



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

1000 Washington Street, Suite 810 • Boston, MA 02118-6200  
(617) 521-7794 • <http://www.mass.gov/doi>

**CHARLES D. BAKER**  
GOVERNOR

**KARYN E. POLITO**  
LIEUTENANT GOVERNOR

**MIKE KENNEALY**  
SECRETARY OF HOUSING AND  
ECONOMIC DEVELOPMENT

**EDWARD A. PALLESCHI**  
UNDERSECRETARY OF CONSUMER AFFAIRS  
AND BUSINESS REGULATION

**GARY D. ANDERSON**  
COMMISSIONER OF INSURANCE

**HEALTH COVERAGE**  
**Filing Guidance Notice 2019-A**

TO: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations

FROM: Kevin Patrick Beagan, Deputy Commissioner of the Health Care Access Bureau

DATE: March 8, 2019

RE: Submitting Materials to Implement Bulletin 2018-07 for Behavioral Health for Children and Adolescents ("BHCA")

This Filing Guidance Notice is issued by the Division of Insurance ("Division" or "DOI") to provide guidance for commercial health insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations (collectively, "Carriers") regarding insured health benefit plans that are offered within Massachusetts on and after July 1, 2019. Carriers are reminded about the deadline within Bulletin 2018-07 for filing materials for BHCA services other than Family Support & Training and Therapeutic Mentoring:

April 1, 2019: Updates of existing Evidences of Coverage, provider directory information, and other consumer materials that explain coverage for required behavioral health services for children and adolescents are to be submitted to DOI via the System for Electronic Rate and Form Filings (SERFF). Rate filings that incorporate required behavioral health services for children and adolescents are to be submitted to DOI for rates effective July 1, 2019.

**Form Filing Changes – Evidences of Coverage**

Carriers are reminded, where necessary under Bulletin 2018-07, to submit a form filing via the System for Electronic Rate and Form Filings ("SERFF"). The form filing should identify all material changes to existing insured health benefit plan Evidence of Coverage forms that demonstrate that the behavioral health benefits for children and adolescents, as described in Bulletin 2018-07, will be in effect for coverage that is issued or renewed on and after July 1, 2019.

Carriers may present amendatory endorsements or riders for the Division's review, provided that such filings describe the Carrier's plans to incorporate these amendatory endorsements or riders into the evidences of coverage issued by the Carrier. In addition to the Evidences of Coverage form filing, please refer to the *Material Changes to Managed Care Accreditation Filings* provision

below for further guidance on submitting all other applicable changes to other components of the Carrier's Managed Care Accreditation application currently on file with the Division

### **Material Changes to Managed Care Accreditation Filings**

It is expected that each Carrier will submit a filing via SERFF that will include all appropriate amendments to those managed care accreditation materials that have been put on file for the Carrier in 2018 – as part of the biannual accreditation process identified in M.G.L. c. 176O and 211 CMR 52.00 - in order to update those materials for the implementation of Bulletin 2018-07. Please note that the Division does not expect carriers to update the managed care accreditation file for changes to evidence of coverage materials included in that file; evidence of coverage changes should be, as noted above, included within a SERFF form filing.

In order to implement Bulletin 2018-07 for July 1, 2019, the Division requests that, as required under 211 CMR 52.05(7), each Carrier submit all necessary material changes to the most recently filed managed care application so as to update those materials for Behavioral Health for Children and Adolescents, including, but not limited to, the following items:

- A complete description of the Carrier's utilization policies and procedures for BHCA (211 CMR 52.05(3)(b));
- A complete description of the Carrier's quality management and improvement policies and procedures for BHCA (211 CMR 52.05(3)(g));
- A complete description of the Carrier's credentialing policies and procedures for all Participating Providers for BHCA (211 CMR 52.05(3)(h));
- A sample of every Provider contract used or to be used by the Carrier or by any organization with which the Carrier contracts or will contract for BHCA (211 CMR 52.05(3)(j)); and
- A complete description of the Carrier's network adequacy standards, along with its plan – including detailed timelines - to contract with providers for each BHCA service in order to provide adequate access to BHCA (211 CMR 52.05(3)(m)).

### **Rate Filings**

When submitting rate filings via SERFF that are intended to be in effect July 1, 2019 for the merged market and large groups, Carriers shall include a separate section entitled "Pricing Impact to Implement Bulletin 2018-07" within the actuarial memorandum included in each rate filing.

In this section, Carriers should provide a detailed analysis for each of the services identified in Bulletin 2018-07. The analysis shall identify whether the Carrier provided and/or arranged for these services prior to April 1, 2019, and whether any service will be newly covered or expanded for accounts issued or renewed beginning July 1, 2019.

The analysis should demonstrate how any associated costs for expanded access to services to treat child-adolescent behavioral health disorders are included in the rate development, specifying the actual per member per month (PMPM) or percent impact for each of the services identified in Bulletin 2018-07, along with a narrative explanation of how this impact was calculated, including

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utilization and unit cost assumptions and the source of these assumptions.

If you have any questions regarding this Filing Guidance Notice, please contact Kevin Beagan, at (617) 521-7323 or at [kevin.beagan@mass.gov](mailto:kevin.beagan@mass.gov).