



**Health Insuring Corporations (HIC's)  
Filing Requirements for Major Modifications  
or Service Area Expansions**

**SECTION A**

A major modification or service area expansion filing must include the following:

- A \$300.00 (filing fee) made payable to “State of Ohio Treasurer”;
- Three (3) copies of the document to be reviewed;
- A narrative explaining the proposed modification, affect, and how the change will be implemented;
- Supporting financial, statistical, or actuarial documentation. (See ORC sections 1751.27 - 1751.28 Net Worth)

**A major modification** pursuant to ORC 1751.03(B) is any change in the operation of the HIC that affects:

- 1.) The solvency of the HIC.
- 2.) The HIC’s ability to provide health care services as it has contracted for.
- 3.) The manner in which the HIC conducts its business.
- 4.) Intercompany agreements including agreements for managerial or administrative services.
- 5.) The articles of incorporation or regulations.

The following are examples of major modification type activities. This list is not all-inclusive.

- Company acquisition or merger
- Transfer of membership
- Asset transfer
- Share offer
- New product offering
- Delegation agreement for utilization management
- Corporate name change
- Network access agreement
- Distribution of dividends

If you have any questions regarding filing requirements please call the Life and Health Division at 614-644-3315.

*Statutory 60-day review period*

**A service area expansion** filed pursuant to ORC 1751.03 (C) must contain all of the items listed in *Section A*. It must include a narrative explaining which portions of the HIC’s original COA or subsequent filings will change as a result of the expansion. The filing should include:

- 1.) A description of the proposed new service area by counties, partial counties or zip codes.
- 2.) A map of the new service.
- 3.) A description of the original service area.
- 4.) A month-by-month financial projection for a 12-month period accompanied by appropriate substantiation. Demonstrate the plan’s anticipated overall financial condition.
- 5.) A month-by-month enrollment projection for a 12-month period with appropriate substantiation. Demonstrate the enrollment activities anticipated as a result of the added service area.

*Statutory 75-day review period*

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**SECTION B**

## Additional Comments:

If the *major modification or service area expansion* does not affect previously approved:

- Rates and rating methodology;
- Evidence of coverage documents;
- Member Solicitation documents;
- Generic Provider contracts;
- Marketing methods;
- Officers or board directors.

Then a cover letter providing the previously approved ODI file number(s) may be referenced in the filing for the unchanged item. The filing must include a current executed provider certification form (Ins 9016). Every intercompany agreement not previously approved must also be submitted.

If the plan demonstrates that a change in officers, board members and/or persons who are responsible for the conduct of the affairs of the HIC does not rise to the level of a major modification, then only an informational filing will be required. This informational filing must include the biographical affidavit (National Association of Insurance Commissioners (NAIC) Form number 11), release of information form, and conflict disclosure statement. If a change affects five (5) or more individuals then it shall be considered a major modification.

The *Ohio Department of Health* may have separate requirements for a Service Area Expansion. Please contact them at (614) 644-7730 with any questions.