



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

One South Station • Boston, MA 02110-2208  
(617) 521-7794 • FAX (617) 521-7475  
TTY/TDD (617) 521-7490  
<http://www.mass.gov/doi>

DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

GREGORY BIALECKI  
SECRETARY OF HOUSING AND  
ECONOMIC DEVELOPMENT

NONNIE S. BURNES  
COMMISSIONER OF INSURANCE

**Filing Guidance Notice 2009--B**  
**Bureau of Managed Care**

TO: Commercial Health Insurers, Blue Cross Blue Shield of Massachusetts, Inc. (BCBSMA), Health Maintenance Organizations (HMOs), Fraternal Benefit Societies, Dental Service Corporations and Optometric Service Corporations

FROM: Nancy Schwartz, Director, Bureau of Managed Care

DATE: March 13, 2009

RE: Closed Network Health Plans (sometimes referred to as Exclusive Provider Plans)

---

The purpose of this notice is to provide guidance to health carriers on filing closed network health plans with the Massachusetts Division of Insurance (“Division”).

A closed network health plan (or exclusive provider plan) is a plan in which benefits – other than emergency care – are provided or arranged through the health plan’s network of contracted providers. Health carriers, including insurance companies licensed under M.G.L. c. 175; hospital service corporations organized under M.G.L. c. 176A; medical service corporations organized under M.G.L. c. 176B; Fraternal Benefit Societies licensed under M.G.L. c. 176; dental service corporations organized under M.G.L. c. 176E; optometric service corporations organized under M.G.L.c.176F; and health maintenance organizations (“HMOs”) licensed under M.G.L. c. 176G, may submit plans that include closed network features for the Division’s review according to relevant statutes and regulation, in addition to insured preferred provider plans that health carriers may file according to the provisions of M.G.L. c. 176I and 211 CMR 51.00. If a health carrier submits a health plan covering hospital and medical benefits that has closed network features, the Division will review that plan’s cost-sharing features, reasonable comprehensiveness of benefits, and network adequacy according to the same review guidelines that the Division has historically applied for HMOs.

If you have any questions, please contact Nancy Schwartz at (617) 521-7347.