

HEALTH MAINTENANCE ORGANIZATION APPLICATION CHECKLIST

Please upload all required documents in the Health Maintenance Organization (HMO) application packet. As a reminder, all policies and procedures must be established as part of the requirements for regulations and readily available upon request.

Upon application submission and payment, if required, you will receive an acknowledgement email. Applications are reviewed in the order they are received by our office. The initial review timeframe is **30 business days** from the application submission date.

The official rules for Health Maintenance Organization are on record with the Georgia Secretary of State's Office at <http://rules.sos.state.ga.us/>.

The online application portal can be accessed at <https://gahles.dch.georgia.gov/>. All correspondence regarding the status of your application will be sent to the email address provided for the contact person on your application. If additional documentation is required, you will receive an email from [HFRD do not reply@dch.ga.gov](mailto:HFRD_do_not_reply@dch.ga.gov) containing a link to the application portal and a verification code. Please open the email, copy the invitation code, and paste it into the link provided to check your application status. Upload the requested documents, confirm that all documents have been uploaded, and click submit. You will receive a confirmation email acknowledging that we have received your documents. Failure to upload the requested documents will result in the denial of your application.

For general application questions, email the HFRD Applications and Waivers Team at hfrd.applicationswaivers@dch.ga.gov.

Initial

1. Basic Health Benefits of HMO. Regulation: 111-8-29-.03.
2. Supplemental Health Services, if any. Regulation: 111-8-29-.04.
3. Health Information systems: Regulation: 11-8-29-.05.
 - a). To assure to the Department that all health profiles of each enrollee contain specific documentation as per regulation.
 - b). To ensure that all contracts have the language for physicians to retain health information for the adult as well as for the minor child.
4. A system in place to assure confidentiality of medical information: 111-8-29-.06
5. The written or present Quality Assurance plan: 111-8-29-.07
6. The HMO's present policies and procedures as they relate to the HMO's stated objective which governs the provisions of services by the HMO and approved by the Governing Body on an annual basis. Regulation: 111-8-29-.08 and 111-8-29-.09. These policies must contain:
 - a). A system in place for the member advisory panel,
 - b). Complaint system.
 - c). An annual report which includes a summary of statistical information as it relates to health care, cost of operation, patterns of utilization and availability and accessibility to service.
 - d). Separation of medical decisions,
 - e). Service area already approved.
 - f). Policies for professional services, i.e. physician, and consultant services, and inpatient and discharge services.
7. A narrative summary of the service area, listing the counties and the type of HMO: 111-8-29-.08(a)(5)

8. Exhibits, which include:

- a). Marketing strategies of HMO for service area.
- b). Letters of intent for physicians, hospitals and ancillary services in each county.
- c). Samples of contracts for each provider.
- d). Summary of benefits
- e). Any demographics of enrollees for each county.

9. Statement that the HMO will abide by all the policies and procedures which are on file at the Department of Community Health from the original application and which will be applicable to the requested counties.

10. Complete the electronic Owner Form. List all individual owners if applicable. This form must be signed and dated by the Owner.