



## **CHECKLIST FOR FOREIGN HMO APPLICATION**

Each application for a certificate of authority shall be verified by an officer or authorized representative of the applicant, shall be in a form prescribed by the National Association of Insurance Commissioners (NAIC), and shall be accompanied by the following:

1. Original UCAA Expansion Application: All [Forms](#) and original supporting documents listed on the [UCAA Form 1E Checklist](#) completed with 3 officers signatures.
2. [UCAA Form 3](#) Lines of Insurance
3. Company Review Fee \$1,000 [[Title 36 O.S. §321\(4\)\(h\)](#)] + Commissioner as Agent For Service Of Process Fee \$10 [[Title 36 O.S. §321\(3\)](#)] + Issuance of License Fee \$150 [[Title 36 O.S. §321\(2\)\(a\)](#)] + HMO Contract Fee \$25 [[Title 36 O.S. §321\(4\)\(g\)](#)].
4. File Electronically through the [OPTins](#) an Anti-Fraud Assessment Fee of \$750 required pursuant to [Title 36 O.S. §362](#).
5. Minimum Paid-In Capital and Surplus Requirements: Net worth of One Million Five Hundred Thousand Dollars (\$1,500,000.00) or by calculation of [Title 36 O.S. §6913](#).
6. Fidelity bond or fidelity insurance on such employees, officers, directors and partners in an amount that is not less than Two Hundred Fifty Thousand Dollars (\$250,000.00), or a maximum of Five Million Dollars (\$5,000,000.00) in aggregate maintained by a parent corporation [[Title 36 O.S. §6906](#)].
7. Minimum Security Deposit requirement of \$500,000 [[Title 36 O.S. §6913 \(B\)\(1\)](#)] or a Domicile State Certificate of Deposit (contact [securitydeposit@oid.ok.gov](mailto:securitydeposit@oid.ok.gov) for more information).
8. Name Approval: [Oklahoma Secretary of State](#)
9. Plan of Operation: [Questionnaire](#); Pro Forma; and Narrative
10. [Form B: Oklahoma Insurance Holding Company System Registration Statement](#)
11. Certificate of Compliance from State of Domicile
12. Examination Report
13. Statutory Memberships
14. Articles of Incorporation (original, certified, from domicile state) - A copy of the applicant's organizational documents including, but not limited to, the articles of incorporation, articles of association, partnership agreement, trust agreement, or other applicable documents, and all amendments thereto.
15. Bylaws (original, certified, from domicile state) - A copy of the bylaws, rules, regulations or similar document, if any, regulating the conduct of the internal affairs of the applicant
16. A copy of any contract form made or to be made between any class of providers and the health maintenance organization, and a copy of any contract made or to be made between third party administrators, marketing consultants or persons listed in [Title 36 O.S. §6903 \(C\)\(3\)](#).
17. Current Year Annual Statement
18. Financial statements as required by [Title 36 O.S. §6903 \(C\)\(7\)](#).

19. Certification of Actuarial Opinion
20. Management's Discussion and Analysis
21. Current Year Quarterly Statements (updated on a timely basis while the application is pending)
22. Independent CPA – Audit Report
23. Audited financial information of earnings and financial condition of each person controlling a HMO for prior (5) fiscal years for each such acquiring party, or lesser period if not in existence for 5 years; similar unaudited information as of a date not earlier than ninety (90) days prior to the filing of the statement
24. [NAIC Biographical Affidavit](#) – Biographical Affidavits are required for all the persons who are to be responsible for the conduct of the affairs and day-to-day operations of the applicant, including all members of the board of directors, board of trustees, executive committee or other governing board or committee, and the principal officers in the case of a corporation, or the partners or members in the case of a partnership or association.
25. Third Party Background check for each biographical affidavit. A list of approved vendors can be found on the NAIC website or by clicking [HERE](#).
26. Uniform Consent To Service of Process [UCAA Form 12](#) , Exhibit A; Exhibit B; and Resolution Authorizing Appointment of Attorney
27. A copy of the form of evidence of coverage to be issued to enrollees;
28. A copy of the form of group contract, if any, to be issued to employers, unions, trustees or other organizations;
29. A financial feasibility plan that includes detailed enrollment projections, the methodology for determining premium rates to be charged during the first twelve (12) months of operations as certified by an actuary. A projection of balance sheets, cash flow statements showing any capital expenditures, purchase and sale of investments and deposits with the state, and income and expense statements anticipated from the start of operations until the organization has had net income for at least one year, and a statement as to the sources of working capital as well as any other sources of funding;
30. A statement or map reasonably describing the geographic area or areas to be served;
31. A description of the internal grievance procedures to be utilized for the investigation and resolution of enrollee complaints and grievances;
32. A description of the proposed quality assurance program, including the formal organizational structure, methods for developing criteria, procedures for comprehensive evaluation of the quality of care rendered to enrollees, and processes to initiate corrective action and reevaluation when deficiencies in provider or organizational performance are identified. The information provided needs to show that the HMO is compliant with all aspects of [Title 36 O.S. §6907](#).
33. A description of the procedures to be implemented to meet the protection against insolvency provisions of [Section 6913](#) of the Health Maintenance Organization Act of 2003;
34. A list of the names, addresses, and license numbers of all providers with which the HMO has agreements;
35. Other information the Insurance Commissioner may require to make the determinations required in [Section 6904](#) of the Health Maintenance Organization Act of 2003;
36. An original of all documents required pursuant to the provisions of this subsection, with all required fees.
37. A complete copy of the HMO Application will need to be filed with the [Oklahoma State Department of Health](#). Please contact Espaniola Bowen at (405) 271-6868 Ext 57273 or [espab@health.ok.gov](mailto:espab@health.ok.gov) for more information.

For questions or more information, Jacob Kennedy at [jacob.kennedy@oid.ok.gov](mailto:jacob.kennedy@oid.ok.gov) or 405-521-6607