

LARGE GROUP POLICY/CERTIFICATE Filing Checklist – COMPLIANCE CONFIRMATION

1

TOIs: H16G Group Health – Major Medical

Sub TOIs: .002A PPO .002B POS .002C Other

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
Closed panel plans only through Title 17, Health Insuring Corporation	ORC 1751.02 (F)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prohibition against unfair or deceptive acts	ORC 3901.20	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Unfair and deceptive acts or practices in business of insurance defined	ORC 3901.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Third-party payers processing claims for payment for health care services	ORC 3901.381	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Electronic submission of claims	ORC 3901.382	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Untimely claim process	ORC 3901.384	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prohibited practices by third party payers	ORC 3901.385	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Reimbursement contract - reimbursements to be made directly to hospital - assignment of benefits	ORC 3901.386	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Payments considered final – overpayment	ORC 3901.388	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Computation of interest	ORC 3901.389	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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2

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Effect of sexual orientation, HIV, or AIDS or related condition	ORC 3901.45 (D)(E)(F)(G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Genetic screening or testing	ORC 3901.491	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Policies to which section apply – exceptions	ORC 3902.03 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coordination of benefits - Status of health coverage	ORC 3902.12	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coordination of benefits - Determination of order; secondary plan as excess; excess or duplicate payments	ORC 3902.13	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Insurance information practices – applicability of chapter	ORC 3904.02	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Insurance information practices - notice to applicants and policyholders	ORC 3904.04	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Copies of application to accompany policies issued – <u>Life insurance companies</u>	ORC 3911.04	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Policy of sickness and accident	ORC 3923.01	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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3

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insurance defined		<input type="checkbox"/> N/A	
Sickness and accident insurance definitions	ORC 3923.011	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Validity of nonconforming policy	ORC 3923.09	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Group sickness and accident insurance – inspection requirements	ORC 3923.12 (D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Option for conversion from group policy to individual policy – additional Requirements	ORC 3923.122 (E)(F)(G)(I)(J) (K)(L)(M)(N)		Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130 TH GA)
False statement in application - alteration of written application	ORC 3923.14	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Unfair discrimination prohibited	ORC 3923.15	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prohibition of rebates not to prohibit commissions or dividends	ORC 3923.17	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Hospitalization coverage for mental illness	ORC 3923.27	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prohibiting exclusion or reduction of benefits because	ORC 3923.37	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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4

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benefits payable under supplemental policy			
Continuing policy upon termination of employment – additional requirements	ORC 3923.38 (D)(E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Continuing coverage under group policy when reservist is called or ordered to active duty – additional requirements	ORC 3923.381 (H)(I)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prescription drug limitations or exclusion	ORC 3923.60 (D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Disclosing determination of usual and customary fee for dental benefits	ORC 3923.62	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coverage of inpatient care and follow-up for mother and her newborn	ORC 3923.63 (C)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coverage for alcohol or drug related losses or expenses	ORC 3923.82	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Information disclosed by carrier to the employer	ORC 3924.033	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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5

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Prohibiting exclusion based on health condition	ORC 3924.25	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prohibiting consideration of eligibility for medical assistance	ORC 3924.41	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prohibiting imposing different requirements on department of Medicaid	ORC 3924.42	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prohibiting denial of enrollment of certain children	ORC 3924.46	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Duties of health insurer of noncustodial parent	ORC 3924.47	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Parent required by court or administrative order to provide health care coverage for child – duties of health insurer	ORC 3924.48	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Life and Health Insurance Guaranty Association – prohibitions and notice	ORC 3956.18 (A)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Unfair trade practices	OAC 3901-1-07	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Life and Health Insurance Guaranty Association - disclaimer and not	OAC 3901-1-52 (C)(D)(E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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6

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covered form			
Coordination of benefits – Purpose	OAC 3901-8-01 (B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coordination of benefits - Prohibited coordination and benefit design	OAC 3901-8-01 (E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coordination of benefits – Requirements	OAC 3901-8-01 (F)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coordination of benefits – Order of benefit determination	OAC 3901-8-01 (G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coordination of benefits – Procedure for secondary and miscellaneous provisions	OAC 3901-8-01 (H)(I)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Unfair health claim practices	OAC 3901-8-11 (A)(B)(C)(D)(E)(F)(G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Notice of older age child to age twenty-eight coverage extension	OAC 3901-8-13	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	