RESET FORM

MANAGED CARE CHECKLIST:
FILING CONTENT FOR RENEWAL APPLICATION OF ACCREDITATION UNDER M.G.L. c. 176O

NOTE TO CARRIER COMPLETING THIS CHECKLIST:
Pursuant to Bulletin No. 2001-05 and 2008-19, please include a completed checklist when submitting a renewal accreditation application.

When completing this checklist, please indicate the page number(s) or section(s) of the application where the required information may be found. If a requirement is not applicable, please place "N/A" next to the requirement and explain, either within the checklist or on a separate sheet, the legal basis under which the requirement does not apply to the renewal accreditation application.

Carrier Name & NAIC #: _____

Contact Name & Title: _____

Address: _____

Telephone & Fax: _____

Email Address: _____

Product Name(s) & Form #(s): _____

_____

_____

_____

Date Submitted _____

ADDITIONAL CHECKLISTS:
Please review the additional checklists noted below and complete those that are applicable to your submission. Filings that do not include applicable checklists will be returned and delay the review of your submission.

MANAGED CARE CHECKLISTS:

- Managed Care Checklist: Insurance Carriers Licensed Under M.GL. c. 175, c. 176A, and c. 176B (Form# Managed Care: Insurance Companies)
- Managed Care Checklist: Review of Health Maintenance Organizations Licensed Under M.G.L. c. 176G (Form# Managed Care: Health Maintenance Organization
- Managed Care Checklist: Requirements For Provider Contracts (Form# Managed Care: Provider Contracts

FOR DIVISION OF INSURANCE USE ONLY:

Date Received: _____

Reviewed by: _____

Renewal Application - (211 CMR 52.05(4))

Any Carrier seeking renewal of Accreditation under M.G.L. c. 176O must submit an application that contains at least the materials for Massachusetts described in 211 CMR 52.05(4)(a) through (l) in a format specified by the Commissioner. Any Carrier that contracts with another organization to perform any of the functions specified in 211 CMR 52.00 is responsible for collecting and submitting all of such materials from the contracting organization.

Insert page and or section of submission

_____	a. A filing fee of $1,000 made payable to the Commonwealth of Massachusetts;
_____	b. A written attestation to the Commissioner that the Utilization Review Program of the Carrier or its designee complies with all applicable state and federal laws concerning confidentiality and reporting requirements;
_____	c. A copy of the most recent survey described in 211 CMR 52.07(10);
_____	d. A sample of every Provider contract used by the Carrier or the organization with which the Carrier contracts since the Carrier's most recent Accreditation;
_____	e. A statement that advises the Bureau whether the Carrier has issued new contracts, revised existing contracts, made revisions to fee schedules in any existing contract with a Health Care Professional or Provider or Health Care Professional or Provider group that impose financial risk on such Health Care Professional or Provider, or Health Care Professional or Provider group for the costs of medical care, services or equipment provided or authorized by another Health Care Professional or Health Care Provider. If the Carrier has issued or revised any such contracts or revised any fee schedules, the Carrier shall identify the contracts in which such changes were made and identify the sections of the contracts that comply with 211 CMR 52.11(4) and 152.05: *Provider Contracts in Limited, Regional and Tiered Provider Network Plans*;
_____	f. A statement that advises the Bureau whether the Carrier has issued new contracts or revised existing contracts with Providers that places the Provider into a limited, regional, or tiered network subject to 211 CMR 152.00: *Health Benefit Plans Using Limited, Regional or Tiered Provider Networks*. If the Carrier has made any of the specified changes, the Carrier shall identify the contracts in which such changes were made and identify the sections of the contracts that comply with 211 CMR 152.05: *Provider Contracts in Limited, Regional and Tiered Provider Network Plans*;
_____	g. Any Material Change made to the Carrier's network adequacy standards, along with an access analysis meeting the requirements of 211 CMR 52.11(2);
_____	h. The Evidence of Coverage for every product offered by the Carrier, and for every product that has Insureds but is no longer offered, which was revised since the Carrier's most recent Accreditation;
_____	i. A copy of each Provider directory used by the Carrier;
_____	j. Material Changes to any of the information contained in 211 CMR 52.05(3)(b), (e), (f), (g), (h), (i), and (p);
_____	k. Evidence satisfactory to the Commissioner that the Carrier has complied with 211 CMR 52.16; and
_____	l. Any additional information as deemed necessary by the Commissioner.

Deemed Accreditation

The carrier is ☐ is not ☐ seeking deemed accreditation.

If the carrier **IS** seeking deemed accreditation, please complete the following:

211 CMR 52.04: Deemed Accreditation

Insert page and or section of submission that satisfies requirment

_____ _____ _____	(1) A Carrier ***may apply*** for deemed Accreditation. A Carrier that applies for deemed Accreditation may be deemed to be in compliance with the standards set forth in 211 CMR 52.00 and may be so accredited by the Bureau if it meets the following requirements: (a) It must be accredited by JCAHO, NCQA or URAC; (b) It must meet all the requirements set forth in M.G.L. c. 176O, 211 CMR 52.00 and 958 CMR 3.000: *Health Insurance Consumer Protection*; and (c) (c) It must have received the ratings specified in 211 CMR 52.05(5)(c) and (d).
_____ _____	(2) For a Carrier that applies for deemed Accreditation: (a) If the Carrier meets or exceeds the ratings identified in 211 CMR 52.05(5)(c), the Carrier shall not be further reviewed by the Bureau for compliance with the standards set forth in 211 CMR 52.07 and 52.08 for that applicable period. (b) If the Carrier meets or exceeds the ratings identified in 211 CMR 52.05(5)(d), the Carrier shall not be further reviewed by the Bureau for compliance with the standards set forth in 211 CMR 52.09 for that applicable period.

(5) If a Carrier has received accreditation from a National Accreditation Organization, or a subcontracting organization, with whom the Carrier has a written agreement delegating certain services, or has received accreditation or certification from a National Accreditation Organization, but under standards other than those identified in 211 CMR 52.05(5), the Carrier may submit the documents indicating such accreditation or certification so that the Division may consider this in developing the scores described in 211 CMR 52.06(1).

The carrier has ☐ has not ☐ ***submitted documents*** for the Division's consideration in developing the scores described in 211 CMR 52.07(1).

211 CMR 52.05: Application for Deemed Accreditation. A Carrier seeking deemed Accreditation pursuant to 211 CMR 52.04 shall submit an application that contains the materials described in 211 CMR 52.05(5)(a) through (d).

_____	(b) For renewal applicants, the information required by 211 CMR 52.05(4).
_____ _____ _____ _____	(c) Proof in a form satisfactory to the Commissioner that the Carrier has attained: 1. a score equal to or above 80% of the standard in effect at the time of the most recent review by NCQA for the accreditation of Managed Care Organizations, in the categories of utilization management, quality management and improvement, and members' rights and responsibilities; 2. a score equal to or above the rating of "accredited" in the categories of utilization management, Network management, quality management and member protections for the most recent review of health plan standards by URAC; or 3. for Nongatekeeper Preferred Provider Plans, a score equal to or above 80% of the standard in effect at the time of the most recent review by NCQA for the accreditation of preferred provider organizations, in the categories of utilization management, quality management and improvement, and enrollees' rights and responsibilities. 4. for Nongatekeeper Preferred Provider Plans, a score equal to or above the rating of "accredited" in the most recent review of health utilization management standards by URAC and a score equal or above the rating of "accredited" in the categories of Network management, quality management and member protections for the most recent

	review of health Network standards by URAC.
	(d) Proof in a form satisfactory to the Commissioner that the Carrier has attained:
_____	1. a score equal to or above 80% of the standard in effect at the time of the most recent review by NCQA for the accreditation of Managed Care Organizations, in the category of credentialing and recredentialing;
_____	2. a score equal to or above the rating of "accredited" in the category of Provider credentialing for the most recent review of health plan standards by URAC; or
_____	3. for Nongatekeeper Preferred Provider plans, a score equal to or above 80% of the standard in effect at the time of the most recent review by NCQA for the accreditation of preferred provider organizations in the category of credentialing and recredentialing.
_____	4. for Nongatekeeper Preferred Provider Plans, a score equal to or above the rating of "accredited" in the category of Provider credentialing for the most recent review of health Network standards by URAC.

211 CMR 52.05(6): Application to be Reviewed as a Nongatekeeper Preferred Provider Plan
Application to be reviewed as a nongatekeeper preferred provider plan

A Carrier shall submit a statement signed by a corporate officer certifying that none of the Carrier's insured plans require the Insured to designate a Primary Care Provider to coordinate the delivery of care or receive referrals from the Carrier or any Network Provider as a condition of receiving Benefits at the preferred benefit level.

The carrier is ☐ is not ☐ seeking to be reviewed as a nongatekeeper preferred provider plan. Be sure to submit a statement.
(Please place a checkmark (√) next to the requirement acknowledging confirmation.)

Inapplicability of accreditation requirements
(Please place a checkmark (√) next to the appropriate response to the question posed.)

The carrier provides coverage for limited health services only.
☐ YES or ☐ NO
The carrier provides specified services through a workers' compensations preferred provider arrangement.
☐ YES or ☐ NO
The carrier does not provide services through a network or through participating providers.
☐ YES or ☐ NO

If the carrier answered "YES" to any of the above, please respond to the following:

_____ According to 211 CMR 52.06(2)(a), if you are a carrier that provides coverage for limited health services only, that does not provide services through a network or through participating providers, or for which other requirements set forth in 211 CMR 52.06 are otherwise inapplicable please indicate within your application those items that are inapplicable to your health benefit plan and provide the legal basis under which you are exempt from each particular requirement.

_____ According to 211 CMR 52.06(2)(b) if you are a carrier that provides coverage for specified services through a workers' compensation preferred provider arrangement please provide evidence of compliance with 211 CMR 51.00 and 452 CMR 6.00 to satisfy the materials required by 211 CMR 52.06(3)(b),(e),(g),(h),(i),(j),(l), and (n), and evidence of compliance with 211 CMR 51.00 and 452 CMR 6.00 to satisfy the materials required by 211 CMR 52.06(4)(d) and (g).

MATERIALS TO BE SUBMITTED TO THE OFFICE OF PATIENT PROTECTION - (211 CMR 52.16)

According to 211 CMR 52.16(1), "[a] carrier shall provide the following to the Office of Patient Protection **at the same time the carrier provides such material to the Bureau of Managed Care [list]…..**

Please confirm that the filer understands this requirement.

_____
_____
_____
_____
_____