**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**

1. **Copy of any contracts with providers**

1. **Copy of the form of evidence of coverage to be issued to enrollees**
2. **Copy of the form of any group contracts.**
3. **Description of the complaint and grievance procedures to be utilized under §4303**

1. **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.

1. **Description of the mechanism by which enrollees will be afforded an opportunity**

**to participate in matters of policy and operation under §4206(2)**:

1. **Schedule of rates with supporting actuarial and other data**
2. **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

1. **List of physicians and facilities** (names and addresses) with which the Company has

or will have agreements.