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HEALTH CARE SERVICES ORGANIZATION UCAA EXPANSION APPLICATION SUPPLEMENT

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In addition to the NAIC's UCAA Expansion Application [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm), provide the following:

1. Documentation that the Chief Executive Officer (CEO) has at least the following duties and responsibilities: manage the HCSO; establish and implement policies, procedures, and effective processes of the HCSO; act as liaison between the governing authority and the providers of healthcare and other services to the HCSO; and, establish a written plan of authority that will be in place in the CEO's absence. AAC R20-6-1906.
2. Documentation that the HCSO shall designate a central place of business within the major geographic area served at which the CEO shall be based and from which the HCSO shall direct administrative activities. AAC R20-6-1906.
3. A statement generally describing the health care services organization and its health care plan or plans, facilities and personnel, as approved by the director. ARS § 20-1053.A.5.
4. The plan for providing covered services to enrollees. AAC R20-6-1904.C.3.
5. A statement reasonably describing the geographic area or areas to be served, as approved by the Director. ARS § 20-1053.A.11 and AAC R20-6-1905.A and B.
6. A description of the proposed network including the data required under AAC R20-6-1913.A.2 and A.3. AAC R20-6-1905.C.
7. The number and names of contracted, employed, or HCSO-owned providers that will serve the enrollees and the board eligibility or certification of each physician, if applicable. AAC R20-6-1904.C.2.
8. The proposed or actual enrollment. AAC R20-6-1904.C.1.
9. A copy of the form of evidence of coverage to be issued to the enrollees. ARS § 20-1053.A.6.
10. A copy of the form of the group contract, if any, that is to be issued to employers, unions, trustees or other organizations. ARS § 20-1053.A.7.
11. A description of the proposed method of marketing the plan, a financial plan that includes a three-year projection of the initial operating results anticipated, and a statement as to the sources of working capital as well as any other sources of funding. ARS § 20-1053.A.9.
12. A payment in the amount of \$550.00 (Bylaws \$75.00, Certificate of Authority \$75.00, \$300.00 Annual Statement, \$100.00 Arizona Insurance Examiners' Revolving Fund). Make payment through OPTins (ARIZONA APPLICATION/RENEWAL FEES) <https://www.optins.org/> or Mail check made payable to the *Arizona Department of Insurance and Financial Institutions* (DIFI) to DIFI. Note the payment method in the application cover letter. ARS § 20-1053.A.12.
13. A list of the names, addresses and official positions of the persons who are to be responsible for the conduct of the affairs of the applicant, including all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the principal officers in the case of a corporation, and the partners or members in the case of a partnership or association. ARS § 20-1053.A.3.
14. A copy of any contract made or to be made between any providers or persons listed in Item 15 and the company. ARS § 20-1053.A.4.
15. Each officer responsible for conducting the affairs of the health care services organization has filed with the Director, subject to the Director's approval, a fidelity bond in the amount of fifty thousand dollars. ARS § 20-1054.4.

16. A health care services organization at all times shall maintain on deposit with the state treasurer through the Director's office cash, or securities eligible for the investment of capital funds of domestic insurers under this title, or other financial security approved by the Director in an amount of not less than five hundred thousand dollars. The deposit shall be held by the state treasurer in trust for the benefit and protection of persons covered by a health care plan and for the satisfaction of all debts and liabilities of the health care services organization. ARS § 20-1055. See the Custodial Bank Deposit New Account Packet for information and instructions.

If applicable, mail the check along with a cover letter to:

Insurance Financial Affairs Division  
Arizona Department of Insurance and Financial Institutions  
100 N. 15th Ave., Suite 261  
Phoenix, Arizona 85007-2630

Within ten days following any significant modification of information previously furnished pursuant to ARS § 20-1053.A, a health care services organization shall file a notice of the modification with the Director. ARS § 20-1053.B.

The Department may utilize the services of financial analysts and/or examiners to assist in its review. A statement for services rendered may be forthcoming and is payable as these services are performed.