

## Form Filing Checklist – Medicare Cost

### DISCLAIMER

*The form filing checklists are intended only as guides for submitting various policy forms to the Office of the Commissioner of Insurance (OCI). The checklists are summaries, and are not intended as an OCI directive nor to interpret or address technical legal questions. Use of these checklists does not guarantee automatic approval of policy form submissions. Although efforts have been made to ensure that the checklists are current and accurate, information is subject to change on a regular basis without prior notice.*

The cites in the second column reference Wisconsin statutes unless they begin with “Ins”, which indicates an administrative code [regulation]

### **REQUIRED ITEMS FOR A COMPLETE FILING**

<b>Required</b>	<b>Reference</b>	<b>Comments</b>
Filing Transmittal Form	601.42 (1) Ins 6.05	Submit separate transmittal form for each product category substantially identical to Appendix B, s. Ins 6.05, Wis. Adm. Code
Cover Letter		Cover letter should indicate that forms were reviewed and approved by CMS, and date of the approval
Certificate of Compliance	Ins 6.05	Substantially identical to Appendix A, s. Ins 6.05, Wis. Adm. Code, signed by an officer of the insurer
Certificate of Readability	Ins 6.07	Form that meets the minimum standards under s. Ins 6.07, Wis. Adm. Code, signed by an officer of the insurer
Authorization to File on Insurers Behalf	Ins 6.03(3)(a)	
Actuarial Memorandum	Ins 3.39(4)(e)	Actuarial demonstration that expected claims in relationship to premiums will comply with loss ratio standards. Memorandum should be specific to Wisconsin business.
Loss Ratio	Ins 3.39(4)(e) & (16)	65% for individual policies, 75% for group policies
Commission Limitations	Ins 3.39(21)	Agent Commission Schedules
Commission for Under-66 Sales	Ins 3.39(21)(e)	Commission for under age 66 sales can not be less than commission for age 65-69 sales
Rate Filing	Ins 3.39(4)(g) & (16)(e)	For individual policy form filings

**REQUIREMENTS OF MEDICARE COST (BASIC & ENHANCED) INSURANCE:** Product Category and Product Code, Group Accident & Health (MDC); Health Maintenance Organization (GMC, IMC); Individual Accident & Health (MDC); Preferred Provider Plan (GMC, IMC).

<b>Review Requirements</b>	<b>Reference</b>	<b>Comments</b>
<b><u>Face Page</u></b>		
Corporate Legal Name	631.31, 631.64	Full corporate name on face page of policy, full address somewhere in policy
Medicare Cost Title	Ins 3.39(4)(a)10. & (7)(a)1.	Identifies policy as “Medicare Cost” Insurance

## Form Filing Checklist – Medicare Cost

Caption	Ins 3.39 (4) (a)10. & (7)(a)2.	Caption may include reference to policy or certificate. (Does not apply to Basic Medicare Cost policies)
Disenrollment	Ins 3.39(7)(b)	“Right to Disenroll from Plan” caption
Renewability	Ins 3.39(22)(a)	Must include any automatic premium change due to age, and insurer’s right to change premiums
Preexisting Condition	Ins 3.39(4)(a) 2.& (8)(a)3. &(22)(d)	If applies must be on face page of policy and limited to 6 months
Important Notice Concerning Statements in the Application for Your Insurance	Ins 3.28(5)(d)	Notice required on front of policy, concerning statements made in the application [Individual policies & group certificates]
Term of Coverage	Ins 3.39(4)(a)7	Clearly states on first page or schedule page the duration of the term. Term is no less than 3 month
UCR Disclosure	Ins 3.39(6) & 3.60(5)	Applies to certain Wisconsin mandated benefits. Notice on first page of policy stating that insurer settles claim based on specific methodology (Does not apply to Basic Medicare Cost policies)
<b><u>Schedule Page</u></b>		
Term of policy	Ins 3.39(4)(a)7	Term is no less than 3 month. Include on face page or on schedule page
List of coverages, annual premiums & modal premium	Ins 3.39(4)(d) & Appendix 1(11)	
<b><u>General Contract</u></b>		
Readability	Ins 3.39(4)(a)11	Text in 10-point type in black or blue ink
Entire Contract	631.11	
Incontestability	632.76	Policy is incontestable after 2 years, except for fraudulent misrepresentation
Premium Increase	631.36(4)	60-day notice of premium increases greater than 25%
Grace Period	632.78	Required grace period (7 day for weekly premium, 10 days for monthly, 31 days for all other policies)
Midterm cancellation	Ins 3.39(4)(a)15	Provision for midterm cancellation and pro rata refund of premium
Automatic Benefit Change	Ins 3.39(4)(a)8	Statement that benefits change automatically as Medicare deductibles and copayments change
Reinstatement Provision	632.74	Required reinstatement provision if policy terminates for nonpayment of premium [waiting periods for illness not allowed]
Notice and Proof of Loss	631.81	Notice or proof of loss is furnished as soon as reasonably possible & w/in one year of time required by policy
Limitation of Actions	631.83(1)(b)	Action must be commenced w/in 3 years of when proof of loss was required to be furnished
Subrogation	<u>Rimes</u>	
Arbitration	631.85	
Mandatory Arbitration Prohibited	631.83(3)(c)	Policy may not provide that no action may be brought
Benefit Appeals	632.84(2)(b), Ins 3.55(4) & 3.39(4)(12)	Internal procedure by which insured may appeal denial of benefits

## Form Filing Checklist – Medicare Cost

Grievance Procedure	632.83, Ins 3.39(4)(a) 12. & Ins 18.03 (1)(a) & (3)	Grievance procedure applies to Wisconsin mandated benefits. (Does not apply to Basic Medicare Cost policies) BULLETIN, April 26, 2002 <a href="http://oci.wi.gov/bulletin/0402iro.htm">http://oci.wi.gov/bulletin/0402iro.htm</a>
Independent Review procedure (IRO)	632.835, Ins 18.12	IRO procedure applies to Wisconsin mandated benefits (Does not apply to Basic Medicare Cost policies) BULLETIN, April 26, 2002 <a href="http://oci.wi.gov/bulletin/0402iro.htm">http://oci.wi.gov/bulletin/0402iro.htm</a>
Disenrollment	Ins 3.39(7)(b)	
Standing Referral	609.22(4)	If policy requires referral
2 <sup>nd</sup> Opinion	609.22(5)	Positive statement regarding 2 <sup>nd</sup> opinion from participating provider
Continuity of care	609.24	Provision regarding continuity of care for provider that has left the plan
<b><u>Exclusions and Limitations</u></b>		
Permitted Exclusions and Limitations	Ins 3.39(8)	
No limitations for Named Conditions	Ins 3.39(4)(a) 14	Policy may not contain limitations for specifically named conditions after the effective date of the policy
Pre-existing Condition Exclusion	632.76, Ins 3.28(6)(a), 3.39(4) & (8)(c)	Policy may contain, but limited to 6 months. If disclosed on application, pre-existence defense cannot be used (unless condition is excluded from coverage by name)
Duplication	Ins 3.39(4)(a)17.	Provision that policy does not duplicate any Medicare benefit
Coordination of Benefits	Ins 3.39(8)(a)	Policy must exclude expenses paid by Medicare; may limit benefits if insured has other insurance; no limitations more restrictive than Medicare
Territorial Limitations	Ins 3.39(8) (a) 4.	May include if policy is issued by HMO
Military Service Related Conditions	Ins 3.39(8) (a) 5.	May exclude if treatment provided by military or veterans hospital or facility contracted for or operated by national government or agency
General	Ins 3.39(8)(a) to (e)	Must exclude expenses compensated by Medicare, and no more restrictive than Medicare
Exclusions and Limitations Contained in Medicare	Ins 3.39(8)(e)	May include exclusions and limitations which are not otherwise prohibited and are not more restrictive than those contained in Medicare
Managed Care Restrictions	Ins 9.38(2)	Restrictions on the selection of primary or referral providers; Restrictions on changing providers during the contract period; Out-of-pocket costs including copayments and deductibles
<b><u>Definitions</u></b>		
Creditable Coverage	Ins 3.39 (3)(i)	
Eligible Services	Ins 3.39 (3)	
Medicare	Ins 3.39(3)(q)	Definition of Medicare required
Preexisting Condition	Ins 3.39(4)(a)2	If applies, policy must include definition
UCR	Ins 3.39(6)(a)	Definition applies to Wisconsin mandated benefits (Does not apply to Basic Medicare Cost policies)
Managed Care Definitions	609.01, Ins 9.01 & 9.38(1)	Geographical service area, emergency care, urgent care, out-of-area service, dependent and primary providers
<b><u>Eligibility</u></b>		
Medicare Eligible Persons	Ins 3.39(3)(t)	
Guarantee Issue	Ins 3.39(34)	
Open Enrollment	Ins 3.39(4m)(a)	6 month open enrollment period; special enrollment period for under age 65.

## Form Filing Checklist – Medicare Cost

<b><u>Benefit Description</u></b>		
Minimum Coverages	Ins 3.39(7)(a)	
Basic vs. Enhanced Medicare Cost Policy	Ins 3.39(7)(c)	May offer an enhanced Medicare cost policy in addition to Basic Medicare cost policy
Inpatient Psychiatric Hospital Care	Ins 3.39(5)(c)1	Covers at least 175 days per lifetime for inpatient psychiatric hospital care upon exhaustion of Medicare hospital inpatient psychiatric coverage (Does not apply to Basic Medicare Cost policies)
Catastrophic Outpatient Patient Drugs	Ins 3.39(5)(c)15)	Coverage at 80% after drug deductible of no more than \$6,250 (Does not apply to Basic Medicare Cost policies)
Emergency Services and Urgent Care	632.85, Ins	Description of coverage, and no restrictions on covered services by non-plan providers for emergency services
Experimental Treatment	632.855	Limitation on coverage of experimental treatment must state who is authorized to make decision
<b><u>Wisconsin Mandated Benefits</u></b>		
Disclosure of Mandated Benefits	Ins 9.38(3)	Clear disclosure of all benefit mandates outlined in Wisconsin statutes
No prior authorization for emergency room use	632.85	Policies can not require prior authorization for emergency room use (Does not apply to Basic Medicare Cost policies)
Chiropractic services	632.87(3) Ins 3.39(5)(c)8	Coverage of services received from a chiropractor (Does not apply to Basic Medicare Cost policies)
Nurse practitioner	632.87(5)	Coverage for papanicolaou test, pelvic exams, and associated laboratory fees performed by a nurse practitioner, if these services are covered when performed by a licensed physician (Does not apply to Basic Medicare Cost policies)
Mental Illness	632.89, Ins 3.39(5)(c)7	Coverage for alcoholism, drug abuse, and mental/nervous disorders (Group policies only; does not apply to Basic Medicare Cost policies)
Home health care	632.895 (2) Ins 3.39(5)(c)5	Minimum of 40 home care visits per contract year (Does not apply to Basic Medicare Cost policies)
Skilled nursing care	632.895(3) Ins 3.39(5)(c)6	30 days per skilled nursing home confinement (Does not apply to Basic Medicare Cost policies)
Kidney disease treatment	632.895(4) Ins 3.39(5)(c)6	\$30,000 annual kidney disease benefit (i.e., dialysis, transplantation, donor related services) (Does not apply to Basic Medicare Cost policies)
Diabetic coverage	632.895(6) Ins 3.39(5)(c)13	Policies that cover diabetes must cover installation and use of infusion pump, all other equipment and supplies for diabetes, including insulin and prescription medication. <b>Coverage issued or policies for individuals enrolled in Medicare Part D after January 1, 2006 may not cover prescription medication or prescription insulin and supplies for injection of insulin, except for costs for test strips and lancets)</b> (Mandate does not apply to Basic Medicare Cost policies)
HIV drugs	632.895(9)	Coverage of drugs for the treatment of HIV <b>Not a covered benefit after January 1, 2006)</b> (Does not apply to Basic Medicare Cost policies)
Facility charges and anesthetics for certain dental care	632.895(12) Ins 3.39(5)(c)16)	Coverage of hospital or ambulatory surgery center charges and anesthetics provided in conjunction with dental care for children under age 5, individual with disability, or individual with medical condition hospitalization or anesthesia for dental care (Does not apply to Basic Medicare Cost policies)
Breast reconstruction	632.895(13) Ins 3.39(5)(c)17	Policies that cover a mastectomy shall provide coverage or breast reconstruction of the affected tissue incident to a mastectomy (Does not apply to Basic Medicare Cost policies)

## Form Filing Checklist – Medicare Cost

<b>Optional Riders</b>		
General Requirements	Ins 3.39(5)(c)	Permissible additional coverage
Part A Deductible	Ins 3.39(5)(i)1	Covers Part A deductible in full (Does not apply to Basic Medicare Cost policies)
Additional Home Health Care	Ins 3.39(5)(i)2	365 home care visits (Does not apply to Basic Medicare Cost policies)
Part B Deductible	Ins 3.39(5)(i)3	Covers Part B deductible in full (Does not apply to Basic Medicare Cost policies)
Part B Excess Charges	Ins 3.39(5)(i)4	Covers difference between eligible charge and limiting charge (Does not apply to Basic Medicare Cost policies)
Foreign Travel	Ins 3.39(5)(i)5	Coverage 80% of billed charges after \$250 deductible (Does not apply to Basic Medicare Cost policies)
Outpatient Prescription Drug	Ins 3.39(5)(i)7	50% of drug charges after \$250 deductible. <b>(Available for issuance or sale until January 1, 2006)</b> (Does not apply to Basic Medicare Cost policies)
<b>Outline of Coverage/ Summary of Benefits</b>		
Readability	Ins 3.39(4)(b)4	24 point type, and caption in 18 point type in contrasting color
Title/Designation	Ins 3.39(4)(b)	
Caption	Ins 3.39(4)(b)	(Does not apply to Basic Medicare Cost policies)
Medicare Replacement Language	Appendix 1 (1)	
Summary of Coverage	Ins 3.39(4)(b)7 Appendix 1 (4)	Listing of required and optional coverages & annual premiums Outline C--Medicare Cost Insurance
Exclusions & Limitations	Appendix 1 (5)	If benefits not provided, including pre-existing condition waiting period, UCR, limitations on choice of providers
Nursing home care	Appendix 1 (5)(a)	Beyond what is covered by Medicare and the 30-day skilled nursing mandate
Charges above Medicare's	Appendix 1 (5)(c)	Physician charges above Medicare's approved charge
Outpatient prescription drugs	Appendix 1 (5)(d)	
Care outside U.S.A.	Appendix 1 (5)(e)	Most care received outside of U.S.A.
Miscellaneous stated services unless eligible under Medicare	Appendix 1 (5)(f)	Dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare
Emergency & Urgent Care Coverage	Appendix 1 (5)(g)	
Pre-existing conditions	Appendix 1 (5)(h)	Waiting period for pre-existing conditions
Usual & Customary	Appendix 1 (5)(j)	
Conspicuous Statements	Appendix 1 (6)	Conspicuous statement with reference to Medicare Handbook
Renewability or Continuation of Coverage	Appendix 1 (7)	Description of policy provisions respecting renewability or continuation of coverage, including any reservation of rights to change premiums
Out-Of-Area Claims	Appendix 1 (8)	Information on how to file a claim for services received from non-participating providers because of an emergency
Restrictions of Choice	Appendix 1 (9)	If there are restrictions on the choice of providers, a list of providers available to enrollees shall be included with the outline

**Form Filing Checklist – Medicare Cost**

Benefit Appeal Procedure	632.84(2)(b) Ins 3.55(4), Appendix 1(10)	Internal procedure by which insured may appeal denial of benefits
Grievance Process	Appendix 1 (10)	

**REQUIREMENTS OF APPLICATION AND ENROLLMENT FORM**

<b>Review Requirements</b>	<b>Reference</b>	<b>Comments</b>
<b><u>Application</u></b>		
Acknowledgement	Ins 3.39(4)(b)1	Requires written acknowledgement of receipt of outline
Application Statements	Ins 3.39(23)(a)	Statements in application or supplementary form signed by the applicant and agent. Statements (3) & (4) involve Medicaid and employer or union-based group health plan
Application Questions	Ins 3.39(23)(a)	Questions in application or supplementary form signed by the applicant and agent. Questions 1 to 5 were revised effective January 1, 2006.
Open Enrollment	Ins 3.39(23)(e)	Statement that applicant need not complete medical questions if applying during open enrollment
HIV	631.90, Ins 3.53	
Genetic Testing	631.89	
Personal medical information disclosure authorization	610.70(2)	If form authorizes disclosure of personal medical information, specific information must be included in disclosure authorization
<b><u>Disclosure Forms</u></b>		
Replacement Form	Appendix 5	NAIC model
Notice of right to file a complaint	631.28, Ins 6.85 (4)	Notice described under Appendix 1 or 2, s. Ins 6.85, Wis. Adm. Code.

MedicareCostChecklist\_December 2005