



Missouri Department of Commerce and Insurance
Market Regulation Division
Insurance Product Filing Section
ProductFilings@insurance.mo.gov

HMO Provider Agreement Checklist

Type of Insurance (TOI) HOrg03

Please access the Report of Utilization Review Activities on our website at [Report of Utilization Review Activities](#).

Missouri uses the NAIC Coding Matrix to determine the appropriate use of TOI's. Visit NAIC.org for the most current version of the matrix.

The SERFF filing fee of \$150 must be paid via Electronic Funds Transfer (EFT) pursuant to 374.230 RSMo.

Non-Employer Group filings must be submitted in conjunction with Interstate Insurance Product Regulation Committee (IIPRC) filings. This includes Group Life, Group Annuity, and Group Disability products.

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 the exact wording of requirements or prohibitions. The language within the Missouri Statutes and Regulations always prevails over this checklist.



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Instructions

Complete this checklist by providing the location of the provision in the forms. The completed checklist should be attached to the Supporting Documentation tab.

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 form is marked as AEF (Form Type for application/enrollment form).

The Form Number cannot be reused, except when the original filing is rejected or withdrawn, and the Form Number on the Form Schedule tab must match the form number provided in the lower left-hand corner of the first page.

Provide an explanation of variability for all bracketed alpha and numeric text.

If filing a rider, endorsement, or application, please provide the SERFF tracking number for the forms with which these new forms will be used.

Documents within a filing can be marked confidential, but an explanation of how the request complies with 374.070 RSMo and 20 CSR 10-2.400 must be provided.

When providing a redline version of the changes, please attach it to the Supporting Documentation tab. The form being submitted for approval should be in final format under the Form Schedule tab.

Health rate filings must be submitted separately from Forms. For more information on health rate filings, please visit [our website](#).

Life must be filed separately from Health. Group separately from Individual.

Filing Submissions shall include the following and meet the requirements under 20 CSR 100-9.100;

- a. Provide a brief, detailed description of benefits, the purpose of the filing, and the intended market on the General Information tab.
- b. Disclose if the form is new or a replacement.
- c. Provide all corresponding SERFF Tracking Numbers, including rate filings if filing a form filing.

Citation	Summary	Included in Contract? YES or NO	Page #
375.924 RSMo	Company address and phone number		
375.936 RSMo	Define unfair practices		
354.441 RSMo	HMO limitations		
354.603.1 (4) RSMo	Required statement		
354.606.1 RSMo	Provider notification		
354.606.2 RSMo	Hold harmless		
354.606.2 RSMo	Exclusivity		
354.606.3 RSMo	Continuation of services		
354.606.4 RSMo	Hold harmless and contract requirements		
354.606.5 RSMo	Independent contractor relationship		
354.606.8 RSMo	Provider notification		
354.606.9 RSMo	Hospitalist		
354.606.10 RSMo	Inducement		
354.606.11 RSMo	Utilization review and grievance process		
354.606.12 RSMo	Access to health records		
354.606.13 RSMo	Provider rights		
354.606.14 RSMo	Non-discrimination of enrollment status		
354.606.15 RSMo	Provider notification		
354.606.16 RSMo	Penalty for reporting		
354.606.17 RSMo	Provider notification		
354.606.19 RSMo	Dispute resolution		
354.609.1 RSMo	Notice of termination		
354.609.1 RSMo	List of enrollees		
354.609.2 (1) RSMo	Provider notification of termination		
354.609.5 RSMo	Termination		
354.609.6 RSMo	30-day review of contract		
354.612.1 RSMo	Continuation of care upon termination		
354.612.2 RSMo	Hold harmless		
354.612.3 RSMo	Compensation for continued care		
354.624.1 RSMo	Risk-sharing agreements		
376.383 RSMo	Definitions, provisions, and prompt pay		

Citation	Summary	Included in Contract? YES or NO	Page #
376.384 RSMo	Reimbursement of claims		
376.384 RSMo	Time limits to file claims		
376.845 RSMo	Eating disorders		
376.1224.4(3) RSMo	Autism Spectrum Disorder, physical treatment plans		
538.210 RSMo	Enrollee's right to legal action		
20 CSR 400-2.030	Coordination of benefits		

Applicable to Intermediaries

Citation	Summary	Form	Page #
354.600 RSMo	Intermediary defined		
354.621.1 RSMo	Intermediary requirements		
354.621.3 RSMo	Transmit utilization data		
354.621.4 RSMo	Record retention		
354.621.5 RSMo	Access to records		