

**NEW MEXICO PUBLIC REGULATION COMMISSION
INSURANCE DIVISION
COMPANY LICENSING BUREAU
P.O. BOX 1269
SANTA FE, NEW MEXICO 87504-1269
(505) 827-3978**

SUMMARY OF THE REQUIRED DOCUMENTS FROM
HEALTH MAINTENANCE ORGANIZATIONS SEEKING ADMISSION TO TRANSACT
INSURANCE BUSINESS IN NEW MEXICO

Name of Health Maintenance Organization

By:

Officer

Date Filed

In support of your health maintenance organization application, please furnish the Insurance Division the following:

- ____ 1. **APPLICATION FEE** A non-refundable application fee in the amount of \$1,000 shall accompany the application prior to any Insurance Division review, pursuant to NMSA 1978, §59A-6-1(V)(1). Make the check payable to the New Mexico Insurance Division.

- ____ 2. **RESOLUTION OF THE BOARD OF DIRECTORS** A notarized copy, certified by an officer, of the Resolution of the Board of Directors, under oath of the president, vice president or other chief officer, to seek admission on behalf of the organization in New Mexico.

- ____ 3. **ARTICLES OF INCORPORATION** A certified copy of the organization's initial Articles of Incorporation (or similar document) and all amendments thereto bearing the certification of the official having custody of the original.

- ____ 4. **BY-LAWS** A copy of the By-Laws certified by the state official having custody of the original or organization's corporate secretary. Ensure that the corporate seal is affixed to the secretary's certification.

- ____ 5. **LIST OF OFFICERS AND DIRECTORS** A list of all officers and directors of the organization that provides the names, titles, addresses and official positions.

- ____ 6. **BIOGRAPHICAL AFFIDAVITS** Biographical affidavit for each officer and director of the organization. Each affidavit shall have the individual's original signature and an original notary affixed to the document. We utilize the NAIC Biographical Affidavit.

7. **DECLARATION PAGE OF FIDELITY BOND/INSURANCE** A copy of the declaration page of the organization's fidelity bond that indicates the name of the surety company, the effective date, the expiration date, and the amount of coverage as prescribed by NMSA 1978, §59A-46-6(B).
8. **ANNUAL STATEMENT OR CERTIFIED FINANCIAL STATEMENT** A certified copy of the organization's annual statement or financial statement for the preceding year.
9. **FINANCIAL PLAN** A financial plan that includes a three (3) year projection of the initial operating results anticipated and a statement as to the sources of working capital as well as other sources of funding.
10. **FINANCIAL FEASIBILITY PLAN** A financial feasibility plan as prescribed by NMSA 1978, §59A-46-3-(C)(8).
11. **UNIFORM CONSENT TO SERVICE OF PROCESS** A properly executed document authorizing the New Mexico Superintendent of Insurance to accept Service of Process on behalf of the organization. (NAIC UCAA Form 12 is available at the NAIC website www.naic.org/ucaa/main.htm).
12. **CONFLICT OF INTEREST FORMS** A copy of each conflict of interest form that each officer and director has signed.
13. **NAME OF THE ORGANIZATION** Be advised of the prohibition affecting licensing companies with names that are similar or likely to mislead the public in New Mexico with the name of some other company that is already licensed. The organization's name shall also comply with the requirements of Insurance Division Rule, 13 NMAC 10.13.23.
14. **PLAN FOR INSOLVENCY** The organization shall provide a plan for handling insolvency in accordance with NMSA 1978 §59A-46-3(C)(13).
15. **POWER OF ATTORNEY TO APPOINT AND CERTIFY AGENTS** The form is required in order to appoint and discharge agents. (NAIC UCAA Form 5 is available at the NAIC website www.naic.org/ucaa/main.htm).
16. **HEALTH MAINTENANCE ORGANIZATION CONTACT PROCESSING FORM** The Health Maintenance Organization Contact Processing Form shall be completed and returned with this application. (Form can be found on our website under forms.)
17. **CERTIFICATE OF COMPLIANCE** If a foreign corporation, a certified document evidencing compliance by the organization with the laws of the State of domicile as to the kind or kinds of business for which the organization is authorized.

18. **REPORT OF EXAMINATION FROM HOME STATE** If a foreign corporation, a certified copy of the most recent report of examination made of the organization conducted within the last three (3) years.
19. **DESCRIPTION OF MECHANISM** A description of the mechanism by which covered persons will be afforded an opportunity to participate in matters of policy and operation in accordance with §59A-57-5(B) and 13 NMAC 10.13.7.17.
20. **DESCRIPTION OF HMO** A statement generally describing the health maintenance organization and its method of operation, facilities, and personnel.
21. **METHOD OF MARKETING** A description of the proposed method of marketing that complies with Insurance Division Rule, 13 NMAC 10.13.26.
22. **CONTRACTS WITH PROVIDERS** The provider contracts that the organization intends to utilize shall be filed with this application that meet the requirements of NMSA 1978, §59A-57-6 and Insurance Division Rule, 13 NMAC 10.13.25.
23. **EVIDENCE OF COVERAGE** As prescribed by NMSA 1978, §59A-57-4(B)(1) and Insurance Division Rule, 13 NMAC 10.13.14 and 13 NMAC 10.13.26, the forms of evidence of coverage and all other enrollment materials that the organization intends to issue shall be filed with the application. In addition, a complete statement of enrollee rights (13 NMAC 10.13.8.2), written policies and procedures regarding enrollee responsibilities (13 NMAC 10.13.8.3), lists of all providers (13 NMAC 10.13.11.4), procedures for obtaining specialty referrals, ongoing referrals and second medical opinions (13 NMAC 10.13.11.6.1), and co-payments (13 NMAC 10.13.27) shall also be filed with the evidence of coverage.
24. **STATEMENT OF GEOGRAPHIC SERVICE AREA(S)** A statement reasonably describing the geographic service areas and how they will be served.
25. **PRELIMINARY AND FOLLOW-UP ACCESS PLANS** As prescribed by NMSA 1978, §59A-57-4(B)(2), (3), a preliminary access plan addressing all criteria of 13 NMAC 10.13.11 shall be submitted with this application for the Superintendent's approval. A follow-up access plan shall be filed with the Superintendent within six (6) months after obtaining a certificate of authority.
26. **DESCRIPTION OF QUALITY OF HEALTH CARE** As prescribed by NMSA 1978, § 59A-57-4(B)(5), (6), a statement verified by an organization's officer describing the procedures and programs to be implemented to ensure ongoing quality of health care. Written plans established to implement a comprehensive utilization management program, as prescribed by 13 NMAC 10.13.19, and a continuous quality improvement program, as prescribed by 13 NMAC 10.13.20, shall also be filed with the application.

- ___ 27. **DESCRIPTION OF ALL GRIEVANCE PROCEDURES** A description of all grievance procedures to be utilized for the investigation and resolution of enrollee complaints and grievances that complies with NMSA 1978, §59A-57-4(B)(4), 13 NMAC 10.13.14.1.12, 13 NMAC 10.13.15, and 13 NMAC 10.17.
- ___ 28. **LIST AND LICENSE NUMBERS OF PROVIDERS** A list of the names, addresses, and license numbers for all providers with whom the organization contracts. As prescribed by Insurance Division Rule, 13 NMAC 10.13.13, provide written policies and procedures for credentialing verification shall be filed with this application.
- ___ 29. **MEDICAL RECORDS** A written policy and procedure for the transfer of medical records as prescribed by Insurance Division Rule, 13 NMAC 10.13.21.
- ___ 30. **CULTURAL & LINGUISTIC DIVERSITY PLAN** As prescribed by NMSA 1978, §59A-57-4(B)(e) and Insurance Division Rule, 13 NMAC 10.13.29, a plan that reasonably addresses the cultural and the linguistic organization's enrollee population.
- ___ 31. **CONSUMER ASSISTANCE PLAN** As prescribed by NMSA 1978, §59A-57-5 and 13 NMAC 10.13.30, a plan of how the organization's consumer assistance office will be organized and established.
- ___ 32. **DEPOSIT** A deposit will be required to be made with the Insurance Division upon approval for licensure as prescribed by NMSA 1978, §59A-46-13-(B)(1).
- ___ 33. **HEALTH INSURANCE ALLIANCE** All HMOs authorized to transact health insurance shall be members of the Health Insurance Alliance as a condition of their certificate of authority. Provide a written acknowledgement that the health maintenance organization will comply with this requirement. The initial assessment of \$500.00 shall be collected by the administrator of the Health Insurance Alliance upon notification from the Insurance Division that your company has been licensed to transact the business of health insurance in New Mexico.