GROUP HEALTH INSURANCE

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF TRACKING NO.:	

This checklist is not required to be included with a form filing. It should be used as a guide in determining which laws and regulations apply to the contract. It is not used for health benefit plans. The items listed below may paraphrase the law or regulation. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

Brief Description & Law/Regulation Cite	**"X" Means Applicable**	**Form/ Page**
A. Filing Incomplete or in Unacceptable Format		
A1. NAIC Company Number on Submission Letter **COMAR 31.04.17.03B**		
A2. Duplicate Forms – **COMAR 31.04.17.03A** (Paper filing)		
A3. Premium Rates and Actuarial Memorandum **COMAR 31.10.01.03A** (Include in same SERFF tracking number filing)		
• Unacceptable Loss Ratio - **§12-205(b)(6)**		
A4. Listing of Forms – **COMAR 31.04.17.03C**		
A5. Description of New Features – **COMAR 31.04.17.03J**		
A6. Form Number – **COMAR 31.04.17.03D** (Form Number must be identical to form number in SERFF Form Schedule)		
A7. Corporate Name – **COMAR 31.04.17.03G** and **COMAR 31.10.01.03B**		
A8. Unacceptable Modifications – **COMAR 31.04.17.03H**		
A9. Specimen Data – **COMAR 31.04.17.03K**		
A10. Signature of Officer – **COMAR 31.04.17.03M**		
A11. Form contains items in brackets, denoting variability. Submit specific description of how each item can vary. If other items are desired, include the item – **COMAR 31.04.17.04A(2)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
A12. Contracts Comprised of Insert Pages – **COMAR 31.04.17.04**		
a. Description of How Pages will be Combined **COMAR 31.04.17.04B(1)(b)(i)**		
b. Listing of Substitute Pages **COMAR 31.04.17.04B(1)(b)(ii)**		
c. Form Number and Approval Date for Pages Replaced **COMAR 31.04.17.04B(3)(a)**		
d. Copy of Currently Approved Contract **COMAR 31.04.17.04B(3)(b)**		
A13. Contracts Comprised of Sections – **COMAR 31.04.17.04C**		
a. Description of How Sections will be Combined **COMAR 31.04.17.04C(1)(b)(i)**		
b. Listing of Substitute Sections **COMAR 31.04.17.04C(1)(b)(ii)**		
c. Form Number and Approved Date for Pages Replaced **COMAR 31.04.17.04C(3)(a)**		
d. Copy of Currently Approved Contract **COMAR 31.04.17.04C(3)(b)**		
A14. Advertising Prohibited - **COMAR 31.04.17.07**		
A15. Signature of Policyholder for Reduction Rider **COMAR 31.10.01.03E**		
A16. Size of Type – **COMAR 31.10.02.02A(4)**		
A17. Simplified Language (Readability Certification) **COMAR 31.10.02**		
A18. Illegible Form - **§12-205(b)(5)**		
A19. Filing Fee Insufficient - **§2-112(a)(9)**		
A20. If any portion of a form is in a language other than English, an English translation shall appear in the same form **COMAR 31.04.17.03F**		

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B. Mandated Benefits

B1. Blood Products - **§15-803**		
B2. Cleft Lip/Cleft Palate - **§15-818**		
B3. Health Care Cost Containment		
a. Outpatient Benefit - **§15-819(b)(1)**		
b. Second Opinion - **§15-819(b)(2)**		
B4. Home Health Care - **§15-808**		
B5. Incapacitated Children Coverage- **§15-402**		
B6. Newborn/Adopted Children/Grandchildren/Guardianship **§§15-401, 15-403, 15-403.1**		
B7. Court Ordered Coverage of Children - **§15-405**		
a. Coverage Requirements for Enrollment of Child **§15-405(c)**		
b. Special Enrollment Period for Employee and Child Required - **§15-405(h)**		
c. Special Enrollment Period for Child Required - **§15-405(i)**		
d. Prohibited Denials of Coverage for Child Enrollment **§15-405(d)**		
B8. Part-Time Students with Disabilities - **§15-417**		
B9. Grandchildren and Individuals under Guardianship Coverage to Age 25 - **§15-418 (amended effective 1/1/14)**		
B10. Domestic Partner Coverage, including Child Dependents of Domestic Partner - **§15-403.2 (effective 1/1/08); COMAR 31.10.35**		
B11. Coverage of Face, Neck or Head (TMJ Syndrome) **§15-821**		
B12. Hospice Option - **§15-809**; **COMAR 31.10.09**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
B13. Mammography (May not be subject to deductible) **§15-814**		
• Reference to "latest screening guidelines issued by American Cancer Society" for breast cancer screening **§15-814(b)**		
B14. Child Wellness (May not be subject to deductible) **§15-817**		
a. Include all visits for obesity evaluation and management - **§15-817(c)(2)(v)**		
b. Include all visits for and costs of developmental screening as recommended by the American Academy of Pediatrics - **§15-817(c)(2)(vi)**		
c. Coverage for laboratory tests considered necessary by physician for services in §15-817 **§15-817(c)(2)(vii)**		
d. Physical examination, development assessment, and parental anticipatory guidance for the child to be covered as provided in §15-817 **§15-817(c)(2)(vii)**		
B15. Alzheimer's Disease - **§15-801**; **COMAR 31.11.05**		
B16. Medical Food and Low Protein Food - **§15-807**		
B17. Reconstructive Breast Surgery - **§15-815**		
• Amended mastectomy definition to delete "breast cancer" **§15-815(a)(2)**		
• Coverage includes physical complications of all stages of mastectomy, including lymphedemas, in manner determined by physician - **§15-815(c)(2)**		
B18. Osteoporosis Prevention and Treatment - **§15-823**		
B19. Prostate Cancer Screening - **§15-825**		
B20. Diabetes Equipment, Supplies, Training - **§15-822**		
B21. Coverage for Medical Clinical Trials - **§15-827**		
B22. General Anesthesia for Dental Care - **§15-828**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
B23. Annual Chlamydia Screening Test - **§15-829**		
• Human Papillomavirus Screening Test **§15-829(c)(2)**		
B24. Coverage for Home Visits If Less than 48 hours of Inpatient Hospitalization is Provided for Surgical Removal of Testicle - **§15-832**		
• Amended to delete "Mastectomy" - **§15-832**		
B25. Coverage for Inpatient Hospitalization for a Minimum of 48 Hours Following Mastectomy or Coverage for Home Visits if less than 48 Hours of Inpatient Hospitalization - **§15-832.1**		
• Mastectomy Definition - **§15-832.1(a)**		
B26. Extension of Benefits - **§15-833**		
B27. Breast Prosthesis - **§15-834**		
B28. Habilitative Services for Children - **§ 15-835, Senate Bill 297, Chpt. 371, Acts of 2016 (amended effective 10-1-16)**		
• Revised Habilitative Services definition		
• Required to provide health benefits until end of month in which child turns age 19		
Treatment of autism and autism spectrum disorders under services • Utilization review criteria must comply with **COMAR 31.10.39** • Applied behavior analysis (behavioral health treatment) cannot be excluded – **COMAR 31.10.39.03G**		
B29. Hair Prostheses for Hair Loss Resulting from Chemotherapy or Radiation Treatment for Cancer **§15-836**		
B30. Colorectal Cancer Screening - **§15-837; MIA Bulletin 08-33**		
B31. Treatment of Morbid Obesity - **§15-839**		
• If included, utilization review criteria must comply with **COMAR 31.10.33**		

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B32. Hearing Aids Coverage for Children - **§15-838**		
• Coverage for adults: If hearing aid coverage is provided with a dollar limit, must allow the choice of a higher price hearing aid with difference in cost paid by the covered person - **§15-838(d)**		
B33. Amino Acid-Based Elemental Formula - **§15-843**		
B34. Prosthetic Devices (including Components and Repairs) **§15-844**		
B35. Preventive Services • Benefits for annual preventive care must be available once per year at any time during the plan year established by the contract. - **§ 15-135**		
• Dental Preventive Care, if benefit is provided, must cover annual benefit at any time during contract's plan year **§15-135.1**		
B36. Ostomy Equipment and Supplies - **§15-848; Senate Bill 241, Chpt. 23, Acts of 2015 (effective 10/1/15)**		

C. Maternity

C1. Inpatient Hospitalization for Mothers and Newborns		
a. Mandated Coverage - **§15-812**		
b. Additional 4 days Inpatient Stay for Newborn if Mother Requires Inpatient Care - **§15-811**		
c. Coverage of Home Visits for Mothers and Newborns May Not Be Subject to Deductibles, Copays or Coinsurance for health plans - **§15-812(g)(1)**		
d. High-Deductible Health Plan Coverage of Home Visits for Mothers and Newborns May Be Subject to Deductible **§15-812(g)(2)**		
C2. Maternity Care Regardless of Marital Status - **§15-506**		
C3. Hospitalization Same as for Any Other Covered Sickness **§15-811**		

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C4. In Vitro Fertilization - **§15-810**		
• Expanded to include coverage for married same sex couples – **House Bill 838, Chpt. 483, Acts of 2015 (effective 7/1/15)**		
• Amended to include exception for married heterosexual couples - **§15-810(d)(2); House Bill 11, Chpt. 326, Acts of 2016 (effective 7/1/16 for new and inforce policies)**		

D. Practitioners

D1. Certified Nurse Practitioner, Nurse Anesthetist, Nurse Midwife - **§§15-703, 15-708, 15-709**		
D2. Chiropractor - **§15-705**		
D3. Health Care Providers - **§15-701**		
D4. Optometrists - **§15-710**		
D5. Podiatrists - **§15-713**		
D6. Psychologists - **§15-714**		
D7. Social Workers - **§15-707**		
D8. Community Health Resource - **§15-715**		

E. Continuation and Open Enrollment

E1. Continuation		
a. Termination of Employment - **§15-409**; **COMAR 31.11.04**		
b. Divorced Spouses - **§15-408**; **COMAR 31.11.02**		
c. Surviving Spouses - **§15-407**; **COMAR 31.11.03**		
E2. Open Enrollment		
a. Spouse Loses Job - **§15-411**		
b. Dependent Children Upon Death of Spouse - **§15-404**		

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F. Disability

F1. Disability Benefits for Pregnancy or Childbirth - **§15-813**		
F2. Definition of Total Disability – **COMAR 31.10.01.03L**		
F3. Definition of Partial Disability – **COMAR 31.10.01.03M**		
F4. Social Security "Freeze" - **§15-501**		
F5. Conversion Privilege (non-employer contracts only) **§15-413**		
F6. Permit Licensed Health Care Provider to Attest to Rendition Of Service Within the Lawful Scope of His/Her Practice - **§15-701(b)**		

G. Other

G1. Payment of Maryland Hospitals Based on Rate Set by Health Services Cost Review Commission - **§15-604**		
G2. Reimbursement for Services Paid for or Provided by Department of Health and Mental Hygiene - **§15-603**		
G3. Preferred Provider		
a. Difference between coinsurance percentage for non-preferred and preferred providers may not exceed 20 percentage points. **§14-205(b)(2)**		
b. PPO contract provisions for the insured to pay the balance bill may not apply to an on-call or hospital-based physician who has accepted an assignment of benefits in accordance with §14-205.2. **§14-205(b)(3)**		
c. Insurer's allowed amount paid to non-preferred providers for a health care service covered by a PPO contract may not be less than the allowed amount paid to a similarly licensed provider who is a preferred provider for the same service in the same region. **§14-205(b)(4)**		
d. Coinsurance Amounts for Preferred Provider Must Be based on Negotiated Fees With Insurer - **§15-118(c)**		
e. Referrals to Specialists – Definitions Are Unacceptable **§15-830(a)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
f. Procedure for Right to Request Referral to Specialist, Including Non-Physician Specialist Not on Carrier's Provider Panel - **§15-830(d)**		
• Referral must be granted if the carrier cannot provide reasonable access to a specialist without unreasonable travel or delay		
g. Gatekeeper-Type PPO Right to Receive Care From In-Network OB/GYN Without Prior Visit to PCP - **§15-816**		
• Right to receive routine OB/GYN care from In-Network, Certified Nurse Midwife without prior visit to PCP - **§15-816(d)**		
h. Procedure for Right to Standing Referral to Network Specialist - **§15-830(b)**		
• Right to standing referral to obstetrician for pregnant members through the postpartum period. Written treatment plan may not be required - **§15-830(b)**		
G4. Payment Rules for Assignment of Benefits for Physicians on Call and Hospital-Based Physicians - **§14-205.2**		
G5. Payment Rules for Assignment of Benefits for Physicians Not on Call or Hospital-Based Physicians - **§14-205.3**		
G6. Network Sufficiency Requirement – **COMAR 31.10.34**		
G7. Physician Rating System – **Title 15, Subtitle 17**		
G8. Exclusive Provider Benefit - **§14-205.1**		
a. Filing required to include verification from Department of Health and Mental Hygiene (DHMH) that insurer's provider panel complies with the regulations that DHMH has adopted under **§19-705.1(b)(1)(ii) of the Health-General Article §14-205.1(a)(1)**		
b. Does not restrict payment for certain covered services provided by Non-preferred providers - **§14-205.1(a)(2)**		
• For an unforeseen illness, injury or condition requiring immediate care - **§14-205.1(a)(2)(ii)**		
• As required under **§15-830** of Insurance Article		

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• For Emergency Services – As defined in **§19-701** of the Health-General Article - **§14-205.1(a)(2)(i)**		
c. Referrals to Specialists – Definitions Are Unacceptable **§15-830(a)**		
d. Procedure for Right to Request Referral to Specialist, Including Non-Physician Specialist Not on Carrier's Provider Panel - **§15-830(d)**		
• Referral must be granted if the carrier cannot provide reasonable access to a specialist without unreasonable travel or delay		
e. Coinsurance Amounts for Preferred Provider Must Be Based on Negotiated Fees With Insurer - **§15-118(c)**		
f. Right to Receive Care From In-Network OB/GYN Without Prior Visit to Primary Care Provider (PCP) - **§15-816**		
• Amended to require right to receive routine OB/GYN care from In-Network, Certified Nurse Midwife without prior visit to PCP - **§15-816(d)**		
g. Procedure for Right to Standing Referral to Network Specialist - **§15-830(b)**		
• Right to referral to obstetrician for pregnant members through the postpartum period. Written treatment plan may not be required - **§15-830(c)**		
h. Required Point-of-Service (POS) benefit rider option if only offering a closed network plan (Exclusive Provider Benefit Plan) to Group Policyholder's employees or members **§14-205.1(b)(1)**		
1. POS benefit must include all services under the contract, but would permit the covered individual to receive the services from a Non-Preferred Provider **§14-205.1(b)(1)**		
2. POS benefit must indicate that benefits required under **§14-205.1(a)(2)** (i.e., those for emergency, unforeseen illness, injury, or condition requiring immediate care, or required under **§15-830**) will not be paid under the POS benefit, even if provided by a Non-Preferred Provider, but will pay as if received from a Preferred Provider under the contract - **§14-205.1(b)(1)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
i. Applications for Exclusive Provider Benefit Contract **§14-205.1(b)(2)**		
1. Group Policyholder Application • Required Disclosure Statement or Actual Option of POS benefit in application		
• If only Disclosure Statement appears in application, a separate application is needed for employer/group application to select POS benefit option		
2. Employee/Member Application • If group policyholder applicant accepts POS benefit option, then primary employee/member application/ enrollment form must include this POS benefit option		
G9. Complaint process for coverage decisions - **Title 15, Subtitle 10D; COMAR 31.10.29**		
• Revised member definition - **§15-10D-01(k), House Bill 801, Chpt. 122 Acts of 2016 (amended effective 6/1/16)**		
G10. Identify office and process for filing complaints **§15-112(j)**		
G11. Prescription Drugs		
a. Coverage of Drugs From Local Pharmacies Same as Mail Order - **§15-805**		
b. 90 Day Supply for Maintenance Drugs - **§15-824**		
c. Coverage for Contraceptive Drugs or Devices **§15-826**		
d. Off Label Use of Drugs - **§15-804**		
e. For Formulary Benefits – Right to Receive Non-Formulary Drugs - **§15-831**		
f. Coverage for Smoking Cessation Treatment - **§15-841**		
g. Copayment or Coinsurance may not exceed the retail price of drug - **§15-842**		
h. Chemotherapy Parity – Coverage for benefits at same (or better) level for oral chemotherapy as benefits for cancer chemotherapy that is administered intravenously or by injection - **§15-846**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
i. Coverage for Certain Prescription Eye Drop Refills (if contract provides coverage for prescription eye drops) **§§15-845(b)(1) and (b)(2)(i)**		
j. Step therapy or fail first protocol may not be imposed under certain circumstances - **§15-142(c)**		
• No fail first protocol applied to opioid analgesic drugs before being allowed abuse-deterrent opioid analgesic drugs – **§15-849(c)(2), Senate Bill 606, Chpt. 372, Acts of 2015**		
k. Specialty drugs – Copayment/ Coinsurance Limits - **§15-847, House Bill 761, Chpt. 422, Acts of 2014 (effective 1/1/16)**		
l. If list of drugs provided in contract, must list 2 name brand and 2 generic abuse-deterrent opioid analgesic drugs - **§15-849(c)(1), Senate Bill 606, Chpt. 372, Acts of 2015 (effective 1/1/16)**		
G12. Medicare Supplement Disclaimers for Individuals eligible for Medicare Due To Age (non-employer and non-labor organization contracts only) - **§15-919**		
G13. Standard of Time – **COMAR 31.10.01.03C**		
G14. Right to Elect Alternative Benefits **COMAR 31.10.01.03G**		
G15. Contract Governed by Maryland Law and Maryland Courts - **§§12-209(1), 12-209(2), and 12-209(4)**		
G16. Required Exclusion for Prohibited Practitioner Referral **§15-110(d)**		
G17. Direct Payment of Hospital or Medical Services - **§15-304**		
G18. Payment of Claims, Unfair Trade Practices **COMAR 31.15.08**		
G19. Notice of Premium Increase – **COMAR 31.10.01.03R**		
G20. Provide written assurance that contract will not be issued to employers with 50 or fewer eligible employees **Title 15, Subtitle 12**		
G21. Reimbursement of Ambulance Service Providers **§15-138**		

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G22. Telemedicine Services - **§15-139**		
G23. Receiving carrier requirements for members transitioning to carrier's plan (applicable to certain coverages) - **§15-140(c) and §15-140(d)**		

H. Prohibited Benefits, Limitations and Exclusions

H1. Damage to Conveyance - **COMAR 31.10.01.03N**		
H2. Chronic or Organic Disease - **COMAR 31.10.01.03-O**		
H3. Frequency of Physician Visits - **COMAR 31.10.01.03-I**		
H4. Reimbursement Language - **COMAR 31.10.01.03P**		
H5. Strict Compliance Language - **COMAR 31.10.01.03Q**		
H6. May not limit or exclude loss due to insured's commission of or attempt to commit a crime - **COMAR 31.11.10.06A(1)**		
H7. May not limit or exclude loss to which a contributing cause was the insured's being engaged in an illegal occupation - **COMAR 31.11.10.06B(1)**		
H8. May not limit or exclude loss due to use of intoxicants or narcotics - **COMAR 31.11.10.06C**		
a. Sustained or contracted in consequence of the insured being intoxicated or under the influence of any drug **COMAR 31.11.10.06C(1)(a)**		
b. Due to the use of alcohol **COMAR 31.11.10.06C(1)(b)**		
c. Due to the use of drugs or narcotics **COMAR 31.11.10.06C(1)(c)**		
d. Due to alcoholism or drug addiction **COMAR 31.11.10.06C(1)(d)**		
H9. Preexisting Conditions – **COMAR 31.04.17.18** and **COMAR 31.11.10.06D**		
H10. Preexisting Condition exclusion may not apply to newly born or newly adopted dependent child/grandchild or minor for guardianship - **§15-401**		

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H11. Arbitration Provision - May Not Require Insured or Policyholder to Use Arbitration to Settle Disputes with Insurer **COMAR 31.11.10.07C**		
H12. Good Health Warranty Not Permitted - **COMAR 31.04.17.10B**		
H13. Physical Therapist Time Limitations - **§15-711(b)**		
H14. May not coordinate against guaranteed renewable individual intensive care or specified disease policies **§15-104**		
H15. Access to the 911 Emergency System - **§15-126**		
H16. Benefits for Treatment of a Specified Disease or Diagnosis May Not Be Subject to Different Copays, Coinsurance, Deductibles, Annual or Lifetime Maximums **§27-913**		
H17. Denial of Reimbursement for Pre-authorized Care Prohibited Except for Limited Reasons - **§15-1009**		
H18. Denial of Medically Necessary Inpatient Ancillary Charges Prohibited - **§27-303, MIA Bulletin L&H 99-25**		
H19. Domestic Violence - **§27-504; 26 CFR §54.98021(b)(2)(iii)**		
H20. Self Destruction - **COMAR 31.04.17.11B**		
H21. State Hospitals, etc., Charitable or Otherwise - **§15-602**		
H22. House Confinement, Medical Treatment Permitted Elsewhere - **§15-505**		
H23. No Reduction for Medical Assistance Program - **§15-502**		
H24. May not deny, cancel, or refuse to renew coverage because insured has been exposed to diethylstilbestrol **§15-503**		
H25. May not include an exclusion for expenses covered by an automobile policy (PIP) - **§15-104(d)**		
H26. May not provide benefits that are secondary to benefits under an automobile policy, including PIP - **§15-104(d)**		
H27. Benefits for Infertility may not discriminate against same-sex married couples who might require such services - **§15-810(b), House Bill 838, Chpt. 483, Acts of 2015 (effective 7/1/15)**		

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I. Required Standard Provisions

I1. Required Standard Provisions - **COMAR 31.11.10.03**		
I2. Entire Contract - **COMAR 31.11.10.04A**		
I3. Contestability of Coverage - **COMAR 31.11.10.04B**		
I4. Notice of Claim - **COMAR 31.11.10.04C**		
I5. Claim Forms - **COMAR 31.11.10.04D**		
I6. Proofs of Loss - **COMAR 31.11.10.04E**		
a. Extends proof of loss period to one year for claim - **§12-102, Senate Bill 887, Chpt. 445, Acts of 2016 (effective 1/1/17)** • If not reasonably possible to submit claim within one year, time period extended to two years after date of service **§12-102(c)(2)**		
b. Methods for Claim Submission - **§15-1011, Senate Bill 450, Chpt. 35, Acts of 2015 (effective 10/1/15, applicability 10/1/17)**		
I7. Time of Payment of Claims - **COMAR 31.11.10.04F**		
I8. Payment of Claims - **COMAR 31.11.10.04G**		
I9. Legal Action - **COMAR 31.11.10.04H**		
I10. Grace Period - **COMAR 31.11.10.04-I**		
I11. Certificates - **COMAR 31.11.10.04J**		
I12. Addition of Employees/Members - **COMAR 31.11.10.04K**		
I13. Misstatement of Age - **COMAR 31.11.10.04L**		
I14. Premium Due Date - **COMAR 31.11.10.04N**		

J. Optional Provisions

J1. Physical Examination - **COMAR 31.11.10.07A**		
J2. Autopsy - **COMAR 31.11.10.07B**		
J3. Arbitration - **COMAR 31.11.10.07C**		

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K. Utilization Review

K1. Utilization review agent must be reasonably available 7 days a week, 24 hours a day - **§15-10B-05(a)(4)**		
K2. May not require preauthorization for emergency care **§12-205(b)**		
K3. Initial authorization of course of treatment made:		
a. For non-emergencies, within 2 working days of receipt of information necessary to make determination **§15-10B-06(a)(1)(i)**		
b. For extended stays or additional health care services, within 1 working day of receipt of necessary information - **§15-10B-06(a)(1)(ii)**		
c. For emergency inpatient or residential crisis services admissions for the treatment of a mental, emotional, or substance abuse disorder, within 2 hours of receipt of the necessary information - **§15-10B-06(a)(3)**		
K4. PRA must inform healthcare provider that additional information is needed to make determination within 3 calendar days after initial request - **§15-10B-06(a)(2)**		
K5. Notice of adverse decision must be provided within 5 working days after adverse decision is made to member, member's representative and a health care provider acting on behalf of the member - **§15-10A-02(f)(2)**		
K6. May not retroactively deny approval of preauthorized services - **§15-10B-07(c)**		
K7. If provider requests immediate reconsideration of denial, must give decision by telephone within 24 hours of request - **§15-10B-06(b)**		
K8. May not deny authorization for inpatient emergency care on basis of late notification from the hospital, if patient's condition prevented the hospital from knowing insurance status or emergency notice process - **§15-10B-06(c)**		
K9. Involuntary or voluntary psychiatric admission of patient in danger - may not deny care during the first 24 hours after voluntary inpatient admission or 72 hours after involuntary admission - **§15-10B-06(d)**		

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K10. Grievance Procedure Not Included. Please Advise Where Grievance Information Is Provided - **§15-10A-02(k)**		
• Company not certified as Private Review Agent in Maryland - **§15-1001; Title 15, Subtitle 10B; COMAR 31.10.18**		

L. Applications

L1. Questions on Applications		
a. Seven-Year Limit for Health Questions - **§12-205(b)(9)**		
b. May Not Inquire About Genetic Tests or Genetic Information - **§27-909(c)**		
c. Domestic Violence - **§27-504**		
d. Health questions must be asked to the best of the applicant's knowledge and belief or application must include statement that all answers provided are representations and are not warranties **COMAR 31.04.17.06E; §12-207**		
e. Questions about "hazardous activities" must list activities considered to be "hazardous" - **COMAR 31.04.17.06C**		
f. Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming" **COMAR 31.04.17.06D**		
g. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications" **COMAR 31.04.17.06F** and **31.04.17.06G**		
L2. Application Changes - **§12-202(c)**		
L3. Application shall stipulate the plan and amount of insurance and any added optional benefits applied for - **COMAR 31.04.17.06A**		
L4. Proxy - **COMAR 31.04.17.08**		
L5. Good Health Warranty not permitted - **COMAR 31.04.17.10B**		
L6. Certain States - **COMAR 31.04.17.06B**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
L7. Description of the preexisting conditions limitation is not the same as in the policy - **§12-205(b)(2)**		
L8. There is a statement that if the applicant answers the questions in a particular manner, coverage will not be provided to the affected person. To use this statement, provide written assurance that there must be a signed waiver/exclusion rider attached to policy to exclude person from coverage - **COMAR 31.11.10.06D(4)**		
L9. Check-off boxes required for carrier name if application is to be used by more than one carrier - **COMAR 31.04.17.06-I(2)**		
L10. If application is to be completed by more than one individual, application signature box must clearly indicate that signature applies only to portion of application completed by that individual - **COMAR 31.04.17.06J**		
L11. Insurance Fraud-Required Disclosure Statement - **§27-805; MIA Bulletin 12-07**		

COMMENTS:_____