

**MARYLAND INSURANCE ADMINISTRATION**  
**200 ST. PAUL PLACE, SUITE 2700 BALTIMORE, MD 21202**  
**Instructions for Application for Certification as a**  
**Public-Private Health Care Program**

Pursuant to Subtitle 7, §14-703 of the Insurance Article, Annotated Code of Maryland, in order to file an application for certification as a Public-Private Health Care Program with the Maryland Insurance Administration (MIA) an applicant must complete and submit the following documents to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700 Baltimore Maryland 21202:

1. Application for Certification as a Public-Private Health Care Program certified by at least two of the Applicant's Executive Officers;
2. Biographical Affidavits for each member of the Applicant's Board of Directors; and
3. Proof of sufficient funds to meet the Applicant's financial obligations under the Public-Private Health Care Program.

An Applicant may provide proof of sufficient funds to meet is financial obligations through a Statutory Deposit; an Irrevocable Letter of Credit; or a Surety Bond.

The Statutory Deposit, Irrevocable Letter of Credit, or Surety Bond must be an amount equal to \$25,000 or 5% of the revenue, whichever is greater.

Pursuant to §14-703(2)(VI) of the Insurance Article, Annotated Code of Maryland, the Commissioner reserves the right to request any other information or documents that the Commissioner considers necessary to ensure compliance with Subtitle 7, Public –Private Health Care Programs, Insurance Article, Annotated Code of Maryland.

Please note, an application for renewal must be post marked on or before June 30<sup>th</sup> of the year of expiration.



INSURANCE  
ADMINISTRATION

***QUALIFICATION PROCEDURES***

***FOR***

***PUBLIC-PRIVATE HEALTH CARE PROGRAMS***

**MARYLAND INSURANCE ADMINISTRATION**  
**APPLICATION FOR CERTIFICATION AS A PUBLIC-PRIVATE HEALTH CARE PROGRAM**

1. Name of Nonprofit Corporation \_\_\_\_\_

2. Street Address

\_\_\_\_\_  
(STREET OR POST OFFICE BOX)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP CODE)

3. Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

4. FEIN \_\_\_\_\_

5. The applicant must currently be a Nonprofit Corporation that, in accordance with its Charter, is organized for the purpose of establishing and operating a Public-Private Health Care Program.

Provide the following information regarding corporate organization, certified by at least two executive officers of the applicant:

- Articles of Incorporation and all Amendments to Articles that include the applicant's corporate mission statement
- Bylaws and all amendments to Bylaws

6. Officer/Director:

All applicants must identify the individuals who are involved in the day to day affairs of the business. This information must be provided on an attached sheet upon submission of the application.

- Listing of members of Board of Directors of applicant that includes **name, title, residence address and beginning and ending terms** of office of each member of the Board of Directors
- Completed Biographical Affidavit for each member of the Board of Directors (see form attached)

7. Do you understand that you must have and provide a written agreement, with each County in which your Public-Private Health Care Organization proposes to operate, that specifies the obligations of each party to the agreement?

Yes  No

8. Do you understand that you must provide the Insurance Commissioner with a copy of all forms, agreements, advertising or other documents that will be provided to participants?

Yes  No

9. Provide on a separate sheet, a description of the Public-Private Health Care Program the applicant proposes to operate that includes:

A. Criteria used to determine who is a qualifying individual;

- B. Arrangements for the delivery of health care services;
- C. Payment obligations of participants;
- D. Internal complaint process available to participants; and
- E. Procedures to be used to monitor applications for enrollment to determine whether an individual has voluntarily terminated coverage under a health benefit plan issued under Title 15, Subtitle 12 of the Insurance Article of the Annotated Code of Maryland.

**PROOF OF SUFFICIENT FUNDS**

- Proof of a Statutory Deposit, Irrevocable Letter of Credit, or Surety Bond in an amount equal to \$25,000 or 5% of revenue, whichever is greater for the protection of the participants covered by the Public-Private Health Care Program.

**BOND AND ERRORS AND OMISSIONS COVERAGE REQUIREMENT**

- A copy of the Declaration page or Certificate of Insurance for an errors and omissions policy with limits of at least \$1 million.

**TERM OF LICENSE**

- A certification as a Public-Private Health Care Program expires on the third June 30<sup>th</sup> following the date on which the certification was last issued unless it is renewed as provided in Title 14 of the Insurance Article.
- Before a certification expires, a certified nonprofit corporation may renew it for an additional 3-year term if the certified nonprofit corporation:
  - a) Otherwise is entitled to certification; and
  - b) Files with the Commissioner a renewal application on the form that the Commissioner requires, postmarked on or before June 30<sup>th</sup> of that year.

**NOTARIAL ACKNOWLEDGMENT REQUIRED OF ALL APPLICANTS**

STATE OF \_\_\_\_\_ COUNTY OR CITY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained on this application are true and correct.

\_\_\_\_\_  
**Signature of Applicant by Director, on behalf of the Corporation**

\_\_\_\_\_  
**Signature of Applicant by Member of Board of Directors, on behalf of the Corporation**

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

MY COMMISSION EXPIRES \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
 Signature of Notary