



Filing Requirements for COA or Service Area Expansion Request

To be considered complete, an application for a Certificate of Authority or a service area expansion request should include the following:

1. A description of the service area in which the applicant intends to begin offering health care services.
2. Copies of all published descriptions of benefit packages to be offered, including the member handbook, promotional materials, and subscriber contracts.
3. For each supplemental and/or specialty service offered, a description of:
 - a. Individual physicians and other providers – locations of practice (city and county), hours of operation, telephone numbers, specialty, and participating hospitals with which each physician has admitting privileges.
 - b. Hospitals and other facilities – location (city and county), Medicare certification number, and services to be provided,
 - c. The service area covered by each provider and a map showing the new service area, which depicts the location of each provider.
4. A description of the credentialing process by which the HIC verifies the current status of provider qualifications.
5. A description of the arrangements by which enrollees will have access to specialty care when needed, including a description of the referral system to be used.
6. An anticipated timetable for initial marketing in the proposed service area and projected enrollment in the proposed service area, by year, for the first three years of operation. Projected Medicaid/Medicare enrollment, by year, for the first three years of operation.
7. Copies of all agreements, arrangements or signed letters of intent from the new providers that have been identified in the new service area.
8. A list of all contracting providers in the proposed expansion area. Indicate whether or not they accept commercial, Medicaid, and Medicare members. Indicate if provider is accepting new members.
9. How often does your plan update the Provider Directory?
10. Do the Provider Directory entries indicate whether providers are accepting new members? Please explain.
11. A description of provisions and arrangements to provide emergency medical services and urgent care services both in and out of the service area. Copies of all printed documents describing the availability of these services, including a member handbook should be submitted. Include a description of the provisions made for after hours coverage, the plan proposed to return enrollees to the service area/or HIC provider when medically advisable, and the mechanisms to be used to evaluate the utilization of emergency services.
12. Name and resume, including medical license number, of the medical director if different from the original Certificate of Authority.
13. Name, title, address, and telephone number of the grievance officer and a description of the process to be used to resolve written and verbal complaints, including record keeping, procedures for involving appropriate staff and correcting any problems uncovered, and the timeframe and responsible person/committee for each step of the process.