



NEW NETWORK FILING GUIDE

Plan Year 2022

Office of the Superintendent of Insurance
State of New Mexico

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1. Purpose: This guide provides information about the processes and standards that govern submission and review of a proposed health plan network in New Mexico. This guide supplements and clarifies the network adequacy standards applicable to major medical managed healthcare plans, including the standards specified in Section 59A-57-4(B)(3) NMSA 1978 and 13.10.22.8 NMAC. Pursuant to those laws, the Office of Superintendent of Insurance (“OSI”) has broad discretion to determine what constitutes an adequate network for a managed healthcare plan. This guide identifies minimum network adequacy standards that guide the OSI’s discretion. Pursuant to Section 59A-2-8 NMSA 1978, this guide also specifies filing deadlines and processes that will facilitate and expedite OSI review of network adequacy filings and allow for the orderly processing and disposition of plan reviews approvals. Finally, pursuant to Section 59A-4-3 NMSA 1978, this guide directs managed health care plans to collect and report data and information pertinent to the OSI’s development of network adequacy standards and review of network adequacy filings.

2. Contact: Please direct all questions regarding submission and review processes to Paige Duhamel, at 1-505-660-7108 or paige.duhamel@state.nm.us. For legal questions, please contact the Life and Health Product Filing Bureau Legal Counsel, Todd Baran, at 1-505-660-8172 or Todd.Baran@state.nm.us.

3. Applicability: A carrier shall follow this New Network Filing Guide if a) it has not previously received OSI approval of the proposed network; or b) it is a new entrant to the market. This guidance supersedes all prior guidance that addresses the same subject matter, and any conflicting rule.

4. General submission requirements: A carrier seeking approval of a new network shall file in SERFF a network access plan and associated filings by March 1st preceding the first proposed plan year. A carrier seeking approval of a new large group only network shall file in SERFF a network adequacy plan and associated filings between June 1st and September 1st. A carrier may request an extension of a filing deadline for good cause, as determined by the superintendent. A carrier shall file this request for an extension no later than five business days before the filing deadline. A carrier shall file an Essential Community Provider template with its rate submission.

If OSI does not approve a network adequacy plan for a new QHP network by July 1st of the year in which it is filed, OSI may not certify that QHP for the following plan year. A new network adequacy plan shall comply with the directions and requirements specified in this guide. OSI may disapprove a network if the required network adequacy plan does not substantially comply with these directions and requirements.

No later than February 15th of the initial plan year, a carrier shall file a QHP network access report pursuant to the Existing Network Filing Guide. This filing shall supplement the new network access plan filing and shall contain actual data on plan enrollment and compliance with access standards but shall omit the Access and Availability Report, Consumer Complaint Data, and Provider Directory Audit filing requirements. OSI will review this filing to ensure a sufficient network for the plan’s current enrollment and for QHP certification purposes for the following plan year. A large group carrier shall submit a network access report pursuant to the Existing Network Filing Guide no earlier than the third month and no later than the end of the sixth month of the plan’s operation.

Date	Action
March 1st	Submission deadline for a network adequacy plan for a new network.
Annual Rate Filing Deadline	Essential Community Provider template.
June 1 st -September 1 st	Submission window for new large group only network adequacy plan.
July 1 st	Deadline for compliance approval of a new, QHP-inclusive network
February 15 th (following year)	Submission deadline for new network with enrollment (see existing network guide for filing details).
May 15 th (following year)	Deadline for compliance approval of QHP network plan prior to its second year of offering.

- 5. Contents:** A carrier’s initial access plan filings shall include:
- a. Provider and facility list including:
 - (i) In-Network Provider List
 - (ii) In-Network Hospital List
 - (iii) In-Network Pharmacy List
 - (iv) In-Network, Out-of-State List
 - (v) Air Ambulance Provider List
 - b. Essential Community Provider Template
 - c. Certifications by an officer of the carrier that the carrier has reviewed its submission for compliance with this guidance (on Provider Information Template).

A carrier shall only file those supporting documents that are requested by the superintendent or are reasonably necessary to demonstrate network adequacy. A filing that contains an excessive number of supporting documents may be rejected. Only relevant excerpts of larger documents shall be submitted. Relevant parts of a supporting document shall be highlighted. Provider data shall be based on fully and provisionally credentialed, in-force provider contracts for the network. Approval of a filing for network adequacy purposes does not necessarily constitute approval of supporting documents for purposes other than compliance with identified network adequacy standards. Document updates in response to OSI objections shall be redlined or highlighted to show changes.

6. Tiered Networks: A carrier’s network adequacy shall be determined by the access available at the lowest-level cost-sharing tier.

7. PPO networks: A PPO must have an adequate network. A PPO network shall meet time and distance standards at the in-network level.

8. Provider List: A carrier shall submit a provider list that is accurate as of the date of no earlier than one month prior to the network filing. The provider list shall include the types of providers listed below. The Provider List shall be in excel format using the template available on the OSI website. The template includes a required cover letter in which the carrier shall describe the structure of the network.

a. Primary Care Providers: Adult PCPs (to include only Family, General, Internal Medicine Practitioners); Pediatricians; OB-GYNs only; Women's PCPs to include: OB-GYNs, Certified Nurse Midwives, Certified Professional Midwives, and OB/GYN Physician Assistants and Nurse Practitioners; Geriatricians; Other PCPs: To include only Physician Assistants, Nurse Practitioners, Practitioners of the Healing Arts, e.g.).

b. Facilities: Level 1 Trauma Centers; acute care hospitals; hospitals offering perinatal services (maternity care); inpatient psychiatric hospitals for adults and children, therapeutic radiation providers, pharmacies, Diagnostic radiology provider(s) (X-ray, CT scan, mammography, and ultrasound), laboratory services, rehabilitation centers; renal dialysis centers, substance use treatment centers; urgent care centers.

c. Specialists: Allergy/Immunology; Anesthesiology; Cardiology; Dermatology; Endocrinology; Gastroenterology; Infectious Diseases; Hematology; Home Health Care; Nephrology; Neurology; Oncology; Orthopedics, Otolaryngology; Plastic/Reconstructive Surgery; Podiatry; Psychiatry (behavioral health); Psychology (behavioral health); Pulmonology; Physical Therapy; Social Workers (behavioral health); Rheumatology; Urology.

The carrier shall also provide separate lists of telemedicine, and out-of-state providers. On the out-of-state provider tab, OSI requests that carriers report only data for providers that meet OSI drive distance standards or providers within 100 miles of the nearest city or town to the border, whichever is greater. Carriers are encouraged to include in-network providers in Lubbock, Tucson, and Odessa. Carriers shall also submit hospital-only, facility, air ambulance, and pharmacy provider lists. Reporting templates are found on OSI's Life and Health website. A carrier shall fill out the Network Cover Letter Tab on the Provider Information Template to describe its proposed network offering.

9. Essential Community Providers: A proposed network must include 50% or more ECPs, and at least 60% of FQHCs in each county in the network service area. These filings shall be filed pursuant to the rate filing schedule established by OSI's forms and rates submissions deadlines using the template on OSI's Life and Health website.

10. Same or Substantially Similar Networks: OSI may disapprove a proposed network that is the same or substantially like another approved network used by the same carrier. OSI defines same or substantially similar network as networks that cover the same service area, have the same network type (HMO, PPO, EPO, etc.), contain 95% of the same providers and facilities, and do not have reimbursement differentials that will result in more than 10% premium cost differences for consumers.

11. Enrollment expectations. The carrier's new network access plan shall include enrollment and projections for the initial plan year. The enrollment projections shall be unique to the newly proposed network.

12. Noncompliance: OSI will disapprove a network access plan, or mandate corrective action, if the network does not meet the standards in this guide. Absent good cause, failure to comply with

submission requirements, including full and accurate responses to data requests, after two rounds of objections will also result in disapproval. A carrier may refile a disapproved network access plan only if its new filing cures deficiencies identified in to the OSI's prior objections. A carrier may be ordered to treat out-of-network care as in network for cost-sharing purposes for an enrollee who relies on misinformation in a provider directory in selecting the carrier's plan or making an appointment with a provider.