Governing Statute:  N.J.S.A. 17:48C

Instructions

1. The information requested in this Formal Application is based upon the Dental Service Corporation Act, N.J.S.A. 17:48C-1 et seq. Copies of this statute, and application can be obtained by visiting the Department’s website, www.state.nj.us/dobi/managed.htm.

2. Four (4) copies of the application must each be remitted in three-ring hard cover binders that identify the submission on the front and spine of the binder to:

   State of New Jersey
   Department of Banking and Insurance
   Office of Solvency Regulation

   By US Mail   By Overnight Service
   P. O. Box 325 20 West State St., 8th Floor
   Trenton, NJ 08625-0325 Trenton, NJ 08608-1206

3. Complete the application cover sheet and provide responses to all items with supporting documentation as described in the ensuing sections. Number each response and document according to the item number to which it responds. Number each page within the section in the upper right hand section and corner in consecutive order. Tabs should be inserted indicating each of the sections of the application.
STATE OF NEW JERSEY
DENTAL SERVICE CORPORATION (DSC)
APPLICATION TO OBTAIN A
CERTIFICATE OF AUTHORITY
PART II 0F II-FORMAL APPLICATION
COVER SHEET

_________________________________________________________________
Full Name of Applicant Dental Service Corporation (DSC)  FEIN Number
_________________________________________________________________
Physical Address
_________________________________________________________________
City      County     State     Zip Code
_________________________________________________________________
Telephone Number   Facsimile Number   Website Address
_________________________________________________________________
Mailing Address (if different from physical address)
_________________________________________________________________
City      County     State     Zip Code
_________________________________________________________________
Application Contact     Contact Telephone Number
_________________________________________________________________
Facsimile Number     Email Address

CERTIFICATION STATEMENT

I Certify that all information and statements made in this application are true, complete and current to the best of my knowledge and belief.

_________________________________________________________________
Printed Name of CEO     CEO Original Signature     Date
_________________________________________________________________
CEO Facsimile Number     Email Address
I. General Description:

1. Provide any changes to the information submitted with the Feasibility Study that are not specifically outlined below.

II. Organizational/Legal:

1. Provide executed copies of the basic organizational documents or other applicable documents of the proposed DSC, to include a certified copy of the certificate of incorporation. Refer to N.J.S.A. 17:48C-3 on required language for the certificate of incorporation, which must also bear the acknowledgement of the New Jersey State Treasurer.

2. Provide executed copies of the bylaws (certified by the lawful custodian of the original), rules and regulations or similar documents regulating the conduct of the internal affairs of the proposed DSC. (Refer to N.J.S.A. 17:48C-3, and 4 on required language for the bylaws).

3. If different than the information filed with the Feasibility Study, Section II, item three (3), provide a list of those names that have not already been provided, including personal addresses, and official positions of the persons who are to be responsible for the conduct of the affairs of the DSC, including all members of the Board of Directors, Board of Trustees, Executive Committee or other governing board or committee, and the principal officers. For those individuals that are currently licensed to practice dentistry in this state, provide their New Jersey license number to practice dentistry. (Refer to N.J.S.A. 17:48C-6)

4. Provide a copy of any form of contract or agreement made, or to be made, between any person listed in item three (3) above and the applicant.

5. Provide an original fully completed and notarized Biographical Affidavit (must use NAIC Form 11, www.naic.org/industry_ucaa.htm ) for each person listed in item 3 above not already provided.

6. Provide an explanation of how the applicant proposes to notify an employer which employs 25 or more employees or members that they must provide an alternative dental coverage plan. (Refer to N.J.S.A. 17:48C-18.1 and N.J.A.C. 11:10-2.1 et seq.)

7. Provide a copy of the form that will be required to be completed by each employer or other organization demonstrating compliance with N.J.S.A. 17:48C-18.1 and N.J.A.C. 11:10-2.1 et seq.
8. Provide a description and supporting documentation demonstrating compliance with N.J.S.A. 17:48C-18.2 on how the employer or other organization shall be required to pay for or contribute towards the provision of alternative coverage.

9. Provide a copy of the Letter of Intent to be utilized by the proposed DSC and participating dentists with skills in appropriate fields and accessible to subscribers, to indicate ability to render the intended dental service. (Refer to N.J.S.A. 17:48C-5(b))

10. Provide a complete description of the plan of payments to participating dentists, which were adopted by the board of trustees, recorded in the minutes of a board of trustees meeting, supported by copies of the meeting minutes and resolution adopting these plans or any other party that the DSC will contract with. This description should also include complete information pertaining to any bonus, penalty or withhold mechanisms that are intended to be used. (Refer to N.J.S.A. 17:48C-12 and 15)

III. Dental Services:

1. Provide a detailed description of the standards of care, criteria and procedures for assessing the quality, adequacy and appropriateness of health care resources utilized.

2. Provide a detailed description of how, when and where emergency/urgent dental services will be made available to subscribers.

3. Provide an Officer Certification that the proposed DSC will not impose any restrictions as to methods of diagnosis or treatment on dentists who administer to the DSC’s subscribers. (Refer to N.J.S.A. 17:48C-3)

4. As the network is begun to be developed through executed Letters of Intent, provide a list of dentists names and license numbers by county and specialty, which are to provide dental services to the applicants subscribers. Submit a Draft Provider Directory and final copy when completed. (Refer to N.J.S.A. 17:48C-5(b))

5. Provide a description of the DSC’s provider credentialling policies and procedures.

6. Provide a detailed description of the systems and processes utilized to coordinate the Continuous Quality Improvement (CQI) program, including the Utilization Management (UM) and risk management programs.

7. Provide a detailed description of the systems utilized to evaluate the effectiveness of the CQI, UM and risk programs.

8. Provide a detailed description of the complaint system to be utilized by both providers and subscribers for any type of complaint.

9. Provide a description of the system used to monitor subscriber and provider satisfaction and feedback.
IV. Financial:

1. Provide updated information to that submitted with the Feasibility Study Part I, if applicable, to include the most recently audited financial statements of the DSC applicant audited by an independent certified public accountant. If the financial affairs of the applicant’s parent company are audited by an independent certified public accountant, but those of the applicant are not, then a copy of the most recent audited financial statement of the applicant’s parent company, audited by an independent certified public accountant, shall be submitted. A consolidated financial statement of the applicant and the parent company shall satisfy this requirement unless the Commissioner determines that additional or more recent information is required for the proper administration of this Act. If providing a consolidated financial statement, include a consolidating income statement clearly showing the applicant’s activity.

2. Provide copies of management agreements with **non-affiliates** that are intended to be used to effectuate the DSC, not already included in Section II above.

3. Provide copies of management agreements with **affiliates** that are intended to be used to effectuate the DSC, not already included in Section II above. *(Refer to N.J.S.A.17:27A-1 et seq. and N.J.A.C. 11:1-35.1 et seq.)*

4. Describe in a one-page summary the DSC’s Financial Management Information System.

5. Explain any other financial controls systems, check signing procedures, petty cash, controls, lending policies, time tracking, purchasing policies, bank reconciliation etc. will be utilized.

6. Describe any changes to the detail provided in the Feasibility Study regarding what provisions the DSC will have in place at the beginning of operations for contingency funding and Stop Loss and Insolvency protection.

7. Provide a description of the DSC’s Open and Unreported (O&U) claim tracking system, and Coordination of Benefits (COB) system.

8. Provide an explanation of the system used to monitor the quality, accuracy, and timeliness of claim payments in compliance with **N.J.S.A. 17B:30-23**, **N.J.S.A. 17:48C-8.1 and N.J.A.C. 11:22-1.1 et seq.**

9. Provide a description of the standards the DSC will use to receive and transmit health care transactions electronically, pursuant to the requirements of **N.J.S.A. 17:48C-8.1**.

10. Provide a copy of the proposed DSC’s claim form. *(N.J.A.C. 11:22-3.1 et seq.)*
11. Provide a description of the DSC’s fraud prevention plan, pursuant to the requirements of N.J.S.A. 17:48C-8.1 et seq.

V. Marketing:

1. Provide Draft copies of literature and advertising materials that are proposed to be disseminated to subscribers, employers, brokers, agents or others.

2. Provide the proposed DSC’S member enrollment form. (N.J.A.C. 11:22-3.1 et seq.)

VI. Other:

In addition to the above information, the Commissioner may require any other relevant information which is reasonably necessary to determine whether to approve or disapprove an application. When all items are found to be acceptable to the Commissioner to operate as a DSC, pursuant to N.J.S.A. 17:48C-1 et seq., a Certificate of Authority will be issued to the applicant.

The DSC will then be advised of Policy Form Filing Procedures, Actuarial Requirements for Rate Submission, and Requirements for an Initial Form B Insurance Holding Company System Annual Registration.