

Health Maintenance Organization Service Area Modification Instructions

**Life and Healthcare Section
Division of Market Regulation
Missouri Department of Insurance, Financial Institutions and Professional Registration**

Pursuant to §354.405, RSMo, and 20 CSR 400-7.090, HMOs licensed in the state of Missouri must file request for a Service Area Modification with the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP). There are 3 types of Service Area Modifications:

1. Service Area Expansion to contiguous counties
2. Service Area Expansion to non-contiguous counties
3. Service Area Reduction

Service Area Expansion

The Service Area Expansion must include the following information, pursuant to 20 CSR 400-7.090. Each of the items and sub-items listed below should be clearly labeled and should be presented in the order we have given to ensure we give full credit for everything submitted:

Contiguous County Expansion:

1. If prior action of the HMO's Board is required, minutes of the board meeting at which an expansion was authorized and any related amendments to the basic organization document or bylaws. If no action is needed by the Board, a statement is necessary stating same.
2. A map of the new service area showing locations of primary care physicians, hospitals, emergency room facilities and pharmacies.
3. Any *pro forma* contracts or agreements with physicians and other providers in the new area. If the *pro forma* contracts have been approved by the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP), the entire agreement need not be sent. However, a copy of the approved TD-1 or the General Information page of the SERFF filing, including the SERFF Tracking Number and a copy of the signed signature page for any recently signed participating providers, facilities, or pharmacies.
4. A list of all physicians, facilities, pharmacies who have agreed to provide services in the new area in data files as described in Network Description-Data Submission Guidelines, pages 7-10 of this document.
5. The HMO shall provide other information as the director may consider necessary to adequately describe the proposal.

Non-Contiguous County Expansion:

For a Non-contiguous County Expansion, the following ***additional*** information must be provided:

1. A brief narrative description of the administrative arrangements and other pertinent information.
2. Biographical data sheets for the management staff assigned to the new area.
3. Enrollee participation plan for the new area.
4. Marketing information about the new area, including demographic material, enrollment projections for the period from the beginning of operations until operations in the new service area have produced a net income for twelve (12) consecutive months and proposed advertising and sales materials.
5. Evidence of coverage to be used in the new area.
6. Rates to be charged and appropriate actuarial certifications
7. Copies of leases, loans and contracts to be used in the proposed new area.
8. Sources of financing and financial projections for the period from the beginning of operations until operations in the new area will have produced a net income for twelve (12) consecutive months.
9. The HMO shall provide other information as the director may consider necessary to adequately describe the proposal.

Service Area Reduction

Service Area Reduction:

1. Submit a letter requesting a reduction of the health plans current service area.
2. Include a list of the counties in which the HMO no longer wants to do business.
3. Submit the number and location of currently enrolled members with any of the health plan's HMO products.
4. Indicate compliance with §354.603.2(8), RSMo.
5. Indicate compliance with HIPPA and §379.938 RSMo by agreeing to the terms stipulated by DIFP regarding guaranteed renewal of existing contracts and policies in force.

General Filing Information

These instructions set forth specific criteria that the DIFP will be using to evaluate each HMO's network in a service area expansion. DIFP uses distance standards set forth for specified medical professionals and facilities as those standards are described in 20 CSR 400-7.095, the rule regarding network adequacy. These Instructions are intended as guidelines for preparation of the required information.

Filing fees:

Pursuant to §354.495, RSMo, the DIFP will collect a filing fee of \$50.00 for each Service Area Modification filed. This fee will be billed through DIFP's automated billing system. A TD-1 is **NOT** required.

Where to send the Service Area Modification(s):

Please mail the completed Service Area Expansion with the required items and CD's(s) to:

Kembra Springs, Managed Care Specialist
Missouri Department of Insurance, Financial Institutions and Professional Registration
Life and Healthcare Section
301 West High Street, Room 530
Jefferson City, MO 65102

The data portion of the Service Area Expansion may be e-mailed. DIFP requests that e-mail submissions be sent to the Managed Care Specialist at Kembra.Springs@insurance.mo.gov. Data files attached to emails should be zipped to ensure they pass DIFP's email restrictions.

How to contact the Life and Healthcare Section:

Direct inquiries regarding the Service Area Modification to Kembra Springs at the above address, or by phone at (573) 526-1371 or via email at Kembra.Springs@insurance.mo.gov.

The World Wide Web:

Copies of these instructions can also be obtained on the DIFP homepage at:
<http://www.insurance.mo.gov/industry/filings/mc/accessMain.htm>

Reminders:

Networks that contain POS providers: When reporting a network, report only the regular HMO network. Do not include the POS providers and facilities.

The Cover Letter

Please include a cover letter containing the following information:

1. All managed care plans (MCPs) to be offered by the HMO in the new county(ies), including each product's name and type.

NOTE: If separate MCPs have different networks, you must submit a separate set of data files for each MCP.

2. A chart indicating the populations to be served by the HMO (see example below). This chart should include the new counties and corresponding product to be marketed.

Approved Service Area	Commercial Plan	Medicaid Plan	Medicare Plan	MCHCP Plan
ADAIR	X			X
ANDREW	X	X		X
ATCHISON	X	X	X	
AUDRAIN	X	X	X	X
BARRY	X	X	X	X
BARTON	X		X	

'X' indicates that the HMO intends to serve that population in the corresponding county listed in the first column.

Network Description - Data Submission Guidelines

For each MCP, two distinct data files for each network should be submitted to the DIFP for analysis.

Data files that are infected with any form of virus will be destroyed, and must be resubmitted free of viruses.

The Life and Healthcare Section uses GeoNetworks to analyze each network.

The required files are as follows:

1. The **provider file** must contain information about primary care providers that will be available to the members, and with whom the carrier has an agreement or other **contractual** arrangement. The file must include all subcontracted professionals.
2. The **facility file** must contain information about the basic hospitals and pharmacies that will be available to the members, and with whom the carrier has an agreement or other **contractual** arrangement. The file must include all subcontracted facilities.

All files should contain the most current data available. The file should include **only** providers that are already contracted.

Letters of Intent (LOIs) and Letters of Agreement (LOAs) – if any provider is not yet contracted, but has signed an LOI or an LOA or similar document reflecting intent to enter a contractual arrangement, please send copies of the LOI and LOA. DIFP will consider inclusion of these providers if necessary.

Specific formatting guidelines for these files begin on page 7 of these instructions.

Data may be e-mailed to the Life and Healthcare Section, Kembra.Springs@insurance.mo.gov, or mailed on CD's.

Data files attached to emails should be zipped to ensure they pass DIFP's email restrictions.

Additional Instructions for MC+ networks

Pursuant to Attachment 5 of the most recent MC+ contract, MC+ programs are encouraged to reflect any applicable Federally Qualified Health Centers, Rural Health Clinics, Local Public Health Agencies or School Based Clinics in the applicable network data file. For example, the location of a Local Health Agency contracted to provide primary care services should be reflected in the provider data file. If the medical professional rendering care at that location is unknown, it is acceptable to put the Local Health Agency's name in either the FRSTNAME or LASTNAME field of the provider data file. (Please see pages 7-10 for additional information on the required data files.)

I. Provider File Instructions

Please submit only ONE provider file per MCP. This file must contain all contracted and subcontracted Primary Care Physicians, including General Practitioner, Family Medicine, Internal Medicine, and Pediatrician, and if included in the HMO plan as PCP's: Obstetrics, Gynecology, Obstetrics/Gynecology, or Advanced Nurse Practitioner. **Failure to include subcontracted medical professionals may cause an HMO network to appear inadequate.**

NOTE: Report all medical professionals that would provide Primary Care services to Missouri enrollees.

NOTE: Addresses should indicate the street, city, state and Zip code where medical professionals practice their specialty. **Do not use PO box numbers! Do not use suite numbers!** GeoNetworks will not process PO Box numbers, the intersection of two streets (Main St and First St), St. as an abbreviation for Saint, or Highway addresses that are not USPS (United States Postal Service) standard. Any medical professional address listed with a PO box, a suite number, the intersection of two streets, St. as an abbreviation of Saint or Highway addresses that are not USPS standard will be removed from the data. This may cause the HMO's network to appear inadequate. DIFP will inform each HMO if their provider file(s) contain address information that cannot be used.

NOTE: If a medical professional practices at multiple locations, please provide a separate record for each address. **Do not put extra practice locations in an "Address 2" field or any variation of supplying that information through additional fields.** Any fields beyond what are required in these instructions are eliminated from the data files prior to analysis. DIFP will inform any HMO that is affected if extra address fields were eliminated. DIFP does not have the resources to inform HMOs exactly which addresses would be lost if extra address fields are eliminated.

NOTE: License Numbers are those assigned by the DIFP, Division of Professional Registration. License numbers are collected on the Standardized Credentialing Form (SCF) for every contracted medical professional. **Do not use ID numbers assigned by the HMO.** Any medical professionals in the provider file that do not have a valid license number may be excluded from the network analysis. DIFP will inform any HMO affected if medical professionals were eliminated due to lack of valid license numbers.

NOTE: Some of the medical professional codes begin with zero. **Failure to format SPEC1, SPEC2 and SPEC3 as text fields will result in the loss of leading zeros.** DIFP will require the provider file to be resubmitted with the appropriate formatting and intact medical professional codes.

NOTE: For MC+ plans, any of the agencies listed in Attachment 5 of the most recent MC+ contract that are providing primary care or specialty care services should be listed in the provider data file. (An agency or clinic that does not provide the full range of primary care services specified in the MC+ contract cannot be reported as a PCP) If the medical professional rendering care at the applicable location is unknown, it is acceptable to put the applicable agency's name in either the **FRSTNAME** or **LASTNAME** field of the provider data file.

This file is to be prepared based on **contracted** medical professionals in the applicable network.

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Provider File ASCII Parameters: If an ASCII fixed-width file format is used, there should be a separate record of fixed-length 143 for each contracted and subcontracted medical professional. **All fields should be left justified text fields.** Please do not include decimals, commas or carriage control characters in the data file.

Field Name/ Column Heading	Field Description	Field Length	Field Position	Field Type
LICNUM	Medical Professional's license number (See p. 8 of the SCF ¹)	10	01-10	Text
LASTNAME	Medical Professional's last name	25	11-35	Text
FRSTNAME	Medical Professional's first name	18	36-53	Text
MIDINIT	Medical Professional's middle initial	1	54	Text
PROVADD	Medical Professional's practice address Not a PO Box	40	55-94	Text
PROVCITY	Medical Professional's practice city	20	95-114	Text
PROVST	Medical Professional's practice state	2	115-116	Text
ZIPCODE	Medical Professional's practice zipcode.	5	117-121	Text
PRIMCARE	Is the Medical Professional a Primary Care Physician? 1=yes 0=no	1	122	Text
SPCILST	Is the Medical Professional a specialist? 1=yes 0=no	1	123	Text
HMOCOMM	Does the Medical Professional see commercial enrollees? 1=yes 0=no	1	124	Text
HMOMDCR	Does the Medical Professional see Medicare enrollees? 1=yes 0=no	1	125	Text
HMOMDCD	Does the Medical Professional see Medicaid enrollees? 1=yes 0=no	1	126	Text
HMOMCHCP	Does the Medical Professional see MCHCP enrollees? 1=yes 0=no	1	127	Text
PRIMEYE	Does Medical Professional's contract include provision of primary medical eye care? 1=yes 0=no	1	128	Text
SPEC1	Medical Professional's most frequently practiced specialty (See p. 7 of the SCF ¹ and choose from the list of codes on page 10 of these instructions.)	3	129-131	Text²
SPEC2	Medical Professional's second most frequently practiced specialty, if any (See p. 7 of the SCF ¹ and choose from list of codes on page 10 of these instructions.)	3	132-134	Text²
SPEC3	Medical Professional's third most frequently practiced specialty, if any (See p. 7 of the SCF ¹ and choose from list of codes on page 10 of these instructions.)	3	135-137	Text²
CLOSPRAC	Is the Medical Professional closed to new patients? 1=yes 0=no (See p.2 #21 of the SCF ¹)	1	138	Text
PROVNAIC	Reporting HMO's 5-digit NAIC number	5	139-143	Text

¹Standardized Credentialing Form for Missouri

²Some of the medical professional codes begin with zero. Failure to format Spec1, Spec2 and Spec3 as text fields will result in the loss of leading zeros. DIFP will require the provider file to be resubmitted with the appropriate formatting and intact medical professional codes.

II. Facility File Instructions

Please submit only ONE facility file per MCP. Each facility file must contain the facilities listed on page 10, including hospitals and pharmacies. This file must contain all subcontracted facilities (i.e. third party pharmacy vendors). **Failure to report subcontracted facilities may cause an HMO network to appear inadequate.**

NOTE: Addresses should indicate the street, city, state and Zip code where each facility is physically located **Do not use PO box numbers! Do not use suite numbers!** GeoNetworks will not process PO Box numbers, the intersection of two streets (Main St and First St), St. as an abbreviation for Saint, or Highway addresses that are not USPS (United States Postal Service) standard. Any medical professional address listed with a PO box, a suite number, the intersection of two streets, St. as an abbreviation of Saint or Highway addresses that are not USPS standard will be removed from the data. This may cause the HMO's network to appear inadequate. DIFP will inform each HMO if their facility file(s) contain address information that cannot be used.

NOTE: For MC+ plans, any of the agencies listed in Attachment 5 of the most recent MC+ contract that are providing pharmacy services should be listed in the facility data file.

NOTE: It is permissible to use the NABP# for pharmacies rather than a tax ID number.

This file is to be prepared based on health care facilities in the applicable network.

Facility File ASCII Parameters: If an ASCII fixed-width format is used there should be a separate record of fixed-length 234 for each contracted and subcontracted health care facility. All fields should be left justified text fields. Please do not include decimals, commas or carriage control characters in the facility file.

Facility File ASCII Parameters:

Field Name/ Column Heading	Field Description	Field Length	Field Position	Field Type
TAXID	Facility's tax ID number or NABP# for pharmacy	15	01-15	Text
FACTYPE	Type of facility (See list of applicable codes on page 10)	3	16-18	Text
FACNAME	Facility's name	100	19-118	Text
FACSTRT	Facility's street address Not a PO Box	80	119-198	Text
FACCITY	Facility's city	20	199-218	Text
FACSTATE	Facility's state	2	219-220	Text
ZIPCODE	Facility's zipcode	5	221-225	Text
FACCOMM	Does the facility see commercial enrollees? 1=yes 0=no	1	226	Text
FACMDCR	Does the facility see Medicare enrollees? 1=yes 0=no	1	227	Text
FACMDCD	Does the facility see Medicaid enrollees? 1=yes 0=no	1	228	Text
FACMCHCP	Does the facility see MCHCP enrollees? 1=yes 0=no	1	229	Text
FACNAIC	Reporting HMO's 5-digit NAIC number	5	230-234	Text

