



APPLICATION FOR THE ESTABLISHMENT OF A MANAGED CARE HEALTH INSURANCE PLAN (MCHIP)

No person shall operate a MCHIP in Virginia unless the health carrier responsible for the plan is licensed in accordance with provisions of [Title 38.2](#) of the Code of Virginia as an insurance company, a health maintenance organization, a dental plan organization or a nonstock corporation organized in accordance with provisions in [Chapter 42](#) or [Chapter 45](#). To establish a MCHIP, the health carrier, when applying for initial license, shall provide the items detailed below. All items listed must be addressed in an orderly and thorough manner. Please submit the information in notebook format, referencing each specific section of your submission to an item below.

- A. State the complete legal name, NAIC number (if any), address, and telephone number of the health carrier.
- B. Identify the type of license issued or for which application is being made.
- C. Describe and categorize the transactions and operations of the MCHIP that influence the cost or level of health care services between the health carrier and one or more providers with respect to the delivery of health care services through the MCHIP. Include:
 - (i) A general description of operations.
 - (ii) A description of the arrangements that the health carrier has with providers with respect to the delivery of health care services. If more than one type of arrangement is used or contemplated, types of arrangements should be categorized with reference to distinguishing features. The applicant shall specify also the extent to which different types of arrangements shall be used or relied upon in the conduct of the health carrier's business.
 - (iii) Descriptions of all provider incentive arrangements. Describe both compensation methodology and the nature of the incentive.
- D. Submit a copy of the health carrier's request for its initial certification of quality assurance filed with the Department of Health. Quality of health care services, including access to care, shall be assessed by the Department of Health in accordance with provisions in [Article 1.1 \(§ 32.1-137.1 et seq.\)](#) of Chapter 5 of Title 32.1 concerning quality assurance.

- E. Briefly describe and categorize all contracts made with health care providers enabling the health carrier to provide health care services through its MCHIP to covered persons and attach representative forms of contracts. Incorporate by reference any contracts previously submitted to the Bureau. Individual provider contracts that conform to submitted forms and contracts with persons outside this Commonwealth need not be filed unless requested by the Commission.
- F. Submit a description of the MCHIP’s complaint system. The complaint system must comply with [§ 38.2-5804](#) and [§ 38.2-3568](#) by providing, among other things, reasonable procedures for resolution of written complaints. This filing must follow the MCHIP Complaint System Checklist found at the following web address: <http://www.scc.virginia.gov/boi/co/files/mchipcheck.pdf>
- G. Submit a list of the current providers who have contracted with the health carrier directly, or indirectly through an intermediary organization, for the purpose of providing health care services. For each provider include both name and locality and in addition, identify by reference to contract forms submitted at Item E the type of contract under which health care services are to be delivered.
- H. Attest to the following:

We wish to operate a Managed Care Health Insurance Plan under the laws and regulations of the Commonwealth of Virginia. We have to the best of our knowledge, given thorough and true replies to the requests for information made above. We understand that the Bureau of Insurance may request additional information and we stand ready to comply in a timely fashion with any request it might make.

(Date)

(Health Carrier)

By: _____
(Signature of appropriate person)

(Title)

NOTE: MCHIPs are subject to regulation in this Commonwealth by both the State Corporation Commission Bureau of Insurance pursuant to [Title 38.2](#) and the Virginia Department of Health pursuant to [Title 32.1](#). Certain information may be required to be filed in duplicate with the Virginia Department of Health.