



**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 • Toll-free (877) 563-4467

<http://www.mass.gov/doi>

**MANAGED CARE  
INITIAL ACCREDITATION AND  
RENEWAL (RE-ACCREDITATION)  
APPLICATION AND INSTRUCTIONS**

**UNDER M.G.L. c. 1760**

## Application

The application contains [4] sections to be completed if your organization is applying for Managed Care initial accreditation and/or renewal (re-accreditation). All fields on the application must be completed and all applicable supporting materials must be submitted to the Division of Insurance (“Division”) by Carriers using the System for Electronic Rates & Forms Filings (“SERFF”) <https://login.serff.com/serff/signin.do> prior to the review \*of the application to begin by the Division.

If your organization does not have access to SERFF, please contact the Bureau of Managed Care (617) 521-7347 to receive information on alternative methods for submissions.

If your organization requires approval of new product/plans or product/plans not previously placed on file via SERFF by the Division, please review Compliance Checklist - Managed Care and additional submission requirements

<https://www.mass.gov/lists/compliance-checklists-and-filing-guidance#compliance-checklists---managed-care->

### **Section 1: Carrier Contact Information:**

Carrier to complete the below information related to the point of contact.

Carrier Name \_\_\_\_\_

NAIC #: \_\_\_\_\_

Contact Name \_\_\_\_\_

Title: \_\_\_\_\_

Carrier Mailing Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Application Type: \_\_\_\_\_ Initial Accreditation \_\_\_\_\_ Renewal (re-accreditation)

## Section 2: Carrier Plan Information:

Carrier to complete the below information related to the Products that are new, currently offered or are being renewed in the market to existing enrolled members but not sold to new members during the renewal (re-accreditation) effective year.

Product Type	Product Name*	Form # (if available)	SERFF filing # associated with the Product	Product Offering
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Dual Certificate <input type="checkbox"/> EPO	Example: Network X	12345678	ABC-12345678	<input type="checkbox"/> New* <input type="checkbox"/> Currently offered** <input type="checkbox"/> Renew only***
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Dual Certificate <input type="checkbox"/> EPO				<input type="checkbox"/> New <input type="checkbox"/> Currently offered <input type="checkbox"/> Renew only
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Dual Certificate <input type="checkbox"/> EPO				<input type="checkbox"/> New <input type="checkbox"/> Currently offered <input type="checkbox"/> Renew only
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Dual Certificate <input type="checkbox"/> EPO				<input type="checkbox"/> New <input type="checkbox"/> Currently offered <input type="checkbox"/> Renew only
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Dual Certificate <input type="checkbox"/> EPO				<input type="checkbox"/> New <input type="checkbox"/> Currently offered <input type="checkbox"/> Renew only
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<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Dual Certificate <input type="checkbox"/> EPO				<input type="checkbox"/> New <input type="checkbox"/> Currently offered <input type="checkbox"/> Renew only

\*The Product name shall be the marketing name of what is available. Do not provide the plans or variances.

\*\***New** = A product that is not currently being offered but will be in the future.

\*\*\***Currently Offered** = A product that is currently being offered for Consumers to purchase.

\*\*\*\***Renew Only** = A product that is only available for renewal to those members that are already enrolled but is not available for new Consumers to purchase.

## Section 3: General Instructions and Filing Fees

1. Carrier to complete the *application* (In section 4 of this document) for the applicable accreditation.
  - ***Initial Accreditation*** – *The Organization has not previously received Managed Care accreditation from the Division.*
  - ***Renewal (re-accreditation)*** – *The Organization has previously received Managed Care accreditation from the Division and needs to renew.*
2. Each section of the *application* must be completed and filed via SERFF with all applicable supporting documentation in order for the Division to start the review of the SERFF filing.
3. A Carrier is requested to upload the completed application and all applicable supporting documentation in SERFF.
  - a. If the application is for an ***initial accreditation***, Carrier must select the "Forms/ Managed Care Initial Accreditation" filing type in SERFF, then proceed to uploading all applicable materials under the "Supporting Documentation" tab for each the requirement.
  - b. If the application is for a ***renewal (reaccreditation) accreditation***, Carrier must select the "Form/Managed Care Renewal (re-accreditation) accreditation" filing type in SERFF, then proceed to uploading all applicable materials under the "Supporting Documentation" tab for each requirement.
4. A Carrier is requested to file via SERFF the ***red-line*** (tracked changes) document showing changes since the previous submission to the Division, and the final (clean copy).
  - a. If the Carrier **does not provide** a red-line (tracked changes) document AND a final (clean copy), the page # and section # columns on the application and each applicable checklist(s) for each applicable requirement **must be** completed and uploaded in SERFF.
  - b. If the Carrier **does provide** a red-line document of the changes AND a final (clean copy), the Carrier **does not need** to complete the page # and section # column on the application and do not need to complete applicable checklist(s) for a requirement. All other sections of the application must be completed (as applicable).
5. A Carrier is requested to submit all materials as defined in the *application* and the regulations 211.CMR.52 <https://www.mass.gov/files/documents/2017/10/20/211cmr52.pdf> for **initial accreditation** and **renewal (reaccreditation)** unless otherwise noted in this document or in SERFF for both the primary Carrier and all delegated vendors (who perform any of the applicable services such as Utilization Management, Credentialing, Behavioral Health, etc.) before the Division begins its review and/or before accreditation and/or renewal (reaccreditation) is granted. ***\*Carriers shall not submit the Provider Directories via SERFF, the Provider Directories must be sent to the Division on a CD or USB.***
6. **The filing fee of \$1,000** for initial accreditation and/or renewal (re-accreditation) is required and payable to the Commonwealth of Massachusetts (address is listed in #6 below). ***\*Do not pay fee through SERFF***
  - a. Carriers are required to forward a check or money order to the following address within there (3) business days of the submission of application and supporting materials in SERFF.

Commonwealth of Massachusetts Division of Insurance  
Attn: Bureau of Managed Care  
1000 Washington St., Ste. 810  
Boston, MA 02118

## Section 4: Application

Carrier may refer to each requirement below pertaining to the 211.CMR.52 REGULATION <https://www.mass.gov/files/documents/2017/10/20/211cmr52.pdf> relevant to initial accreditation and reaccreditation. The regulation explains in detail what must be filed.

<u>Initial Accreditation Required/Regulation section?</u>	<u>Renewal Accreditation Required/Regulation section?</u>	<u>Requirement</u>	<u>Carrier to submit Materials via SERFF?</u>
Yes 211.CMR.52.05 (3) (a)	Yes 211.CMR.52.05 (4) (a)	Filing Fee \$1,000.00	No, Carrier must forwarded payment to the Division's office.
Yes 211.CMR.52.05 (3) (b)	No	Utilization Review policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (c)	Yes 211.CMR.52.05 (4) (b)	Attestation Utilization review program	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (d)	Yes 211.CMR.52.05 (4) (c)	Annual Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (e)	No	Internal Grievance procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (f)	No	Process to establish guidelines for Medical Necessity	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (g)	No	Quality management and improvement policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (h)	No	Credentialing policies and procedures for all Participating Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (i)	No	Policies and procedures for providing or arranging for the provision of Preventive Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Carrier will not provide materials via SERFF, please provide justification here:			

## Section 4: Application Continued

<u>Initial Accreditation Required/Regulation section?</u>	<u>Renewal Accreditation Required/Regulation section?</u>	<u>Requirement</u>	<u>Carrier to submit Materials via SERFF?</u>
Yes 211.CMR.52.05 (3) (j)	Yes 211.CMR.52.05 (4) (d)	Provider Contracts (Boilerplates) – Non Risks	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (l)	Yes 211.CMR.52.05 (4) (f)	Provider Contracts (Boilerplate Regional, Tiered and Limited Networks)	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (k)	Yes 211.CMR.52.05 (4) (e)	Provider Contracts (Boilerplates) – with Risks	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (m)	Yes 211.CMR.52.05 (4) (g)	Network adequacy standards	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (n)	Yes 211.CMR.52.05 (4) (i)	Provider directory	No, Carrier must forward via CD/ USB to the Division's office
Yes 211.CMR.52.05 (3) (o)	Yes 211.CMR.52.05 (4) (h)	Evidence of Coverage	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (p)	No	Disclosure described in 211 CMR 52.14	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (q)	Yes 211.CMR.52.05 (4) (k)	Attestation compliance with 211 CMR 52.16	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
No	Yes 211.CMR.52.05 (4) (j)	Material Changes to any of the information contained in 211 CMR 52.05(3)(b), (e), (f), (g), (h), (i), and (p)	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3)	Yes 211.CMR.52.05 (4)	Deemed Accreditation materials	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			
Yes 211.CMR.52.05 (3) (r)	Yes 211.CMR.52.05 (4) (i)	Other as required by the Division's Commissioner	__Yes __No
If Carrier will not provide materials via SERFF, please provide justification here:			