(IV) A DESCRIPTION OF THE PUBLIC–PRIVATE HEALTH CARE PROGRAM THE APPLICANT PROPOSES TO OPERATE, INCLUDING:

1. THE CRITERIA USED TO DETERMINE WHO IS A QUALIFYING INDIVIDUAL;

2. THE ARRANGEMENTS FOR THE DELIVERY OF HEALTH CARE SERVICES;

3. THE PAYMENT OBLIGATIONS OF PARTICIPANTS; ~~AND~~

4. THE INTERNAL COMPLAINT PROCESS AVAILABLE TO PARTICIPANTS; AND

5. THE PROCEDURES TO BE USED TO MONITOR APPLICATIONS FOR ENROLLMENT TO DETERMINE WHETHER AN INDIVIDUAL HAS VOLUNTARILY TERMINATED COVERAGE UNDER A HEALTH BENEFIT PLAN ISSUED UNDER TITLE 15, SUBTITLE 12 OF THIS ARTICLE;

(V) ALL FORMS, AGREEMENTS, ADVERTISING, OR OTHER DOCUMENTS THAT WILL BE PROVIDED TO PARTICIPANTS; AND

(VI) ANY OTHER INFORMATION OR DOCUMENTS THAT THE COMMISSIONER CONSIDERS NECESSARY TO ENSURE COMPLIANCE WITH THIS SUBTITLE.

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(A) THE COMMISSIONER SHALL CERTIFY AN APPLICANT TO OPERATE A PUBLIC–PRIVATE HEALTH CARE PROGRAM IF THE COMMISSIONER IS SATISFIED THAT THE APPLICANT:

(1) HAS BEEN ORGANIZED IN GOOD FAITH FOR THE PURPOSE OF ESTABLISHING AND OPERATING A PUBLIC–PRIVATE HEALTH CARE PROGRAM;

(2) IS COMMITTED TO A NONPROFIT CORPORATE STRUCTURE; AND

(3) HAS SUFFICIENT FUNDS TO MEET ITS OBLIGATIONS UNDER THE PUBLIC–PRIVATE HEALTH CARE PROGRAM.