

# **APPLICATION FOR PREPAID HEALTH PLAN (PHP) LICENSE**

## **Providers of North Carolina Medicaid and Health Choice Programs**

### **ABOUT THE LICENSING PROCESS**

The North Carolina Department of Insurance (the “Department” or “NCDOI”) is the North Carolina agency responsible for the licensing and financial regulation of a Prepaid Health Plan (“PHP”) under Chapter 58, Article 93 of the North Carolina General Statutes (The Prepaid Health Plan Licensing Act). Contact information for questions regarding the licensing process are to be directed to:

Jessica Price (919) 807-6169 or [jessica.price@ncdoi.gov](mailto:jessica.price@ncdoi.gov)

### **For U.S. Postal Service Delivery:**

North Carolina Department of Insurance  
Financial Analysis & Receivership Division  
Company Admissions Section  
1203 Mail Service Center  
Raleigh, NC 27699-1203

### **For Other Than U.S. Postal Service Delivery:**

North Carolina Department of Insurance  
Financial Analysis & Receivership Division  
Company Admissions Section  
325 North Salisbury Street  
Raleigh, NC 27603

### **MINIMUM FINANCIAL REQUIREMENTS**

The **minimum** capital and surplus requirement for a PHP is \$1,000,000. Per NCGS § 58-93-15(b), a PHP will also be required to post a minimum deposit in North Carolina of \$500,000. Determinations regarding appropriate levels of working capital, reserves, and deposits are made on a case by case basis and are dictated to a large degree by the financial feasibility study presented in the application.

### **INSTRUCTIONS FOR FILING AN APPLICATION FOR A NORTH CAROLINA PHP LICENSE**

In an effort to reduce the processing time for the issuance of a PHP license, the Department has prepared the following list, which may be used as a guide to assist the applicant in completing an application. The list references North Carolina statutes, which must be met by the applicant in order to receive a PHP license. Please be advised that this list is not all-inclusive and it is recommended that the applicant refer to Chapter 58, Article 93 of the North Carolina General Statutes.

Pursuant to NCGS § 58-93-85, all applications, filings, and reports required under the Prepaid Health Plan Licensing Act shall be treated as public documents unless otherwise determined by the Commissioner to be proprietary information.

The application must include the following:

- Application fee of \$2,000.00 must accompany the application (per NCGS § 58-93-14).
- The application may be filed electronically in Portable Document Format (PDF) or in hard copy format. Two complete copies of the application are required.
- A cover letter must be submitted with the application.
- The following is considered a necessary part of the PHP application (per NCGS § 58-93-5(b)):
  - A copy of the organizational documents, if any, of the applicant, such as the articles of incorporation, articles of association, partnership agreement, trust agreement, or other applicable documents, and all amendments.
  - A copy of the bylaws, rules and regulations, or similar documents, if any, regulating the conduct of the internal affairs of the applicant.
  - A list of the names, addresses, official positions, and biographical affidavits (please use NAIC Biographical Affidavit – Form 11) of the persons who are to be responsible for the conduct of the affairs of the applicant, including all members of the governing body, the principal officers in the case of a corporation, the partners or members in the case of a partnership or association, or the managers in the case of a limited liability company. The list shall be accompanied by a completed release of information for each of these individuals on forms acceptable to the Commissioner. The list of officers and board members should be consistent with the PHP's proposed bylaws, including number of board members and number and title of officers. The applicant may use the NAIC biographical affidavit form. All questions on the affidavit must be answered, and if the question is not applicable or the answer is none, please indicate as such.

*Throughout the application process, please provide the Department with updates as officers and board members change or are added, including applicable biographical affidavits.*

- Include a chart(s) showing the internal organizational structure of the applicant's management and administrative staff.
- A disclosure identifying all affiliates, including a description of any management, service, or cost-sharing arrangement between an affiliate and the applicant. Include corporate organizational charts, which clearly identify the relationships between the applicant and any affiliates.
- Include draft copies of any management, administrative, or custodial agreements entered into pursuant to NCGS § 58-93-20, which must be submitted for review and approval prior to use. Such contracts should clearly outline the obligations of both parties, including the services to be provided to the PHP and the fee to be paid for these services. Services to be provided to the PHP should be outlined in terms of operational areas, support staff, etc.

- A detailed plan of operation. Include the following as well as any other pertinent information:
  - General background information on the applicant and/or parent.
  - Organizational charts for both internal and external relationships.
  - Location of office to be established in North Carolina.
  - The name of the counties the applicant wishes to do business in.
  - Description of proposed operations, including claims processing and payment, utilization management, quality management, enrollment and billing, customer service, provider relations, etc.
  - City and state where each operation will be performed.
  - Affiliates and/or intermediaries who will perform operations on behalf of the applicant, if known.
  - Marketing strategies to be implemented.
  
- Financial statements showing the applicant's assets, liabilities, and sources of financial support. If the applicant's financial affairs are audited by independent certified public accountants, a copy of the applicant's most recent regular certified financial statement shall satisfy this requirement unless the Commissioner directs that additional or more recent financial information is required.
  
- The names and addresses of the applicant's qualified actuary and external auditors.
  
- A financial feasibility study that includes:
  - Detailed enrollment assumptions.
  - Forecasted balance sheets.
  - Forecasted cash flow statements that show any capital expenditures, purchases and sales of investments, and deposits with the State.
  - Forecasted income and expense statements covering the start of operations through the period in which the applicant is anticipated to have had net income for at least one year.
  - A statement as to the sources of working capital as well as any other sources of funding.

A template for the financial feasibility study will be provided. In addition to the above information, also include the following:

- The medical loss ratio.
  - Listing of service areas to be covered.
  - Detailed enrollment assumptions by county.
  - Documentation of all assumptions used in preparing the study. Such assumptions must align with the documentation, such as capitation rates, provided in the North Carolina Department of Health and Human Services PHP RFP.
- 
- A description of the procedures to be implemented to meet the protection against insolvency requirements of NCGS § 58-93-50. If a reinsurance agreement is to be used to satisfy the provisions of NCGS § 58-93-50, a draft of that agreement must be filed with the application. Reinsurance agreements require the prior approval of the Department before execution.
  
  - The plan for handling an insolvency as required by NCGS § 58-93-55.

- The name and address of the registered agent of the applicant.
- If not domiciled in this State, a power of attorney duly executed by the applicant appointing the Commissioner, the Commissioner's successors in office, and duly authorized deputies as the true and lawful attorney of the applicant in and for this State, upon whom all lawful process in any legal action or proceeding against the applicant on a cause of action arising in this State may be served.
- Duly executed power of attorney allowing for the sale of securities on deposit to meet claim obligations.

### **APPLICATION REVIEW PROCESS**

The application will be reviewed by the Company Admissions Section and the Actuarial Services Division. Pursuant to NCGS § 58-93-4, the Commissioner will contract with consultants and other professionals to expedite and complete the application review process, the cost of which shall be reimbursed by the applicant. Applicants are requested to respond within 10 days of receiving correspondence from the Department or any contracted consultant or professional. If the response is not received within this time frame, the application may be put on hold or closed. The applicant may form a corporation through the Secretary of State's office before licensing but not until the Articles of Incorporation have been approved by the Company Admissions Section.

A PHP license shall be issued upon satisfaction of the following:

- The applicant has complied with the application requirements of NCGS § 58-93-5
- The applicant has minimum capital and surplus equal to or greater than that required by NCGS § 58-93-50(b).
- The amounts provided as working capital are repayable only out of earned income in excess of amounts paid and payable for operating expenses and expenses of providing services and such reserve as the Department deems adequate.
- The amount of money actually available for working capital is sufficient to carry all acquisition costs and operating expenses for a reasonable period of time from the date of the issuance of the license and that the applicant is financially responsible and may reasonably be expected to meet its obligations to enrollees and prospective enrollees. Such working capital shall initially be a minimum of \$1,500,000 or a higher amount as the Commissioner shall determine to be adequate.
- The person or persons who will manage the PHP have adequate expertise, experience and character.

Pursuant to NCGS § 58-93-15, PHPs are required to make a deposit with the Commissioner for the protection of enrollees. The deposit requirement must be met within 5 days of the applicant obtaining a license from the NCDOL.

## **ATTACHMENTS**

The following are attached for use by the applicant:

- Application Checklist
- Blank Power of Attorney Form naming the Commissioner as the applicant's attorney in North Carolina
- Blank Power of Attorney form for the sale of securities on deposit
- Company Acknowledgement and Agreement of Responsibility to Pay Consultant Fees and Expenses

**APPLICATION CHECKLIST FOR LICENSE  
FOR PREPAID HEALTH PLANS**

(Company Name)

---

is herewith submitting the following in support of its application for a License to operate as a Prepaid Health Plan pursuant to Chapter 58, Article 93 of the North Carolina General Statutes:

- Cover letter
- Application fee
- A copy of the organizational documents, if any, of the applicant, such as the articles of incorporation, articles of association, partnership agreement, trust agreement, or other applicable documents, and all amendments
- A copy of the bylaws, rules and regulations, or similar documents, if any, regulating the conduct of the internal affairs of the applicant. A list of the names, addresses, official positions, and biographical affidavits (please use NAIC Biographical Affidavit – Form 11) of the persons who are to be responsible for the conduct of the affairs of the applicant, including all members of the governing body, the principal officers in the case of a corporation, the partners or members in the case of a partnership or association, or the managers in the case of a limited liability company. This list shall be accompanied by a completed release of information for each of these individuals on forms acceptable to the Commissioner
- A disclosure identifying all affiliates, including a description of any management, service, or cost-sharing arrangement between an affiliate and the applicant A detailed plan of operation
- The names and addresses of the applicant's qualified actuary and external auditors
- Draft copies of management, administrative service, and custodial agreements, if available
- Financial statements showing the applicant's assets, liabilities, and sources of financial support. If the applicant's financial affairs are audited by independent certified public accountants, a copy of the applicant's most recent regular certified financial statement shall satisfy this requirement unless the Commissioner directs that additional or more recent financial information is required for the proper administration of this Article A financial feasibility study that includes (i) detailed enrollment projections, (ii) a projection of balance sheets, (iii) cash flow statements that show any capital expenditures, purchases and sales of investments, and deposits with the State, (iv) anticipated income and anticipated expense statements covering the start of operations through the period in which the applicant is anticipated to have had net income for at least one year, and (v) a statement as to the sources of working capital as well as any other sources of funding The plan for handling an insolvency as required by G.S. 58-93-55 A description of the procedures to be implemented to meet the protection against insolvency requirements of G.S. 58-93-50 The name and address of the registered agent of the applicant
- Executed Power of Attorney Form naming the Commissioner as the applicant's attorney in North Carolina (if necessary)
- Executed Power of Attorney form for the sale of securities on deposit

Signature of Preparer and Date:

---

COUNTY OF WAKE

Let it be known that \_\_\_\_\_ (“the Company”), as partial consideration for a license to do business in North Carolina, irrevocably appoints for itself, its heirs, assigns and successors, the Insurance Commissioner of the State of North Carolina (“the Commissioner”) as its true and lawful attorney in North Carolina, upon whom all processes of law against the Company in any action, cause, or legal proceeding of any sort whatsoever may be served, subject to and in accordance with the laws of North Carolina. The Company further agrees that all such lawful processes against it which are served upon the Commissioner shall be deemed valid personal service upon the Company and shall be of the same force and validity as if personally served upon the Company.

In Witness Whereof, \_\_\_\_\_ has hereto affixed its corporate seal, attested to by the official signatures of the President and Secretary thereof, at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

County Of \_\_\_\_\_  
State Of \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
NOTARY PUBLIC

Commission Expires: \_\_\_\_\_  
(Seal)

County of \_\_\_\_\_  
State of \_\_\_\_\_

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
NOTARY PUBLIC

Commission Expires: \_\_\_\_\_  
(Seal)

COUNTY OF WAKE

Let it be known that \_\_\_\_\_ (“the Company”) hereby irrevocably appoints for itself, its heirs, assigns and successors, the Insurance Commissioner of the State of North Carolina (“the Commissioner”), in the name of and on behalf of said Company, its true and lawful attorney to sell and transfer any securities or assets currently on deposit or to be deposited in the future by said Company with the Commissioner, said sale or transfer being made by the Commissioner for any purpose which the Commissioner in his discretion deems necessary, including but not limited to the payment of any liability or liabilities of the Company.

In Witness Whereof, \_\_\_\_\_ has hereto affixed its corporate seal, attested to by the official signatures of the President and Secretary thereof, at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

County of \_\_\_\_\_  
State of \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
NOTARY PUBLIC

Commission Expires: \_\_\_\_\_  
(Seal)

County of \_\_\_\_\_  
State of \_\_\_\_\_

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
NOTARY PUBLIC

Commission Expires: \_\_\_\_\_  
(Seal)



**PLACE THE FOLLOWING ON COMPANY LETTERHEAD**

*Replace the word "APPLICANT" with the actual name of the applicant.*

**Company Acknowledgement and Agreement of Responsibility to Pay Consultant Fees and Expenses**

APPLICANT has submitted an application for a Prepaid Health Plan ("PHP") license or a request for PHP authority to the North Carolina Department of Insurance ("Department"). APPLICANT understands that the Department has contracted with a consultant to expedite and complete the application review process. APPLICANT acknowledges that, pursuant to North Carolina General Statute §58-93-4(a), the cost of contracts entered into by the Commissioner for the purpose of reviewing applications shall be reimbursed by the APPLICANT. APPLICANT acknowledges that it is responsible for the costs incurred by the Department to review the APPLICANT'S application and unconditionally agrees to pay all such expenses.

The Department will prepare one or more invoices specifying the services provided and expenses incurred. The Department will submit all invoices to APPLICANT. Payment is to be made directly to the Department. APPLICANT agrees to make payment within fourteen (14) days of the receipt of any invoice.

This \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
AUTHORIZED OFFICER  
TITLE  
APPLICANT