Form Filing Checklist - Short Term Major Medical Individual & Group

TOI's: H15I/H15I.002 - Individual
H15G/H15G.004 - Group

DISCLAIMER

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 an interpretation of technical legal questions. 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 a Wisconsin administrative code [regulation]), or contain CFR (which is a federal regulation).

General Requirements for SERFF Filings		
Filing Requirement	**Reference**	**Additional Information**
Advertisements/Marketing Materials	601.42	Attach all advertisements/marketing materials under the Supporting Documentation tab.
No Misleading Language	631.20(2)(a)	Forms may not be inequitable, unfairly discriminatory, misleading, deceptive, obscure or encourage misrepresentation.
Rates	Ins 3.13(6)(a)	Attach under Supporting Documentation, the Actuarial Memorandum that includes a schedule of rates and anticipated loss ratios on an earned incurred basis.
Transmittal Document	Ins 6.05(4)(a)1	SERFF incorporates the required transmittal documents. The "Help" link in SERFF provides access to instructions and tutorials.
Filing Description	Ins 6.05(4)(a)3a	Explain the purpose of the form filing. Indicate if the filing is new, or a revision of a previously filed form. If related to a previously filed form, provide a brief explanation of changes and attach a red-lined copy under the Supporting Documentation Tab.
Certificate of Compliance and Readability	Ins 6.05(4)(a)2 Ins 6.05: Appendix A Ins 6.07 (4)	Include information identified in the SERFF Submission Requirements and instructions. Under the Form Schedule Tab, provide a Readability score for each form filed.
Statement of Variability	Ins 6.05(4)(a)5	If a form contains variable material or language, attach under Supporting Documentation, a detailed description identifying the variable data and all variable ranges or options.
Policy Requirements		
Face Page	**Reference**	**Additional Information**
Several Liability Clause	631.31 631.41	If two or more insurers together issue the policy, include explanation of several liability.
Corporate Legal Name	631.31 631.64	Show full corporate name on face page of policy and full address of its home office somewhere in policy.
Right to Return Disclosure	631.32 632.73 Ins 3.13(2)(j)2 & 3	Include information about the 10 day "free look" period on face page of policy or conspicuously attached to the first page.
Renewal Provision	Ins 3.13(2)	Explain conditions under which the policy may be renewed.
Riders & Endorsements	Ins 3.13(3)	Provide notice about relevant riders and endorsements.
Important Notice Concerning Statements in the Application for Your Insurance	Ins 3.28(5)(d)	Notice required on face page of policy, concerning statements made in the application.
Claim Methodology Disclosure	Ins 3.60(5)	Explain method for settling claims.

General Contract	Reference	Additional Information
Fraternal Provision	614.19(3)(b)	Include a provision that if the financial position of the fraternal becomes impaired, it may, on an equitable basis, apportion the deficiency among the members of the fraternal, the insured employees or the owners, or any combination thereof.
Entire Contract	631.11	A policy shall state what forms or documents constitute the entire contract.
Notice of Right to File a Complaint	631.28 Ins 6.85(4)	Notice described under Ins 6.85, Appendix 2, Wis. Adm. Code.
Premium Increase Notice	631.36(5)	60-day notice of premium increases greater than 25%.
Termination Notice	631.36 (4) 632.79	60-day notice for certain nonrenewals, and prior notice of termination.
Notice and Proof of Loss	631.81(1)	Notice or proof of loss is furnished as soon as reasonably possible and within one year of time required by policy.
Limitation of Actions	631.83(1)(b) 631.83 (3)	Action must be commenced within 3 years of when proof of loss was required to be furnished. Provisions may not prescribe in which court an action may be brought, nor provide that no action may be brought.
Arbitration Clause	631.85	A policy may contain provision for independent appraisal and compulsory arbitration, subject to the provisions of 631.20, Wis. Stat.
Reinstatement Provision	632.74	Required reinstatement provision if policy terminates for nonpayment of premium [waiting periods for illness not allowed].
Renewability	632.7495(4)	A Policy is not required to renew if the coverage has a term of not more than 12 months. And, the coverage term aggregated, with all consecutive periods of the insurer's coverage, does not exceed 18 months. (Coverage periods are consecutive if there are no more than 63 days between the coverage periods.)
Prohibited Provisions	632.75(3)	Prohibition of exclusion from coverage of certain dependent children; Out-of-state service providers.
Preexisting Condition Definition	632.76(2)(ac)3	A policy may not define a preexisting condition more restrictively than a condition, whether physical or mental, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received before the effective date of coverage. The policy shall reduce the length of time during which a preexisting condition exclusion may be imposed by the aggregate of the insured's consecutive periods of coverage if there are no more than 63 days between the coverage periods.
Preexisting Condition Exclusion	632.76(2)(ac)3 Ins 3.28(6)(a)	If disclosed on application, pre-existence defense cannot be used (unless condition is excluded from coverage by name).
Permitted Provisions	632.77	Change of occupation; Misstatement of age; Limitations on payments; Facility of payment.
Grace Period	632.78	Required grace period (7 days for weekly premium, 10 days for monthly, 31 days for all other policies).
Grievance Procedure	632.83 & Ins 18.03(1)(a) & (3)	Bulletin, April 26, 2002 http://oci.wi.gov/bulletin/0402iro.htm May not require insured to exhaust grievance process prior to filing legal action.
Independent Review Procedure (IRO)	632.835 & Ins 18.12	Bulletin, April 26, 2002 http://oci.wi.gov/bulletin/0402iro.htm & Bulletin, July 24, 2009 http://oci.wi.gov/bulletin/0709act28.htm
Prohibiting Refusal to Cover Services Because Liability Policy May Cover	632.845	A policy may not refuse to cover health care services that are provided to an insured and for which there is coverage on the basis that there may be coverage for the services under a liability insurance policy.
Handicapped Children	632.88	A policy that provides coverage for dependent children must provide an extension for handicapped children.
Coverage of Dependents	632.885	A policy shall provide coverage, if requested by an applicant or insured, for a child if the child is under age 26 or if called to active duty while attending an institution of higher learning full-time regardless of age.
Grandchildren Coverage	632.895(5m) Ins 9.38(3)	If the policy provides coverage for any child of the insured, it must provide the same coverage for all children of that covered child until that child is 18 years of age.
Adopted Children	632.896	A policy must provide coverage for adopted children or children placed for adoption with the insured.
Wisconsin Continuation	632.897	Group Policies Only - Divorce and death of **group** member

Eligible Children	632.897(10)	A policy may not exclude eligible children from coverage based on residence, support provided by insured parent, tax exemption status or marital status of parents.
Subrogation	Case Law	Wisconsin case law (see Rimes v. State Farm Mutual Automobile Company, 106 Wis. 2d 263) has established that the insurer's recovery rights are limited to the amount remaining after the insured has been "made whole" and there must be a positive statement to this effect in the policy.
Short Term Non-Qualifying Coverage Notice	45 CFR § 144.103	Prominently display Notice in contract and application materials provided in connection with enrollment (at least 14 point type): "This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage."
Health Benefits/Services	**Reference**	**Additional Information**
No Prior Authorization for Emergency Room Use	632.85	A plan may not require prior authorization for coverage of the emergency services.
Coverage of Drugs and Devices	632.853	If the policy covers health care expenses and certain prescription drugs or devices, it shall develop an appeal process for which a physician can request an exception.
Experimental Treatment	632.855	A policy that limits coverage of experimental treatment shall define the limitations in any agreement, policy, or certificate of coverage.
Oral and Injected Chemotherapy	632.867	Policy that covers injected or intravenous chemotherapy and oral chemotherapy may not require a higher copayment, deductible, or coinsurance amount for oral chemotherapy than it requires for injected or intravenous chemotherapy.
Restrictions on Health Care Services	632.87	A policy cannot deny benefits for services provided by a practitioner based on grounds that the services weren't provided by a physician.
Chiropractic Services	632.87(3) 632.875	A policy must provide for services received from a chiropractor.
Nurse Practitioner	632.87(5) 632.895(8)(a)3	Covered when performed by a licensed physician.
Cancer Clinical Trials	632.87(6)	Policy may not exclude coverage for the cost of routine patient care that is administered to an insured in a cancer clinical trial satisfying specific criteria and that would be covered if the insured were not enrolled in a cancer clinical trial.
Mental & Nervous Disorders & AODA	632.89 Ins 3.37(5)	For Group Policies Only - A policy must provide inpatient, outpatient, and transitional treatment for alcoholism, drug abuse, and mental/nervous disorders. Coverage of licensed mental health professionals includes clinical social worker, marriage and family therapist or professional counselor, and of licensed psychologists. Policy must indicate types of transitional treatment programs and services covered.
Home Health Care	632.895(2)	If the policy covers expenses incurred for inpatient hospital expenses, it must cover a minimum of 40 home care visits per contract year.
Skilled Nursing Care	632.895(3)	If the policy provides coverage for hospital care, it must provide for 30 days of coverage per skilled nursing home confinement.
Kidney Disease Treatment	632.895(4)	If the policy provides hospital treatment coverage, it must provide an annual kidney disease benefit (i.e. dialysis, transplantation, donor related services).
Newborn Coverage	632.895(5) Ins 3.38	A policy must provide coverage of newborn of insured from moment of birth. A policy must cover preventive care and screening without cost sharing.
Congenital Defects & Birth Abnormalities	632.895(5)(b)	A policy must treat as accident or sickness and cover functional repair or restoration.

Diabetic Coverage	632.895(6)	If the policy provides coverage for diabetes, it must cover installation and use of infusion pump, all other equipment and supplies for diabetes, including insulin or any other prescription medication, used in the treatment of diabetes, and coverage of diabetic self-management education programs. (Regardless of policy providing coverage of prescription medication).
Maternity Coverage	632.895(7)	For Group Policies Only – If policy provides coverage of maternity, policy shall provide maternity coverage for all persons covered under the policy.
Mammograms	632.895(8)	A policy must cover 2 mammograms for women age 45-49, annual mammograms for women 50 or older.
HIV Drugs	632.895(9)	If the policy provides coverage of prescription medication, it must provide coverage of drugs for the treatment of HIV.
Lead Poisoning Screening	632.895(10)	A policy must provide coverage for blood lead test for children under 6 years of age.
Temporomandibular Disorder (TMJ)	632.895(11)	If the policy provides coverage for diagnostic and surgical procedures for treatment of bone, joint, muscle or tissue, it must cover TMJ.
Facility Charges and Anesthetics for Certain Dental Care	632.895(12)	A policy must provide coverage of charges and anesthetics provided in conjunction with dental care for children under age 5, individual with disability, or individual with medical condition that requires hospitalization or anesthesia for dental.
Treatment for Autism Spectrum Disorders	632.895(12m)	A policy shall provide coverage for treatment for the condition of autism spectrum disorder if the treatment is prescribed by a physician.
Breast Reconstruction	632.895(13)	A policy that covers a mastectomy shall provide coverage for breast reconstruction of the affected tissue incident to a mastectomy.
Immunizations	632.895(14)	A policy must provide coverage of appropriate and necessary immunizations for dependent children from birth to age 6.
Dependent Student Medical Leave	632.895(15)	A policy shall continue to provide coverage to a dependent who ceases to be full time student due to medically necessary medical leave.
Colorectal Cancer Screening	632.895(16m)	A policy that provides coverage of any diagnostic or surgical procedures shall provide coverage of colorectal cancer examinations, laboratory tests, anesthesia, and prep medications that are prescribed and integral to a preventative screening.
Prescription Eye Drops	632.895(16t)	A policy that provides coverage of prescription eye drops shall cover a refill of the prescription eye drops when requested when 75% or more of days have elapsed from later of original date prescription was distributed or date which most recent refill was distributed.
Contraceptives and Services	632.895(17)	A policy that provides coverage of out-patient health care services, preventive treatments and services, or prescription drugs and devices shall provide coverage for contraceptives and medical services as specified. (Regardless of policy providing coverage of prescription medication).
Complications of Pregnancy	Ins 6.55(4)(b)5	Complications of pregnancy must be treated the same as any other illness or sickness under the policy.
Disclosure of Mandated Benefits	Ins 9.38(3)	Clear disclosure of all benefit mandates outlined in Wisconsin statutes.

REQUIREMENTS OF DEFINED NETWORK PLANS		
Definitions	**Reference**	**Additional Information**
Emergency Medical Condition	609.01(1c)	"Emergency medical condition" has the meaning given in s. 632.85 (1) (a).
Participating Provider	609.01(3m)	Physician or other provider under control with the health plan.
Primary Provider	609.01(5)	Participating primary care physician or other participating provider authorized by the health plan.
Preferred Provider Plan (PPP)	609.01(4)	Health care plan offered by an organization that provides health care services regardless of whether the health care services are performed by participating or nonparticipating providers.
Defined Network	Ins 9.38(1)	If these terms are used in policy; Geographic Service Area, Emergency Care, Urgent Care, Out-of-Area Service, Dependent, Primary Provider and have effect on benefits provide a definition.
Covered Services	**Reference**	**Additional Information**
Primary Care Provider	609.05(2)	Requirements for designating primary care provider (PCP) and for obtaining services from PCP when reasonably possible.
Referrals	609.05(3) Ins 9.38(4)(a)	Requirements for obtaining referral from PCP.
No Referrals for Ob/Gyn Services	609.22(4m)	Written statement in policy or certificate.
Second Opinions	609.22(5)	May be limited to another participating provider.
Dependent Student	609.655	Coverage of outpatient nervous and mental disorders if student attending school located within state but outside geographic service area, if services would be covered within geographic service area.
Differential Between PPO and Non-PPO Providers	Ins 9.25(2)	Disclosure requirements regarding differentials and cost-sharing.
Disclosure of Restrictions	Ins 9.38(2)	Emergency & urgent care, primary & urgent provider, changing providers, out-of-pocket costs, dependents not residing in service area.

APPLICATION		
Requirements	**Reference**	**Additional Information**
Personal Medical Information Disclosure Authorization	610.70(2)	If form authorizes disclosure of personal medical information, specific information must be included in disclosure authorization.
Treatment History	631.20(2)	“Planning to have treatment” language is misleading and obscure.
Corporate Name	631.31 631.64	Include legal name of company on application.
Genetic Testing	631.89 632.748	May not deny or condition the issuance or effectiveness of policy or certificate on the basis of genetic information.
AIDS/HIV Questions	631.90 Ins 3.53(4)	Disclose that reporting of HIV test results limited to FDA-licensed test & consumer need not report results of tests conducted at anonymous counseling & testing site or through use of home test kit.
AIDS/HIV Disclosure	631.90 Ins 3.53(5)	Disclose that AIDS/ARC must be diagnosed and/or treated by a member of the medical profession.
Suitability	Ins 3.27(7)	When sold without an agent.
Health Statements Made in Application	Ins 3.28(3)	Application form that becomes part of the insurance contract shall provide that statements made by the applicant regarding the general medical history or general health of a proposed insured are to the best of the applicant’s knowledge and/or belief.
Replacement	Ins 3.29(5)	Yes/No question.
Authorization	Ins 3.53(4)(b) Appendix A	Consent form required, if authorization for HIV testing is included in application.
Short Term Non-Qualifying Coverage Disclosure	45 CFR § 144.103	Refer to Short Term Non-Qualifying Disclosure under General Contract.