

Checklist for Health Maintenance Organizations Service Area Expansion

These filing requirements are based on Title 28 of the Texas Administrative Code §§ 11.301 and 11.302. Please refer to these sections of the Texas Administrative Code (TAC) for detailed descriptions and formats of required documents.

Please note that a unique form number must appear in the lower left corner of the first page of each document. Subsequent pages should have page numbers. Documents already on file that are being revised or replaced must have a new form number. A transmittal letter must be included with the filing.

The preferred method of submission is a bookmarked PDF. If any of the following items are changed by a service area expansion request, the new item or any amendments to an existing item must be submitted for approval, or filed for information, as specified in 28 TAC §11.302.

- 1. Service Area Map** - Filing fee for approval, \$100. A description and map of the service area, with key and scale, must identify the county or counties to be served and show both the currently approved service area and the proposed newservice area. For partial counties, a zip code listing is also required. Please include a written list of the counties to be served.
- 2. New or Amended Contracts** - Filing fee applies to Provider Contracts ONLY and is \$50 per provider contract. New or amendments to provider contracts, administrative service agreements, reinsurance agreements, management agreements, and any other contracts must be submitted.
- 3. List of Physicians, Hospitals and/or other Providers** - Informational filing fee, \$50. Provide a list of all physicians, hospitals and/or other providers to be used to provide service in the proposed new area including:
 - (a) Physicians - Include medical specialty, board certification, if any, Texas license number, business address and any hospitals at which primary physicians have staff privileges. Also indicate if primary physicians are accepting new patients.
 - (b) Hospitals - Include address, license number, JCAHO/AOA accreditation status, if applicable, Medicare Certification number, number of beds and current occupancy rate.
 - (c) Other Providers - Include address and license or certification, if applicable.
- 4. Administrative Arrangements and Organizational Charts** - Informational filing fee, \$50. Provide a brief narrative description of any administrative relationships as well as organizational charts and other pertinent information. Include name and telephone number of contact persons.
- 5. Transactions with Affiliates** - Filing fee for approval, \$100. Report any affiliate transactions relating to the purchase, construction, or renovation of hospitals, medical facilities, administrative offices, or any property, which represents more than ½ of 1.0% of admitted assets. Also report any transactions involving lease, operation or maintenance of any facilities or property from or by an affiliate if monthly costs exceed ½ of 1.0% of monthly expenses or if such agreement places a lien on any property owned by the HMO.

- 6. Biographical Data** - Informational filing fee, \$50. Provide a biographical data form for any new management, officers and/or directors, including Medical Director, assigned to the new service area
- 7. Evidence of Coverage** - In compliance with 28 TAC §11.301(4), upon approval of a Service Area Expansion, submit new or amended Evidence of Coverage (EOC) documents (described under 28 TAC §11.501) to the Rate and Form Review Office electronically via the System for Electronic Rate and Form Filings (SERFF). The filing fee will be collected by the Rate and Form Review Office. For more information contact the Rate and Form Review Office by phone at 512-676-6889
- 8. Rates** - In compliance with 28 TAC §11.301(5), submit the formula or method for calculating the schedule of charges(rates) to the Rate and Form Review Office electronically via SERFF. Rates must be filed in accordance with TIC,§1271.251, including an actuarial certification and an HMO reconciliation of benefits to schedule of charges form. The filing fee will be collected by the Rate and Form Review Office. For more information contact the Rate and Form ReviewOffice by phone at 512-676-6889.
- 9. Lease, Loans and Contracts** - Informational filing fee, \$50. Provide copies of any leases, loans, or contracts to be used in the new service area.
- 10. Financial Information** - Informational filing fee, \$50. Submit separate and combined sources of financing and financial projections, including:
 - (a) Current financial statement, including balance sheet, statement of income and expenses, and sources and application of funds.
 - (b) Projected financial statements prepared on a quarterly basis for the 24-month period from the start of operations. The identity and credentials of person preparing the projections must be provided.
 - (c) Most recent audited financial statements of sponsoring organization, if any.
- 11. Amended Fidelity Bond** - Informational filing fee, \$50. Submit amendments to any fidelity bond covering officers and/or employees.
- 12. Complaint Procedure** - Filing fee for approval, \$100. Describe method by which the complaint procedure will be made reasonably available to the new service area, including a toll-free number.
- 13. Member Handbooks** - In compliance with 28 TAC §11.301, upon approval of a Service Area Expansion, submit new or amended information given to prospective and current contract holders and enrollees(Member Handbook) to the Rate and Form Review Office electronically via the SERFF. The filing fee will be collected by the Rate and Form Review Office. For more information contact the Rate and Form Review Office by phone at 512-676-6889.

 Email filing to CLRFilings@tdi.texas.gov

► Questions?

Email us at CompanyLicense@tdi.texas.gov or call 512-676-6365.