

LARGE GROUP HIC EOC Filing Checklist – FORM REVIEW REQUIREMENTS

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TOIs: HOrg02G.003C Large Group Health Organizations – Health Maintenance (HMO) – Large Group ONLY

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Basic Health Care Services	ORC 1751.01 (A)(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Biologically Based Mental Illness	ORC 1751.01 (A)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Supplemental Health Care Services	ORC 1751.01 (B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Specialty Health Care Services	ORC 1751.01 (C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Definitions	ORC 1751.01 (D) – (CC)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Powers upon obtaining COA - Enrollment	ORC 1751.06 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Powers upon obtaining COA – Affiliation period	ORC 1751.06 (G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
ID Card Requirements	ORC 1751.11 (B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
EOC Requirements	ORC 1751.11 (D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
EOC Requirements for Medicare, Medicaid and federal employees	ORC 1751.11 (E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Standardized prescription identification card information	ORC 1751.111 (A)(B)(C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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Restrictions on Copayments, Lifetime Maximums, Deductibles and Higher Deductibles	ORC 1751.12 (D)(E)(F)(G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Provider Contracts – required services of a non-contracted provider	ORC 1751.13 (A)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Continuing coverage for dependent children	ORC 1751.14	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Dependent children outside of the service area	ORC 1751.141	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Option for conversion	ORC 1751.16 (A)(B)(C)(E)			Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130 th GA)
Restrictions on cancelling or failing to renew coverage	ORC 1751.18 (B)(C)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Complaint system	ORC 1751.19 (A)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Unfair and deceptive acts - use of name	ORC 1751.20 (C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Unfair and deceptive acts – terms and DBAs	ORC 1751.20 (E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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Restriction on choice of providers	ORC 1751.51 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Continuing coverage after termination of employment – definitions, requirement and specifications	ORC 1751.53 (A)(B)(C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Continuing coverage when reservist is called or ordered to active duty - definitions, requirement and specifications	ORC 1751.54 (A)(B)(C)(D)(E)(F)(G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Effect of workers compensation coverage	ORC 1751.55	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Conditions applicable to employment related group contracts – renewability, rescission, discrimination pre-existing and information to employer	ORC 1751.58 (A)(B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Conditions applicable to employment related group contracts – special and late enrollment	ORC 1751.58 (C)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Coverage of adopted children	ORC 1751.59	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Provider or facility limited to seek compensation for covered services solely from HIC	ORC 1751.60 (A)(B)(C)(D)(F)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage for newly born child	ORC 1751.61	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Screening mammography and cytologic screening benefits	ORC 1751.62	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Prescription drug limitations and exclusions	ORC 1751.66 (A)(B)(C)	<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 (A)(B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Utilization, Internal and External Review – application of provisions	ORC 1751.78	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Utilization, Internal and External Review – program requirements	ORC 1751.79	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Utilization, Internal and External Review – implementation	ORC 1751.80	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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Utilization, Internal and External Review – procedures for making determinations and providing notice	ORC 1751.81	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Provider request for internal appeal	ORC 1751.82	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Internal appeal, superintendent review	ORC 1751.83	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Direct access to participating OB or GYN	ORC 1753.13	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Procedures for standing referrals to specialists	ORC 1753.14	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Access to prescription drugs	ORC 1753.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage for emergency services	ORC 1753.28	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Rewards or incentives for insurer wellness or health improvement programs	ORC 3901.56	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
No coverage for non-therapeutic abortion	ORC 3901.87	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Certification of non-English forms	ORC 3902.03 (B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Language, format and certification requirements	ORC 3902.04	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage for routine patient care in eligible cancer clinical trial	ORC 3923.80	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Covered person's payments not to exceed insurer payments	ORC 3923.81	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Health care benefit plans covering small employers subject to conditions – creditable coverage	ORC 3924.03 (A)(3)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Overcharges	ORC 3924.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Plan benefits for adopted children	ORC 3924.51	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage for person in custody or confined in jail	ORC 3924.53	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coordination of benefits – required language	OAC 3901-8-01 (D)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coordination of benefits - Appendix A language required	OAC 3901-8-01 (D)(3)(4)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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Notice regarding policies or certificates which are not Medicare supplement policies	OAC 3901-8-08 (S)(5)(a)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Complaint Procedure	OAC 3901-8-11 (H)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		