

Application for Certificate of Quality Assurance

PART I - INSTRUCTIONS FOR APPLICATION

- _____ **1. Application Form:** Be sure that all information is completed on the application.
Carriers that operate PPO plans are exempt from compliance with subdivision 1 of 12VAC5-220, subdivisions 2 and 10 of 12VAC5-408-240, 12VAC5-408-250, subsection E of 12VAC5-408-260, subsections D and E of 12VAC5-408-270, subsection G of 12VAC5-408-280, 12VAC5-408-290, 12VAC5-408-300, and 12VAC5-408-310 and are not required to submit documentation regarding those provisions.
- _____ **2. Attachments:** Please submit all attachments on a password-protected CD-ROM or USB drive. Please use a consistent file naming system (e.g., "1.2.FileName.pdf"). Do not submit paper documents.
- _____ **3. License:** Please attach the carrier's license issued by the Virginia Bureau of Insurance (BOI). For initial applications, indicate that an application for licensure has been filed with the BOI.
- _____ **4. Initial Application Fee:** If you are applying for an initial Certificate of Quality Assurance, the application fee is \$5,000. The fee must be paid with a certified check or money order, made payable to the Virginia Department of Health. Your application will not be reviewed until you have submitted payment.
- _____ **5. Renewal Application Fee:** If you are applying for renewal of your Certificate of Quality Assurance, the application fee is equal to 1/10 of 1% of the proportion of direct gross premium income on business done in Virginia attributable to the operation of managed care plans in the preceding biennium, not to exceed \$10,000. The fee must be paid with a certified check or money order, made payable to the Virginia Department of Health. Your application will not be reviewed until you have submitted payment.

To calculate your fee based on the last two years of operation in Virginia, use the following table:

1. Direct gross premium income for Year 20 _____	\$ _____
2. Direct gross premium income for Year 20 _____	\$ _____
3. Add lines 1 and 2	\$ _____
4. Multiply line 3 by 1% (0.01)	\$ _____
5. Multiply line 4 by 0.1. <i>If the amount is less than \$10,000, remit payment for the amount shown. If the amount is greater than or equal to \$10,000, remit payment of \$10,000.</i>	\$ _____

(Instructions continue on next page.)

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-4210-F	1.00.00	November 15, 2019	1 of 12

PART I - INSTRUCTIONS FOR APPLICATION (cont.)

An incomplete application or failure to remit the correct application fee will delay the processing of your application. Documents submitted with an application are the property of the Office of Licensure and Certification (OLC) and cannot be returned. Payments returned by the bank for insufficient funds are subject to a returned payment fee, pursuant to Va. Code § 2.2-4805.

Please mail the completed application with the application fee to the OLC at:

**Virginia Department of Health
Office of Licensure and Certification
ATTN: MCHIP Unit
9960 Mayland Drive, Suite 401
Henrico, VA 23233**

Questions regarding the application can be directed to the OLC at mchip@vdh.virginia.gov or by calling (804) 367-2102.

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-4210-F	1.00.00	November 15, 2019	2 of 12

PART II – GENERAL INFORMATION

CARRIER INFORMATION		
Legal Name		Certification Number <i>(if renewing)</i>
Trade Name or D/B/A		Telephone Number
Street Address		Fax Number
City	State	Zip
Web Address		Federal Employer Identification Number
Name of Contact Person		Title of Contact Person
Contact Person's Email Address		Contact Person's Telephone Number
Mailing Address <i>(if different from above)</i>		
City	State	Zip

CARRIER OWNERSHIP		
Name		Telephone Number
Street Address		Fax Number
City	State	Zip
Mailing Address <i>(if different from above)</i>		
City	State	Zip
Ownership Type and Control		
For Profit Corporation Partnership Limited liability company Individual Other:	Not-for-Profit Charitable organization Religious organization Corporation Other:	Public State County City Multi-jurisdictional Other:

If applicant is a corporation, partnership, company, or organization, list names and addresses of individuals or entities holding 5.0% or more ownership interest. Attach additional pages as needed.

Name		Street Address	
City	State	Zip	
Name		Street Address	
City	State	Zip	
Name		Street Address	
City	State	Zip	
Name		Street Address	
City	State	Zip	
Name		Street Address	
City	State	Zip	
Name		Street Address	
City	State	Zip	

LICENSE INFORMATION

Please indicate the status of your license from the Virginia Bureau of Insurance (BOI).
 I have submitted an application for licensure with BOI. *(new applicants only)*
 I have received a license from BOI and have provided my license information below.

License Effective Date	License Expiration Date
Line(s) of Authority	NAIC Number
Attachment Name of Scanned License	

SMALL BUSINESS STATISTICS

The carrier is independently owned and operated.	The carrier has fewer than 500 full-time employees.
Yes	Yes
No	No

PART III – ORGANIZATIONAL INFORMATION

For each required item, please submit as an attachment documentation to establish compliance. If the carrier operates or is proposing to operate more than one plan under the certificate, please submit documentation for each plan.

<i>Item</i>	<i>Documentation</i>
1. Submit the executive organizational chart of the carrier.	Attachment Name
	Page Number(s)
2. List the name of all provider networks utilized by the carrier's managed care health insurance plans and , and include: i. Whether the provider network is leased or owned; and ii. If a provider network is leased, a copy of the contract or agreement between the carrier and the entity that owns the provider network.	Attachment Name
	Page Number(s)
3. Identify all of the carrier's managed care health insurance plans certified or proposed to be certified by the Certificate of Quality Assurance, and include: i. The name of the managed care health insurance plan; ii. The type of health care services the carrier arranges, pays for, or reimburses (e.g., medical, dental, vision, combination); iii. The payment arrangement (e.g., HMO, PPO, POS, etc.); and iv. The number of Virginia enrollees.	Attachment Name
	Page Number(s)
4. Describe the managed care health insurance plans' geographic service area(s), and include: i. A map clearly identifying the boundaries of the service area(s); and ii. A list of the cities and counties to be served.	Attachment Name
	Page Number(s)
5. Identify the services that are delegated to a delegated service entity, and include: i. The specific service that is delegated; ii. The delegated service entity per service; and iii. The contract or agreement between the carrier and each delegated service entities.	Attachment Name
	Page Number(s)
6. If the carrier has been cited by another state or the District of Columbia concerning the quality assurance program, attach the most recent report of an examination of the quality of health care provided by the managed care health insurance plan under similar laws and regulations of another state, with a copy of the written plan of correction.	Attachment Name
	Page Number(s)

<i>Item</i>	<i>Documentation</i>
7. Identify each accredited managed care health insurance plan or delegated service entity, and include: <ul style="list-style-type: none"> i. A copy of each accreditation certificate; ii. A copy of the executive summary of the most recent accreditation report. 	Attachment Name
	Page Number(s)
8. Attach the most recent report of any examination of the carrier's quality assurance program by a federal regulatory agency with similar laws and regulations. <i>This item is not required if the carrier is accredited and submits all required information under Item #7.</i>	Attachment Name
	Page Number(s)

PART IV – REGULATORY COMPLIANCE

For each required item, please submit as an attachment the policy, procedure, or other documentation to establish compliance. If the carrier operates or is proposing to operate more than one plan under the certificate, please submit documentation for each plan.

<i>Item</i>	<i>Reference</i>	<i>Documentation</i>
1. A detailed description of each plan’s prescription drug program.	12VAC5-408-160 (G)(1)	Attachment Name
		Page Number(s)
2. A current provider directory, identifying providers by specialty and service area. The directory should identify providers who are <u>not</u> accepting new patients.	12VAC5-408-160 (G)(4) § 38.2-3407.10	Attachment Name
		Page Number(s)
3. A description of all types of payment benefit arrangements to compensate providers for health care services rendered to covered persons. Documentation shall include an example of all provider contracts used.	12VAC5-408-160 (G)(6)	Attachment Name
		Page Number(s)
4. The policy stating that (i) the carrier treats covered persons in a manner that respects their rights, (ii) the carrier’s expectations of provider and covered person responsibilities, and (iii) the services are accessible to all covered persons, including those with diverse cultural and ethnic backgrounds, and those with disabilities.	12VAC5-408-160 (I)	Attachment Name
		Page Number(s)
5. If the carrier conducts clinical studies, a list of the clinical studies with abstracts of study design and objectives and, if available, the results as applicable to the carrier’s plans.	12VAC5-408-160 (G)(7)	Attachment Name
		Page Number(s)

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-4210-F	1.00.00	November 15, 2019	7 of 12

<i>Item</i>	<i>Reference</i>	<i>Documentation</i>
6. The policies and procedures for credentialing and recredentialing participating providers.	12VAC5-408-160 (G)(3) 12VAC5-408-170	Attachment Name
		Page Number(s)
7. A description of and all policies and procedures related to the complaint system.	12VAC5-408-160 (F)(2) 12VAC5-408-180 § 32.1-137.6	Attachment Name
		Page Number(s)
8. A copy of the evidence of coverage, coverage limitations and exclusions, and all other information provided to enrollees at the time of enrollment. Also include the policies and procedures for covered person education and communication.	12VAC5-408-160 (G)(5) 12VAC5-408-190	Attachment Name
		Page Number(s)
9. The policies and procedures for data management and medical records.	12VAC5-408-200 12VAC5-408-210 § 32.1-127.1:03	Attachment Name
		Page Number(s)
10. A description of the quality improvement program. Documentation is to describe how the program meets the purposes required in 12VAC5-408-220.	12VAC5-408-220	Attachment Name
		Page Number(s)
11. The policies and procedures that establish the quality improvement program requirements and demonstrate the method used by the carrier to assess the quality of health care services provided.	12VAC5-408-230	Attachment Name
		Page Number(s)

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-4210-F	1.00.00	November 15, 2019	8 of 12

<i>Item</i>	<i>Reference</i>	<i>Documentation</i>
12. An organizational chart of the quality improvement program and committees that demonstrates an integrated quality improvement program.	12VAC5-408-230	Attachment Name
		Page Number(s)
13. The name, city or county of residence, and contact information for the Virginia covered person that sits on the quality assurance program advisory committee.	12VAC5-408-230 (C)(2)	Attachment Name
		Page Number(s)
14. The designated board-certified physician or clinical professional and evidence of substantial involvement in the quality assurance program. <i>Note: For physicians, state licensure does not constitute board-certification.</i>	12VAC5-408-230 (C)(3) 12VAC5-408-230 (D) 12VAC5-408-230 (E)	Attachment Name
		Page Number(s)
15. The most recent written report issued by the quality assurance program to the carrier's executive management and governing body.	12VAC5-408-230 (I)	Attachment Name
		Page Number(s)
16. The written quality assurance plan for the most recent completed quality assurance period.	12VAC5-408-240	Attachment Name
		Page Number(s)
17. The policies and procedures for continuity of care.	12VAC5-408-250	Attachment Name
		Page Number(s)

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-4210-F	1.00.00	November 15, 2019	9 of 12

<i>Item</i>	<i>Reference</i>	<i>Documentation</i>
18. The policies and procedures for network adequacy. Include the most recent network analyses conducted.	12VAC5-408-260	Attachment Name
		Page Number(s)
19. The policies and procedures for travel and appointment waiting times, including all standards set for the number and distribution of services and the methods for assuring the standards are met.	12VAC5-408-270	Attachment Name
		Page Number(s)
20. The policies and procedures for urgent care and emergency services.	12VAC5-408-280	Attachment Name
		Page Number(s)
21. The policies and procedures for health promotion.	12VAC5-408-290	Attachment Name
		Page Number(s)
22. The policies and procedures for clinical performance evaluation and data collection and submission. Identify the nationally recognized clinical performance evaluation system utilized or the justification for not adopting a nationally recognized system.	12VAC5-408-300 12VAC5-408-310	Attachment Name
		Page Number(s)
23. The policies and procedures for delegation of services and oversight of delegated service entities.	12VAC5-408-320 12VAC5-408-340 12VAC5-408-350	Attachment Name
		Page Number(s)

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-4210-F	1.00.00	November 15, 2019	10 of 12

<i>Item</i>	<i>Reference</i>	<i>Documentation</i>
24. The contract or written agreement between the carrier and <i>each</i> delegated service entity.	12VAC5-408-330	Attachment Name
		Page Number(s)
25. The policies and procedures for utilization management.	12VAC5-408-360 §§ 32.1-137.7 through 32.1-137.16	Attachment Name
		Page Number(s)

Doc. Number	Rev. Number	Eff. Date	Page Number
OLC-4210-F	1.00.00	November 15, 2019	11 of 12

PART V - SIGNATURE

AFFIRMATION

I affirm all of the information submitted with this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is cause for denial, suspension, or revocation of _____'s certificate.

I have carefully read the laws and regulations related to managed care health insurance plans in the Commonwealth of Virginia. _____ agrees to abide by and remain current with the laws and the regulations administered by the Virginia State Board of Health.

Signature	Date
Printed Name	Title