

Geographic Service Area Change Worksheet

PART I - INSTRUCTIONS FOR WORKSHEET:

- _____ **1. Worksheet Form:** Be sure that all information is completed on the application.
Carriers that operate PPO plans are exempt from compliance with subsection E of 12VAC5-408-260 and subsections D and E of 12VAC5-408-270 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. Virginia Bureau of Insurance:** Please inquire of the Virginia Bureau of Insurance as to whether the proposed change to the service area constitutes a material change.

Please mail the completed worksheet with the required attachments 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 worksheet can be directed to the OLC at mchip@vdh.virginia.gov or by calling (804) 367-2102.

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PART II – GENERAL INFORMATION

REGULATORY INFORMATION	
Certification Number	NAIC Number

CARRIER INFORMATION		
Legal Name		Telephone Number
Trade Name or D/B/A		
Mailing Address		Fax Number
City	State	Zip
Name of Contact Person		Title of Contact Person
Contact Person's Email Address		Contact Person's Telephone Number

MATERIAL CHANGE DETERMINATION (VIRGINIA BUREAU OF INSURANCE)
I have inquired of the Virginia Bureau of Insurance (BOI) as to whether the service area change constitutes a material change. Yes No
Please indicate: BOI has determined that the service area change constitutes a material change. BOI has determined that the service area change does not constitute a material change.
Attachment Name of BOI's Determination Letter:

PART III – Geographic Service Area Change Request

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.		
1. A description of the current geographic service area, including a map of the service area.	12VAC5-408-120 (B)(1)	Attachment Name(s):
2. A list of current primary care and specialty physicians and other providers.	12VAC5-408-120 (B)(1)	Attachment Name(s):
3. The number of covered persons in the current service area.	12VAC5-408-120 (B)(1)	Attachment Name(s):
4. Indicate whether an expansion or a reduction to the service area is being requested.	12VAC5-408-120 (B)(2)	Expansion (<i>proceed to Subpart A</i>) Reduction (<i>proceed to Subpart B</i>)

SUBPART A - Expansion		
5. A description of the proposed service area, including a map of the proposed service area.	12VAC5-408-120(B)(4)(a)	Attachment Name(s):
6. A list of <i>new</i> primary care and specialty providers and other providers, their locations, and the physician capacity to accept the anticipated enrollment.	12VAC5-408-120(B)(4)(a)	Attachment Name(s):
7. The policies and procedures for network adequacy. Include the most recent network analyses conducted.	12VAC5-408-120(B)(4)(b) 12VAC5-408-260	Attachment Name(s):
8. 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.	12VAC5-408-120(B)(4)(b) 12VAC5-408-270	Attachment Name(s):
9. The methodology used to determine that the current health care system in the proposed service area can support the expansion.	12VAC5-408-120(B)(4)(c)	Attachment Name(s):

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SUBPART B - Reduction		
10. A description of the portion of the service area to be reduced, including a map of the proposed reduced service area.	12VAC5-408-120(B)(5)(a)	Attachment Name(s):
11. The reason for the reduction of the service area.	12VAC5-408-120(B)(5)(b)	Attachment Name(s):
12. The proposed effective date of the reduction of the service area.	12VAC5-408-120(B)(5)(b)	Attachment Name(s):
13. The policies, procedures, or specific plan developed to ensure the continuity of care rendered to covered persons during the transition. <i>*Note: While PPOs are exempt from compliance with 12VAC5-408-250, MCHIP carriers operating PPOs are still required to provide a plan for the continuity of care during a reduction in the service area.</i>	12VAC5-408-120(B)(5)(c) 12VAC5-408-250	Attachment Name(s):

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PART IV - SIGNATURE

AFFIRMATION

I affirm all of the information submitted with this worksheet and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this worksheet is cause for denial of the request, 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