



## **Filing Requirements For Service Area Expansion Request**

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**SUBMISSION OF A SERVICE AREA EXPANSION  
PURSUANT TO OHIO REVISED CODE 1751.03(C)  
For a Health Insuring Corporation**

The Office of Risk Assessment (ORA) of the Ohio Department of Insurance (ODI) is responsible for the service area expansion of Health Insuring Corporations (HICs) in Ohio. The Office of Product Regulation and Actuarial Services (OPRAS) of ODI assists in the review of the submission. Both ORA and OPRAS are responsible for the on-going regulation of HICs.

ODI has a 75-day review period to determine whether the plan for expansion is lawful, fair, and reasonable.

An applicant must provide:

- I.** Two copies indexed in a three-ring binder notebook of the items noted below.
- II.** A \$300.00 filing fee made payable to "State of Ohio Treasurer."
- III.** Completed INS form 9011 with items presented and indexed (*not applicable for Medicaid only*).

### INDEX

1. A description of the service area(s) [county(ies) (*region(s) for Medicaid only*)] in which the applicant intends to begin offering health care services along with notation of the current service area(s).
2. An anticipated timetable for initial marketing in the proposed service area(s), and projected enrollment in each of the proposed service area(s) along with separate lines for actual/projected enrollment in the current service area(s), by month, for the first three years of operation.
3. Schedule of charges and rating--signed certified letter on group rates (*Medicaid only – include ODJFS rate schedules for service area(s)*)
4. Projected financial plan for all service areas combined, by month, for the first three years of operation:
  - a) Provide a detailed projected balance sheet and income statement on a statutory basis. Include summary calculations of Risk Based Capital percentage for each period.
  - b) The applicant must have the appropriate net worth and demonstrate that it can stay in compliance with the 110% net worth rule.
  - c) Provide appropriate supporting financial, statistical or actuarial documentation.
5. 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 **if different from the later of the last service area expansion or the original Certificate of Authority**. (Reference approved ODI file numbers as necessary)