



STATE OF MAINE Bureau of Insurance

34 State House Station
Augusta, ME 04333-0034

HMO Application Checklist Form H-2 Part B

The items listed below in this Part B of the H-2 checklist are required to be submitted **ONLY** by applicants seeking full HMO authority, as opposed to limited authority to write Medicare products only.

This checklist is intended to help guide applicants with assembling a complete Certificate of Authority application. Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. This completed checklist should be attached to the top of the application.

Regulator Use Only

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | 19. Copy of any contracts with providers | <input type="checkbox"/> |
| <input type="checkbox"/> | 20. Copy of the form of evidence of coverage to be issued to enrollees | <input type="checkbox"/> |
| <input type="checkbox"/> | 21. Copy of the form of any group contracts. | <input type="checkbox"/> |
| <input type="checkbox"/> | 22. Description of the complaint and grievance procedures to be utilized under §4303 | <input type="checkbox"/> |
| <input type="checkbox"/> | 23. Description of the proposed quality assurance program
Including the formal organization 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 performances are identified. | <input type="checkbox"/> |
| <input type="checkbox"/> | 24. Description of the mechanism by which enrollees will be afforded an opportunity to participate in matters of policy and operation under §4206(2): | <input type="checkbox"/> |
| <input type="checkbox"/> | 25. Schedule of rates with supporting actuarial and other data | <input type="checkbox"/> |
| <input type="checkbox"/> | 26. Description of a procedure to develop, compile, evaluate, and report statistics
Relating to the cost of its operations, the pattern of utilization of its services, the availability and accessibility of its services, etc. as required by DHHS Commissioner | <input type="checkbox"/> |
| <input type="checkbox"/> | 27. List of physicians and facilities (names and addresses) with which the Company has or will have agreements. | <input type="checkbox"/> |