



# COMMONWEALTH OF MASSACHUSETTS

## Office of Consumer Affairs and Business Regulation

### DIVISION OF INSURANCE

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## Revised Filing Guidance Notice 2009-A Bureau of Managed Care

TO: Insurance Carriers Offering or Renewing Insured Managed Care Plans in Massachusetts

FROM: Nancy Schwartz, Director, Bureau of Managed Care

DATE: February 4, 2009 [Revision Date - March 10, 2009]

RE: Material Changes Required by 211 CMR 52.00

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The purpose of this notice is to provide guidance on the filing of material changes to managed care documents currently on file with the Massachusetts Division of Insurance (“Division”) to comply with amendments made to 211 CMR 52.00, *Managed Care Consumer Protections and Accreditation of Carriers*, to respond to new requirements for nurse practitioners and behavioral health managers. 211 CMR 52.00, *et. seq.* requires certain health carriers to provide existing and prospective members with coverage certificates, provider directories and identification cards that meet the new statutory requirements of the relevant sections of M.G.L. c. 176R, *et. seq.* and M.G.L. c. 176O, *et. seq.* Affected health carriers are also required to amend nurse practitioner contracts to be consistent with the statutory requirements.

### Evidences of Coverage

211 CMR 52.13, as amended, requires carriers to revise policies and evidences of coverage/certificates to include clear, concise and complete statements that:

- the insured may select a participating provider nurse practitioner as a primary care provider according to 211 CMR 52.13(3)(z) [gatekeeper plans only];
- nurse practitioners are included in the plan’s provisions providing coverage for health services for up to 30 days from the effective date of a new insured by a physician who is not a participating provider in the plan network according to 211 CMR 52.13(3)(v); and
- the plan will provide coverage on a nondiscriminatory basis for covered services when delivered or arranged by a participating provider nurse practitioner with no annual or lifetime dollar or unit of service limitation that is less than that for other participating providers according to 211 CMR 52.13(3)(aa).

Carriers are to submit to the Division all necessary material change amendments to policies, subscriber certificates and/or evidences of coverage currently on file to reflect these changes, as well as the manner and timetable the company will use to notify members of the changes and to distribute the amended documents, as soon as practical.

### **Provider Directory**

211 CMR 52.15, as amended, requires carriers to revise provider directories in paper and electronic formats, as necessary, to:

- display participating provider nurse practitioners in a nondiscriminatory manner where applicable according to 211 CMR 52.15(1)(a)4.; and
- incorporate participating provider nurse practitioners into the primary care provider section in a nondiscriminatory manner 211 CMR 52.12(15) and 211 CMR 52.15(a)(4).

Carriers are to submit to the Division all necessary material change amendments to provider directories currently on file to reflect the required changes, as well as a detailed plan about the manner and timetable the company will use to notify members of the changes and distribute or make available the amended directories, as soon as practical.

### **Provider Contracts**

211 CMR 52.12, as amended, requires carriers to make all necessary amendments to existing nurse practitioner provider contracts to comply with the provisions of 211 CMR 52.12(14) and (15). Carriers are to submit to the Division all necessary material change amendments to nurse practitioner contracts, as well as a detailed plan about the manner and timetable the company will use to notify network nurse practitioners of the changes and present amended contracts to these nurse practitioners, as soon as practical.

### **Behavioral Health Manager Disclosures**

211 CMR 52.14, as amended, requires carriers that use behavioral health managers to make all necessary amendments to existing disclosures to reflect the requirements identified in 211 CMR 52.14(9). The disclosure required by 211 CMR 52.14(9) may be issued as a stand-alone document or may be included in a carrier's evidence of coverage/certificate. If incorporating into the evidence of coverage/certificate, a carrier may issue an amendment to the evidence of coverage/certificate at this time, but shall incorporate the revision(s) into those document(s) at the next, earliest revision date. Carriers are to submit to the Division all necessary material change amendments to existing disclosure materials, as well as a detailed plan about the manner and timetable the company will use to notify covered persons and ensure that the required notice is distributed to covered persons, as soon as practical.

### **Enrollment Cards**

211 CMR 52.14(8), as amended, requires carriers that use behavioral health managers to make necessary changes to plan enrollment or membership cards to display the name and telephone number of the behavioral health manager. Carriers are to submit to the Division all necessary material change amendments to existing enrollment or identification cards, as well as a detailed

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plan about the manner and timetable the company will use to notify covered persons and present the amended enrollment cards to covered members, as soon as practical. Enrollment cards with the required information must be issued to insureds no later than November 18, 2009.

If you have any questions regarding this Filing Guidance Notice, please contact Nancy Schwartz at (617) 521-7347.