

HMO CERTIFICATE OF AUTHORITY APPLICATION GUIDELINES
For Submitting an HMO Application to the Illinois Department of Insurance

Applicable Illinois Laws and Regulations

215 ILCS 125/1-1 et seq. (HMO Act)
50 Ill. Adm. Code 851-854
50 Ill. Adm. Code 904
50 Ill. Adm. Code 916
50 Ill. Adm. Code 925
50 Ill. Adm. Code **4521**
77 Ill. Adm. Code 240

The Illinois Insurance Laws can be accessed at the following link:

<http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=22>

The Health Maintenance Organization Act can be accessed at the following link:

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1263&ChapterID=22>

The Illinois Administrative Code can be accessed at the following links:

<http://www.ilga.gov/commission/jcar/admincode/050/050parts.html>

<http://www.ilga.gov/commission/jcar/admincode/077/077parts.html>

Questions regarding this application should be addressed to Amy Stuart, LAH Corporate Regulation, Illinois Department of Insurance at (217) 782-9694 or via email at amy.stuart@illinois.gov

A complete HMO Certificate of Authority Application Submission is required in the form of one (1) original and two (2) copies of all documents, submitted in hard copy format to the attention of:

Amy Stuart
Supervisor, LAH Corporate Regulation
Illinois Department of Insurance
320 West Washington Street, 4th Floor
Springfield, IL 62767-0001

THE DEPARTMENT WILL NOT ACCEPT PARTIAL HMO APPLICATIONS FOR REVIEW. HMO APPLICATION SHOULD NOT BE SUBMITTED TO THE DEPARTMENT UNTIL ALL PORTIONS OF THE HMO APPLICATION ARE PREPARED AND ARE INCLUDED WITHIN THE COMPLETE SUBMISSION, IN ACCORDANCE WITH THESE GUIDELINES.

Questions regarding Illinois Department of Public Health (IDPH) requirements should be addressed to:

Karen Senger, Division Chief
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson
Springfield, IL 62761
(217) 782-0381
Karen.Senger@illinois.gov

Supporting documents for application must be tabbed and indexed. These documents must **NOT** be permanently bound. The documents must be in the same order as outlined in these guidelines and in an easily read format, and all documents made part of the HMO Certificate of Authority Application is its entirety

Please complete the attached form, *Application for Certificate of Authority to Operate as a Health Maintenance Organization*. This Application form for an HMO Certificate of Authority must be completed and contain original signatures, and should be included at the front of the HMO application submission.

The following instructions and/or documents are in addition to the material set forth in Section 2-1(c) of the HMO Act and must be a part of the filed application.

PREFACE – REQUIRED:

Application is being filed as a health maintenance organization (HMO) pursuant to the Illinois Health Maintenance Organization Act (215 ILCS 125/1-1 et seq.).

Subsection 1

Organization Documents - A certified copy of the organization’s Articles of Incorporation filed with the Illinois Secretary of State’s Office. **The corporate purpose of the organization should be to operate as a Health Maintenance Organization. Please note: an organization applying for an HMO Certificate of Authority must be organized as a corporation. Limited Liability Companies (LLC) and Low-Profit Limited Liability Companies (L3C) are not permitted to obtain an HMO Certificate of Authority in Illinois.**

If the organization is a foreign corporation, include a certified copy of the Articles of Incorporation from the state of domicile and evidence of registration with the Illinois Secretary of State as a foreign corporation. The purpose set forth in the registration of the foreign corporation should indicate its purpose as that of operating as an HMO.

Subsection 2

By-Laws – Provide the By-Laws of the organization; the By-Laws of an HMO should provide for the following:

- The fiscal year must be synonymous with the calendar year and cannot deviate from the calendar year, due to statutory accounting practices.
- The By-Laws should include “a mechanism to afford the enrollees an opportunity to participate in an advisory capacity in matters of policy and operations.” This could be in the form of an advisory or consumer committee to the Board of the HMO.
- By-Laws of an Illinois domestic corporation or Illinois domestic insurance company seeking an HMO Certificate of Authority should also reference the following regarding composition of the Board of Directors: “The HMO’s Board of Directors will be composed of persons at least 18 years of age, and at least three of the directors must be residents and citizens of Illinois.” This is a requirement pursuant to 215 ILCS 125/2-10.

Subsection 3

- a) **Name, Address and Positions – NAIC Biographical Affidavit** – should contain original signatures and should be notarized (NAIC Form 11) for officers and directors; include biographical affidavit as well for Chief Medical Officer or Medical Director of the organization (must be a physician possessing an Illinois). The most recent version of the NAIC Biographical Affidavit (UCAA Form 11) can be obtained from the NAIC’s website at the following link: http://www.naic.org/industry_ucaa.htm .
- b) **Additionally, see Company Bulletin CB# 2016-05 regarding Independent Third Party Background Investigation Reports on the DOI Website at** <http://insurance.illinois.gov/cb/2016/CB2016-05.pdf>
- c) **COMPLETE AFFIDAVIT ON PAGE 10 OF THESE GUIDELINES, bearing original signatures, and submit as part of the HMO Application.** Please be advised, your organization must have staff with HMO regulatory experience, and staff with working knowledge and aptitude regarding Statutory Accounting and Reporting. The National Association of Insurance Commissioners’ (NAIC) website at http://www.naic.org/store_pub_accounting_reporting.htm#app_manual houses pertinent information, including the NAIC *Accounting Practices and Procedures Manual* and the Annual and Quarterly Statement Blanks. If the staff persons with regulatory and/or statutory accounting experience will not be preparing the annual and quarterly financial statements for the organization, then the organization should provide the identity of the regulatory/accounting firm that the organization has hired to prepare the organization’s statutory financial statements, and provide the firm’s credentials and qualifications as well. Be advised, if your organization obtains an HMO license, the HMO will soon thereafter be required to submit a quarterly financial statement on every May 15, August 15, and November 15, and an annual financial statement every March 1. These statutory statements should be prepared using the NAIC Health Blank and be in compliance with applicable sections of the HMO Act and other applicable sections of the Illinois Insurance Code.

Conflict of Interest Statement - Original signature required (copy is attached) (Part 4521.90).

Holding Company Registration Statement – A foreign corporation should provide a copy of the corporation’s Holding Company Registration Statement or the most recent Holding Company Statement filed in the applicant’s home state (215 ILCS 125/5-3 and 50 Ill. Adm. Code Part 652). If the HMO applicant is organized in Illinois, then the applicant shall at a minimum provide an organization chart within the application showing the ownership organizational structure controlling the applicant and the affiliated entities of the applicant.

Subsection 4

Service Area – List only the counties in which you are initially going to do business. Include a legible map of area by zip code to be served by HMO showing location of its office and ambulatory health care facilities. All future changes to the service area of the HMO should be approved by the Illinois Department of Public Health.

4.a. Corporate Plan of Operation Narrative – (Project items 3 years into the future, where possible.) Narrative should address ALL of the following points:

Health Services - types of services to be offered

- projected volume
- expected market penetration
- description of policies
- size of premium per policy
- **Marketing Strategy**
- method of solicitation (agency, brokers, direct mail, etc.)
- expenses of procuring business
- agent/broker compensation (first year, other years)
- definition of market (who and where in Illinois)
- **Breakdown of Operating Expenses**
- ratios of expenses to premiums
- solicitation, general expenses, other large sub-items
- **Business Expectations**
- profit margins, writing ratios and loss ratios
- comment on difference between experience in other states and expectations in Illinois
- **Corporate Plans**
- what, if anything, is unique or exceptional concerning the manner in which the company plans to service enrollees
- what exceptional contribution can the company make to the Illinois marketplace
- how will the company's premium rates compare to known premium rates in Illinois
- **Illinois HMO Guaranty Association** Acknowledge that your organization is aware of the membership requirements of the Illinois HMO Guaranty Association if and when this organization receives an HMO Certificate of Authority in Illinois - see Article VI of the HMO Act (215 ILCS 125/6-1 et. seq).
- The Association's Website address is - <http://www.ihmoga.org/>

4.b. Three Year Pro-Forma Projections

To provide Three Year Pro-Forma Financial Projections, the organization should utilize the NAIC UCAA Pro-Forma Financial Statements (**Health blank**) Excel Spreadsheet available at the NAIC UCAA Website page at the following link : http://www.naic.org/industry_ucaa.htm . The organization should fully complete each tab of the spreadsheet.

Subsection 5

Provider Contracts – Section 2-8 and Part 4521.50.

http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/LAH-Checklist.html

Subsection 6

Contracts with Related Parties

Subsection 7

Administrative and Miscellaneous Contracts

Subsection 8 - HMO Products/Policy Forms (Group and Individual) -

http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/LAH-Checklist.html

Please Note: Even if your organization plans to only transact Medicare Advantage and/or Medicaid health plans as an HMO, your organization must also provide HMO Commercial products/policy forms which meet the requirements set forth in the Department's forms Checklists (see website links below). HMO Applications will be deemed incomplete if such applications do not have HMO Commercial products/policy forms included in hard copy format within the HMO Application submission.

Group Contracts and Evidences of Coverage - the Review Requirements Checklist is available in its most current format at the following link on the Department's website:

http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/LAH-Checklist.html

If the applicant plans to transact Large Group HMO business in Illinois, see the following requirements checklist for Large Group HMO filings:

http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/LAH-Checklist.html

To facilitate flexibility in contract filing, group contracts and evidences of coverage may be filed on an insert page basis – each page being identified by a unique form number located in the lower left-hand corner (not to exceed 15 characters). These insert pages may then be replaced as required by other approved pages. If the contract is not numbered in such a fashion and a modification is required, then the entire contract must be refiled for approval. When forms are to be approved in this manner, the general transmittal sheet must list each page as a policy form (50 Ill. Adm. Code 916).

Subsection 9

Grievance Procedures - the Review Requirements Checklist is available in its most current format at the following link on the Department's website:

http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/LAH-Checklist.html

Subsection 10

Audited Financial Statement - copy of the most recent audited financial statement including the Accountants Letter of Qualifications.

Subsection 11

Statutory Deposit - (Section 2-6). Nearing the finalization of the HMO Certificate of Authority application review process, the organization will be instructed by the Department to place a minimum statutory deposit of at least \$300,000 in acceptable securities with the Illinois Department of Insurance at the custodial bank of the Department, for the benefit and protection of all policyholders and creditors. The statutory deposit is held as an admitted asset of the HMO.

Financial Information – The organization must have minimum \$2,000,000 net worth before the application will be reviewed. After licensure, the HMO must have a minimum of \$1,500,000 net worth at all times, to maintain its HMO Certificate of Authority in our State.

A. FOR A NEW CORPORATION

1. **A copy of an Escrow Agreement** between the organization and an Illinois-licensed bank or trust company **located in Illinois**, restricting access to funds on deposit (\$2,000,000) until a Certificate of Authority is issued by the Department of Insurance, certification is denied, or the application is withdrawn. Funds deposited into the Escrow Account shall be unencumbered funds. **The Escrow Agreement shall set forth that the \$2,000,000 funds on deposit shall consist of cash or acceptable securities: acceptable securities are U.S. Treasury Bills or U.S. Treasury Notes only. The Escrow Account holding the funds shall be located within the State of Illinois.**
2. A recent dated balance sheet reflecting a net worth of the organization of not less than \$2,000,000. During the review process a current date balance sheet may be requested.

B. FOREIGN CORPORATION CURRENTLY OPERATING AS AN HMO

1. Copies of annual financial statements filed in the organization's state of domicile (or state where certified the longest) for the past three years.
2. Quarterly statements for any quarters that have elapsed since the last annual statement's reporting date. **THE CORPORATION MUST HAVE A MINIMUM NET WORTH OF \$2,000,000 AS OF THE MOST RECENT REPORTING DATE.**
3. **Provide a Certificate of Compliance** from the organization's domestic regulatory agency charged with regulation of the Health Maintenance Organization. **The Certificate of Compliance should indicate that the organization is currently operating as an HMO in its home state and that it is currently in compliance with applicable laws and regulations which such domestic regulatory agency is charged to enforce.**
4. A statement from the organization stating they are aware of the investment limitations and admitted assets sections of the Illinois HMO Act and will be in compliance with these sections when computing the financial statements.

Subsection 12

Rate Methodology – applicant should provide rate methodology for any commercial HMO products, and/or for any government HMO products to be offered (Medicare or Medicaid).

Subsection 13

Marketing – the Review Requirements Checklist is available in its most current format at the following link on the Department’s website:

http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/LAH-Checklist.html

Subsection 14

Registered Agent – Provide a copy of every filing made with the Illinois Secretary of State which relates to the applicant’s registered agent or registered office.

Subsection 15

Complaint Procedures – the Review Requirements Checklist is available in its most current format at the following link on the Department’s website:

http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/LAH-Checklist.html

Subsection 16

Quality Assessment and Utilization and Review - Questions regarding this Subsection should be directed to:

Karen Senger, Division Chief
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson
Springfield, IL 62761
(217) 782-0381
Karen.Senger@illinois.gov

Subsection 17

Certificate of Compliance: Foreign corporations applying for an HMO Certificate of Authority in Illinois should provide a copy of its current Certificate of Compliance from its domiciliary state’s Department of Insurance which should indicate its licensure and compliance to transact HMO business in its domiciliary state.

Subsection 18

Filing Fee – The filing fee must be included with the filing of the application and supporting documents. This fee is non-refundable. **Make check payable to the Illinois Department of Insurance.**

- a. Domestic HMO Certificate of Authority Application filing fee is \$2,000.00.
- b. Foreign HMO Certificate of Authority Application filing fee is \$5,000.00.

Subsection 19

Supply the Federal Employers Identification Number (FEIN) assigned to the organization.

Application for HMO Certificate of Authority

TO: ILLINOIS DIRECTOR OF INSURANCE

_____, an
organization incorporated on _____ under the
_____ and existing under and by
virtue of the laws of the State of _____ hereby makes application for a Certificate of
Authority to operate a Health Maintenance Organization under the Health Maintenance Organization Act (215
ILCS 125/1-1 et seq.).

IN WITNESS WHEREOF, the undersigned organization
has caused this application to be executed in its name

by _____, _____
(Name) (Title)

and attested by _____,
(Name)

_____, this _____

day of _____ A.D., 20 _____.

(Name of Organization)

BY: _____

Attest: _____

The attached materials are made a part of this application.

CONFLICT OF INTEREST STATEMENT

NAME: _____ HMO: _____

This is to certify that, except as described below, neither I nor, to my knowledge, any members of my family (including relatives by marriage) have or will:

1. engage, directly or indirectly, in any transaction for the purchase or sale of securities, materials or other property, or services by or to the HMO, otherwise than in the normal capacity of performing duties for the HMO; or
2. be an office, director, trustee, partner or employee of or consultant to any person, corporation, partnership or other organization which, to my knowledge, will engage in any transaction with the HMO or is engaged in a business in competition with the HMO; or
3. be interested monetarily, directly or indirectly, in any person or organization described in paragraph (2) above; or
4. be a recipient, directly or indirectly, of any payments or loans or gifts of any kind (other than reasonable travel expense and entertainment necessary as a normal part of business activity) or any free services, discounts or other favors from or on behalf of any person or organization described in paragraph (2) above (unless by way of dividends); or
5. engage, directly or indirectly, in disclosure of confidential HMO information for the personal benefit or advantage of any person; or
6. engage, directly or indirectly, in any other activity which could be questioned on the ground of conflict of interest.

Any exceptions to (1), (2), (3), (4), (5), (6) above are stated below, with a full description of the transactions and of the interest, whether direct or indirect, which I or any member of my immediate family had in the person or organization having such transactions or competing with the HMO:

The Department of Insurance must be notified in writing of any changes in your status as reported above during your employment with the HMO.

Please state and describe your job position with the HMO company:

State your salary and any other compensation you will receive from the HMO or any of its affiliates: _____

(If additional space is needed to complete any of the above, please continue on reverse side and initial.)

Date _____

Signature _____

ORIGINAL SIGNATURE REQUIRED

**AFFIDAVIT TO IDENTIFY QUALIFIED INDIVIDUALS AT THE APPLICANT ORGANIZATION;
AND TO IDENTIFY ANY FIRM THAT WILL BE UTILIZED TO PREPARE ANNUAL AND
QUARTERLY STATUTORY FINANCIAL STATEMENTS (HEALTH) FOR THE APPLICANT**

List names; proposed titles/positions; and the credentials and qualifications of the persons at the applicant organization with regulatory experience, and/or with statutory accounting experience in the preparation of statutory financial statements:

List the name(s) of any firm(s) that the applicant organization will be utilizing to prepare annual and quarterly statutory financial health statements for the applicant. Credentials and qualifications of the firm(s) should also be listed:

IN WITNESS WHEREOF, the undersigned organization has caused this Affidavit to be executed in its name

by _____, _____
(Name) (Title)

and attested by _____,
(Name)

_____, this _____

day of _____ A.D., 20 _____.

(Name of Organization)

BY: _____

Attest: _____

The attached materials are made a part of this application. If any changes in above referenced staff or firms are made during the licensure review process, please provide an updated Affidavit to the attention of Amy Stuart at the Illinois Department of Insurance.