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I. Foreward

The Michigan Department of Insurance and Financial Services (DIFS) publishes this document as guidance on its healthcare provider network adequacy minimum standards and general requirements. DIFS applies the same network adequacy standards for Qualified Health Plan (QHP) and Stand-Alone Dental Plan (SADP) binder submissions as to Service Area Expansion filings.

Pursuant to the Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010) (ACA), federal rules and regulations, and state statutes, health and dental insurers, health maintenance organizations (HMOs), and Alternative Finance Delivery Systems (AFDS) (collectively issuers) are required to maintain a healthcare provider network that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be available and accessible without unreasonable delay. This includes geographic accessibility (meeting time/distance standards) in relation to where members live or work and accessibility for persons with disabilities.

Additionally, 45 CFR § 156.235 establishes requirements for inclusion of essential community providers (ECPs) in issuer networks On-Marketplace. Network adequacy standards and requirements apply to all issuers offering network products. Network and service area approval must be issued from DIFS through the System for Electronic Rate and Form Filing (SERFF) before an issuer may offer/market its products or plans.
II. Commercial Network Adequacy Standards & Requirements

A. Overview

Regardless of the design and/or configuration, all networks must meet or exceed network adequacy standards. Networks that differentiate provider access based on tiers, cost-sharing, prior authorization, or any variation thereof must meet the network adequacy standards at the most basic level of providers.

DIFS expects issuers to exclude providers in its network(s) that:
- have been sanctioned or prohibited from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act
- are retired
- no longer offer health care services
- are deceased
- have had license suspended or revoked by the State of Michigan Department of Licensing and Regulatory Affairs, and license is currently inactive

B. Network Standards

1. Provide access to covered health care and services assuring continuity and quality.
2. Provide, within the geographic area served by the issuer’s network, covered health services that are available, accessible, and provided as promptly as appropriate to members assuring continuity, availability, and accessibility to members 24 hours a day and 7 days a week for the treatment of emergency illness or injury.
3. Reasonable provisions for members to obtain emergency health services both in and outside the geographic area served by the plan.
4. Maintain provider network(s) sufficient in number and types of providers, including providers specializing in mental health and substance abuse services, to ensure all services will be accessible without unreasonable delay.
5. Ensure reasonable proximity of participating providers to the business or personal residence of members.
6. When the number and types of participating providers is insufficient, ensure members obtain covered benefits at no greater cost than if the benefit were obtained from in-network providers.
7. Include sufficient number and types of providers that offer Essential Health Benefits.
8. Include sufficient number and geographic distribution of ECPs, where available, to ensure reasonable and timely access to a broad range of providers for low income, medically underserved individuals within the QHP’s service area (On- and On-/Off-Marketplace).
9. ECP network concentration must meet all Center for Consumer Information and Insurance Oversight (CCIIO), Centers for Medicare & Medicaid Services (CMS) ECP rulemaking standards.
10. Operate in a manner that provides members with continuity of care in accordance with applicable federal and state regulations and laws.
11. Provider directory updated at least monthly for accuracy and to include the following information:
a. Whether provider accepts new patients
b. Provider type, sub-specialty/ies, location(s), contact information
c. Clearly identifiable link or tab accessible without creating an account or entering a policy number
d. Any accommodations for individuals with limited English proficiency and people with disabilities
e. Clearly identifiable plan(s) and provider network(s) associated with each provider
f. Hospitals where network physicians have admitting privileges

C. Network Requirements

DIFS defines network providers as those credentialed and either employed by or, having executed contracts (signed by all parties) or participating provider agreements with the issuer. Issuers must submit provider data to DIFS only for providers that meet this criteria.

All networks must be identified on all applicable templates and documentation. Issuers are prohibited from offering any network identified in member coverage materials but not detailed in the Network, ECP/Network Adequacy, Plans and Benefits, and the Michigan Network Data Templates, Network Adequacy Checklists, and as Network Submission Summary, as applicable.

To ensure DIFS’ ability to accurately evaluate innovative network models, issuers are required to identify all network models on the Michigan Network Adequacy Checklists (FIS 2313 and 2314). Additional provider network information should be included in the Network Submission Summary under Supporting Documentation in SERFF to further detail network model(s).

For tiered networks, issuers must clearly:

1. identify tiers
2. associate providers with respective tier(s)
3. illustrate member access and cost-sharing relative to each utilization of providers in each tier

State and federal template and documentation requirements for issuers depend on whether issuer seeks:

- Approval for certification of its Individual or Small Group QHP or SADP
- To market its Individual or Small Group QHP or SADP On- or Off-Marketplace or both
- A Service Area Expansion as an HMO for Large Group or AFDS

Issuers seeking certification of Individual and/or Small Group QHPs and SADPs On-or Off-Marketplace must submit required templates and documentation during the annual submission period.

Service Area Expansion filings for HMO Large Group and AFDS may be submitted at any time.
i. APPLICABLE FEDERAL AND STATE AUTHORITY

Federal Regulations
45 CFR Parts 146, 147, 155, 156

State Statutes
MCL 500.3428
MCL 500.3513, 3528, 3529, 3530

ii. REQUIRED TEMPLATES & DOCUMENTATION

a. QHP/SADP On- and On-/Off-Marketplace

State Template
Michigan Network Data Template FIS 2273

State Documents
➢ Submission Summary
➢ Network Attestation
➢ Network Coverage Attestation
➢ Network Adequacy Checklist
   ➢ FIS 2313 (Medical/QHP)
   ➢ FIS 2314 (Dental/SADP)

Federal Templates
➢ Network ID Template
➢ Service Area Template
➢ Plans and Benefits Template
➢ ECP/Network Adequacy Template

Federal Documents
State Partnership Exchange Issuer Program Attestation Response Form (PY20)

b. QHP/SADP Off-Marketplace Only

State Template
Michigan Network Data Template FIS 2273

State Documents
➢ Network Submission Summary
➢ Network Attestation
➢ Network Coverage Attestation
➢ Network Adequacy Checklist
   ➢ FIS 2313 (Medical/QHP)
   ➢ FIS 2314 (Dental/SADP)
Federal Templates
- Network
- Service Area
- Plans and Benefits

Federal Documents
State Partnership Exchange Issuer Program Attestation Response Form (PY20)

c. Service Area Expansions (HMO Large Group and AFDS)

State Template
Michigan Network Data Template

State Documents
- Network Submission Summary
- Network Attestation
- Network Coverage Attestation
- First and last (signature) pages (including applicable amendments) of executed affiliated hospital provider contract(s)
- Financial review information

iii. DETAIL OF REQUIRED TEMPLATES & DOCUMENTATION

State required template and documentation must be submitted under Supporting Documentation in SERFF

Template
T1 Michigan Network Data Template (FIS-2273): DIFS' intake form (Excel workbook comprised of 2 worksheets) used to collect detailed network provider data, including

1. Request Summary Worksheet
   a. Requested County/Service Area
   b. Whether seeking full or partial county approval (if partial, identifies townships and cities)
   c. Identifies Network, Plan, and Product
   d. Provider Directory link
   e. 3-year enrollment projections

2. Network Data Worksheet
   a. Provider location by (Michigan county, mail, mobile or out-of-state)
   b. Network identification
   c. National Provider Identification (NPI) number
   d. Provider type and sub-specialty/ies (up to 3)
   e. Provider address
   f. Hospital Admitting Privileges
   g. Whether provider is accepting new patients
   h. Whether provider is ECP (if so, includes ECP Category)

See Michigan Network Data Template Instructions.
**Documentation**

**D1 Network Submission Summary:** All issuers must submit a narrative under Supporting Documentation in SERFF to provide DIFS with greater clarity of the submission for network approval. Recommended to include in the summary, as appropriate:

1. Description of creation of provider network(s)
2. Description of provider network design(s) and any limitations
3. Documentation of issuer's provider access–related policies and procedures (e.g., out-of-network referral procedures, network design methodology, telemedicine, telehealth policies)
4. Explanation of any unique circumstances
   a. Changes in composition of network from any prior request for approval (e.g. gain/loss of providers/provider contracts such as hospitals)
5. Specific descriptions of any telemedicine or telehealth provider services
   a. any services exclusively provided by either telemedicine or telehealth
   b. how issuer defines
6. Identification and explanation of any provider type and/or sub-specialty for which issuer is unable to secure contract(s)
   a. Whether sufficient qualified providers are available in the county
   b. Whether any active outreach and provider contracting efforts have been made and results (e.g., rural counties or when specialty is limited in number and/or issues related to unsuccessful contract negotiations with local provider(s))
   c. Explain steps issuer has taken to ensure members’ access to provider type(s), sub-specialty
7. If requesting approval for partial county/ies:
   a. Demonstrate why serving a geographic area less than the entire county is necessary, nondiscriminatory, and in the best interest of members
   b. Identify differences/similarities between excluded and included portions of service area
8. Note any reliance on providers located in adjacent or auxiliary counties to augment the requested county/ies

**Attestations**

**A1 Network Attestation:**
All issuers must submit self-verification that all providers included on the Michigan Network Data Template are currently employed by or have executed contracts or agreements (signed by both parties) as participating providers with, issuer as of the date of submission, and have met all credentialing requirements.

**A2 Network Coverage Attestation**
A written verification, from issuer’s authorized representative, that if there is an insufficient number or type of participating providers in its contracted provider network to provide a covered benefit, the applicant shall ensure that the enrollee will obtain the covered benefit in a timely manner, geographically accessible, and at no greater cost than if the benefit were obtained from in-network provider(s).
Checklist
C1 Network Adequacy Checklist – Individual and Small Group Medical Plans (FIS 2313)
1. Available in Plan Management General Instructions in SERFF Plan Management tab and on DIFS’ website
2. Unique to DIFS for issuers submitting QHPs/SADPs On-, On-/Off-Marketplace, and Off-Marketplace only
   o Not required for Service Area Expansions filings)
3. Must be submitted under Supporting Documentation tab of SERFF Plan Management Binder
4. Serves to assist issuers in submitting complete binders that meets all federal and state network and service area requirements
5. Serves as a reference for DIFS
6. Includes “Comment” area where issuers may include additional provider network detail

Financial Review Information: Required for HMO and AFDS Service Area Expansions SERFF filings only; Not required for On-, On-/Off-Marketplace, or Off-Marketplace only QHPs or SADPs
1. Must submit two-years’ financial projections, including balance sheet, income statement, cash flow, and RBC level

Enrollment Projections:
1. Estimated number of new enrollees expected in each of the following three years by county, including any existing enrollees
   a. Entered on the Michigan Network Data Template, Request Summary worksheet/ tab and submitted under Supporting Documentation in SERFF Federal Templates

Federal Templates must be validated and submitted under Templates in SERFF Plan Management Binder.

Templates
T1 Essential Community Providers/Network Adequacy Template:
1. The ECP portion of this template requires issuers to identify network providers serving the medically underserved population referred to as ECPs. CMS is no longer collecting Network Adequacy data on this template.
   a. ONLY the ECP portions of this template should be completed.
   b. DO NOT click the Create Facility, Pharmacy, Non-MD/DO Tab button
T2 Network Template: Identifies issuer’s proposed network(s).
T3 Service Area Template: Identifies issuer’s requested service area(s) for plans it intends to market.
T4 Plans and Benefit Template: Connects network(s) and service area(s) for plans it variation information, covered benefits and cost sharing.

Federal documentation must be submitted under Supporting Documentation in SERFF, Plan Management Binder
Attestations: See 2019 State Partnership Exchange Issuer Program Attestation Response Form and CMS’ QHP Issuer Application Instructions. Issuers must agree to adhere to all certification standards and operational requirements applicable in 45 CFR Parts 146, 147, 153, 155, and 156.

III. Service Area

For Michigan network adequacy purposes, DIFS defines a service area as a county. There are 83 counties in Michigan consisting of a varied number of townships and cities.

Each county has an associated designation of either rural, micropolitan, or metropolitan. This designation is determined by the United States Office of Management and Budget as reported by the U.S. Census Bureau. See Appendix B.

DIFS conducts network adequacy reviews according to geographic service areas. Issuers must request approval by service area/county to market products/plans to provide covered health care services to potential enrollees.

DIFS grants service area approval by county based upon the sufficiency of the issuer’s provider network. DIFS may grant full approval of an entire county or partial approval specifying in which township(s) and/or city(ies) an issuer may market its product(s).

Issuers are prohibited from marketing network products in service areas absent DIFS’ approval.

IV. Evaluation Factors

When evaluating the adequacy of an issuer’s provider network, DIFS considers factors that contribute to, affect, or influence an issuer’s ability to provide an adequate network, including the following:

1. **30-minute travel standard**
2. **Hospital coverage** (See DIFS’ Network Adequacy-Michigan Service Area Maps to evaluate hospital travel times searchable by county or hospital name.)
3. **Admitting privileges**
4. **Accepting new patients**
5. **Location of network providers**
6. **Availability of providers**
7. **County designation** (See Appendix B)
8. **Adjacent/contiguous county providers**
9. **Mail, mobile, and out of state providers**
10. **Mental health and substance abuse providers**
11. **ECP** (Marketplace Only; see final Letter to Issuers in the Federally-facilitated Exchanges, ACA; HHS Notice of Benefit and Payment Parameters, and CMS’ QHP Issuer Application Instructions.)
12. **Number of providers**
13. **Type(s) of providers** (See Appendix A)
V. Dental Network Adequacy Standards & Requirements

A. Network Standards

SADP issuer networks must include:

1) Dental providers that are available and accessible in each service area to deliver Michigan dental EHB.
   a. Generally, Michigan dental EHB services may be delivered by general dentists
      i. However, there are some dental EHB services that require endodontic, oral surgery, and periodontic dental specialties
      1. Minimally, DIFS expects to see these dental specialists in each of metropolitan counties within the requested service area

2) Dental providers located within the boundaries of each county within the requested service area

DIFS considers the relative availability of dental provider types and sub-specialties and the county designations within issuer’s requested service area. Appendix B details Michigan county designations.

See also II. Commercial Network Standards and Requirements, as relevant to SADPs.

B. Requirements

State and federal template and documentation requirements for SADPs are similar to those for QHPs.

i. REQUIRED TEMPLATES & DOCUMENTATION

   a. SADP Individual and Small Group On- and On-/Off-Marketplace

   State:
   Template
   ➢ Michigan Network Data Template
     FIS 2273

   Documents
   ➢ Submission Summary
   ➢ Network Attestation
   ➢ Network Coverage Attestation
   ➢ Network Adequacy Checklist
     a. FIS 2314 (Dental) [Note: separate checklist is required for each Individual and Small Group SADP binder]

   Federal:
   Templates
   ➢ Network
   ➢ Service Area
   ➢ Plans and Benefits
   ➢ ECP/Network Adequacy

   Documents
   ➢ State Partnership Exchange Issuer Program Attestation Response Form
b. SADP Individual and Small Group Off-Marketplace Only

State:
Template:
Michigan Network Data Template (FIS 2273)

Documents:
- Network Submission Summary
- Network Attestation
- Network Coverage Attestation
- Network Adequacy Checklist
  a. FIS 2314 (Dental) [Note: separate checklist is required for each Individual and Small Group SADP binder]

Federal:
Templates
- Network
- Service Area
- Plans and Benefits
- ECP/Network Adequacy

Documents:
- State Partnership Exchange Issuer Program Attestation Response Form

ii. DETAIL OF REQUIRED TEMPLATES & DOCUMENTATION

Network Adequacy Checklist – Individual and Small Group Stand-Alone Dental Plans (FIS 2314):
- Available in Plan Management General Instructions in SERFF Plan Management tab and on DIFS’ website
- DIFS required document for issuers submitting SADPs On-, On-/Off-Marketplace, and Off-Marketplace only
- Must be submitted under Supporting Documentation tab of SERFF Plan Management Binder
- Serves to assist issuers in submitting a complete binder that meets all federal and state network and service area requirements
- Serves as a reference for DIFS
- Includes “Comment” area where issuers may include additional provider network detail

See also II. Commercial Network Standards and Requirements, C. Network Requirements, iii. Detail of Required Templates & Documentation, as applicable to SADP.
## VI. Appendices

### A. Appendix

**Provider Type/Specialty/Sub-Specialty List**

#### PCPs*
- Family Practice
- General Pediatrics
- General Practitioner
- Internal Medicine
- OB/GYN
- Other
- Physician Assistant
- Nurse Practitioner

#### Specialists
- Allergy/Immunology
- Cardiovascular Medicine
- Cardiovascular Surgery
- Colon/Rectal
- Critical Care
- Dermatology
- Emergency Medicine
- Endocrinology*
- Gastroenterology
- General Surgery
- Geriatric Medicine
- Hematology
- Hematology/Oncology
- Infectious Diseases*
- Internal Medicine
- Midwife
- Nephrology
- Neurology
- Neurosurgery
- OB/GYN
- Oncology*
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pain Medicine
- Palliative Medicine
- Pathology
- Pediatrics
- Plastic Surgery
- Podiatry
- Psychiatry
- Psychology
- Pulmonology
- Radiology
- Rheumatology*
- Sleep Medicine
- Thoracic Surgery
- Urology
- Vascular Medicine
- Other

#### Ancillary
- Ambulatory Center
- Audiology
- Chiropractic Medicine
- Diagnostics
- Dialysis*
- DME
- Home Health
- Home Infusion
- Hospice
- Imaging
- Laboratory
- Mental/Behavioral Health*
- Occupational Therapy
- Optometry
- Orthotics/Prosthetics
- Pain Management
- Physical Therapy
- Public Health Clinic
- Radiology
- Skilled Nursing
- Speech Therapy
- Substance Abuse*
- Urgent Care
- Vision Center
- Weight Management
- Other

#### Dental*
- Dental Assistant
- Dental Hygienist
- Dental Lab Tech
- Dental Public Health
- Endodontics
- General Dentistry
- Oral Maxillofacial Radiology
- Oral Maxillofacial Surgery
- Orthodontics & Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics

#### Pharmacies

#### Hospitals*

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*CMS has historically focused on this provider type and/or specialty/sub-specialty*
B. Appendix
United States Office of Management and Budget-State of Michigan County Designation

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</table>
C. Appendix

State and Federal website addresses

1. 45 CFR §146, 147, 155, and 156
2. DIFS’ Bulletins for 2019 Form and Rate Filing Requirements for Medical and Stand-Alone Dental Plans
3. Essential Community Providers
4. MDHHS Hospital Access Agreement and accompanying Bulletin MSA 01-28
5. Michigan Dental EHB services
6. Michigan Essential Health Benefits
7. Michigan Insurance Code
8. Michigan Network Data Template and accompanying instructions
9. Network Adequacy-Michigan Service Area Maps
10. Qualified Health Plan Certification Information and Guidance
11. Letter to Issuers in the Federally-facilitated Marketplaces
12. HHS Notice of Benefit and Payment Parameters