

Oklahoma Insurance Department  
**Checklist for Domestic 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 Primary Application completed with 3 officers signatures.
2. UCAA Lines of Insurance
3. Company Review Fee \$1,000 [36 § 321(4)(h)] + Commissioner as Agent for Service of Process Fee \$10 [36 § 321(36 § 321(3))] + Issuance of License Fee \$150 [36 § (2)(a)] + HMO Contract Fee \$25 [36 § 321(4)(g)]
4. Minimum Paid-in Capital and Surplus Requirements, Net Worth of 1.5 Million or by calculation of 36 § 6913.
5. 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 [36 § 6906].
6. Security Deposit, \$500,000 [36 § 6913(B)(1)] An additional deposit may be required pursuant to 36 § 6914. (Contact [Jeanette.pearce@oid.ok.gov](mailto:Jeanette.pearce@oid.ok.gov) for more information) or a Domicile State Certificate of Deposit
7. Name Approval (Secretary of State)
8. Plan of Operation: Questionnaire; Pro Forma; and Narrative
9. Holding Company Form "B" Registration Statement
10. Statutory Memberships
11. Articles of Incorporation - 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.
12. Bylaws - A copy of the bylaws, rules, regulations or similar document, if any, regulating the conduct of the internal affairs of the applicant.
13. 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 paragraph 3 of this subsection and the health maintenance organization.

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14. Financial statements showing the applicant's assets, liabilities and sources of financial support including, but not limited to: a copy of the applicant's most recent, regular certified financial statement; an unaudited current financial statement, and
15. NAIC Biographical Affidavits - A form acceptable to the NAIC, of 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.
16. Third party back ground check for each Biographical Affidavit (approved third party background vendor list [http://www.naic.org/documents/industry\\_ucaa\\_third\\_party.pdf](http://www.naic.org/documents/industry_ucaa_third_party.pdf))
17. Uniform Consent to Service of Process form (Form 12), Exhibit A; Exhibit B; and Resolution Authorizing Appointment of Attorney
18. A copy of the form of evidence of coverage to be issued to enrollees;
19. A copy of the form of group contract, if any, to be issued to employers, unions, trustees or other organizations;
20. 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;
21. A statement or map reasonably describing the geographic area or areas to be served;
22. A description of the internal grievance procedures to be utilized for the investigation and resolution of enrollee complaints and grievances;
23. 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 § 6907;
24. 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;
25. A list of the names, addresses, and license numbers of all providers with which the HMO has agreements;
26. Other information the Insurance Commissioner may require to make the determinations required in Section 6904 of the Health Maintenance Organization Act of 2003;

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27. An original of all documents required pursuant to the provisions of this subsection, with all required fees.