Health Maintenance Organization
Service Area Modification Instructions

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Revised April 2025

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

Pursuant to §354.405, RSMo, and 20 CSR 400-7.090, HMOs licensed in Missouri must request a Service Area Modification with the Missouri Department of Commerce & Insurance (DCI).   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 the Board needs no action, a statement is necessary stating the 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 Commerce & Insurance (DCI), 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, and pharmacies who have agreed to provide services in the new area in data files as described in Network Description-Data Submission Guidelines, pages 6-10 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 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 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 plan's current service area.
2. Include a list of the counties where the HMO no longer wants to do business.
3. Submit the number and location of enrolled members with any of the health plan's HMO products.
4. Indicate compliance with §354.603.2(8), RSMo.
5. Indicate compliance with HIPAA and §379.938 RSMo by agreeing to the terms stipulated by DCI regarding guaranteed renewal of existing contracts and policies in force.

General Filing Information_____

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

Filing fees:

Pursuant to §354.495, RSMo, the DCI will collect a filing fee of $150.00 for each Service Area Modification filed. This fee will be billed through DCI's automated billing system.   A TD-1 is **NOT** required.

Where to send the Service Area Modification(s):

Service Area Modification requests must be submitted through SERFF using the TOI code HOrg03 Health -Other and, depending on the type of service area modification requested, the sub-TOI code HOrg03.SAE Service Area Expansion or HOrg03.SAR Service Area Reduction. All information should be listed in the "Supporting Documentation" tab in SERFF.

How to contact the Life and Healthcare Section:

Missouri Department of Commerce & Insurance
Life and Healthcare Section
301 W High St Room 530
Jefferson City, MO   65101

Inquiries regarding Service Area Modification may be directed to Randy Rust at (573) 522-9177 or via email at randy.rust@insurance.mo.gov.

The World Wide Web:

These instructions are on the DCI website:
Managed Care Filing Instructions | Missouri Department of Insurance

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 (or counties), including each product's name and type.

NOTE: If separate MCPs have different networks, you must submit separate 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 products to be marketed.

Approved Service Area	Commercial Plan	Medicaid Plan
Adair	X	
Andrew	X	X
Atchison	X	X
Audrain	X	X
Barry	X	X
Barton	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_____

Two distinct data files for each MCP for each network should be submitted to the DCI for analysis.

Data files infected with viruses will be destroyed and must be resubmitted virus-free.

The Life and Healthcare Section analyzes each network using Quest Analytics Suite™ software.

The required files are as follows:

1. The **provider file** must contain information about primary care providers who will be available to the members and with whom the carrier has an agreement or other contractual arrangement. The file must also 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. DCI will consider including these providers if necessary.

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

Additional Instructions for MO HealthNet managed care networks

Pursuant to Attachment 5 of the most recent MO HealthNet managed care contract, MO HealthNet managed care 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 who 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!**   GeoNetworks will not process addresses that are not USPS (United States Postal Service) standard.   DCI will inform each HMO if their provider files 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 is required in these instructions are eliminated from the data files before analysis.   DCI will inform any HMO that is affected if extra address fields were eliminated.   DCI 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 DCI, 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.   DCI 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.**   DCI will require the provider file to be resubmitted with the appropriate formatting and intact medical professional codes.

NOTE: For MO HealthNet managed care plans, any agencies listed in Attachment 5 of the most recent MO HealthNet managed care contract that provides 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 MO HealthNet managed care 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 will be prepared based on *contracted* medical professionals in the applicable network.

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])	15	1-15	Text
LASTNAME	Medical Professional's last name	25	16-40	Text
FRSTNAME	Medical Professional's first name	18	41-58	Text
MIDINIT	Medical Professional's middle initial	1	59	Text
PROVADD	Medical Professional's **practice** address (**Not a PO Box**)	40	60-99	Text
PROVCITY	Medical Professional's **practice** city	20	100-119	Text
PROVST	Medical Professional's **practice** state	2	120-121	Text
ZIPCODE	Medical Professional's **practice** zip code.	5	122-126	Text
PRIMCARE	Is the Medical Professional a Primary Care Physician? 1=yes 0=no	1	127	Text
SPCILST	Is the Medical Professional a specialist? 1=yes 0=no	1	128	Text
HMOCOMM	Does the Medical Professional see commercial enrollees? 1=yes 0=no	1	129	Text
HMOMDCD	Does the Medical Professional see Medicaid enrollees? 1=yes 0=no	1	130	Text
PRIMEYE	Does Medical Professional's contract include provision of primary medical eye care? 1=yes 0=no	1	131	Text
SPEC1	Medical Professional's most frequently practiced specialty (See p. 7 of the SCF[1] and choose from the list of codes[2] on page 10 of these instructions.)	3	132-134	Text
SPEC2	Medical Professional's second most frequently practiced specialty, if any (See p. 7 of the SCF[1] and choose from list of codes[2] on page 10 of these instructions.)	3	135-137	Text
SPEC3	Medical Professional's third most frequently practiced specialty, if any (See p. 7 of the SCF[1] and choose from list of codes[2] on page 10 of these instructions.)	3	138-140	Text
CLOSPRAC	Is the Medical Professional closed to new patients? 1=yes 0=no (See p.2 #21 of the SCF[1])	1	141	Text
PROVNAIC	Reporting HMO's 5-digit NAIC number	5	142-146	Text

Provider File ASCII Parameters: If an ASCII fixed-width file format is used, there should be a separate record of fixed-length 146 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.

[1]Standardized Credentialing Form for Missouri
[2]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. DCI 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!   GeoNetworks will not process addresses that are not USPS (United States Postal Service) standard.   DCI will inform each HMO if their facility files contain address information that cannot be used.

NOTE: For MO HealthNet managed care plans, any agencies listed in Attachment 5 of the most recent MO HealthNet managed care contract providing pharmacy services should be listed in the facility data file.

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

This file will 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 232 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:

Column Heading	Field Description	Field Length	Field Position	Field Type
TAXID	Facility's tax ID number or NABP# for pharmacy	15	1-15	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 zip code	5	221-225	Text
FACCOMM	Does the facility see commercial enrollees? 1=yes 0=no	1	226	Text
FACMDCD	Does the facility see Medicaid enrollees? 1=yes 0=no	1	227	Text
FACNAIC	Reporting HMO's 5-digit NAIC number	5	228-232	Text

MEDICAL PROFESSIONAL CODES

Primary Care Providers

General Medicine	087	†Obstetrics	029
Family Medicine	010	†Gynecology	015
Internal Medicine	019	†Obstetrics/Gynecology	030
Pediatrics	038	†Advanced Nurse Practitioners	ANP

†These providers are primary care providers only if the HMO permits this pursuant to the benefits and provider contracts.   HMOs wanting to use the services of Advanced Nurse Practitioners as PCPs in their network must request an exception per 20 CSR 400-7.095(3)(A)1.B.(V).

Facility Codes_____

Hospitals

Basic Hospital   HBA

Pharmacies

Pharmacy   PHA

PLEASE REFER TO THE INSTRUCTIONS, STATUTES & REGULATIONS FOR ALL REQUIREMENTS.