



FLORIDA OFFICE OF INSURANCE REGULATION

Division of Life and Health Product Review

The Florida Office of Insurance Regulation (Office) developed the following worksheet to assist companies in making form filings that are compliant with ACA (Affordable Care Act) requirements, effective January 1, 2014. The Office encourages the company to download, complete, scan and upload this form as a part of the form filing intended to be compliant with the 2014 ACA requirements submitted to the Office via I-File. This will expedite the review process and increase speed to market. This worksheet will be updated on a continuing basis as additional federal guidance is issued. You are encouraged to use the most recently updated version. The worksheet may not contain all of the requirements of the ACA. The Office offers this worksheet as guidance only, and should not be considered a directive by the Office.

Individual Health Application Worksheet w/ACA provisions Florida (Blue) and PPACA (Red)

| Statute/Rule | Description | Yes | No | N/A | Page # |
|--|--|-----|----|-----|--------|
| 627.4085 | The first page of all applications shall prominently display the name of the insuring entity. | | | | |
| 627.4085 | All applications must have a space for the agent's name and FL license identification number. | | | | |
| 624.428 | The licensee taking an application in this state must be identified as a Florida agent. | | | | |
| 627.602(1)(f) 690-149.021(1)(b) 627.413 | All contracts and related forms shall contain a form number in the lower left hand corner of the first page of the form. If the filing includes a form that is being revised since its last approval, the form number must also include a revision date. | | | | |
| 45 CFR 155.205 | Issuers must provide applicant information in plain language and in a manner that is accessible and timely. Required notices must meet certain specified standards. | | | | |
| 627.411(1)(b) | Questions in the application concerning medical conditions should be phrased so as to solicit responses that may be supported by the applicant's medical records. This is accomplished by asking for "diagnosis or treatment" by a "licensed medical professional." | | | | |
| 627.429(4)(e) | The AIDS question must be specific by inquiring whether the applicant: "has been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS, caused by the HIV infection or other sickness or condition derived from such infection." | | | | |
| 627.6418 PPACA 1001 [PHSA 2713 (a)]; PPACA 1302(b)(1)(I) | Coverage for mammograms (applicable to major medical only). Coverage not optional; included in the Preventative and Wellness Services Essential Health Benefit. | | | | |
| 690-154.002 | Statement signed by the insured (either a part of the application or separate form) that he knows and understands the company may cancel the contract with proper notice, if applicable. | | | | |

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| PHSA 2753; 45 CFR 148.180 | Coverage is not based on genetic information (GINA). An issuer is not allowed to: adjust premiums based on genetic information, request or require genetic testing or collect genetic information from an individual prior to or in connection with enrollment in a plan, or at any time for underwriting purposes. | | | | |
| 817.234(1)(b) | Fraud Statement: “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.” | | | | |
| 69O-128.018 | Authorization to release medical information. | | | | |
| 69O-128.018(1)(b) | Authorization to release information: General description of information to be disclosed. | | | | |
| 69O-128.018(1)(c) | Authorization to release information: General description of parties involved with the information. | | | | |
| 69O-128.018(1)(d) | Authorization to release information: Insured’s signature. | | | | |
| 69O-128.018(2) | Authorization to release information: Valid for only 24 months. | | | | |
| 69O-128.018(3) | Authorization to release information: Insured’s signature may be revoked at any time. | | | | |
| 69O-128.018(4) | Authorization to release information: Copy of signature is valid. | | | | |
| | Major Medical | | | | |
| 627.64172 | Routine follow-up care for a person who has been determined previously free of cancer does not constitute medical advice, diagnosis, care or treatment. | | | | |
| 627.6419(1) | An insurer may not exclude or deny coverage solely because the insured has been diagnosed with fibrocystic conditions or a non-malignant lesion that demonstrates a predispositions to, or solely due to a family history of breast cancer, unless the condition is diagnosed through a breast biopsy that demonstrates an increased disposition to developing breast cancer. | | | | |
| 627.6419(2) | An insurer may not deny the issuance or renewal of a contract, nor include an exclusion or exception of benefits in a policy solely due to breast cancer, if the insured has been free from breast cancer for more than 2 years before applying for health coverage. | | | | |

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| PHSA 2705; 45 CFR 146.121; 45 CFR 147.110 | Eligibility for coverage based on specified health factors. A plan may not establish rules for eligibility based on any of the following health-related factors: health status, medical condition, claims experience, receipt of health care, medical history, general information, evidence of insurability, disability and any other health status-related factor deemed appropriate by the HHS Secretary. | | | | |
| 627.42395 | The insurer shall make available as a part of the application, for an additional premium, coverage for prescription and nonprescription enteral formulas. | | | | |