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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - H14G |
| Group Hospital Confinement Indemnity |
| Revised – 3/17/2021 |
| 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** |
| **GENERAL SUBMISSION REQUIREMENTS** |  |  |  |
| Electronic (SERFF) Filing Requirements: | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)(2) [Bulletin 360](https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/360_0.pdf) | All filings must be filed electronically, using the NAIC System for Electronic Rate and Form Filing (SERFF). See http://www.serff.com |  |
| FILING FEES | [Title 24-A § 601](https://legislature.maine.gov/statutes/24-A/title24-Asec601.html) (17) | $20.00 for Rate filings, rating rules filings, insurance policy, forms, riders, endorsements and certificates. See General Instructions page in SERFF for additional information on filing fee structure. Filing fees must be submitted by EFT in SERFF at the time of submission of the filing. All filings require a filing fee unless specifically excluded per 24-A M.R.S.A. §4222(1), and/or are a required annual report. |  |
| Grounds for disapproval | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Seven categories of the grounds for disapproving a filing. |  |
| Readability | [Title 24-A § 2441](https://legislature.maine.gov/statutes/24-A/title24-Asec2441.html) | Minimum of 50.  Riders, endorsements, applications all must be scored. They may be scored either individually or in conjunction with the policy/certificate to which they will be attached. Exceptions: Federally mandated forms/language, Groups > 1000, Group Annuities as funding vehicles. Scores must be entered on form schedule tab in SERFF. |  |
| Variability of Language | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)  [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Forms with variable bracketed information must include all the possible language that might be placed within the brackets. The use of too many variables will result in filing disapproval as Bureau staff may not be able to determine whether the filing is compliant with Maine laws and regulations. |  |
| **GENERAL POLICY PROVISIONS** |  |  |  |
| Classification of Coverage, Disclosure, and Minimum Standards | [Title 24-A § 2694](https://legislature.maine.gov/statutes/24-A/title24-Asec2694.html)  [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) | These rules establish minimum standards for benefits under individual and group health insurance. These rules clarify the meaning of limited benefits health insurance as referred to in chapters 33, 35 and 56-A. The rules also set minimum standards for benefits for specified disease coverage. |  |
| Death with Dignity | [Title 22 § 2140](https://legislature.maine.gov/statutes/22/title22sec2140.html)(19) | The sale, procurement or issuance of any health or accident insurance or the rate charged for any health or accident policy may not be conditioned upon or affected by the making or rescinding of a request by a qualified patient for medication that the patient may self-administer to end the patient's life in accordance with the Maine Death With Dignity Act. |  |
| Explanations for any Exclusion of Coverage for work related sicknesses or injuries | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | If the policy excludes coverage for work related sicknesses or injuries, clearly explain whether the coverage is excluded if the enrollee is exempt from requirements from state workers compensation requirements or has filed an exemption from the workers compensation laws. |  |
| Extension of Benefits | [Title 24-A § 2849](https://legislature.maine.gov/statutes/24-A/title24-Asec2849-A.html)-A  [Rule 590](https://www.maine.gov/sos/cec/rules/02/031/031c590.doc) | Provide an extension of benefits of 6 months for a person who is totally disabled on the date the group or subgroup policy is discontinued. For a policy providing specific indemnity during hospital confinement, "extension of benefits" means that discontinuance of the policy during a disability has no effect on benefits payable for that confinement. For purposes of determining eligibility for extension of benefits, "total disability" shall be defined no more restrictively than: A.in the case of an insured who was gainfully employed prior to disability, "the inability to engage in any gainful occupation for which he or she is reasonably suited by training, education, and experience;" or B.in the case of an insured who was not gainfully employed prior to disability, "the inability to engage in most normal activities of a person of like age in good health." |  |
| Genetic Information Protections | [Title 24-A § 2159](https://legislature.maine.gov/statutes/24-A/title24-Asec2159-C.html)-C(3)  [Title 24-A § 2159](https://legislature.maine.gov/statutes/24-A/title24-Asec2159.html)-C(4) | An insurer may not make or permit any unfair discrimination against an individual in the application of genetic information or the results of a genetic test in the issuance, withholding, extension or renewal of an insurance policy. An insurer may not request, require, purchase or use information obtained from an entity providing direct-to-consumer genetic testing without the informed written consent of the individual who has been tested. |  |
| Limits on priority liens/Subrogation | [Title 24-A § 2836](https://legislature.maine.gov/statutes/24-A/title24-Asec2836.html)  [Title 24-A § 2729](https://legislature.maine.gov/statutes/24-A/title24-Asec2729-A.html)-A | No policy shall provide for priority over the insured if the insured is entitled to receive reimbursement as a result of legal action or claim, except if that provision is approved by the superintendent, requires the prior written approval of the insured, and allows such payments only on a just and equitable basis and not on the basis of a priority lien. |  |
| Notice Regarding Policies or Certificates Which are Not Medicare Supplement Policies | [Title 24-A § 5013](https://legislature.maine.gov/statutes/24-A/title24-Asec5013.html)  [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 17(E) | The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy or certificate delivered to insureds. The notice shall be in no less than twelve (12) point type and shall contain the following language: “THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company. If you have a Medicare Supplement policy or major medical policy, this coverage may be more than you need. For information call the Bureau of Insurance at 1-800-300-5000.” |  |
| Penalty for failure to notify of hospitalization | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-A.html)-A  [45 CFR § 147](https://www.ecfr.gov/cgi-bin/text-idx?SID=a3bb635afd7624f532acfe878eec552b&pitd=20180719&node=pt45.1.147&rgn=div5#se45.1.147_1138).138(b) | No penalty allowed for failure to notify the insurer of insured's hospitalization for emergency treatment. (There is no specific HMO requirement for this benefit/provision, but it is a benchmark plan requirement.) |  |
| Preexisting Conditions | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 8 | If a policy or certificate contains any limitations with respect to preexisting conditions, the limitation shall appear as a separate paragraph of the policy or certificate and be labeled as “PREEXISTING CONDITION LIMITATION.” |  |
| Probationary or Waiting Periods Not Allowed | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 5(A) | Accident policies shall not contain probationary or waiting periods. |  |
| Rate Filing | [Title 24-A § 2736](https://legislature.maine.gov/statutes/24-A/title24-Asec2736.html) | 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 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. |  |
| Rebates | [Title 24-A § 2160](https://legislature.maine.gov/statutes/24-A/title24-Asec2160.html)  [Title 24-A § 2163-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2163-A.html)  [Bulletin 426](https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/426.pdf)  [Bulletin 382](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/382.pdf) | Are there any provisions that give the insured a benefit not associated with indemnification or loss? Yes \_\_\_No \_\_\_ |  |
| Renewal provision | [Title 24-A § 2411](https://legislature.maine.gov/statutes/24-A/title24-Asec2411.html)  [Title 24-A § 2820](https://legislature.maine.gov/statutes/24-A/title24-Asec2820.html) | Policy must contain the terms under which the policy can or cannot be renewed prominently on first page of policy or certificate. |  |
| Statements In Application | [Title 24-A § 2818](https://legislature.maine.gov/statutes/24-A/title24-Asec2818.html) | There shall be a provision that all statements contained in any such application for insurance shall be deemed representations and not warranties. |  |
| Third Party 10 Day Notification prior to cancellation; restrictions on cancellation, termination or lapse due to cognitive impairment or functional incapacity | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-C.html)-C  [Title 24-A § 2707](https://legislature.maine.gov/statutes/24-A/title24-Asec2707-A.html)-A  [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc) | An insurer shall provide for notification of the insured person and another person, if designated by the insured, prior to cancellation of a health insurance policy for nonpayment of premium. FOR INDIVIDUAL PLANS: Insurers must provide the following disclosure, notice and reinstatement rights:1. Insured has the right to elect a third party to receive notice and that the insurer will send them a third party notice request form to make that selection.2. Insured and designated individual will receive a 10 day notice of cancellation.3. Insured has the right to reinstatement of the contract if the insured suffers from cognitive impairment or functional incapacity and the ground for cancellation was the insured’s nonpayment of premium or other lapse or default on the part of the insured.4. Notice that if a request for reinstatement of coverage because of cognitive impairment or functional incapacity is denied, notice of denial shall be provided to the insured and to the person making the request, if different. The notice of denial shall include notification of the 30 day period following receipt of the notice during which a hearing before the Superintendent may be requested. FOR GROUP PLANS: Third Party Notice of Cancellation for group plans must be applied as follows: 1. If the entire cost of the insurance coverage is paid by the Policyholder, there is no requirement to send the Third Party Notice of Cancellation. 2. If the entire cost of the insurance coverage is paid by the Certificate holder and is direct billed, the insurer must include notification in the policy/certificate to advise the member of their rights. 3. If the entire cost of the insurance coverage is paid by the Certificate holder and is made via payroll deduction, then [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc), § 5 (3) would apply and the insurer must include this notification in the policy/certificate to advise the member of their rights. 4. If a portion of the cost of the insurance coverage is paid by the Policyholder and the remainder is paid by the Certificate holder and is made via payroll deduction, then [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc), § 5 (3) would apply and the insurer must include this notification in the policy/certificate to advise the member of their rights. Please review [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc) and add the required language to the certificate. Additionally, pursuant to [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc) § 6(A)(7), the requirement may be satisfied by including the notice of reinstatement right in an application that is incorporated into the contract. |  |
| Time for Suits | [Title 24-A § 2828](https://legislature.maine.gov/statutes/24-A/title24-Asec2828.html) | There shall be a provision that no action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought at all, unless brought within 2 years from the expiration of the time within which proof of loss is required by the policy. |  |
| Time Limit on Certain Defenses | [Title 24-A § 2706](https://legislature.maine.gov/statutes/24-A/title24-Asec2706.html) | After 3 years from the date of issue of policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or disability, commencing after the expiration of such 3-year period. |  |
| **EXCEPTED BENEFIT REQUIREMENTS** |  |  |  |
| Coordination of Benefits | [45 CFR § 148.220](https://www.ecfr.gov/cgi-bin/text-idx?SID=a3bb635afd7624f532acfe878eec552b&pitd=20180719&node=pt45.1.148&rgn=div5#se45.1.148_1220)(b)(4)(ii) | There is no coordination between the provision of benefits and an exclusion of benefits under any other health coverage. |  |
| New Sales Application Materials Notice | [45 CFR § 148.220](https://www.ecfr.gov/cgi-bin/text-idx?SID=a3bb635afd7624f532acfe878eec552b&pitd=20180719&node=pt45.1.148&rgn=div5#se45.1.148_1220) b)(4)(iv) | A notice is displayed prominently in the application materials in at least 14 point type that has the following language: “THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.” This notice can be a separate sheet in the application package. It does not need to be in the application or in the policy or certificate. |  |
| Payment of Benefits | 42 CFR § 146.145(b)(4)  42 CFR § 146.145(b)(4)(ii)(C) | The insurance must pay a fixed dollar amount per day (or per other period) of hospitalization or illness (for example, $100/day) regardless of the amount of expenses incurred. The benefits are paid with respect to an event without regard to whether benefits are provided with respect to the event under any group health plan maintained by the same plan sponsor. |  |
| Renewal Notice | [45 CFR § 148.220](https://www.ecfr.gov/cgi-bin/text-idx?SID=a3bb635afd7624f532acfe878eec552b&pitd=20180719&node=pt45.1.148&rgn=div5#se45.1.148_1220)(b)(4)(iv) | This applies to all insurers writing hospital indemnity policies or other fixed indemnity policies sold in the individual market in Maine, including association coverage and other coverage that is issued through non-employer groups. A notice is displayed prominently in the application materials in at least 14 point type that has the following language: “THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE OR OTHER MINIMUM ESSENTIAL COVERAGE." This notice can be a separate sheet in the application package. It does not need to be in the application or in the policy or certificate. |  |
| **ELIGIBILITY / ENROLLMENT** |  |  |  |
| Definition of Dependent | [Title 24-A § 2833](https://legislature.maine.gov/statutes/24-A/title24-Asec2833.html) | Defined as under 19 years of age and are children, stepchildren or adopted children of, or children placed for adoption with the policyholder, member or spouse of the policyholder or member, no financial dependency requirement, court ordered coverage |  |
| **CLAIMS** |  |  |  |
| Forms for proof of loss/Claim Forms | [Title 24-A § 2825](https://legislature.maine.gov/statutes/24-A/title24-Asec2825.html)  [Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx)(9) | There shall be a provision that the insurer will furnish to the policyholder such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished before the expiration of 15 days after the insurer received notice of any claim under the policy, the person making such claim shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, character and extent of the loss for which claim is made. (There is no specific HMO requirement for this benefit/provision, but it is a benchmark plan requirement.) |  |
| Notice of Claim/Proof of Loss | [Title 24-A § 2823](https://legislature.maine.gov/statutes/24-A/title24-Asec2823.html)  [Title 24-A § 2824](https://legislature.maine.gov/statutes/24-A/title24-Asec2824.html) | There shall be a provision that written notice of sickness or of injury must be given to the insurer within 30 days after the date when such sickness or injury occurred. Failure to give notice within such time shall not invalidate nor reduce any claim, if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. |  |
| Physical Examination/Autopsy | [Title 24-A § 2826](https://legislature.maine.gov/statutes/24-A/title24-Asec2826.html) | Physical examination/autopsy  The following must be included:  Physical examination and autopsy: The insurer at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law. |  |
| Timely Payment of Undisputed Insurance Claims | [Title 24-A § 2436](https://legislature.maine.gov/statutes/24-A/title24-Asec2436.html)  [Title 24-A § 4207](https://legislature.maine.gov/statutes/24-A/title24-Asec4207.html)  [Title 24-A § 4222-B](https://legislature.maine.gov/statutes/24-A/title24-Asec4222-B.html)(13)  [Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx)(9)(C)(4) | An undisputed claim for payment of benefits under a policy or certificate of insurance delivered or issued for delivery in this State is payable within 30 days after proof of loss is received by the insurer  An ”undisputed claim” means a manually or electronically submitted claim from a health care provider or health care facility that:  A. Contains all the required data elements necessary for accurate adjudication without the need for additional information;  B. Is not materially deficient or improper, including lacking substantiating documentation required by the carrier; and  C. Has no particular or unusual circumstances requiring special treatment that prevent payment from being made by the carrier. |  |