REQUEST FOR EXPANSION OF GEOGRAPHIC SERVICE AREA

Health Maintenance Organizations (HMOs), Prepaid Health Clinics (PHCs) and Exclusive Provider Organizations (EPOs)

Health Maintenance Organizations (HMOs) and Prepaid Health Clinics (PHCs) applicants **must** comply with **Subsection 641.495(3), Florida Statutes (F.S.) - Requirements for issuance and maintenance of certificate** and **Subsection 59A-12.003(4), Florida Administrative Code (F.A.C.) - Adminstration, Forms, Fees.** Exclusive Provider Organizations (EPOs) must comply with **Section 627.6472, F.S. - Exclusive provider organizations.**

Each organization shall notify the Agency for Health Care Administration (Agency) of its intent to expand its geographic service area at least 60 days prior to the date it plans to begin providing health care services in the new area. HMOs and PHCs must have the capability to provide comprehensive health care services in the requested geographical service area. Furthermore, 15 days prior to the requested expansion effective date, the HMO/PHC/EPO will demonstrate through documentation or otherwise that it will be capable of providing services to its projected subscribers for at least the first 60 days of operation.

APPLICATION INSTRUCTIONS

In order to process the expansion application in a timely manner, you must submit a **completed** expansion application and **all** of the supporting documentation as required by **Section 641.495** or **Section 627.6472, F.S.** and **Section 59A-12.003 F.A.C.** electronically. **Please do not submit paper documents.**

I APPLICATION INFORMATION

Provider Type: (check one)

- ☐ HMO
- ☐ PHC
- ☐ EPO

Product Line(s) of Business: (check all that apply)

- ☐ Commercial
- ☐ Medicare
- ☐ Medicaid
- ☐ Florida Healthy Kids

Practice Model: (check if applicable)

- ☐ Individual Practice Association (IPA) Model
- ☐ Staff Model
- ☐ Mixed (both IPA & Staff Model)

II ORGANIZATION IDENTIFICATION

Legal Name of Organization	**Federal ID Number**

Street Address		
City	**State**	**ZIP Code**
Telephone Number	**Fax Number**	**Website**
Mailing Address (if different)		
City	**State**	**ZIP Code**

III PRINCIPAL FILING THE REQUEST *(This person must have the authority to bind the organization.)*

Name	**Official Capacity**

Street Address		
City	**State**	**ZIP Code**
Telephone Number	**Fax Number**	**Email Address**
Mailing Address (if different)		
City	**State**	**ZIP Code**

IV CONTACT PERSON *(This person will communicate with the Agency regarding the application.)*

Name	**Official Capacity**

Street Address		
City	**State**	**ZIP Code**
Telephone Number	**Fax Number**	**Email Address**
Mailing Address (if different)		
City	**State**	**ZIP Code**

V IDENTIFICATION OF NETWORK

A. Subscriber Enrollment

It is understood that the method of subscriber enrollment may impact compliance with access timeframes to the provider network. It is therefore the intent of this organization to enroll subscribers based upon:

- ☐ Subscriber's county of residence
- ☐ Subscriber's county of employment
- ☐ Both of the above

B. Network Composition

It is understood that if an organization offers different insurance products that require the utilization of different provider networks, each network must be approved by the Agency.
Please answer the following questions:

Will more than one network be utilized? ☐ NO ☐ YES
(if yes, identify and explain)

Are there any restrictions or limitations to subscriber access? ☐ NO ☐ YES
(if yes, identify and explain)

C. Identification of delegated responsibilities and oversight.

D. Quality Assurance

The organization must demonstrate or affirm the use of Agency-approved quality assurance policies and procedures that exist in approved counties will be used in expanded counties.

VI SERVICES TO BE PROVIDED IN REQUESTED SERVICE AREA

	Emergency Services and Care		Dental
	In-patient Hospital		Hearing
	Physician		Ambulance
	Ambulatory Diagnostic		Home Health
	Skilled Nursing		Pharmacy
	Rehabilitation		DME/Supplies
	Vision		Mental Health

VII **CURRENT SERVICE AREA** *(Check the column for each product line of business beside the current approved counties.)*

C=Commercial (HMO, PHC and EPO) **MEDICAID: ST=Standard, SPC=Specialty, LTC=Long Term Care (HMO only)**

M=Medicare (HMO only) **FHK=Florida Healthy Kids (HMO only)**

			MEDICAID							MEDICAID			
COUNTY	C	M	ST	SPC	LTC	FHK	COUNTY	C	M	ST	SPC	LTC	FHK
Alachua							Lee						
Baker							Leon						
Bay							Levy						
Bradford							Liberty						
Brevard							Madison						
Broward							Manatee						
Calhoun							Marion						
Charlotte							Martin						
Citrus							Miami-Dade						
Clay							Monroe						
Collier							Nassau						
Columbia							Okaloosa						
DeSoto							Okeechobee						
Dixie							Orange						
Duval							Osceola						
Escambia							Palm Beach						
Flagler							Pasco						
Franklin							Pinellas						
Gadsden							Polk						
Gilchrest							Putnam						
Glades							Santa Rosa						
Gulf							Sarasota						
Hamilton							Seminole						
Hardee							St. Johns						
Hendry							St. Lucie						
Hernando							Sumter						
Highlands							Suwannee						
Hillsborough							Taylor						
Holmes							Union						
Indian River							Volusia						
Jackson							Wakulla						
Jefferson							Walton						
Lafayette							Washington						
Lake													

VIII **REQUESTED SERVICE AREA** *(Check the column for each product line of business beside the county being requested.)*

C=Commercial (HMO, PHC and EPO) **MEDICAID: ST=Standard, SPC=Specialty, LTC=Long Term Care (HMO only)**

M=Medicare (HMO only) **FHK=Florida Healthy Kids (HMO only)**

			MEDICAID							MEDICAID			
COUNTY	C	M	ST	SPC	LTC	FHK	COUNTY	C	M	ST	SPC	LTC	FHK
Alachua							Lee						
Baker							Leon						
Bay							Levy						
Bradford							Liberty						
Brevard							Madison						
Broward							Manatee						
Calhoun							Marion						
Charlotte							Martin						
Citrus							Miami-Dade						
Clay							Monroe						
Collier							Nassau						
Columbia							Okaloosa						
DeSoto							Okeechobee						
Dixie							Orange						
Duval							Osceola						
Escambia							Palm Beach						
Flagler							Pasco						
Franklin							Pinellas						
Gadsden							Polk						
Gilchrest							Putnam						
Glades							Santa Rosa						
Gulf							Sarasota						
Hamilton							Seminole						
Hardee							St. Johns						
Hendry							St. Lucie						
Hernando							Sumter						
Highlands							Suwannee						
Hillsborough							Taylor						
Holmes							Union						
Indian River							Volusia						
Jackson							Wakulla						
Jefferson							Walton						
Lafayette							Washington						
Lake													

IX SUPPORTING DOCUMENTATION

Submit the following documentation with the completed application to substantiate the descriptions/statements:

1) A completed Provider Network Checklist for each county being requested. Also note any access restrictions to the contracted network of providers.

2) An excel spreadsheet with the location of the facilities/providers at which health care services shall be regularly available to subscribers. The listing should indicate the name, address, telephone number and specialty of all contracted primary care physicians, specialty physicians, ancillary services and hospital facilities and should be grouped by county.

3) Complete and executed provider contracts for all providers in each requested county. Each provider contract must be a separate electronic document. Letters of Agreement must be converted to executed contracts before the expansion is approved.

4) A scale map(s) of each service area which shows the location of primary care physicians, specialty physicians, hospitals, and applicable ancillary services. The boundary of the service area should be within 30 minutes average travel time for primary care physicians and hospitals, and within 60 minutes for specialty physicians.

*Only the following information is required for **Medicare, Medicaid** and **Florida Healthy Kids** expansions:*

1) Requests for Medicare expansions must include the Health Plan Management System (HPMS) View Service Area Report that shows the County, Effective Date, Status and Full/Partial County. The report cannot be accepted until the status for each requested county is listed as approved.

2) Requests for Medicaid expansions must include the executed Medicaid contract or addendum.

3) Requests for Florida Healthy Kids expansions must include approval documentation from Florida Healthy Kids for the requested counties.

X	**AFFIDAVIT** *(These two individuals must have the authority to bind the organization.)*

We, _____ and _____, hereby swear (or affirm) that we have been authorized by the governing body of the aforementioned organization to file this application to expand the geographic service area effective DATE.

_____

Name (please print) _____ Signature

_____

Title

_____

Name (please print) _____ Signature

_____

Title

Subscribed and sworn to before me this _____ day of _____, _____.

_____

Notary Public, State of Florida

Personally known ___; or ID Produced ___; Type of ID Produced _____

Personally known ___; or ID Produced ___; Type of ID Produced _____

STATE OF FLORIDA

AHCA

AGENCY FOR HEALTH CARE ADMINISTRATION

AFFIDAVIT BY HMO/PHC/EPO FOR EXPANSION OF SERVICE AREA

STATE OF FLORIDA COUNTY OF _____

Pursuant to Chapter 641, Part III, Florida Statutes, and Chapter 59A-12 of the Florida Administrative Code, or section 627.6472, Florida Statutes, affidavit for service area expansion is hereby submitted.

I. ORGANIZATION IDENTIFICATION

Legal Name of Organization _____

Address _____

Street County

_____

City State Zip Code

Federal ID Number _____

II. CURRENT SERVICE AREAS APPROVED (indicate dates and partial zip code approvals, where applicable)

____Alachua	____Flagler	____Lake	____Pinellas
____Baker	____Franklin	____Lee	____Polk
____Bay	____Gadsden	____Leon	____Putnam
____Bradford	____Gilchrist	____Levy	____Santa Rosa
____Brevard	____Glades	____Liberty	____Sarasota
____Broward	____Gulf	____Madison	____Seminole
____Calhoun	____Hamilton	____Manatee	____St. Johns
____Charlotte	____Hardee	____Marion	____St. Lucie
____Citrus	____Hendry	____Martin	____Sumter
____Clay	____Hernando	____Monroe	____Suwannee
____Collier	____Highlands	____Nassau	____Taylor
____Columbia	____Hillsborough	____Okaloosa	____Union
____Dade	____Holmes	____Okeechobee	____Volusia
____DeSoto	____Indian River	____Orange	____Wakulla
____Dixie	____Jackson	____Osceola	____Walton
____Duval	____Jefferson	____Palm Beach	____Washington
____Escambia	____Lafayette	____Pasco	

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III. LIST OF SERVICES TO BE PROVIDED IN REQUESTED SERVICE AREA

____ Emergency Services and Care	____ Dental
____ In-patient Hospital	____ Hearing
____ Physician	____ Ambulance
____ Ambulatory Diagnostic	____ Home Health
____ Skilled Nursing	____ Pharmacy
____ Rehabilitation	____ DME/supplies
____ Vision	____ Mental health

IV. SERVICE AREA(S) REQUESTED (indicate included zip codes, if requesting partial county)

____ Alachua	____ Flagler	____ Lake	____ Pinellas
____ Baker	____ Franklin	____ Lee	____ Polk
____ Bay	____ Gadsden	____ Leon	____ Putnam
____ Bradford	____ Gilchrist	____ Levy	____ Santa Rosa
____ Brevard	____ Glades	____ Liberty	____ Sarasota
____ Broward	____ Gulf	____ Madison	____ Seminole
____ Calhoun	____ Hamilton	____ Manatee	____ St. Johns
____ Charlotte	____ Hardee	____ Marion	____ St. Lucie
____ Citrus	____ Hendry	____ Martin	____ Sumter
____ Clay	____ Hernando	____ Monroe	____ Suwannee
____ Collier	____ Highlands	____ Nassau	____ Taylor
____ Columbia	____ Hillsborough	____ Okaloosa	____ Union
____ Dade	____ Holmes	____ Okeechobee	____ Volusia
____ DeSoto	____ Indian River	____ Orange	____ Wakulla
____ Dixie	____ Jackson	____ Osceola	____ Walton
____ Duval	____ Jefferson	____ Palm Beach	____ Washington
____ Escambia	____ Lafayette	____ Pasco	

V. IDENTIFICATION OF NETWORK

A. Subscriber Enrollment. It is understood that the method of subscriber enrollment may impact compliance with access timeframes to the provider network. It is therefore the intent of this organization to enroll subscribers based upon:

- ☐ Subscriber's county of residence
- ☐ Subscriber's county of employment
- ☐ Both of the above

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B. Network Composition. It is understood that if an organization offers different insurance products that require the utilization of different provider networks, each network must be approved by the agency. Indicate the following:

Will more than one network be utilized?

☐ No ☐ Yes (identify and explain)

Are there any restrictions/limitations to subscriber access?

☐ No ☐ Yes (identify and explain)

C. Identification of delegated responsibilities and oversight.

D. Identification of product types (EPO, PHC, HMO traditional, HMO with POS option in same subscriber contract, direct access, open access, Medicare)

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E. Quality Assurance. The organization must demonstrate or affirm the use of Agency-approved quality assurance policies and procedures that exist in approved counties will be used in expanded counties.

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VI. AFFIDAVIT

The undersigned, under oath, says, it is the intention of (Legal Name of HMO/PHC/EPO) to expand its geographic service area to include the above designated county(ies) effective (Expansion Effective Date) *. Affiants state that the undersigned are two officers of the organization who have the authority to legally bind the organization. Affiants further state that said HMO/PHC/EPO has the capability to provide comprehensive health care services in the new geographical area listed above by virtue of the included description of how services will be provided. Furthermore, 15 days prior to the effective date written above, the HMO/PHC/EPO will demonstrate through documentation or otherwise that it will be capable of providing services to its projected subscribers for at least the first 60 days of operation.

Signature _____ Signature _____

Title _____ Title _____

Sworn to and subscribed to before me, at _____, this _____ day of _____, _____.

_____
Notary Public, State of Florida at Large
My Commission Expires: _____

Personally Known _____; or ID Produced _____; Type of ID Produced _____

* Note: Each organization shall notify the agency of its intent to expand its geographic area at least 60 days prior to the date it plans to begin providing health care services in the new area.