

Short-Term, Limited-Duration Checklist

TO BE COMPLETED BY COMPANY

Company Name:

SERFF TOI:

SERFF SUB TOI:

SERFF Tracking #:

Line of Business (check one)	ELECTRONIC REFERENCES - ILLINOIS
PPO and Indemnity	Illinois Insurance Code Administrative Rules
HMO	Illinois Company Bulletins

Checklist Directions

Policies situated in another state that cover Illinois consumers must file forms for approval. "Other-informational" for these types of products will no longer be accepted.

- The checklist must be completed to indicate where in the filing the General Filing requirements appear, must acknowledge each General Form Requirement and must indicate where, in the policy form, each required provision appears (e.g. form number, page number and section number).
- For requirements marked as "Affirmed," companies are to acknowledge, by checking the appropriate box: 1) their compliance with prohibited language; or 2) their understanding of the informational nature of the requirement.
- This document is to be downloaded and submitted with this filing in SERFF. Alteration of this document will result in rejection of the filing.
- **NOTE:** This checklist presents the policy requirements that clearly apply to short-term, limited-duration policies based on the express statutory requirements of the Short-Term, Duration Health Insurance Coverage Act and on other statutory and administrative rule provisions to which the Act alludes. The Department will revise this checklist as legislative, regulatory, or other legal developments afford further clarification about the Illinois laws applicable to short-term, limited-duration policies.

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SECTION A - GENERAL FILING REQUIREMENTS				
Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.A.1	Review Requirements Checklist	Review Requirements Checklists	Each filing must include a completed Review Requirements Checklist that must contain a completed "Location in Filing" column for each required element of the filing. Please indicate the proper page number and form number for each entry.	<u>Affirmed</u>
1.A.2	Filing Requirements	215 ILCS 190/10(a)(b) 215 ILCS 190/20(b) 50 IAC 916	<p><i>ALL INSURERS OFFERING SHORT-TERM, LIMITED-DURATION HEALTH INSURANCE COVERAGE TO INDIVIDUALS IN THIS STATE AND TO SHORT-TERM, LIMITED-DURATION HEALTH INSURANCE COVERAGE THAT IS DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE, INCLUDING COVERAGE ISSUED OUTSIDE OF THIS STATE THAT COVERS INDIVIDUALS IN THIS STATE.</i></p> <p>Short-Term Limited-Duration plans must file with the Department all paperwork required for <i>individual health insurance coverage</i> pursuant to 50 IL Adm Code 916</p> <p>Short-Term Limited-Duration plans shall file with the Department all sales and marketing materials provided in connection with enrollment in such coverage for <i>informational purposes</i>. (Please provide the SERFF Tracking number for the information filing that contains all sales and marketing materials.)</p>	<u>SERFF Tracking #</u>
1.A.3	Electronic Notices and Devices	215 ILCS 5/143.34	Must provide clear notice if documents are going to be delivered electronically, receive consent from the insured for electronic delivery, and advise that consent can be withdrawn at any time.	<u>Affirmed</u>
1.A.4	Rate Filing	50 IAC 916.40(e)	<p>The insurer must file all proposed rate increases with the Department prior to use through SERFF.</p> <p>**If the insurer has not previously filed a particular policy with the Department, it must file its initial rates prior to use.</p>	<u>SERFF Tracking #</u>
1.A.5	Health Carrier Required External Review Form Filing Identification	50 IAC 5430.40	Companies must file the following forms as required by Part 5430.40: 1). 215 ILCS 180/20 - Notice of right to external review. 2). 215 ILCS 180/25 - Request for external review. 3). 215 ILCS 180/35 - Standard external review. 4). 215 ILCS 180/40 - Expedited external review. 5). 215 ILCS 180/42 - External review of experimental or investigational treatment adverse determinations.	<u>SERFF Tracking #</u>
1.A.6	Certificate of Compliance	50 IAC 916.50	Each company doing business in the State of Illinois shall submit with each filing a Certificate of Compliance, as described in Section 916.50 and Exhibit A.	<u>SERFF Tracking #</u>
1.A.7	Letter of Submission	50 IAC 916.40(b)	1). Each form must bear an identifying form number in the lower left corner of the first page. 2). The insurer shall file a letter of submission, or provide the following information in the "Filing Description" field under the "General Information" tab in the SERFF, containing: The name of the form, if any, and identifying form #; Whether the submission is a new form; If the form is intended to supersede another, the number of the form replaced and the date it was approved by the Department, with all changes from the previously approved form highlighted.	

1.A.8	<p>Notice Requirement Required Short-Term, Limited-Duration Policies</p> <p><u>STATUTORY LANGUAGE REQUIRED</u></p>	<p>215 ILCS 190/15(b) 45 CFR 144.103</p>	<p><u>**Both statutory language requirements must be included.</u></p> <p><u>FEDERAL REQUIRED LANGUAGE:</u> This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.</p> <p><u>STATE REQUIRED LANGUAGE: (in at least 14-point, bold type)</u> "NOTICE: THE SHORT-TERM, LIMITED-DURATION INSURANCE BENEFITS UNDER THIS COVERAGE DO NOT MEET ALL FEDERAL REQUIREMENTS TO QUALIFY AS "MINIMUM ESSENTIAL COVERAGE" FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT. THIS PLAN OF COVERAGE DOES NOT INCLUDE ALL ESSENTIAL HEALTH BENEFITS AS REQUIRED BY THE AFFORDABLE CARE ACT. PREEXISTING CONDITIONS ARE NOT COVERED UNDER THIS PLAN OF COVERAGE. BE SURE TO CHECK YOUR POLICY CAREFULLY TO MAKE SURE YOU UNDERSTAND WHAT THE POLICY DOES AND DOES NOT COVER. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL THE NEXT OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. YOU MAY BE ABLE TO GET LONGER TERM INSURANCE THAT QUALIFIES AS "MINIMUM ESSENTIAL COVERAGE" FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT NOW AND HELP TO PAY FOR IT AT WWW.HEALTHCARE.GOV."</p>	
1.A.9	Policy Duration	215 ILCS 190/10(c)	Any short-term, limited-duration health insurance coverage policy that is delivered or issued for delivery in this State must have an expiration date in the policy that is less than 181 days after the effective date.	
1.A.10	Renewability	215 ILCS 190/10(c)	Short-term, limited-duration policies are not renewable or extendable past the expiration date of the policy within a period of 365 days after the individual's coverage under the policy ends. Renewal of a short-term, limited-duration health insurance coverage policy includes the issuance of a new short-term, limited duration health insurance policy by an issuer to a policyholder within 60 days after the expiration of a policy previously issued by the issuer to the policy holder.	
1.A.11	Outline of Coverage	215 ILCS 190/15(a)	The insurer shall deliver an outline of coverage to an applicant for or an enrollee in short-term, limited-duration health insurance coverage delivered or issued for delivery in this state.	

SECTION B - CONTRACTUAL POLICY REQUIREMENTS				
Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.B.1	Civil Union	750 ILCS 75/1 Company Bulletin 2011-06	Any definition or use of the terms "spouse," "family," "immediate family," "dependent," "next of kin," and other terms descriptive of spousal relationships must include the term "Civil Union." This includes the terms "marriage" or "married," or variations thereon. All contracts of insurance issued by Illinois-licensed insurers on Illinois risks must comply with the Act.	
1.B.2	Conditions for Rescissions	215 ILCS 190/10(d)	Any short-term, limited-duration health insurance coverage policy that is delivered or issued for delivery in this State may not be rescinded before the expiration date in the policy, except in cases of nonpayment of premiums or fraud, or pursuant to an option for an individual to cancel coverage after any 30-day interval during the term of the plan.	
1.B.3	Cancellation	215 ILCS 190/10(e)	Policy must contain an option for an individual to cancel coverage after any 30-day interval during the term of the plan.	
1.B.4	Use of Information Derived from Genetic Testing	410 ILCS 513/20	An insurer may not seek information derived from genetic testing for use in connection with a policy of accident and health insurance. An insurer that receives information derived from genetic testing, regardless of the source of that information, may not use the information for a nontherapeutic purpose as it relates to a policy of accident and health insurance. An insurer shall not use or disclose protected health information that is genetic information for underwriting purposes.	<u>Affirmed</u>
1.B.5	Use of SSN on ID Cards	815 ILCS 505/2QQ 815 ILCS 505/2RR	A person or entity may not print an individual's social security number on an insurance card. 815 ILCS 505/2RR prevents a person, including insurers, from printing an individual's SSN on any materials mailed to an individual unless required by state or federal law.	<u>Affirmed</u>
1.B.6	Emergency Medical Condition <i>OPTIONAL</i>	215 ILCS 134/10	<u>If included, policy must contain statutory required language.</u> "Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including, but not limited to, severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part."	

SECTION C - CLAIMS/ DEDUCTIBLES/ COPAYMENTS/ COINSURANCE/ OUT-OF-POCKET/ ELGIBLE EXPENSES

Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.C.1	Precertification Penalties	215 ILCS 190/20(a) 215 ILCS 5/143(1) 215 ILCS 5/423	If a plan intends to impose penalties for failure to pre-certify a hospital admission, the penalty must be defined in the policy and may not exceed \$1,000. The penalty may be no more frequent than a per confinement basis.	

SECTION D - APPEALS, COMPLAINTS, GREIVANCES, EXTERNAL REVIEWS

Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.D.1	Appeal and External Review Notice	215 ILCS 190/15(a)	Appeal and external review rights must be provided to the insured upon delivery or issuance of this policy.	
1.D.2	Notice of Department of Insurance	215 ILCS 5/143c 50 IAC 919.40 50 IAC 919.50	<p>Policy must provide address of complaint department of the insurance company and the address of the Illinois Department of Insurance. If a settlement of a claim is less than the amount claimed, or if the claim is denied, the plan shall provide to the insured a reasonable written explanation of the basis of the lower offer or denial within 30 days after the investigation and determination of liability is completed. This explanation shall clearly set forth the policy definition, limitation, exclusion or condition upon which denial was based. The explanation shall clearly inform the enrollee of the right to appeal the claim reduction or denial, the process by which the enrollee (or the enrollee's designee or guardian) may initiate the appeal process and the plan's phone number to call to receive more information concerning the appeal process. Notice of Availability of the Department shall accompany this explanation.</p> <p>The Appeal/Complaint Section must include Notice of DOI: The Illinois Department of Insurance Office of Consumer Health Insurance 320 West Washington Street Springfield, IL 62767 (877)527-9431 Toll-free number (217) 558-2083 Fax Number Email address - complaints@ins.state.il.us</p> <p>Note: This info is different from the external review notice of Department</p>	

1.D.3	Health Care Services Complaints and Appeals	215 ILCS 5/155.36 215 ILCS 134/45 215 ILCS 180/20 50 IAC 4520.70	<p>1). Expedited - Must allow appeals for health care services, procedures and treatments, the denial of which could significantly increase the risk to an enrollee's health, either orally or in writing and must render a decision within 24 hours of receiving proper documentation. Appeals can be filed by the enrollee, the enrollee's designee or guardian, the enrollee's primary care physician, or the enrollee's health care provider.</p> <p>2). Standard - Must establish procedures for appeals for health care services, procedures and treatments, the denial of which would not significantly increase the risk to an enrollee's health and must notify the party filing an appeal, within 3 business days, of all information the plan requires to evaluate the appeal and must render a decision on the appeal within 15 business days after receipt of the required information. Appeals can be filed by the enrollee, enrollee's designee or guardian, enrollee's primary care physician, or the enrollee's health care provider.</p> <p>3). Denials of expedited and standard appeals can be appealed to an external independent review.</p>	<u>Affirmed</u>
1.D.4	Prescription Drug Exception	215 ILCS 134/45.1 215 ILCS 5/155.36	Plans must advise enrollees of the process for making exceptions for non-covered prescription drugs when: 1). the drug is not covered based on the health benefit plans formulary; 2). the health benefit plan is discontinuing coverage of the drug; 3). the prescription drug alternatives required to be used in accordance with a step therapy requirement, a). has been ineffective in the treatment or b). has caused an adverse reaction or harm to the enrollee; or 4). the number of doses available under a dose restriction for the prescription drug, a). has been ineffective in the treatment of the enrollee's disease or medical condition or b). the known relevant physical and mental characteristics of the enrollee, and known characteristics of the drug regimen, is likely to be ineffective or adversely affect the drug's effective or patient compliance.	
1.D.5	Health Care External Review Act	215 ILCS 5/155.36 215 ILCS 180/ 215 ILCS 180/75 215 ILCS 134/45	Each health carrier shall include a description of the external review procedures in, or attached to, the policy, certificate, membership booklet, outline of coverage or other evidence of coverage it provides to covered persons. The description shall include a statement that informs the covered person of the right of the covered person to file a request for an external review of an adverse determination or final adverse determination with the Director. The statement shall explain that external review is available when the adverse determination or final adverse determination involves an issue of medical necessity, appropriateness, health care setting, level of care, or effectiveness. The statement shall include the toll-free telephone number and address of the Office of Consumer Health Insurance within the Department of Insurance.	
1.D.6	External Review	External Review Checklist	Please provide SERFF Tracking number of your external review filing.	<u>SERFF Tracking #</u>
<p>IMPORTANT NOTICE: This Checklist does not include all of the requirements of Illinois laws, regulations or bulletins. Companies are responsible for reviewing Illinois laws, regulations and bulletins to ensure that forms are fully compliant before filing the forms. Additional requirements apply to HMOs. Please contact the Department with questions.</p>				
<p>Contact Person: Sara Stanberry Health Products Advisor 217-558-3396 Sara.Stanberry@illinois.gov</p>				