



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

Prepaid Limited Health Service Organization
Application and Checklist

Full Service

Restricted (Outpatient Only)

Mail Completed Application and Filing Fee to:

Mailing Address:

WV Offices of the Insurance Commissioner
Financial Conditions Unit
PO Box 50540
Charleston, WV 25305-0540

Physical Address:

WV Offices of the Insurance Commissioner
Financial Conditions Unit
900 Pennsylvania Avenue
Charleston, WV 25302

Pursuant to W. Va. Code §33-25D, the application is hereby submitted to form and operate as a Prepaid Limited Health Service Organization (the "PLHSO") in the State of West Virginia.

Company Name: _____

Trade Name: _____

NAIC # or FEIN # _____

Address: _____

City, State, and Zip: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Attorney or Principal filing this application on behalf of the PLHSO applicant:

Name: _____

Title: _____

Address: _____

City, State, and Zip: _____

Phone Number: _____

Email Address: _____

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- b. For profit stock corporation (with inpatient services):
 Fully paid-in capital stock (\$1,000,000) \$_____
- c. For non-profit corporation (without inpatient services):
 Statutory surplus (\$1,000,000) \$_____
- d. For non-profit corporation (with inpatient services):
 Statutory surplus (\$1,000,000) \$_____
8. _____ Submit in chronological order a legal history listing predecessor corporations and/or organizations, mergers, reorganizations and changes of ownership. Be specific as to dates and parties involved.
9. _____ Submit a copy of the Bylaws, rules and regulations or similar document regulating applicant's conduct.
10. _____ Submit a statement declaring that the applicant's books and records shall be maintained within West Virginia and providing the location thereof unless otherwise specified by Administrative Order of the Commissioner. The books and records to be kept include:
- a. _____ Original Articles of Incorporation and Bylaws with all changes and amendments to both instruments;
- b. _____ Copies of all correspondence with the Commissioner and the Secretary of State's Office covering the filings of the documents listed in a. above;
- c. _____ All corporate correspondence;
- d. _____ All stockholder records including a list of stockholders or a copy of stock certificates if the PLHSO is a wholly owned subsidiary and a separate listing of stockholdings by officers and directors;
- e. _____ The names, addresses and principal occupations of all directors of the PLHSO;
- f. _____ A listing of the various committees and include committee functions and the names of all members;
- g. _____ Records showing compensation, fees and expense allowances received by each director and/or officer;
- h. _____ Minutes of all meetings of shareholders or policyholders, directors and committees;
- i. _____ Copies of any agency, management, service, employment or other contracts between current companies or personnel;
- j. _____ Copies of any contracts, consultant or retirement arrangements with former officers, directors or employees with any stock option plans in existence;
- k. _____ Any inter-company agreements;
- l. _____ Copies of expense sharing arrangements – percentages and method of allocation together with other pertinent data;
- m. _____ Organization chart if company is part of a holding company system, together with copies of all Insurance Holding Company Filings;

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- n. _____ Name and other necessary information concerning the company's or the holding company's stock transfer agent;
- o. _____ A description of the mechanisms by which enrollees will be afforded an opportunity to participate in matters of policy and operation pursuant to W. Va. Code §33-25D-5(5);
- p. _____ Enrollees' advisory panel minutes;
- q. _____ All policy (enrollee forms) forms and related documents;
- r. _____ Agency correspondence;
- s. _____ Trial Balances;
- t. _____ General Ledgers;
- u. _____ Sub-Ledgers;
- v. _____ General Journals;
- w. _____ All account reconciliations;
- x. _____ Reconciliations of all filed statements to General Ledger;
- y. _____ Bank Statements with canceled checks;
- z. _____ Broker Statements;
- aa. _____ Broker Confirms/Advices;
- bb. _____ Claim Documents/Benefit files;
- cc. _____ Claims - Ledger/Registers/payment listings, code sheets, correspondence and all related worksheets;
- dd. _____ Complaint Registers;
- ee. _____ Reinsurance records and agreements;
- ff. _____ Petty cash; and,
- gg. _____ All supporting accounting records.
11. _____ Submit the names, addresses and official capacities of all officers, directors, managers, administrators and persons holding 5% or more of the common stock of the organization responsible for the applicant's conduct.
- a. _____ Include a completed Biographical Affidavit for each name listed above.
- b. _____ Each individual named above must fully disclose to the Insurance Commissioner and the applicant's Board of Directors the nature and extent of all contracts or arrangements with the applicant. The disclosure shall include any and all possible conflicts of interest.
- c. _____ Persons holding 5% or more of the applicant's common stock must disclose the nature and extent of any ownership interest in all parent organizations, subsidiaries and affiliated companies. The disclosure must include an organizational chart depicting all levels of ownership including all subsidiaries and parent organizations along with all affiliated companies and corresponding percentages of ownership.
- d. _____ Submit independent investigation reports on all individuals identified above.
1. The reports **must** be forwarded directly to the Financial Conditions Division of the West Virginia Offices of the Insurance Commissioner from the independent investigators.

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2. Person(s) required to furnish an investigation report may use:
 Equifax Services, Inc.
 PO Box 2729
 Jacksonville, FL 32203
 (904) 733-7550
 Another investigative organization approved by the Insurance
 Commissioner prior to the filing of the application.

12. _____ Submit a statement describing:
- a. _____ Proposed operations.
1. _____ State whether the applicant will be a Staff Model, IPA Model or
 Combination Model PLHSO.
2. _____ Describe the method of compensation for providers, e.g. fee-for-service,
 capitated, etc.
- b. _____ The proposed service area(s). "Service area" means the county or counties to be
 approved by the Commissioner within which the applicant may provide or
 arrange for health care services for its subscribers.

III. MARKETING

13. _____ Describe the marketing strategy for each major category of enrollment:

- _____ Group
 Criteria for selection of primary and secondary targets;
 Use of underwriting guidelines;
 Plans for community education and public relations.
- _____ Small Group
 Criteria for selection of primary and secondary targets;
 Use of underwriting guidelines;
 Plans for community education and public relations.
- _____ Individual
 Criteria for selection of primary and secondary targets;
 Use of underwriting guidelines;
 Plans for community education and public relations.
- _____ Medicare
 Use of underwriting guidelines;
 Plans for community education and public relations.
- _____ Medicaid
 Use of underwriting guidelines;
 Plans for community education and public relations.
- _____ Public Employees Insurance Agency
 Use of underwriting guidelines;
 Plans for community education and public relations.

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- _____ Other
 Criteria for selection of primary and secondary targets;
 Use of underwriting guidelines;
 Plans for community education and public relations.

IV. INSURANCE

14. _____ Describe any limitation of the applicant's financial risk. A PLHSO may either obtain reinsurance or make other arrangements acceptable to the Commissioner:
- _____ For the cost of providing to any enrollee health care services the aggregate value of which exceeds \$4,000.00 in any year;
 _____ For the cost of providing health care services on a non-elective emergency basis or for coverage outside the service area;
 _____ For not more than 95% of the amount by which the applicant's costs for any of its fiscal years exceed 105% of its income for those fiscal years; or,
 _____ Other
15. _____ Describe any risk sharing arrangements with provider(s) or other parties. Provide a copy of and reference the applicable sections of each provider contract pertaining to the risk-sharing arrangements.
16. _____ All directors, officers, administrators, persons holding 5% or more common stock of the organization and employees who receive, collect, disburse or invest funds in connection with the PLHSO must be appropriately bonded.
- _____ Submit the enclosed **Fidelity Worksheet** (Form PLHSO-3).
 _____ Obtain fidelity bond(s) in the amount prescribed by the worksheet.
 _____ Submit a copy of each fidelity bond obtained. Each bond must be current and must be relevant to applicant's proposed operations.
17. _____ Describe any arrangements to guarantee the continuation of benefits and payments to providers of services rendered to and after insolvency for the duration of the contract period for which premiums have been paid or until their discharge for members confined to an inpatient facility on the date of insolvency.

V. FEASIBILITY STUDY

18. _____ Submit a comprehensive feasibility study:
- a. _____ Performed by a qualified independent actuary in conjunction with a certified public accountant;
 b. _____ Containing certification by the qualified actuary as to the feasibility of the proposed organization;

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- c. _____ Containing an opinion by the certified public accountant as to the feasibility of the proposed organization;
- d. _____ Covering the greater of three years or until the PLHSO has been projected to be profitable for twelve consecutive months;
- e. _____ Demonstrating that the PLHSO would not, at the end of any month of the projection period, have less than the minimum capital and surplus;
- f. _____ Stating that the rates are not inadequate, excessive or unfairly discriminatory;
- g. _____ Demonstrating that the rates are appropriate for the classes of risk for which they have been computed;
- h. _____ Outlining the appropriate rating methodology;
- i. _____ Demonstrating the PLHSO is actuarially sound:
1. _____ The certification shall consider the rates, benefits and expenses of the organization;
2. _____ The rates that are or will be charged are actuarially adequate to the end of the period for which rates have been guaranteed;
3. _____ Incurred but not reported claims and claims reported but not fully paid have been adequately provided;
- j. _____ Indicating that the PLHSO is knowledgeable about the competitors, market and service areas for the geographic location(s) where it will operate.

VI. FINANCIAL

19. _____ The applicant must demonstrate in writing and by documentation that:
- a. _____ It will have adequate funding to continuously meet the minimum capital and surplus requirements as set forth in W. Va. §33-25D-6(a).
- b. _____ The source of funding and nature of all income, expenses and capital items through break-even.
20. _____ Submit a statement of the proposed initial cash and cash reserves summary. This should be inclusive of all:
- _____ Loan receipts
- _____ Loan repayments
- _____ Stock sales
- _____ Surplus notes
- _____ Other
- a. _____ Describe the sources and terms of the funding.
- b. _____ Submit independently certified audited financial statements of all guarantor(s).
21. _____ Submit a statement declaring all investments have been valued for asset purposes on a basis currently approved by the National Association of Insurance Commissioners (the “NAIC”). If any investments have been valued for asset purposes in a manner other than one currently

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approved by the NAIC, describe each item so valued and the basis of value indicated on the "Asset Page" of the balance sheet.

22. _____ Submit a statement that all investments valued for asset purposes are maintained and/or located in West Virginia financial institutions.

VI. ENROLLMENT

23. _____ Submit a description of the following assumptions underlying enrollment projections:
- _____ A projection of enrollment;
 - _____ Number of eligible persons residing within the service area;
 - _____ Contract size assumptions (contract distribution and content);
 - _____ Penetration assumptions and rationale, including initial and re-enrollments;
 - _____ Allowance for voluntary/involuntary disenrollment and group contract additions during the year;
 - _____ Projection by month and year of the break-even date; and,
 - _____ A plan outlining the provisions made for emergency and out-of-area health care.

VII. CONTRACTUAL

24. _____ Submit copies of all:
- _____ Enrollment contracts.
 - _____ Member handbooks.
 - _____ Benefit packages, riders and endorsements pertaining to Limited Health Services as defined in W. Va. Code §33-25D-2(n).
25. _____ Submit a copy of each type of provider contract utilized by the applicant. The contracts must include:
- _____ Hold Harmless Clause (see PLHSO Hold Harmless Language).
 - _____ Sixty-day notification to the PLHSO and Insurance Commissioner prior to termination of the contract.
26. _____ Submit a list of all physicians, hospitals and other providers with whom the applicant has contracted for services and the corresponding signature pages from each executed provider contract. The list and the corresponding signature pages must be alphabetized and sorted by county and specialty.

IX. GRIEVANCES & APPEALS

27. _____ Submit a detailed description of applicant's subscriber grievance and appeal procedures and include a statement that the PLHSO shall have someone with decision-making authority at each level of the process.

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28. _____ Provide samples of group and individual contracts and certificate or member handbooks given to subscribers. Each shall include:
- a. _____ Formal and informal steps to resolve grievances;
 - b. _____ Toll-free telephone numbers for the subscriber to call to present an informal grievance or to contact the grievance coordinator;
 - c. _____ An address for written grievances;
 - d. _____ A detailed description of the appeal process;
 - e. _____ A description of the statute of limitations for filing grievances;
 - f. _____ A statement outlining the time frame in which grievances shall be processed;
 - g. _____ A statement that there is physician involvement in the review of medically related grievances; and,
 - h. _____ A statement that time sensitive grievances will be handled on an expedited basis.
29. _____ Submit a copy of the policies and procedures for administering formal and informal grievances.
30. _____ Provide the name, address and telephone number of the grievance coordinator(s) who is/are responsible for the implementation of the grievance procedure.

X. QUALITY ASSURANCE

31. _____ To establish quality management and improvement provide:
- a. _____ Written description of the Quality Improvement (“QI”) program that outlines program structure and design.
 - b. _____ Statement that description is reviewed annually and updated as necessary.
 - c. _____ Name, address and telephone number of senior executive responsible for program implementation.
 - d. _____ Evidence that medical director has substantial involvement in QI activities.
 - e. _____ Evidence of a committee that oversees and is involved in QI activities.
 - f. _____ Description of the role, structure and function, including frequency of meetings, of the QI Committee.
 - g. _____ Evidence that providers participate actively in the QI committee.
 - h. _____ Evidence of contemporaneous records reflecting actions of the committee.
 - i. _____ A copy of the annual QI work plan, or schedule of activities, that includes the following:
 - 1. _____ Objectives, scope, and planned projects or activities for the year;
 - 2. _____ Planned monitoring of previously identified issues, including tracking thereof over time; and,
 - 3. _____ Planned evaluation of the QI program.
32. _____ To establish accountability to the governing body, provide:
- a. _____ Documentation that the governing body has approved the QI Committee’s overall QI program and the annual QI work plan.

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- b. _____ Evidence that the governing body or designated committee receives regular written reports from the QI program delineating actions taken and improvements made.
- c. _____ Evidence that the governing body reviews a written annual report on the QI program.
- d. _____ Evidence that QI information is used in recredentialing, recontracting, and/or annual performance evaluations.
33. _____ To establish coordination with other management activity, provide:
- a. _____ Evidence that QI activities are coordinated with other performance monitoring activities, including utilization management, risk management and resolution and monitoring of member complaints and grievances, assessment of member satisfaction and review of treatment records.
- b. _____ Evidence of linkage between QI and other management functions of the prepaid limited health service organization, e.g. network changes, benefits redesign, treatment management systems, practice feedback to providers and patient education.
34. _____ Provider contracts should contain or include:
- a. _____ Requirements to participate in QI activities are incorporated into all provider contracts and employment agreements.
- b. _____ A specification that hospitals and other contractors will allow the PLHSO access to the treatment records of their members.
- c. _____ A provision that the PLHSO allows open provider-patient communication regarding appropriate treatment alternatives and that it does not penalize the provider for discussing medically necessary or appropriate care for the patient.
35. _____ To establish that the quality assurance program is designed to objectively and systematically monitor and evaluate the quality and appropriateness of care provide:
- a. _____ Evidence of member participation in QI.
- b. _____ Evidence that the monitoring and evaluation of clinical issues reflect the population served by the PLHSO in terms of age groups, disease categories, and special risk status. Identify the following:
1. _____ Services provided in inpatient services.
2. _____ Services provided in partial facility services, or ambulatory services.
3. _____ High-volume, high-risk diagnosis, and any special population including, but not limited to, child and adolescence mental health, substance abuse, suicidality, persons with serious and persistent mental illness, and dual diagnosis.
36. _____ To establish important aspects of care and service provide:

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- a. _____ The process for periodically updating the practice guidelines.
- b. _____ The mechanism for communicating the practice guidelines to PLHSO providers has been implemented.
- c. _____ How performance is assessed against the practice guidelines.
- d. _____ A description of the evaluation process for member continuity and coordination of care.
- e. _____ A description of mechanisms to detect under and over utilization.
- f. _____ A description of mechanisms used to assess patient outcomes.
37. _____ To establish access to care and service provide:
- a. _____ A copy of the standards for the availability of or access to coordinating providers, e.g., for limited health services, urgent care services, and emergent care services.
- b. _____ Written standards to ensure referral and triage functions are appropriately implemented, and monitored.
38. _____ To establish quality measurement and improvement provide evidence that PLHSO has developed quality indicators that are objective, measurable and based on current knowledge and clinical experience and are used to monitor and evaluate each important aspect of care and service identified.
- a. _____ Identify performance goals and/or a bench-marking process for each indicator.
- b. _____ Identify the appropriate methods and frequency of data collection for each indicator.
- c. _____ Evidence that results of evaluations are used to improve clinical care and service.
- d. _____ The method of tracking areas for improvement to assure that appropriate action is taken and improvements are effective.
39. _____ To establish utilization management, provide:
- a. _____ Description of the UM program including policies and procedures to evaluate medical necessity, criteria used, information sources, and the process used to review and approve the provision of limited health services.
- b. _____ Mechanism for updating the UM program description on a periodic basis.
- c. _____ Evidence that qualified medical professionals supervise review decisions where procedures are used for preauthorization and concurrent review.
- d. _____ Evidence that a duly licensed physician conducts a review for medical appropriateness on any denial.
- e. _____ Evidence that the prepaid limited health service organization utilizes, as needed, licensed physician consultants from appropriate specialty areas of medicine.
- f. _____ Written utilization review decision protocols.
- g. _____ The mechanism for checking the consistency of application of criteria across reviewers.
- h. _____ The mechanism for periodically updating review criteria.
- i. _____ Evidence that reasons for denial notification of appeal process are clearly documented and available to the member.

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- j. _____ Written policies and procedures to evaluate the appropriate use of new medical technologies or new applications of established technologies, including medical procedures, drugs and devices.
- k. _____ Written policies and procedures for evaluating the effects of the program using member satisfaction data, provider satisfaction data, and/or other appropriate means.
- l. _____ If any delegation of QI or UM activities to contractors, provide evidence of oversight of the contracted activity including:
- 1. _____ the delegated activities;
 - 2. _____ the delegate's accountability for these activities;
 - 3. _____ the frequency of reporting to the PLHSO;
 - 4. _____ the process by which delegation will be evaluated;
 - 5. _____ approval of the delegate's UM program; and,
 - 6. _____ evaluation of the regularly specified reports.
40. _____ To establish that a system of credentialing is in place provide:
- a. _____ A copy of the written policies and procedures for the credentialing process.
 - b. _____ Evidence of a credentialing committee or other peer review body that makes recommendations regarding credentialing decisions.
 - c. _____ Evidence that coordinating providers serve as voting members of the credentialing committee.
 - d. _____ The name, address, telephone number and area(s) of practice of each practitioner who falls under the PLHSO's scope of authority and action.
 - e. _____ Evidence that the initial credentialing process is ongoing and up-to-date and that PLHSO obtains review verification of the following:
 - 1. _____ A current valid license to practice;
 - 2. _____ When applicable clinical privileges in good standing at the institution designated by the practitioner as the primary admitting facility;
 - 3. _____ A valid DEA certificate, as applicable;
 - 4. _____ Graduation from medical school or appropriate graduate school and completion of a residency, specialty training or board certification, as applicable;
 - 5. _____ Complete work history;
 - 6. _____ Current adequate malpractice insurance according to the PLHSO's policy; and
 - 7. _____ Complete professional liability claims history.
 - f. _____ A copy of the form application for membership including a statement by the applicant regarding:

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1. _____ reasons for any inability to perform the essential functions of the position with or without accommodation;
2. _____ lack of present illegal drug use and alcohol abuse;
3. _____ history of loss of license and/or felony convictions;
4. _____ history of loss or limitation of privileges or disciplinary activity; and,
5. _____ an attestation to the correctness/completeness of the application.
- g. _____ Evidence that the PLHSO requests information on the practitioner during credentialing and re-credentialing from the following recognized monitoring organizations:
1. _____ National Practitioner Data Bank;
2. _____ The appropriate State licensing boards such as the Board of Medicine, Board of Examiners of Psychologists, Board of Examiners in Counseling, Board of Social Work Examiners; and,
3. _____ Medicare/Medicaid sanctioning.
- h. _____ Evidence of an initial visit to each potential coordinating providers office resulting in documentation of a structured review of the site and of treatment record keeping practices to ensure conformance with PLHSO's standards.
- i. _____ Evidence of the periodic verification of credentials that is ongoing and up to date and implemented at least every two years.
- j. _____ Evidence that recredentialing, recertification, or reappointment process includes verification from primary sources of:
1. _____ current valid license to practice;
2. _____ when applicable, clinical privileges in good standing at the hospital designated by the practitioner as the primary admitting facility;
3. _____ a valid DEA certificate, as applicable;
4. _____ board certification, as applicable;
5. _____ current, adequate malpractice insurance according to the PLHSO's policy; and
6. _____ professional liability claims history.
- k. _____ Evidence that the recredentialing process includes a current statement by the applicant regarding:
1. _____ inability to perform the essential functions of the position, with or without accommodation; and,
2. _____ lack of present illegal drug use or alcohol abuse.

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- l. _____ Evidence that the recredentialing, recertification or performance appraisal process includes review data from:
- 1. _____ member complaints and grievances;
 - 2. _____ results of quality reviews;
 - 3. _____ utilization management;
 - 4. _____ member satisfaction surveys;
 - 5. _____ treatment record reviews; and,
 - 6. _____ site visits.
- m. _____ Evidence that the recredentialing process includes an on-site visit to the offices of all high-volume coordinating providers, resulting in documentation of a structured review of the site and treatment record keeping practices.
- n. _____ Copies of policies and procedures for reducing, suspending or terminating practitioner privileges which shall include:
- 1. _____ a mechanism for reporting to the appropriate authorities serious quality deficiencies resulting in suspension or termination; and
 - 2. _____ an appeal process for and notice thereof to the provider.
- o. _____ Copies of written policies and procedures for the initial quality assessment of all health delivery organizations including, but not limited to, facilities providing mental health or substance abuse services in an inpatient, residential or ambulatory setting.
- 1. _____ When applicable, confirmation that health delivery organizations have been reviewed and approved by a recognized accrediting body and are in good standing with state and federal regulatory bodies; and,
 - 2. _____ A copy of the standards of participation for health delivery organizations who have not been approved by a recognized accrediting body.
- p. _____ Evidence of oversight of any delegated credentialing/re-credentialing activity to contractors including a written description of:
- 1. _____ the delegated activities; and,
 - 2. _____ the delegate's accountability for these activities.
- q. _____ Evidence that PLHSO monitors the effectiveness of the delegate's credentialing and reappointment or recertification processes at least annually.
41. _____ To establish that members' rights and responsibilities are delineated in the quality process provide:

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- a. _____ A copy of the PLHSO's written policy recognizing the right of members to:
- 1. _____ voice grievances about the PLHSO or care provided;
 - 2. _____ have information concerning the PLHSO, its services, the practitioners providing care, and members' rights and responsibilities;
 - 3. _____ participate in decision-making regarding limited health services;
 - 4. _____ be treated with respect and recognition of their dignity and need for privacy; and,
 - 5. _____ have a provider or other person designated by the member or a court may make and enforce all health care decisions the member could make if he or she had the capacity or were competent.
- b. _____ A copy of the PLHSO's written policy addressing members' responsibilities for cooperating with those coordinating providers by:
- 1. _____ giving needed information to professional staff to ensure appropriate care; and,
 - 2. _____ following instructions and guidelines given by coordinating providers.
- c. _____ A statement that the PLHSO provides a copy of policies on members' rights and responsibilities to all participating providers and directly to members.
- d. _____ Evidence that members are given written statements that are clear and concise and at a minimum address:
- 1. _____ how to submit a claim for covered services;
 - 2. _____ how to obtain limited health services;
 - 3. _____ after-hours and emergency coverage including the PLHSO's policy on when to directly access emergency care or use 911 type services;
 - 4. _____ benefits and services included and excluded from membership;
 - 5. _____ obtaining out of area coverage;
 - 6. _____ special benefit provisions such as co-payment, higher deductibles and rejection of claims that may apply to services outside the system;
 - 7. _____ members charges;
 - 8. _____ procedures for notifying those members affected by:
 - a. _____ termination or change in any benefits,
 - b. _____ termination of any services, or
 - c. _____ termination of any service delivery office/site;

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9. _____ notification of termination of a coordinating provider and the process for selecting a new provider;
10. _____ procedures for appealing decisions adversely affecting the member's coverage, benefits, or relationship to the PLHSO;
11. _____ procedures for changing practitioners;
12. _____ procedures for disenrollment of nongroup subscribers;
13. _____ procedures for voicing complaints, grievances and appeals;
14. _____ procedures for recommending changes in policies and services;
15. _____ points of access to limited health care services;
16. _____ the process by which a PLHSO determines whether or not to include new and emerging technology or treatment as a covered benefit;
17. _____ information on provider names, qualifications and titles;
18. _____ a copy of written policies and procedure pertaining to confidentiality;
19. _____ a copy of member satisfaction survey including an assessment of:
- a. _____ patient complaints,
- b. _____ requests to change practitioners and/or facilities, or
- c. _____ disenrollments by members; and,
20. _____ Procedure for the care and treatment of minors, as well as adults, who are unable to give informed consent.
- e. _____ Evidence of oversight of any delegated member service activities to contractors including a written description of:
1. _____ delegated activities;
2. _____ delegate's accountability for these activities;
3. _____ frequency of reporting complaints and grievances and member survey data;
4. _____ process by which the delegation will be evaluated;
5. _____ approval of the delegate's member services program; and,
6. _____ evaluation of regularly specified reports.
42. _____ To establish that the PLHSO engages in preventive health services provide:
- a. _____ Copies of practice guidelines and all updates for the use of preventive health services.
- b. _____ A statement that the guidelines are provided in writing to all providers and members.
- c. _____ Evidence that the PLHSO monitors, evaluates and takes action to improve a minimum of two of the following:

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1. _____ Infants through pre-adolescent screening and educational intervention.
2. _____ Adolescent through adult screening and educational intervention.
3. _____ Family and community screening and educational intervention.
4. _____ Elderly screening and educational intervention.
43. _____ To establish that treatment records are maintained in a manner that is current, detailed, organized, and permits effective patient care and quality review provide:
- a. _____ A statement that records are available to coordinating providers at each patient visit and to nationally and state recognized reviewing bodies sanctioned by the Commissioner;
- b. _____ A copy of standards and all updates for maintaining treatment records, the systematic review for conformance and the institution of corrective action when standards are not met; and,
- c. _____ A statement that copies of all standards and goals and any updates are provided in writing to all providers.

XI. MISCELLANEOUS

44. _____ Submit a description of enrollee participation in matters of policy and operation.
45. _____ Submit the attached **Waiver Form** (Form PLHSO-4) which shall contain notarized acknowledgments that:
- A delinquency proceeding or supervision by the Insurance Commissioner constitutes the sole and exclusive method for the liquidation, rehabilitation, reorganization or conservation.
- Waives any right to file or be subject to any federal bankruptcy proceeding.
- Comes from the CEO acknowledging that he/she has read and understands his/her obligations to report any impairment of the PLHSO to the Insurance Commissioner.

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CERTIFICATION

State of _____

County of _____

To-wit:

I, _____, do swear or affirm that I have carefully examined each of the questions asked in the PREPAID LIMITED HEALTH SERVICE ORGANIZATION APPLICATION AND CHECKLIST and each of the responses thereto and, to the best of my knowledge and ability, all responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

(Print Name)

(Title)

(Signature)

(Date)

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public

My Commission Expires:

(Affix Seal Here)

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