

ACA Form Filing Checklist – Title 39 Student Major Medical Blanket Plan Selected Form Review Requirements

Company Name:		SERFF Tracking #:	
NAIC#:			
Form #'s:			

Instructions:

1. Applicable to Ohio Revised Code Title 39 Student Major Medical **Blanket** ACA compliant products effective January 1, 2016 or later. There is a separate checklist for Title 39 Major Medical Non-Employer Group ACA compliant products.
2. Only one checklist must be completed for policy forms that are included in the filing submission.
3. Identify the form and page number where the provision is located in the applicable column. If a provision is applicable but is not required to be a policy provision, please confirm compliance with the requirement in the column next to the requirement.
4. Any exceptions to compliance with the checklist requirements must be noted on the checklist and explained in a separate document referencing the specific form numbers.
5. The completed checklist and any accompanying explanation must be submitted under the Supporting Documentation Tab in SERFF.

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Requirement Description	Authority	Page # or Confirmation	ODI Use Only
Eligibility			
Special Enrollment Period - Individual /Non-Employer Group Coverage 60 days from qualifying event.	ORC §3924.03; PHSA §2702, as amended by PPACA; HIPAA §2701(f); 45 CFR §147.104(b)(3)&(4)		
Guaranteed Availability For students and their dependents. May restrict enrollment to open and special enrollment periods.	PHSA §2702, as amended by PPACA; 45 CFR §148.104; 45 CFR 147.145(b)(1)		
Guaranteed Renewability Coverage is guaranteed renewable unless canceled for non-payment of premiums, fraud, discontinuation of plan, and student status.	ORC §3923.57; PHSA §2703, as amended by PPACA; 45 CFR §147.104		
Cancellation and/or Termination Provisions May non-renew or discontinue for failure to pay premiums, fraud or intentional misrepresentation, no longer a student or dependent of student.	ORC §3923.57(C)		
Rescission <ul style="list-style-type: none"> ▪ Rescission is permitted only if the insured (or person acting on their behalf) does any of the following <ul style="list-style-type: none"> ○ Commits fraud ○ Makes an intentional misrepresentation of material fact ▪ Insurers must provide at least 30 calendar days' notice before rescinding coverage. ▪ Insureds have the right to request both internal and external appeals. 	PHSA §2712, as added by PPACA; 45 CFR §147.128		
Incarcerated Insured Cannot exclude coverage because incarcerated.	ORC §3924.53		
Availability of Medicaid Cannot exclude coverage because eligible for Medicaid.	ORC 3924.41		

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Dependent Child Eligibility—When Dependents are Covered			
Dependent Children Eligibility <ul style="list-style-type: none"> ▪ Eligible children are defined based on their relationship with the insured. ▪ Insurer shall provide certain information to child’s custodial parent and pay claims submitted if child has coverage through insurer of non-custodial parent. 	ORC §3923.24; ORC §3924.46; ORC §3924.47		
Court Ordered Children <ul style="list-style-type: none"> ▪ Either parent must be permitted to enroll court ordered children without any enrollment period restrictions. ▪ Employers must enroll court ordered children when parent does not. 	ORC §3924.48		
Age Restrictions <ul style="list-style-type: none"> ▪ Coverage for dependent children must be available up to age 26 if dependent coverage is provided. ▪ Terms of the policy for dependent coverage cannot vary based on the age of a child. 	ORC §3923.24(A); PHSA §2714, as added by PPACA; 45 CFR §147.120		
Disabled Dependent Children <p>Coverage may be continued after the limiting age for disabled children who are:</p> <ul style="list-style-type: none"> ▪ incapable of self-sustaining employment by reason of mental retardation or physical handicap ▪ primarily dependent on the insured for support or maintenance 	ORC §3923.24		

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General Information			
<p>Cost Sharing</p> <ul style="list-style-type: none"> ▪ The annual out of pocket limit may not exceed federal limits. ▪ All network cost sharing for EHBs must be applied to the out of pocket limit; cost sharing includes deductibles, coinsurance, copayments or similar charges. ▪ HDHP deductibles and out of pocket limits must comply with IRS requirements. ▪ No cost sharing for preventive services. ▪ Insured’s coinsurance or copayments may not exceed 60% (to ensure the plan is not a closed panel). ▪ No annual or lifetime dollar limits on EHBs. 	<p>PHSA §2707(b), as added by PPACA; 45 CFR §156.130; 45 CFR §147.130; I.R.C. §223; Rev. Proc. 2014-30; ORC 1751.02(F); 45 CFR §147.126</p>		
<p>Reimbursement Rate</p> <p>If pay out of pocket or with funds from a savings account, amount cannot exceed negotiated amount.</p>	<p>ORC 3923.81</p>		
<p>Coordination of Benefits</p> <ul style="list-style-type: none"> ▪ Include COB notice on the first page of the policy/certificate in all caps in 12 point type. ▪ Mirror the language in the Appendix of the rule. ▪ Does not apply to “student accident-type coverage” benefits, if any 	<p>OAC Rule 3901-8-01; 3901-8-01(C)(8) (blanket)</p>		
<p>Language and Format Requirements</p> <ul style="list-style-type: none"> ▪ Text must have a minimum Flesch score of 40; certification must be attached ▪ Text must be printed in at least 10 point type. ▪ Table of contents or index must be included. ▪ The effective date of the insurance policy must be included. ▪ Each policy form must have a unique form number in the lower left hand corner of the first page. 	<p>ORC §3902.04; ORC §3923.03</p>		
<p>Inquiry into and effect of sexual orientation or AIDS or related condition.</p> <p>Limitations on questions insurer may ask applicants and limitations on certain benefits prohibited.</p>	<p>ORC 3901.45</p>		

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Accessing Care			
<p>Access to Providers</p> <ul style="list-style-type: none"> ▪ Insurers may not discriminate against providers acting within the scope of their own licensure or certification. ▪ When a PCP is required: <ul style="list-style-type: none"> ○ Pediatricians may be designated as the PCP for children. ○ Women must have direct access to network ob/gyn; no referrals required. 	<p>PHSA Section 2706 as added by PPACA; PHSA 2719(A), as added by PPACA; 45 CFR 147.138(a)(2) and (a)(3)</p>		
Benefits (also complete EHB Locator)			
<p>Preventive Benefits</p> <ul style="list-style-type: none"> ▪ Required preventive benefits provided in network must be provided at no cost sharing. ▪ Policy/certificate includes a summary of required preventive benefits and appropriate link to website: http://www.uspreventiveservicestaskforce.org/recommendations.htm ▪ 60 day prior notification if a benefit is removed. 	<p>PHSA §2713, as added by PPACA; 45 CFR §147.130; CCIIO ACA Implementation FAQs - Set 18</p>		
<p>Emergency Services</p> <p>Insurers must provide coverage for emergency services for an emergency medical condition in compliance with the Ohio Benchmark Plan and state and federal law.</p> <ul style="list-style-type: none"> ▪ Services must be covered out of network. ▪ Out of network services must be paid at network cost sharing levels. Approved amount must be the greatest of: <ul style="list-style-type: none"> ○ The median in-network rate. ○ The usual customary and reasonable rate (or similar rate determined using the plans or issuer's general formula for determining payments for out-of-network services). ○ The Medicare rate. 	<p>PHSA §2719A, as added by PPACA; 45 CFR §147.138(b)</p>		

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<p>Mental Health and Substance Abuse</p> <ul style="list-style-type: none"> ▪ Coverage must be provided for treatment of mental health and substance abuse. ▪ Insurers must comply with the federal Mental Health Parity and Addiction Equity Act. <ul style="list-style-type: none"> ○ Mental health and substance use disorder benefits must be provided in parity with medical/surgical benefits within the same classification or sub classification. ○ Intermediate levels of care such as residential treatment, partial hospitalization and intensive outpatient services must be covered. ○ The filing must contain a statement of compliance with federal mental health parity and addiction equity requirements. 	<p>ORC §3923.281; PHSA §2726; 45 CFR §146.136 (e)(4) brings in individual and small group through EHB requirement</p>		
<p>Alcohol/drug Related Injury</p> <p>Can't exclude limiting coverage for injuries caused by use alcohol or drugs.</p>	<p>ORC 3923.82</p>		
<p>Women's Health and Cancer Rights Act</p> <ul style="list-style-type: none"> • Insurers covering mastectomies must also cover reconstructive surgery. • Any annual deductibles and coinsurance provisions must be consistent with those for other medical/surgical benefits under the coverage. <p><i>Specific Benchmark mandate: Coverage must be provided for a minimum of 4 post-mastectomy surgical bras per benefit period as covered under the EHB benchmark plan.</i></p>	<p>PHSA §2727; ERISA §713</p>		

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<p>Clinical trials</p> <p>Benefits for coverage of routine care for a cancer clinical trial must comply with both ORC 3923.80 and federal requirements. In general, the federal law covers all clinical trials. Ohio law is broader for cancer clinical trials than federal law in the following cases:</p> <ul style="list-style-type: none"> ▪ Coverage is not limited to a “qualified individual” as defined in federal law. ▪ Participant is not required to have a referral from a participating health professional or provide medical and scientific information establishing the appropriateness of participation. 	<p>ORC §3923.80; PHSA §2709, as added by PPACA</p>		
<p>Prescription Drug Exception Process</p> <ul style="list-style-type: none"> ▪ 72 hour/24 hour decision notification. ▪ Process for denial review by independent review organization. 	<p>45 CFR 156.122(c); 2016 Letter to Issuers</p>		
<p>Pediatric Age</p> <ul style="list-style-type: none"> ▪ Pediatric services, including oral and vision care. ▪ Covered until at least the end of the month the covered person turns 19 years old. 	<p>45 CFR 156.110(a)(10); 45 CFR 156.115(a)(6)</p>		
<p>Kidney dialysis benefit</p> <p>If provide in-patient, then must provide out-patient.</p>	<p>ORC 3923.25</p>		
<p>Essential Health Benefits (Ohio Benchmark Benefits) (also complete EHB Locator)</p> <p>Refer to the EHB Resource Document for a complete list.</p>			
<p>Dental Services for accidental injury</p> <p>Benefits are limited to \$3000 per accident.</p>	<p>Ohio Benchmark Plan</p>		
<p>Habilitative Services</p> <ul style="list-style-type: none"> ▪ Must define as health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. ▪ Must comply with benefits identified in the governor’s letter. In addition, mental health visit limits must comply with Mental Health Parity. 	<p>45 CFR 156.115(a)(5); Governor’s Letter, 12/26/12</p>		

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Private Duty Nursing Private duty nursing provided through home health care limited to 90-110 visits per year.	Ohio Benchmark Plan		
Transplant Benefits <ul style="list-style-type: none"> • Live donor benefits. • Transportation and lodging for transplants—\$10,000 per transplant. • Unrelated donor searches for bone marrow/stem cell transplants for a covered transplant—\$30,000 per transplant. 	Ohio Benchmark Plan		
Vision Correction Includes: <ul style="list-style-type: none"> ▪ Intraocular lens implantation for the treatment of cataract or aphakia. ▪ Contact lenses or glasses following lens implantation. ▪ The first pair of contact lenses or eyeglasses which replace the function of the human lens for conditions caused by cataract surgery or injury; a donor lens is not the first lens. 	Ohio Benchmark Plan		
Standard Provisions			
Notice of Claim	ORC §3923.04(E); ORC §3923.20		
Claim Forms	ORC §3923.04(F)		
Proofs of Loss	ORC §3923.04(G); ORC §3923.20		
Time of Payment of Claims Except for periodic payments, claims must be paid immediately or within 30 days of receipt of proof of loss.	ORC §3923.04(H); ORC §3923.20		
Legal Actions Legal actions are permitted 60 days after written proof of loss has been submitted and 3 years after written proof of loss is required to be submitted.	ORC §3923.04(K); ORC §3923.20		

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Claims Procedures and Appeal Process			
Internal appeals of adverse benefit determinations - processes, rights and required notices	PHSA §2719, as added and amended by PPACA; 45 CFR 147.136		
External Review	ORC Chapter 3922; PHSA §2719, as added and amended by PPACA; 45 CFR 147.136		