



**Missouri Department of Commerce & Insurance
Insurance Market Regulation Division
Life & Healthcare Section**

Company Name: _____

Contact Name, Phone & Email: _____

Network Access Plan Check List

DCI provides this check list in an effort to assist HMOs. The check list should help assure that nothing is missing from the access plan. However, the check list is a minimum representation of the items the Department considers when reviewing HMO access plans. It is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable to any specific access plan. Please refer to the statutes and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statutes and Regulations always prevails over the checklist.

Check List for Cover Letter

All managed care plans offered by the HMO, including each product's name and type

A chart indicating the populations served by the HMO and the Missouri counties in which the HMO is currently serving those populations

Check List for Written (§354.603.2 (1) thru (9) RSMo)

(1) The health carrier's network.

(2) The HMO's procedures for making referrals within and outside its network(s).

(3) The HMO's process for monitoring and assuring on an ongoing basis the sufficiency of the network(s) to meet the health care needs of enrollees.

(4) The HMO's methods for assessing the health care needs of enrollees and their satisfaction with services.

(5) The HMO's method of informing enrollees of each plan's services and features, including but not limited to each plan's grievance procedures, its process for choosing and changing providers, and its procedures for providing and approving emergency and specialty care.

(6) The HMO's system for ensuring the coordination and continuity of care for enrollees referred to specialty physicians, for enrollees using ancillary services, including social services and other community resources, and for ensuring appropriate discharge planning. **(§354.615 RSMo)**

(7) The HMO's process for enabling enrollees to change primary care professionals.

(8) The HMO's proposed plan for providing continuity of care in the event of contract termination between the HMO and any of its participating providers, in the event of a reduction in service area or in the event of the HMO's insolvency or other inability to continue operations. The description shall explain how enrollees shall be notified of the contract termination, reduction in service area or the HMO's insolvency or other modification or cessation of operations, and transferred to other health care professionals in a timely manner. **(§354.612 RSMo)**

(9) Any other information required by the director to determine compliance with provisions of **§354.600-606 RSMo.**

Provider Directories

The most recent copies of all Network Provider Directories, including vision, dental, behavioral health, pharmacy, chemical dependency and substance abuse directories produced by subcontractors.

The provider directories have name, addresses, telephone numbers and, where appropriate, board certification indications for all participating providers. **(§354.442.1 (14) RSMo & §354.442.4 RSMo)**

If additional information is included, it complies with Missouri law.

20 CSR 400-7.095(2)

(A)(I) A written triage, treatment and transfer protocol for Emergency Medical Services. **20 CSR 400-7.095(2)(A)3.A(I)**

(A)(II) Home Health Providers Chart listing Home Health Care providers by county. **20 CSR 400-7.095(2)(A)3.A(II)**

(A)(III) Measures are in place for timely access to appointments with **all** providers in Exhibit A. **20 CSR 400-7.095(2)(A)3.A(III)**

(B) Demonstration or statement that the entire network is available to all enrollees along with a description of any network management practices that affect enrollees' access to all participating providers **20 CSR 400-7.095(2)(A)3.B and §354.603.1(4) RSMo.**

(C) Specific networks – demonstration that contract holder agreed in writing to the different or reduced network. **20 CSR 400-7.095(2)(A)3.C**

(D) Listing of product names used to market the managed care plans. **20 CSR 400-7.095(2)(A)3.D**

(E) Policies and procedures to assure that enrollees have access to providers not addressed in Exhibit A without unreasonable delay. **20 CSR 400-7.095(2)(A)3.E**

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| <u>Additional Information 20 CSR 400-7.095(2)(A)3.F</u> | |
| RAPLs: Information regarding network hospitals which utilize non-network service providers i.e. radiologists, anesthesiologists, pathologists, laboratories or emergency room physicians (or other hospital-based service providers) as follows: | |
| <ul style="list-style-type: none"> Names and addresses of participating facilities where this occurs Identification of which specific hospital-based services are not contracted at that participating facility Method of payment for the non-network services and/or enrollee's financial obligation Copy of disclosure provided to enrollees (including POS enrollees) regarding the hospital and the enrollee's possible financial obligation. | |
| §376.1199 RSMo: Information regarding coverage of contraception and elective abortion under the company's health benefit plans. In your response please include the SERFF filing number(s) of approved policy forms, application forms, enrollment forms or other policy forms which demonstrate compliance with subsections of 376.1199 that are not pre-empted by the Affordable Care Act. | |
| §376.1224 RSMo: Information regarding Missouri Department of Professional Registration licensed Behavior Analysts. Board certified participating Applied Behavior Analysts (ABA) or assistant behavior analysts including: | |
| <ul style="list-style-type: none"> Name(s) and professional address(es) of participating Applied Behavior Analysts (ABA) or assistant behavior analysts. Indicate how the participating Applied Behavior Analysts (ABA) or assistant behavior analysts are listed in the provider directories, both print and electronic. Copy of disclosure provided to all enrollees (including POS enrollees) regarding Applied Behavior Analysts (ABA) or assistant behavior analysts, services provided and any enrollee's financial obligation. If there are not currently contracted participating Applied Behavior Analysts (ABA) or assistant behavior analysts, indicate how the enrolled member or dependent obtains services and how the claims are processed, including any enrollee's financial obligation. | |
| §376.1900 RSMo: Information regarding recently passed telehealth legislation. Provide any policies and procedures implemented to comply with section 376.1900 regarding coverage of telehealth services. Include a copy of any health benefit plan language that has been approved describing this benefit, or any SERFF filing #'s your company has filed for approval to update health benefit plans to comply. Also include a reference to where telehealth providers are listed in provider directories, if listed therein. If telehealth providers are not listed in provider directories, please explain why. | |
| All changes and corrections noted in the previous years access plan have been incorporated into the current year access plan. | |
| All changes related to new legislation have been incorporated, if applicable. | |
| <u>Check List for Affidavit in lieu of Data Submission 20 CSR 400-7.095(2)(A)1.B</u> | |
| Must fall into one of the following categories | |
| <ul style="list-style-type: none"> Medicare + Choice NCQA URAC OTHER please describe: _____ | |
| In effect on March 1 of the current year and accreditation date is listed on accreditation certificate. | |
| Product name specified for the accredited managed care plan. | |
| Health benefit plan's form name(s) and number(s) listed and/or approved date and currently being used in the market place. | |
| Affidavit is signed and notarized. | |
| Copy of accreditation certificate identifying the accredited entity. | |
| This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. This checklist is a representation of general provisions and objections and should not be construed as a legal position or legal advice. <u>Please refer to the Missouri Statutes and Regulations for exact wording of requirements and prohibitions.</u> | |