REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
Closed panel plans only through Title 17, Health Insuring Corporation	ORC 1751.02 (F)	☐YES ☐NO ☐N/A	
Inapplicability of insurance laws	ORC 1751.08 (A)	☐YES ☐NO ☐N/A	
EOC required	ORC 1751.11 (A)	☐YES ☐NO ☐N/A	
Standardized prescription identification card information	ORC 1751.111 (D)(E)(F)	☐YES ☐NO ☐N/A	
Provider Contracts – contracting	ORC 1751.13 (A)(1)(3)(B)	☐YES ☐NO ☐N/A	
Provider Contracts – enrollee notice at termination of provider contract	ORC 1751.13 (I)(1)	☐YES ☐NO ☐N/A	
Provider Contracts – payment of claims at termination of provider contract	ORC 1751.13 (I)(2)	☐YES ☐NO ☐N/A	
Annual open enrollment period	ORC 1751.15		Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130TH GA)
Non-group contract option for conversion	ORC 1751.17 (G)(H)		Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130TH GA)
Restrictions on cancelling or failing to renew coverage	ORC 1751.18 (A)(1)(2)	☐YES ☐NO ☐N/A	

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
Complaint system	ORC 1751.19 (B)(C)(E)	☐YES ☐NO ☐N/A	
Unfair and deceptive acts - use of name	ORC 1751.20 (A)(B)	☐YES ☐NO ☐N/A	
Unfair and deceptive acts – not applicable to Medicare, Medicaid or federal employees	ORC 1751.20 (F)	☐YES ☐NO ☐N/A	
Information to be provided to subscribers	ORC 1751.33	☐YES ☐NO ☐N/A	
Confidentiality of information	ORC 1751.52	☐YES ☐NO ☐N/A	
Supplemental sickness and accident policies	ORC 1751.56	☐YES ☐NO ☐N/A	
Provider or facility limited to seek compensation for covered services solely from HIC	ORC 1751.60 (E)	☐YES ☐NO ☐N/A	
Genetic screening or testing	ORC 1751.65	☐YES ☐NO ☐N/A	
Prescription drug limitations and exclusions	ORC 1751.66 (D)	☐YES ☐NO ☐N/A	
Coverage for inpatient care and follow-up for mother and her newborn	ORC 1751.67 (C)(D)	☐YES ☐NO ☐N/A	

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
Quality Assurance Programs – Implementation	ORC 1751.73	☐YES ☐NO ☐N/A	
Quality Assurance Programs – Requirements	ORC 1751.74	☐YES ☐NO ☐N/A	
Categories of providers	ORC 1753.10	☐YES ☐NO ☐N/A	
Retroactive denial of authorization	ORC 1753.16	☐YES ☐NO ☐N/A	
Prohibition against unfair or deceptive acts	ORC 3901.20	☐YES ☐NO ☐N/A	
Unfair and deceptive acts or practices in business of insurance defined	ORC 3901.21	☐YES ☐NO ☐N/A	
Third-party payers processing claims for payment for health care services	ORC 3901.381	☐YES ☐NO ☐N/A	
Electronic submission of claims	ORC 3901.382	☐YES ☐NO ☐N/A	
Untimely claim process	ORC 3901.384	☐YES ☐NO ☐N/A	
Prohibited practices by third party payers	ORC 3901.385	☐YES ☐NO ☐N/A	
Reimbursement contract	ORC 3901.386	☐YES ☐NO	

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
- reimbursements to be made directly to hospital - assignment of benefits		☐N/A	
Payments considered final – overpayment	ORC 3901.388	☐YES ☐NO ☐N/A	
Computation of interest	ORC 3901.389	☐YES ☐NO ☐N/A	
Policies to which section apply – exceptions	ORC 3902.03 (A)	☐YES ☐NO ☐N/A	
Coordination of benefits - Status of health coverage	ORC 3902.12	☐YES ☐NO ☐N/A	
Coordination of benefits - Determination of order; secondary plan as excess; excess or duplicate payments	ORC 3902.13	☐YES ☐NO ☐N/A	
Insurance information practices – applicability of chapter	ORC 3904.02	☐YES ☐NO ☐N/A	
Insurance information practices - notice to applicants and policyholders	ORC 3904.04	☐YES ☐NO ☐N/A	
Open enrollment coverage "Ohio eligible" –	ORC 3923.58 (A)(B)(C)		Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130th GA)

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
definitions, eligibility, process and benefit plans available			
Open enrollment coverage "Ohio eligible" – balance billing, commissions, excluded and out of market rules	ORC 3923.58 (J)(K)(L)(N)		Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130th GA)
Open enrollment coverage "Federally eligible" – definitions, eligibility, process and benefit plans available	ORC 3923.581 (A)(B)(C)(D)		Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130th GA)
Open enrollment coverage "Federally eligible" – out of market rules, excluded and commissions	ORC 3923.581 (G)(I)(L)(M)		Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130th GA)
Coverage for alcohol or drug related losses or expenses	ORC 3923.82	☐YES ☐NO ☐N/A	
Carriers offering health benefit plan in small employer market through network plan	ORC 3924.031	☐YES ☐NO ☐N/A	
Refusing to issue plans in small	ORC 3924.032	☐YES ☐NO	

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
employer market		☐N/A	
Prohibiting consideration of eligibility for medical assistance	ORC 3924.41	☐YES ☐NO ☐N/A	
Prohibiting imposing different requirements on department of Medicaid	ORC 3924.42	☐YES ☐NO ☐N/A	
Prohibiting denial of enrollment of certain children	ORC 3924.46	☐YES ☐NO ☐N/A	
Duties of health insurer of noncustodial parent	ORC 3924.47	☐YES ☐NO ☐N/A	
Parent required by court or administrative order to provide health care coverage for child – duties of health insurer	ORC 3924.48	☐YES ☐NO ☐N/A	
Unfair trade practices	OAC 3901-1-07	☐YES ☐NO ☐N/A	
Coordination of benefits – Purpose	OAC 3901-8-01 (B)	☐YES ☐NO ☐N/A	
Coordination of benefits - Prohibited coordination and	OAC 3901-8-01 (E)	☐YES ☐NO ☐N/A	

REVIEW REQUIREMENT	AUTHORITY	CONFIRM COMPLIANCE	COMMENTS
benefit design			
Coordination of benefits – Requirements	OAC 3901-8-01 (F)	☐YES ☐NO ☐N/A	
Coordination of benefits – Order of benefit determination	OAC 3901-8-01 (G)	☐YES ☐NO ☐N/A	
Coordination of benefits – Procedure for secondary and miscellaneous provisions	OAC 3901-8-01 (H)(I)	☐YES ☐NO ☐N/A	
Unfair health claim practices	OAC 3901-8-11 (A)(B)(C)(D)(E)(F)(G)	☐YES ☐NO ☐N/A	
Notice of older age child to age twenty-eight coverage extension	OAC 3901-8-13	☐YES ☐NO ☐N/A	