See the "Out-of-state group policy form" memo posted at https://insurance.mo.gov/industry/filings/lh/index.php for filings with an approval from the domicile state.

Use of "Other" TOIs:

- The use of H21- Other; A-10 Annuity- Other; or L08 Other: Companies may use "other" for multiline filings, such as:
 - Applications
 - o Participating agreements
 - Name change endorsements
 - Annual certifications and
 - Riders or amendments that apply to product lines identified and do NOT amend a specific policy.
 - May not mix filings across lines of insurance: life and health filed under "H21" only. Must file the product under each line's appropriate TOI.
 - o Must provide the SERFF tracking numbers for all filings impact by the "other" filing.
 - Cannot use H21 for HMO products; LTC, Credit Life or Medicare Supplements as they require a specific type of licensure and/or have their own TOIs.

New Sub-TOIs: mental health certification; Small Employer Group Certifications; multi-line riders; multi-line applications; and advertisements. Please note, some MO insurance laws are specific to products. Please ensure your "other" filing is compliant across all lines in which the form applies.

Filing Guidelines for Rates:

* **Health Rates:** As of 2018, all health rates must be filed. Pleas review the filing guidelines and checklists at: https://insurance.mo.gov/industry/filings/healthrates/

* Medicare Supplement

- 1990 and 2010 experience must be combined in all future rate filings.
- If file contains 1990 plans only, use TOI code MS05 (MS04 for Select plans)
- If file contain 2010 only, use TOI code MS08 (MS07 for Select plans)
- If file contains both 1990 and 2010, use TOI code MS08 (MS07 for Select plans)
- Attach BOTH a pdf and an excel version of the Medicare Supplement rate data collection document.

* Long Term Care

- Pre-stabilization rates must be filed separately from post-stabilization rates.
- Attach BOTH a pdf and an excel version of the Long Term Care rate data collection document.
- □ **Rate Data Collection Documents** for Medicare Supplement and Long Term Care are available for download from DCI's web site. □ https://insurance.mo.gov/industry/filings/healthrates/
 - Scroll down that page to "Rate Filings for Medicare Supplement and Long Term Care".

Filing Guidelines for SERFF:

- * A transmittal document is not required on SERFF filings. However, all applicable fields on the "General Information" tab need to be populated.
- * ALL form, rates, and reports must be filed in SERFF and fees paid by EFT. The Life & Healthcare Section will reject a paper form or rate filing.
- * The Life & Healthcare Section will not respond to status inquiries on SERFF filings. SERFF allows companies instant access to the status of their filings.
- * For more information, please review the General Instructions document in SERFF.