



Missouri Department of Commerce and Insurance  
Market Regulation Division  
Insurance Product Filing Section  
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## HMO Evidence of Coverage Filing Checklist

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The Form Number cannot be reused, except when the original filing is rejected or withdrawn, and the Form Number on the Form Schedule tab must match the form number provided in the lower left-hand corner of the first page.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

### All Policy Forms

| Citation                                 | Summary  | Form | Page # |
|--|--|------|--------|
| <a href="#">20 CSR 100-9.100</a>         | Procedures for filing all policy forms   |      |        |
| <a href="#">20 CSR 100-9.100</a>         | Group coverage must be filed separately from individual  |      |        |
| <a href="#">20 CSR 400-7.030 (2)</a>     | Description of services, Co-payment, other charges   |      |        |
| <a href="#">20 CSR 400-7.030 (3)</a>     | Group and individual HMO plans must comply with HIPAA requirements for guaranteed renewability, and with notice requirements for termination |      |        |
| <a href="#">20 CSR 400-7.030 (4)</a>     | Claims filing procedures   |      |        |
| <a href="#">20 CSR 400-7.030 (6)</a>     | Effective date   |      |        |
| <a href="#">20 CSR 400-7.030 (7)</a>     | Eligibility  |      |        |
| <a href="#">20 CSR 400-7.030 (9)</a>     | Out of area benefits   |      |        |
| <a href="#">20 CSR 400-7.030 (10)</a>    | Entire contract  |      |        |
| <a href="#">20 CSR 400-7.030 (11)</a>    | Exclusions and limitations   |      |        |
| <a href="#">20 CSR 400-7.030 (12)</a>    | 2 year incontestability  |      |        |
| <a href="#">20 CSR 400-7.030 (13)</a>    | Notice of rate changes   |      |        |
| <a href="#">20 CSR 400-7.030 (14)</a>    | Service area description   |      |        |
| <a href="#">20 CSR 400-7.030 (15)</a>    | Termination of dependent coverage  |      |        |
| <a href="#">20 CSR 400-7.030 (15)(B)</a> | Extended coverage for dependents   |      |        |
| <a href="#">20 CSR 400-7.030 (16)</a>    | Information to enrollees regarding where services may be obtained  |      |        |
| <a href="#">20 CSR 400-7.030 (17)</a>    | Notice to enrollee regarding provider restrictions   |      |        |
| <a href="#">20 CSR 400-7.050 (2)</a>     | Reinstatement  |      |        |
| <a href="#">20 CSR 400-7.050 (3)</a>     | 10 day right to examine  |      |        |
| <a href="#">354.400 RSMo</a>             | Definitions  |      |        |
| <a href="#">354.410 RSMo</a>             | HMO required basic health care services  |      |        |
| <a href="#">354.430 RSMo</a>             | Evidence of coverage   |      |        |
| <a href="#">354.442 RSMo</a>             | Specialty providers list provided annually   |      |        |
| <a href="#">354.462 RSMo</a>             | Cancellation and nonrenewal  |      |        |

| Citation                           | Summary  | Form | Page # |
|------------------------------------|--|------|--------|
| <a href="#">354.536 RSMo</a>       | Dependent coverage   |      |        |
| <a href="#">354.546 RSMo</a>       | Second opinions  |      |        |
| <a href="#">354.603.1 (4) RSMo</a> | Required disclosure  |      |        |
| <a href="#">354.606.2 RSMo</a>     | Hold harmless  |      |        |
| <a href="#">354.606.3 RSMo</a>     | Insolvency   |      |        |
| <a href="#">354.606.4 RSMo</a>     | Termination  |      |        |
| <a href="#">354.612 RSMo</a>       | Continuation of care   |      |        |
| <a href="#">354.615 RSMo</a>       | Referrals  |      |        |
| <a href="#">354.618 RSMo</a>       | Open referral  |      |        |
| <a href="#">375.924 RSMo</a>       | Company address and phone number                                       |      |        |
| <a href="#">375.995 RSMo</a>       | Prohibits sex or marital status discrimination                         |      |        |
| <a href="#">376.383 RSMo</a>       | Definitions, provisions, and prompt pay                                |      |        |
| <a href="#">376.384 RSMo</a>       | Reimbursement of claims  |      |        |
| <a href="#">376.384 RSMo</a>       | Time limits to file claims   |      |        |
| <a href="#">376.385 RSMo</a>       | Diabetes equipment, supplies, and training coverage                    |      |        |
| <a href="#">376.386 RSMo</a>       | One co-pay for the medication dosage prescribed                        |      |        |
| <a href="#">376.392 RSMo</a>       | Notice of prescription drug formularies                                |      |        |
| <a href="#">376.395 RSMo</a>       | Conversion definitions   |      |        |
| <a href="#">376.405 RSMo</a>       | Ambiguous and misleading language is prohibited                        |      |        |
| <a href="#">376.406 RSMo</a>       | Extent of newborn coverage and definitions                             |      |        |
| <a href="#">376.428 RSMo</a>       | COBRA provisions   |      |        |
| <a href="#">376.429 RSMo</a>       | Clinical trial for prevention, early detection and treatment of cancer |      |        |
| <a href="#">376.438 RSMo</a>       | Extension of benefits for disability                                   |      |        |
| <a href="#">376.450 RSMo</a>       | HIPPA limits   |      |        |
| <a href="#">376.782 RSMo</a>       | Mammography coverage   |      |        |
| <a href="#">376.779 RSMo</a>       | Inpatient treatment for alcoholism                                     |      |        |
| <a href="#">376.810 RSMo</a>       | Chemical dependency definitions  |      |        |
| <a href="#">376.811 RSMo</a>       | Chemical dependency coverage and mental health benefits                |      |        |

| Citation                                   | Summary   | Form | Page # |
|--|---|------|--------|
| <a href="#">376.816 RSMo</a>               | Adopted children coverage   |      |        |
| <a href="#">376.820 RSMo</a>               | Child coverage discrimination prohibited  |      |        |
| <a href="#">376.1199 RSMo</a>              | Coverage of certain obstetrical/gynecological services                                      |      |        |
| <a href="#">376.1200 RSMo</a>              | Breast cancer treatment and limits  |      |        |
| <a href="#">376.1209 RSMo</a>              | Mastectomy and reconstructive surgery   |      |        |
| <a href="#">376.1210 RSMo</a>              | Maternity benefits  |      |        |
| <a href="#">376.1215 RSMo</a>              | Immunizations   |      |        |
| <a href="#">376.1218 RSMo</a>              | Coverage for children enrolled in early intervention system (First Steps)                   |      |        |
| <a href="#">376.1219 RSMo</a>              | PKU formula and low-protein modified food product coverage                                  |      |        |
| <a href="#">376.1220 RSMo</a>              | Newborn hearing screenings  |      |        |
| <a href="#">376.1224 RSMo</a>              | Autism  |      |        |
| <a href="#">376.1225 RSMo</a>              | Hospital dental coverage  |      |        |
| <a href="#">376.1230 RSMo</a>              | Chiropractic care   |      |        |
| <a href="#">376.1232 RSMo</a>              | Prosthetics   |      |        |
| <a href="#">376.1253 RSMo</a>              | Second opinion, new cancer patients   |      |        |
| <a href="#">376.1250 RSMo</a>              | Cancer screening  |      |        |
| <a href="#">376.1275 RSMo</a>              | Human leukocyte antigen testing for bone marrow transplant coverage                         |      |        |
| <a href="#">376.1290 RSMo</a>              | Lead testing coverage   |      |        |
| <a href="#">376.1350 RSMo</a>              | Definitions   |      |        |
| <a href="#">376.1361 and 376.1363 RSMo</a> | Utilization review and right to appeal  |      |        |
| <a href="#">376.1365 RSMo</a>              | Adverse determination   |      |        |
| <a href="#">376.1367 RSMo</a>              | Emergency services benefit determination  |      |        |
| <a href="#">376.1372 RSMo</a>              | Utilization review procedures to be included in Certificate of Coverage and member handbook |      |        |
| <a href="#">376.1378 RSMo</a>              | Grievance procedures in Evidence of Coverage  |      |        |
| <a href="#">376.1382 and 376.1385 RSMo</a> | First and second-level grievance procedures   |      |        |
| <a href="#">376.1389 RSMo</a>              | Expedited grievance review  |      |        |

| Citation                      | Summary                   | Form | Page # |
|-------------------------------|---------------------------|------|--------|
| <a href="#">376.1550 RSMo</a> | Mental health coverage    |      |        |
| <a href="#">435.350 RSMo</a>  | Arbitration is prohibited |      |        |

### **HMO Group Policies**

| Citation                             | Summary                             | Form | Page # |
|--------------------------------------|-------------------------------------|------|--------|
| <a href="#">20 CSR 400-7.030</a>     | Coordination of benefits            |      |        |
| <a href="#">20 CSR 400-7.040</a>     | Evidence of coverage, new employees |      |        |
| <a href="#">20 CSR 400-7.030 (4)</a> | Grace period                        |      |        |
| <a href="#">376.395 RSMo</a>         | Conversion definitions              |      |        |
| <a href="#">376.451 RSMo</a>         | Eligibility rules                   |      |        |
| <a href="#">376.452 RSMo</a>         | Group guaranteed renewable          |      |        |
| <a href="#">376.891 RSMo</a>         | Definitions                         |      |        |
| <a href="#">376.892 RSMo</a>         | Surviving spouse                    |      |        |
| <a href="#">376.894 RSMo</a>         | Continuation for terminated member  |      |        |
| <a href="#">379.930 RSMo</a>         | Definitions                         |      |        |
| <a href="#">379.940 RSMo</a>         | Pre-existing condition exclusions   |      |        |
| <a href="#">379.940 RSMo</a>         | Participation levels                |      |        |

### **HMO Individual Policies**

| Citation                             | Summary                 | Form | Page # |
|--------------------------------------|-------------------------|------|--------|
| <a href="#">20 CSR 400-7.050 (2)</a> | Reinstatement           |      |        |
| <a href="#">20 CSR 400-7.050 (3)</a> | 10 day right to examine |      |        |
| <a href="#">20 CSR 400-7.050 (4)</a> | Premium disclosure      |      |        |
| <a href="#">20 CSR 400-7.050 (5)</a> | Grace period            |      |        |