OFFICE OF SUPERINTENDENT OF INSURANCE
P.O. BOX 1689
SANTA FE, NEW MEXICO 87504-1689
(505) 827-4362

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

Name of Health Maintenance Organization

In support of the application, please furnish the OSI with the following:

COMPANY LICENSING REQUIREMENTS:

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(W)(1). Make the check payable to the Office of Superintendent of Insurance or OSI.

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 copy of the organizational documents of the applicant, such as the articles of incorporation, articles of association, partnership agreement, trust agreement or other applicable documents and all amendments thereto. NMSA 1978, §59A-46-3C (1).

4. BY-LAWS A copy of the bylaws, rules and regulations or similar document, if any, regulating the conduct of the internal affairs of the applicant. NMSA 1978, §59A-46-3C (2). The state official having custody of the original or organization's corporate secretary shall certify the copy of the By-Laws. Please ensure that the corporate seal is affixed to the secretary's certification.

5. BIOGRAPHICAL AFFIDAVITS Please submit a Biographical Affidavit for each individual on behalf of all officers, directors and key managerial personnel of the Applicant Company and individuals with a ten percent (10%), or more, beneficial ownership in the Applicant Company or the Applicant Company's ultimate controlling person (Affiant). Individuals with ten percent (10%). NMSA 1978, §59A-46-3C (3). Please complete the most current form and the affidavit must be originally signed and notarized within six months of the application date or they will not be valid. The most current form can be found at https://www.naic.org/documents/industry_ucaa_form11.pdf?39

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6. **LIST OF OFFICERS AND DIRECTORS** A list of the names, addresses and official positions for each officer and director of the organization. NMSA 1978, §59A-46-3 C (3). Information must be provided on Supplemental Form attached Biographical Affidavits.

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** Financial statements showing the applicant’s assets, liabilities and sources of financial support, including both a copy of the applicant's most recent, regular certified financial statement and an unaudited current financial statement. NMSA 1978, §59A-46-3C (7).

9. **FINANCIAL PLAN** A financial plan and feasibility plans that include 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. NMSA 1978, §59A-46-3-(C) (8).

10. **UNIFORM CONSENT TO SERVICE OF PROCESS** A power of attorney duly executed by the applicant, appointing the superintendent, his successors in office and duly authorized deputies as the true and lawful attorney of such applicant in and for this state upon whom all lawful process in any legal action or proceeding against the health maintenance organization on a cause of action arising in this state may be served. NMSA 1978, §59A-46-3C (9). You can find the form at https://www.naic.org/documents/industry_ucaa_form12.pdf

11. **CONFLICT OF INTEREST FORMS** A copy of each conflict of interest form that each officer and director has signed.

12. **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 13.10.23.12 NMAC.


14. **CONTACT PROCESSING FORM** Must be completed in its entirety.

15. **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.

16. **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.

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17. 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 NMSA 1978, §59A-57-5(B) and 13.10.13.13 D NMAC.

18. DESCRIPTION OF HMO A statement generally describing the health maintenance organization and its method of operation, facilities, and personnel.

19. METHOD OF MARKETING A description of the proposed method of marketing required by NMSA 1978, §59A-46-3C (8) that complies with 13.10.4 NMAC.

20. 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).

MANAGED HEALTH CARE COMPLIANCE REQUIREMENTS:

21. CONTRACTS WITH PROVIDERS The provider contracts that the organization intends to utilize between the health maintenance organization and third party administrators, marketing consultants or persons listed in NMSA 1978, §59A-46-3C(3). Provider contracts filed with this application shall meet the requirements of NMSA 1978, §59A-46-3C (4) and 13.10.22.12 NMAC.

22. EVIDENCE OF COVERAGE In addition, a complete statement of enrollee rights (13.10.23.8A(25) NMAC, written policies and procedures regarding enrollee responsibilities (13.10.13.8 NMAC) procedures for obtaining specialty referrals, on-going referrals and second medical opinions and co-payments shall also be filed with the evidence of coverage. A copy of the form of evidence of coverage to be issued to enrollees, NMSA 1978, §59A-46-3-3C(5), as well as a copy of the form or group contract, if any, to be issued to employers, union, trustees or other organizations, NMSA 1978, §59A-46-3C(6).

23. STATEMENT OF GEOGRAPHIC SERVICE AREA(S) A statement or map reasonably describing the geographic service areas and how they will be served. NMSA 1978, §59A-46-3C (10).

24. 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 13.10.22.8 NMAC 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.
25. **DESCRIPTION OF QUALITY OF HEALTH CARE** As prescribed by NMSA 1978, § 59A-46-7 a statement verified by an organization's officer describing the procedures and programs to be implemented to ensure ongoing quality of health care. Additionally, the following written plans must be submitted: Continuous Quality Improvement Plan complying with NMSA 1978, §59A-46-7 and 13.10.22.10 NMAC; Utilization Management Program Plan, as required by NMSA 1978, §59A-57-4 and in compliance with 13.10.22.9 NMAC.

26. **DESCRIPTION OF ALL GRIEVANCE PROCEDURES** A description of the grievance procedures to be utilized by the plan. NMSA 1978, §59A-46-3-C (11). The procedures for the investigation and resolution of enrollee complaints and grievances shall comply with NMSA 1978, § 59A-57-4(B) (4), and 13.10.17 NMAC.

27. **LIST AND LICENSE NUMBERS OF PROVIDERS** A list of the names, addresses, and license numbers for all providers with whom the organization contracts. NMSA 1978, §59A-46-3C (14). Additionally, provide written policies and procedures for credentialing verification in compliance with 13.10.28 NMAC.

28. **MEDICAL RECORDS** A written policy and procedure for the transfer, confidentiality, maintenance, protection and destruction of medical records in compliance with 13.10.23.10 NMAC.

29. **CULTURAL & LINGUISTIC DIVERSITY PLAN** As prescribed by NMSA 1978, § 59A-57-4(B) (3) (e) and 13.10.22.11 NMAC, a plan that reasonably addresses the cultural and linguistic diversity of the organization has enrolled population.

30. **CONSUMER ASSISTANCE PLAN** As prescribed by NMSA 1978, § 59A-57-5 a Consumer Assistance Plan, describing how the organization's consumer assistance office will be organized and established in compliance with 13.10.13.13 NMAC.

31. **NOTIFICATION OF PLANNED EXPANSION** Notification to state of domicile of planned expansion. (Foreign insurers)

**ADDITIONAL INFORMATION**

Pursuant to NMSA 1978, §59A-46-3C (15), the applicant shall provide any other information, as the superintendent may require, to make the determinations required in Section 59A-46-4 NMSA 1978.

Please mail the application fee along with items 1 through 31 in paper form to:

Office of Superintendent of Insurance (OSI)
Attn: Company Licensing Bureau
1120 Paseo De Peralta, Room 439
Santa Fe, New Mexico 87501

If you have any questions regarding the requested documents above, please contact the Company Licensing Bureau at 505-827-4362.

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**CONTACT PROCESSING FORM**

**COMPANY COMPLETE NAME** – Do not abbreviate name.

**COMPANY HOME ADDRESS** – **MUST BE LOCATED IN STATE OF DOMICILE (PER NMSA §59A-5-22 (B))**

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<thead>
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<th>Physical location only:</th>
<th>State:</th>
<th>Zip Code:</th>
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<td></td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email Address:</td>
<td>Phone Number:</td>
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**COMPANY MAILING ADDRESS**

<table>
<thead>
<tr>
<th>Street, P O Box, etc.:</th>
<th>State:</th>
<th>Zip Code:</th>
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<tbody>
<tr>
<td>City:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email Address:</td>
<td>Phone Number:</td>
</tr>
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</table>

**COMPANY CONTACT FOR GENERAL & SPECIAL DEPOSITS/SURETY BONDS**

<table>
<thead>
<tr>
<th>Street, PO Box, etc.:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td></td>
<td></td>
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<tr>
<td>Contact Person:</td>
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