IDAHO INSURANCE DEPARTMENT COMMENTS

Section 5 (Policy Definitions):

Would it make sense to move the definitions of the various coverage types to Section 5 rather than having them in Section 7 (Minimum Standards for Benefits)?

Similarly, suggest that definitions of "home health care agency," "hospice," "short-term, limited duration health coverage" be moved into the definitions section from the sections of the regulation where they currently reside.

Add a definition of "usual and customary" or "reasonable and customary."

Add definition of "medically necessary," as the term is used in Section 7.E. but not defined. Suggestion:

"Medically necessary" shall not be defined more restrictively than health care services and supplies that a physician or other health care provider, exercising prudent clinical judgment, would provide to an insured person for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms that are:

(1) In accordance with generally accepted standards of medical practice;

(2) Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the insured person's illness, injury or disease;

(3) Not primarily for the convenience of the insured person, physician or other health care provider; and

(4) Not more costly than an alternative service or sequence of services or supply, and at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the insured person's illness, injury or disease.

Section 8 (Required Disclosure Provisions)

The regulation might be more readable if the required disclosures for specific coverage types were moved into Section 7 under the appropriate subsection, and required disclosures applicable to all coverage types under the scope of this regulation left under Subsection A (General Rules). Going this route might necessitate adding a short subsection for limited scope dental coverage and limited scope vision coverage to Section 7.