



## HIC Provider/HCF Contract Certification Form

Product Regulation Division (LH), 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
1-614-644-2658 | 1-614-728-5238 FAX | insurance.ohio.gov

I/We, as a duly authorized officer(s) of \_\_\_\_\_  
a licensed Health Insuring Corporation, hereby certify to the Ohio Department of Insurance that all of its provider/health care facility documents currently in use fully comply with the requirements of Ohio Revised Code Sections 1751.13 (C) (presented in summary form below).

The HIC certifies that all contracts with providers and health care facilities:

- Explain how it will notify the provider and health care facility (HCF) of specific health care services for which they will be responsible, including any limitations or conditions on such services
- Include the hold harmless provision {1751.13(C)(2)}, the corresponding hold harmless survival provision {1751.13(C)(12), and the parallel requirements of 1751.60
- Include a provision requiring the HIC to continue covered services to enrollees to complete any medically necessary procedures commenced but unfinished at the time the HIC becomes insolvent or discontinues operations
- Include a provision that clearly states the rights and responsibilities of the HIC and the provider/health care facility concerning administrative policies and programs (specifically addressing any administrative manuals such as the written utilization review and quality assurance programs)
- Include a provision regarding the availability and confidentiality of medical records maintained by providers and health care facilities
- Include a provision precluding a provider/HCF from assigning contractual rights without written consent from the HIC
- Include a provision requiring a provider/HCF to maintain adequate liability and malpractice insurance and to notify the HIC within 10 days of any reduction or cancellation of coverage
- Include a provision requiring the provider/HCF to observe, protect and promote the rights of the patient
- Include a provision requiring the provider/HCF to provide services without discrimination
- Include a provision (for PCPs) to provide health care services 24 hours a day, 7 days a week
- Include procedures for resolving contractual disputes
- Include a provision that the terms defined in the statute are used in the same way in the contract

The HIC also acknowledges that it is required by statute to do all of the following:

- Comply with the applicable provisions of the Ohio Revised Code Chapter 3963
- Contract with a sufficient number and types of providers and health care facilities to ensure that all covered services are accessible to members
- Cover services by a non-participating providers or health care facilities when necessary at no extra charge to the member
- Contract either directly or indirectly with providers and health care facilities to provide services to its members
- Help its providers find stop-loss or reinsurance carriers upon request
- Clearly specify the HICs responsibility to monitor and oversee the health care services provided to members

- Provide notice of the termination of any contract with a primary care physician or hospital. Require providers/HCFs to cooperate with the utilization review program (**Basic Health Care Services Only**)
- Notify providers of their application status within 120 days of receipt of a completed application
- Provide the following information to providers before entering into a contract with them
  - The reimbursement arrangement including
    - the range and structure of any financial risk sharing arrangements
    - a description of any incentive plans
    - the level of reimbursement (if the provider is reimbursed on a fee-for-service basis)
- Provide the following information to Providers (upon request) before entering into a contract with them
  - The method for making referrals
  - The availability of dispute resolution procedures and the potential for costs to be incurred
  - The way a providers name and address will be used in marketing materials
- Provide the following information to all participating providers
  - Any material incorporated by reference in the provider contract (including the utilization review and quality assurance programs)
  - Any administrative manuals related to provider participation
  - A signed and dated copy of the final participation contract
- Provide pre-disclosure of any/all provider contract amendments
- Provide pre-notification of provider termination decision

The HIC acknowledges that provider/HCF contracts cannot include:

- A provision that offers an inducement to the provider/HCF to reduce or limit medically necessary health care services to the member
- A provision that penalizes a provider/HCF that helps a member to seek a reconsideration of a HIC's decision to deny or limit benefits to a member
- A provision that limits or otherwise restricts the provider's/HCF's responsibility to fully advise members about medically appropriate treatment options
- A provision that penalizes a provider/HCF for advocating medically necessary health care services
- A provision that penalizes a provider/HCF for providing information to a legislative or regulatory body or agency
- A provision that violates Chapter 3963 of the Ohio Revised Code

The following requirements apply when/if a party to the contract/agreement/subcontract is an intermediary organization

- Contracts between an intermediary organization and a HIC must clearly specify that the HIC must approve or disapprove the participation of any provider or HCF with which the intermediary contracts
- Subcontracts between an intermediary organization (that is not a health delivery network) and a provider or health care facility must do all of the following
  - Contain all of the provisions in 1751.13(C) and 1751.13(G)
  - Acknowledge that the HIC is a third-party beneficiary to the agreement
  - Acknowledge the HIC's role in approving the participation of the provider or HCF

The Health Insuring Corporation acknowledges its responsibility to ensure that a new certification of compliance is filed annually with the Ohio Department of Insurance.

\_\_\_\_\_  
Print HIC Name

\_\_\_\_\_  
NAIC Number

\_\_\_\_\_  
Print Officer Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date