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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - H21 Other  |
| Out-of-State Groups, Associations/Trusts/ Labor Union Group/Debtor Groups/Other Groups  |
| Revised – 1/25/2021 |
| Carriers must confirm compliance and IDENTIFY the LOCATION (Form number, Page number, Section, Paragraph, etc.) of the standard in the form in the last column. Any response of N/A requires that a carrier explain why the requirement is not applicable. |
| This checklist is intended to provide a summary of State and Federal requirements for the TOI listed above. Please see the laws/rules referenced in the checklist below for the full requirement. |

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| **REVIEW REQUIREMENTS** | **REFERENCES** |  | **COMPLIANCE** |
| Claims for Office Visits that include Preventive Health Services | [45 CFR § 147](https://www.ecfr.gov/cgi-bin/text-idx?SID=a3bb635afd7624f532acfe878eec552b&pitd=20180719&node=pt45.1.147&rgn=div5#se45.1.147_1130).130 (a)(1) [Title 24-A § 4303](https://legislature.maine.gov/statutes/24-A/title24-Asec4303.html)(15) | Policies and certificates must include clear explanations regarding how claims will be paid for office visits that include preventive health services, and the policyholder’s cost sharing may not be greater than the following:If an item or service described in 45 CFR §147.130 (a)(1):1. Is billed separately (or is tracked as individual encounter data separately) from an office visit, then a plan or issuer may impose cost-sharing requirements with respect to the office visit. 2. Is not billed separately (or is not tracked as individual encounter data separately) from an office visit and the primary purpose of the office visit is the delivery of such an item or service, then a plan or issuer may not impose cost-sharing requirements with respect to the office visit.Services related to a specific health concern, condition or injury may be separately billed as an office visit and may be subject to cost-sharing requirements as provided in the health plan. |  |
| Enhance Access to a Second Opinion for Health Care Services or Treatment | [Title 24-A § 4303](https://legislature.maine.gov/statutes/24-A/title24-Asec4303.html)(25) | An enrollee in a health plan may not be required to obtain a 2nd opinion from a provider that practices in the same office location as the enrollee's provider, even if that office is the only in-network provider for the service. A carrier may not apply a greater deductible, coinsurance or copayment for the 2nd opinion than if they received the 2nd opinion in-network.  |  |
| Prior Authorization Requirements for Physical and Occupational Therapy Services | [Title 24-A § 4304](https://legislature.maine.gov/statutes/24-A/title24-Asec4304.html)(1)[Title 24-A § 4304](https://legislature.maine.gov/statutes/24-A/title24-Asec4304.html)-A | A carrier may not require prior authorization for rehabilitative or habilitative services, including, but not limited to, physical therapy services, occupational therapy services or chiropractic services, for the first 12 visits of each new episode of care. This does not limit the right of a carrier to deny a claim when an appropriate review concludes that the services or treatment were not medically necessary. |  |
| **SPECIFIC GROUP REQUIREMENTS** |  |  |  |
| Debtor Groups | [Title 24-A § 2807](https://legislature.maine.gov/statutes/24-A/title24-Asec2807.html) | A group of individuals may be insured under a policy issued to a creditor or its parent holding company, trust, or trustee, or agent by 2 or more creditors, holding companies, affiliates, trustees, or agent considered the policyholder to insure debtors of the creditor. The amount of credit life may not exceed the unpaid amount of the debt plus earned interest. Credit card holders are not an acceptable group. Copies of participation/joinder agreements of 2 or more participating debtors must be submitted. |  |
| Labor Union Groups | [Title 24-A § 2805](https://legislature.maine.gov/statutes/24-A/title24-Asec2805.html) | Requirements for labor union groups are set forth in Section 2805. |  |
| **In addition to the requirements in Maine insurance law that pertains to the particular line of insurance (see appropriate checklist and include with submission), Out-of-state groups must comply with the following:** |
| All Out-of-State Groups | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)(1-A) | All out-of-state group policy filings must clearly identify the type of group the group purports to be and must specifically identify the group policyholder.1-A.    An insurer may not provide coverage to a resident of this State under a group or blanket policy or contract issued and delivered outside this State unless the following requirements of this subsection are met.A. For "other group" insurance policies as defined in sections 2612-A and 2808, all forms must be filed with and approved by the superintendent.B. For trustee group policies as defined in sections 2606-A and 2806 and association group policies as defined in sections 2607-A and 2805-A, certificates of coverage to be delivered or issued for delivery in this State: (1) Must be filed with the superintendent at least 60 days before any solicitation in this State, with sufficient information concerning the nature of the group, including any trust agreements or association bylaws, to enable the superintendent to determine whether the group satisfies the statutory requirements for a trustee or association group; and (2) May not have been disapproved. C. For group or blanket policies other than those specified in paragraphs A and B and in section 2858, the group certificates to be delivered or issued for delivery in this State must be filed with the superintendent at the superintendent's request and may not have been disapproved. D. The superintendent may disapprove a form filed pursuant to this subsection only if: (1) The policy or form is not in compliance with the laws of the state in which it was issued or delivered; (2) The policy or form is not in compliance with the laws of this State that apply when the policy is issued outside this State, such as chapter 36 or section 2843; or (3) The superintendent determines that the form is deceptive or misleading. |  |
| Association Groups | [Title 24-A § 2805](https://legislature.maine.gov/statutes/24-A/title24-Asec2805-A.html)-A[Title 24-A § 2701](https://legislature.maine.gov/statutes/24-A/title24-Asec2701.html)(2)(C)(1-A)[Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736.html) [Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736-A.html)-A [Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736-B.html)-B[Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736-C.html)-C[Title 24-A § 2850](https://legislature.maine.gov/statutes/24-A/title24-Asec2850-B.html)-B(5) | This section includes information on the requirements of the Association including, but not limited to,: the association must have had a minimum of 50 persons when the association was originally formed, shall have been organized & maintained in good faith for purposes other than that of obtaining insurance, shall have been in active existence for at least 2 years, hold regular meetings not less than annually to further purposes of the members, collect dues or contributions from members, and the members must have voting privileges and representation on the governing board and committees. See §2805-A for additional requirements. Association Groups are subject to the requirements concerning guaranteed issue, rating and rate filing that apply to individual health insurance.Guaranteed Renewal; Cessation of Business – If coverage to an employer through an association is terminated, the carrier shall renew the coverage with the employer becoming the policyholder. If coverage to an individual member of an association is terminated, the carrier shall renew the coverage with the individual becoming the policyholder. |  |
| Association Groups and Trust Groups | [Title 24-A § 2808](https://legislature.maine.gov/statutes/24-A/title24-Asec2808-B.html)-B(4)[Bulletin 210](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/210.pdf) | A carrier that provides a health plan to an association or trust must be actively marketing in the small group market in Maine if the plan provides coverage to employees of the association members or trust members. |  |
| Association Questionnaire |  | In order to review association groups used in connection with the delivery of life, accident and/or health insurance to the citizens of Maine, carriers are required to complete this questionnaire. https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/association.docx |  |
| Credit Union Groups | [Title 24-A § 2807](https://legislature.maine.gov/statutes/24-A/title24-Asec2807-A.html)-A[Title 24-A § 2701](https://legislature.maine.gov/statutes/24-A/title24-Asec2701.html)(2)(C)(1-A)[Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736.html) [Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736.html)-A [Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736.html)-B[Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736.html)-C | This section states the requirements under which coverage can be issued to a Credit Union Group. Briefly summarized the requirements are:1. The members eligible for insurance are all of the members of the credit union or credit unions or all of any class or classes thereof2. The premium for the policy shall be paid either from funds of the credit union or from funds contributed by the insured members specifically for their insurance, or from both.3. Except as provided in section 2736-C, section 2808-B and chapter 36, an insurer may exclude or limit the coverage on any member as to whom evidence of individual insurability is not satisfactory to the insurer. Credit Union Groups are subject to the requirements concerning guaranteed issue, rating and rate filing that apply to individual health insurance. |  |
| Other Groups/Discretionary GroupsRates Filed with an Actuarial MemorandumGuaranteed issue and renewal | [Title 24-A § 2701](https://legislature.maine.gov/statutes/24-A/title24-Asec2701.html)(2)(C)(1-A) [Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736.html)[Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736-B.html)-B[Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736-C.html)-C(3)[Title 24-A § 2808](https://legislature.maine.gov/statutes/24-A/title24-Asec2808.html) | The requirements for Other Groups found in §2808 are:A. The policyholder is a bona fide group formed for purposes other than procurement of insurance,B. The issuance of the group policy would be actuarially sound; C. The issuance of the group policy would result in economies of acquisition or administration;D. The benefits are reasonable in relation to thepremiums charged. Other Groups are subject to the requirements concerning guaranteed issue, rating and rate filing that apply to individual health insurance.Every insurer shall file for approval by the superintendent every rate, rating formula, classification of risks and every modification of any formula or classification that it proposes to use in connection with individual health insurance policies and certain group policies specified in section 2701. If the filing applies to individual health plans as defined in section 2736-C, the insurer shall simultaneously file a copy with the Attorney General. Every such filing must state the effective date of the filing. Every such filing must be made not less than 60 days in advance of the stated effective date, unless the 60-day requirement is waived by the superintendent, and the effective date may be suspended by the superintendent for a period of time not to exceed 30 days. A filing required under this section must be made electronically in a format required by the superintendent unless exempted by rule adopted by the superintendent.PLEASE NOTE: Rates with an actuarial memorandum must be filed simultaneously with the forms. Forms submitted in advance of rates, will not be approved until rates have been filed, reviewed and approved. If forms are being revised and there is no effect on current rates, please indicate so in the filing cover letter.Requires guaranteed issue and renewal. |  |
| Trust Groups | [Title 24-A § 2806](https://legislature.maine.gov/statutes/24-A/title24-Asec2806.html) | A group may be insured under a policy issued to a trust or to the trustee or trustees of a fund established by 2 or more employers, or by one or more labor unions or similar employee organizations, or by one or more employers and one or more labor unions or similar employee organizations, which trust or trustee or trustees shall be deemed the policyholder, to insure employees of the employers or members of the unions or organizations for the benefit of persons other than the employers or the unions or organizations, subject to certain requirements. |  |
| Require Private Insurance Coverage for Donor Breast Milk | [Title 24-A § 4320](https://legislature.maine.gov/statutes/24-A/title24-Asec4320.html)-V | Coverage for medically necessary pasteurized donor breast milk is required. |  |
| Disclosure to Enrollees of Cash Price  | [Title 24-A § 4303](https://legislature.maine.gov/statutes/24-A/title24-Asec4303.html)(25) | A carrier may not prohibit a provider from providing an enrollee with the option of paying the provider's discounted cash price for health care services. |  |