TRINIDAD NAVARRO COMMISSIONER



STATE OF DELAWARE DEPARTMENT OF INSURANCE

MANAGED CARE ORGANIZATION CHECKLIST

- Form H-1 Application for Managed Care Organization Certificate of Authority.
- Form H-2 Admittance Questionnaire
- Articles/Certificate of incorporation, certified by home state
- By-laws, certified by Secretary of the company
- UCAA Form 11 Biographical
 - o Domestic Background Checks required
- Statement identifying the states where the MCO is authorized to operate; any state where it has pending an application for authorization to operate; any state where it has been cited for a violation of any laws or legislation, and an explanation of any such alleged violation, including status or outcome.
- Business Plan
- Copies of management, agency or administrative contracts
- UCAA Form 12 Uniform Consent to Service Process
- Form H-4 (Designation of Person to Receive Bulletins, etc.)
- Most recent Annual Statement
- Audited Financial Report, certified by CPA.
- Report of Examination within 3 years; explanation regarding age of the Report if older than 3 yrs.
- Combined Capital and Surplus \$450, 000 (\$300,000 capital and \$150,000 surplus)
- \$750 Application Fee <u>18 Del. C. § 6409</u>; Checks made payable to the Delaware Department of Insurance.
- Deposit Requirements:
 - o Foreign Provide copy of Certificate of Deposit from Domicile State
 - o Domestic Company If approved, company will be required to establish \$100k escrow

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