



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 HMOs in making form filings that are compliant with ACA (Affordable Care Act) requirements, effective January 1, 2014. The Office encourages the HMO 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.

HMO Master Group Application Review Form
Florida Provisions (Blue); PPACA Provisions (Red)
 (GP) Grandfather Plan (NGP) Non-Grandfather Plan (EHB) Essential Health Benefits

| Statute/Rule | Description | Yes | No | N/A | Page # |
|---------------------------------------|---|-----|----|-----|--------|
| 690-191.051 | Review filings for correct product codes, properly completed UDL, inclusion of all required documents for a complete review and other requirements. Incorrect product codes and incomplete filings will be returned as incomplete with a letter of explanation. | | | | |
| 690-191.051 | Required information to be submitted within the filing. | | | | |
| 690-191.051 | Provide the Office with the form number(s), date(s) of approval, Florida file number(s), (e.g. FLH 12-23456), and type of coverage of all policies or other related forms to be used or issued in connection with the form(s) submitted. | | | | |
| 690-191.051(2) | Application shall contain a unique form number in the lower left-hand corner. | | | | |
| 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. | | | | |
| 627.668 PPACA 1302(b)(1)(E) | Optional coverage for mental and nervous disorders required; exception: The option to purchase coverage for the treatment of mental and nervous disorders shall be made available to a group policyholder in the application. Coverage not optional; an Essential Health Benefit. | | | | |
| 627.669 PPACA 1302(b)(1)(E) | Optional coverage for substance abuse impaired persons required; exception: The option to purchase coverage for the treatment of substance abuse shall be made available to a group policyholder in the application. Coverage not optional; an Essential Health Benefit. | | | | |

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| <p>641.31095</p> <p>PPACA 1001 [PHSA 2713 (a)]; PPACA 1302(b)(1)(I)</p> | <p>Coverage for mammograms: The option to have the deductible/co-payment applicable to mammograms waived shall be contained in the individual application.</p> <p>Coverage not optional; included in the Preventative and Wellness Services Essential Health Benefit.</p> | | | | |
| <p>641.386</p> | <p>Agent licensing and appointment required: Application shall be signed by a Florida licensed agent or regular salaried officer or employee of the HMO.</p> | | | | |
| <p>PHSA 2705; 45 CFR 146.121; 45 CFR 147.110</p> | <p>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.</p> | | | | |
| <p>PHSA 2753; 45 CFR 148.180</p> | <p>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.</p> | | | | |
| <p>817.234(1)(b) and Bulletin 96-001</p> | <p>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."</p> | | | | |