

SMALL GROUP HIC EOC Filing Checklist – COMPLIANCE CONFIRMATION

1

TOIs: HOrg02G.004F Small Group Health Organizations – Health Maintenance (HMO) – Small Group ONLY

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	
Powers upon obtaining COA – Conditions for refusal	ORC 1751.06 (I)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Inapplicability of insurance laws	ORC 1751.08 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
EOC required	ORC 1751.11 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Standardized prescription identification card information	ORC 1751.111 (D)(E)(F)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Provider Contracts – contracting	ORC 1751.13 (A)(1)(3)(B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Provider Contracts – enrollee notice at termination of provider contract	ORC 1751.13 (I)(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Provider Contracts – payment of claims at termination of provider contract	ORC 1751.13 (I)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Option for conversion - additional requirements	ORC 1751.16 (D)(F)		Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130 TH GA)

SMALL GROUP HIC EOC Filing Checklist – COMPLIANCE CONFIRMATION

TOIs: HOrg02G.004F Small Group Health Organizations – Health Maintenance (HMO) – Small Group ONLY

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
Restrictions on cancelling or failing to renew coverage	ORC 1751.18 (A)(1)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Complaint system	ORC 1751.19 (B)(C)(E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Unfair and deceptive acts - use of name	ORC 1751.20 (A)(B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Unfair and deceptive acts – not applicable to Medicare, Medicaid or federal employees	ORC 1751.20 (F)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Information to be provided to subscribers	ORC 1751.33	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Confidentiality of information	ORC 1751.52	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Continuing coverage after termination of employment – additional requirement	ORC 1751.53 (D)(E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Continuing coverage when reservist is called or ordered to active duty - additional requirement	ORC 1751.54 (H)(I)(J)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Supplemental sickness and accident policies	ORC 1751.56	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

SMALL GROUP HIC EOC Filing Checklist – COMPLIANCE CONFIRMATION

TOIs: HOrg02G.004F Small Group Health Organizations – Health Maintenance (HMO) – Small Group ONLY

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
Provider or facility limited to seek compensation for covered services solely from HIC	ORC 1751.60 (E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Genetic screening or testing	ORC 1751.65	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Prescription drug limitations and exclusions	ORC 1751.66 (D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Coverage for inpatient care and follow-up for mother and her newborn	ORC 1751.67 (C)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Quality Assurance Programs – Implementation	ORC 1751.73	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Quality Assurance Programs – Requirements	ORC 1751.74	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Categories of providers	ORC 1753.10	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Retroactive denial of authorization	ORC 1753.16	<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	

SMALL GROUP HIC EOC Filing Checklist – COMPLIANCE CONFIRMATION

TOIs: HOrg02G.004F Small Group Health Organizations – Health Maintenance (HMO) – Small Group ONLY

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
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	
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	

SMALL GROUP HIC EOC Filing Checklist – COMPLIANCE CONFIRMATION

TOIs: HOrg02G.004F Small Group Health Organizations – Health Maintenance (HMO) – Small Group ONLY

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
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	
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	
Health care benefit plans covered by chapter – eligibility	ORC 3924.02 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Health care benefit plans covered by chapter – applicable law	ORC 3924.02 (C)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Health care benefit plans covering small employers subject to conditions – exclusions and riders	ORC 3924.03 (C)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

SMALL GROUP HIC EOC Filing Checklist – COMPLIANCE CONFIRMATION

TOIs: HOrg02G.004F Small Group Health Organizations – Health Maintenance (HMO) – Small Group ONLY

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
Health care benefit plans covering small employers subject to conditions – benefit structure, information collected, definition of bona fide association	ORC 3924.03 (F)(G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Carriers offering health benefit plan in small employer market through network plan	ORC 3924.031	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Refusing to issue plans in small employer market	ORC 3924.032	<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	
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	

SMALL GROUP HIC EOC Filing Checklist – COMPLIANCE CONFIRMATION

7

TOIs: HOrg02G.004F Small Group Health Organizations – Health Maintenance (HMO) – Small Group ONLY

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
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	
Unfair trade practices	OAC 3901-1-07	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
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	

SMALL GROUP HIC EOC Filing Checklist – COMPLIANCE CONFIRMATION

TOIs: HOrg02G.004F Small Group Health Organizations – Health Maintenance (HMO) – Small Group ONLY

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
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	