

Delivery System Docs Filing Requirements

Pursuant to N.C.G.S. §§ 58-67-10 and 58-50-56, insurers offering HMO and PPO health benefit plans must demonstrate to the Department that a network has the ability to deliver covered services to enrollees by providing access to a sufficient number of participating providers, which includes primary and specialty care physician services and hospital based services. The network adequacy standards for access and availability must meet the requirements outlined in T11 NCAC Section 20.0300. The contracted providers must be credentialed in accordance with T11 NCAC Section 20.0400 and have signed contracts on forms approved by the Department, as required under T11 NCAC Section 20.0200. These requirements extend to ALL of the insurer's approved service area networks, including existing approved networks or proposed specific networks within approved service area for use with certain approved or new products.

The Department expects network adequacy for the projected membership utilizing the network(s). To demonstrate compliance that the proposed specific network(s) meet(s) network standards, please submit the following information *via SERFF* for the Department's review and approval:

IF the tiered network/narrow network is a SUBSET of an existing more global approved network covering a specific sub-area of the more global network:

- Delivery System Docs filing is required and coded as:
 - TOI: ML02
 - SUB-TOI: ML02.000
 - Filing Type: Delivery System Docs

- The Delivery System Docs filing must contain:
 - Approval date of the existing PPO/HMO network filing, including a SERFF File Number or North Carolina Department of Insurance File Number (If Applicable);
 - Specific network(s) name(s);
 - A list of approved policy form numbers or submitted policy form numbers provided in an excel spreadsheet (Office 2007 or compatible format preferred) or a PDF file indicating the policy forms that will be used with the specific network in the following format:
 - Company Name
 - Approved Policy Form Number or Submitted Form Number
 - Approval date by NCDOI or Filing Date with NCDOI
 - SERFF/State Tracking Number
 - A certification that the insurer has an approved intermediary agreement/amendment form to enter into the specific network agreement; otherwise, the insurer must submit the contract/amendment form for review and approval under a separate SERFF File Number;

- A certification that the specific network providers are credentialed in compliance with T11 NCAC Section 20.0400;
- A certification that specific network providers are contracted using the insurer's approved provider contracts and/or amendment forms; otherwise, to demonstrate compliance with T11 NCAC 20.0201 and T11 NCAC 20.0202, the insurer must submit the provider contracts and/or amendment forms for review and approval under a separate SERFF File Number;
- A certification that the approved provider availability and accessibility standards are applicable to the specific networks and remain compliant with T11 NCAC Section 20.0300; otherwise, the provider availability and accessibility policies and procedures must be submitted with the Delivery System Docs filing for review and approval;
- A certification that the insurer approved utilization review, internal appeals, grievances procedures and external review policies are applicable and remain compliant with N.C.G.S. §§ 58-50-61, 58-50-62, and 58-50-77; and
- Specific network data. The Delivery System Docs filing must include the data required by the Specific Network Data Grids Template available at www.ncdoi.com. The data template must be provided for EACH product based on the product's projected membership. The insurer may need to provide more than one template. The following data must be submitted:
 - Delegated Entities
 - Projected enrollment in the specific sub- area, by county
 - Number of providers in the specific sub- area, by county
 - Network density, in the specific sub-area area, by provider type and geographic area - targets and density based on projected membership
 - Driving distance, in the specific sub- area, by provider type and geographic area - targets and distance based on projected membership
 - Appointment wait time – targets and projected performance
 - Percentage of providers under each compensation model.

IF the specific network is NOT a subset of an existing approved global network:

A NEW specific network that is NOT a subset of the existing approved global network for PPO or HMO Products will require a separate SERFF filing. The classification of the filing (Delivery System Doc or PPO Expansion) and the information submitted will be dependent on the type of health plan (HMO or PPO).

- HMO Plan
 - A separate Delivery System Docs filing is required that contains the information requested in the Section above titled, *"IF the specific network is a SUBSET of an existing more global approved network covering a specific sub-area of the more global network"*.

- Evidence that the notice of the addition of the intermediary has been filed with and acknowledged by the Department pursuant to T11 NCAC 20.0601(c) (include SERFF File Number under which the notice was acknowledged).
- PPO Plan
 - A PPO Expansion filing is required under a separate SERFF File Number.

Should have additional questions on how to file a Delivery System Docs filing or PPO Expansion filing, please contact Life & Health via email: L&HInbox@ncdoi.gov.