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DRAFT HEALTH COVERAGE
Filing Guidance Notice 2024-H

TO: Insurance Carriers Subject to M.G.L. c. 176O ("Health Insurance Consumer Protections")

FROM: Kevin Beagan, Acting Commissioner

DATE: June 24, 2024

RE: Collecting Provider Directory Information

This Filing Guidance Notice informs insurance carriers that are subject to M.G.L. c. 176O, *Health Insurance Consumer Protections* ("Carriers") regarding the collection of certain provider directory information by managed care Carriers in accordance with 211 CMR 52.15(2). As Carriers develop systems to address the noted items, this Filing Guidance provides information to guide the process.

Content of Filings

211 CMR 52.15(2):

(a) Health Care Provider's primary Specialty, secondary Specialty (if applicable), tertiary Specialty (if applicable), Behavioral Health sub-Specialty (if applicable)

The reporting of a Specialty or sub-Specialty should be based on the Provider's actual training and experience in treatment of this Specialty or sub-Specialty in the past 24 months;

When requesting a Health Care Provider to identify primary specialty, secondary specialty (if applicable), tertiary Specialty (if applicable), or Behavioral Health sub-specialty, a Carrier should specify that the provider should only list a Specialty or sub-Specialty based on the Provider's actual training and experience in treatment of the Specialty of sub-Specialty in the past 24 months. [The request should include, as an example, that a Provider should not list a sub-Specialty in pediatric care if the Provider does not have any actual training and experience in treating children within the past 24 months.]

(b) license type and practice credentials (education, including all relevant licensure(s), professional designations, and relevant certifications, including but not limited to board certifications);

When requesting a Health Care Provider to identify what is requested under this item, the Carrier should develop a check-off box for all relevant license types and practice credentials (education, including all relevant licensure(s), professional designations, and relevant certifications, including but not limited to board certifications).

(c) Health Care Facilities with which a Health Care Provider is affiliated (e.g., where a Provider has admitting privileges);

When requesting a Provider to identify Health Care Facilities with which a Health Care Provider is affiliated, the Carrier should develop a check-off box that identifies all Massachusetts-licensed facilities that admit patients.

To facilitate the collection of this information, it is recommended that Carriers organize the Health Care Facilities within groupings, including for example, whether the facility is an acute care hospital, a rehabilitation hospital, a skilled nursing facility, a long-term acute care hospital, or a behavioral health facility.

(d) if a hospital or facility, the type of hospital\facility and its Accreditation status;

Individual Health Care Providers should not be asked for this information. The Carrier should obtain this information from its hospital/facility files about licensed acute care hospitals, behavioral health hospitals and rehabilitation hospitals. It is recommended that accreditation status be related to relevant accreditations from the Joint Commission on the Accreditation of Healthcare Organizations and/or the Commission on Accreditation of Rehabilitation Facilities.

(e) if a non-hospital behavioral health facility, the standard services, as identified by the Commissioner, which are available in the facility;

The Division would consider this to be acceptable if information is collected that identifies, at minimum, when a non-hospital behavioral health facility provides the following services:

Eating disorder treatment
Substance use disorder treatment
General Behavioral Health treatment

(f) practice group affiliation;

When requesting a Provider to identify a practice group affiliation, the Carrier may consider developing a check-off box that identifies known practice groups and adding a check-off for "other" if the practice is not one listed.

(g) office locations for a Provider, and for each location whether the individual Provider sees patients in that location:
1. at least once per week;
2. at least once per month; or
3. as a cover/fill-in as needed;

When requesting a Health Care Provider to identify an office location, the Carrier should develop a check-off box for each location listed that has the Provider identify whether the Provider sees patients at that location, in accordance with the categories identified in 211 CMR 52.15(2)(g). The Health Care Provider should be allowed to check only one of the categories for each location at which the Health Care Provider practices.

(h) whether the Health Care Provider is:
1. is available to accept new patients covered by the Carrier;
2. is not accepting new patients covered by the Carrier; or
3. has limited availability to accept new patients covered by the Carrier with a waitlist of 4 weeks or less to schedule an appointment.

The Division has taken into account that federal agencies are developing standards associated with availability standards. The comments the Division has received about forthcoming federal guidance, along with the difficulty in collecting reliable availability information from providers, have led to the Division's decision at this time to delay the implementation of specific provisions identified in 211 CMR 52.15(h)1-3. The Division expects to revisit the requirements of this subsection in future filing guidance materials.

At this time, the Division expects that Carriers should develop a check-off box where the Health Care Provider should check "yes" or "no" to the following questions:
"Are you accepting new patients?"
if the answer is yes, "Are you able to contact the new patient to schedule an appointment within 4 weeks?"

When later presenting this information in Provider directories, Carriers should include language directing patients to call the Health Care Provider for the most accurate information regarding appointment availability and to learn about other Health Care Provider types, including nurse practitioners or physician assistants, that may be available within the Health Care Provider's practice.

(i) operating hours for each office location, including whether the office is available for evening and weekend appointments;

When requesting a Health Care Provider to identify an office's or practice location's operating hours, the Carrier should develop a check-off box where the Health Care Provider should check "yes" or "no" for each location regarding whether that Health Care Provider sees patients at that location (1) during the week after normal operating hours; and (2) on weekends.

(j) main phone number(s) available for members' use in setting up appointments;

When requesting a Provider to identify phone numbers to use in setting up appointments, if the Carrier allows the Provider to identify more than one phone number, then the Provider should identify which is the main phone number for normal operating hours and whether any of the numbers are for calls outside of normal operating hours.

(k) all languages understood and/or spoken by the Health Care Provider;

When requesting a Provider to identify languages understood and/or spoken by the Health Care Provider, the request can assume that if the Provider speaks a language, then the Provider also understands that language.

When requesting the Provider to identify languages, it should be clear that the Health Care Provider is required to complete this section but should only identify those languages that the Provider would be able to use in conversing with a patient without the use of interpreter services. A Carrier may also request the Health Care Provider to indicate whether they offer interpreter services for certain languages. The Carrier should develop a check-off box enabling the Provider to identify at least those languages identified by the Massachusetts MassHealth Program in its MassHealth RELD, Sex & SOGI Data Standards:[1]

- American Sign Language
- Arabic
- Cambodian/Kmer
- Cape Verdean Creole
- Cantonese (Chinese)
- Cape Verdean Creole
- English
- French
- German
- Gujarati
- Haitian Creole
- Hindi
- Italian
- Korean
- Laotian
- Mandarin (Chinese)
- Nepalese
- Polish
- Portuguese - Brazilian
- Portuguese – European
- Polish
- Russian
- Somali
- Spanish
- Vietnamese

Carriers may also develop a check-off box that states whether translation services are available at the practice location for each of the listed languages.

(l) whether the setting in which a Provider treats patients is ADA accessible and a description of the accommodations available to address physical, developmental, and intellectual disabilities;

[1] https://www.mass.gov/doc/health-equity-incentives-rfi-appendix-a-0/download#:~:text=Ethnicity%20and%20race%20currently%20are,application%20to%20be%20considered%20complete.

When requesting the Health Care Provider to identify whether an office or practice setting is ADA accessible, the Carrier should make clear that ADA accessibility is a required response section for Providers, and the Carrier should specifically request the Provider to indicate whether an office or practice setting is ADA accessible for all physical, developmental, and intellectual disabilities. The Health Care Provider should check off a "yes" or "no" box.

If the Health Care Provider checks "no," the Health Care Provider should check off a "yes" or "no" next to each office or practice setting in which the Health Care Provider schedules to meet with patients. For any office that is not ADA accessible for any physical, developmental, or intellectual disability because the Health Care Provider checked "no" for that office, The Carrier should develop a check-off box enabling the Provider to identify at least the following accomodations:

- Exterior Building
- Interior Building
- Wheelchair access to exam room
- Exam table/scale/chair
- Gurneys & Stretchers
- Portable Lifts
- Radiologic Equipment
- Signage & documents
- Parking
- Restroom
- Other Handicapped Access

(m) whether the practice specializes in the treatment of specific genders, and identification of those specific genders or gender identities based upon the Provider's actual treatment of members of such populations or groups in the last 24 months;

When requesting whether the Provider wishes to identify that the practice specializes in the treatment of specific genders and gender identities, it should be clear that the Provider is not required to complete this section unless the Provider wishes to be on record for specializing in the treatment of specific genders and gender identities.

The request should make clear that any indication chosen by a Provider should identify those specific genders or gender identities and should be based upon the Provider's actual treatment within the last 24 months of those specific genders and members of such populations or groups. The Carrier should develop a check-off box enabling the Provider to identify those specific genders or gender identities consistent with the Massachusetts MassHealth Program in its MassHealth RELD, Sex & SOGI Data Standards.[2] In order to be consistent with those standards, Carriers should have check-off boxes that request the Provider to identify which of the following genders or gender identities the practice may specialize in:

- Male
- Female
- Genderqueer, nonbinary, neither exclusively male nor female

[2] https://www.mass.gov/doc/health-equity-incentives-rfi-appendix-a-0/download#:~:text=Ethnicity%20and%20race%20currently%20are,application%20to%20be%20considered%20complete.

- Transgender male/trans man/female-to-male (FTM)
- Transgender female/trans woman/male-to-female (MTF)

(n) any specific age groups treated by the Health Care Provider, if the Provider so chooses;

When requesting whether the Health Care Provider wishes to identify that the practice specializes in the treatment of specific age groups, it should be clear that the Provider is not required to complete this section unless the Health Care Provider wishes to be on record for specializing in the treatment of certain age groups.

The request should make clear that any indication chosen by a Provider should be based upon the Provider's actual treatment of members of such groups in the last 24 months. The Health Care Provider should be asked whether the Health Care Provider wishes to highlight to patients that the Health Care Provider concentrates in serving members of these populations. The Health Care Provider should check off a "yes" or "no" box.

If the Health Care Provider answers "yes" to the previous question, the Carrier should develop check-off boxes that at least collect information identifying age groups according to the following categories:

Age groupings (applying for both Behavioral Health and Non-behavioral Health)

- Older Adults (Ages 65 and older)
- Middle-Aged Adults (Ages 45-64)
- Adults (Ages 25-44)
- Young Adults (Ages 19-24)
- Adolescents (Ages 13-18)
- Older Children (Ages 612)
- Younger Children (Ages 2–5)
- Infants (Ages 0–23 months)

(o) any special populations or cultural groups that the Health Care Provider wishes to highlight that the Health Care Provider serves, as well as the Provider's race and nationality, if the Provider so chooses;

When requesting whether the Health Care Provider wishes to identify that the practice specializes in the treatment of specific populations or cultural groups, it should be clear that the Provider is not required to complete this section unless the Health Care Provider wishes to be on record for specializing in the treatment of certain populations or cultural groups.

The request should make clear that any indication chosen by a Provider should be based upon the Provider's actual treatment of members of such groups in the last 24 months. The Health Care Provider should be asked whether the Health Care Provider wishes to highlight to patients that the Health Care Provider concentrates in serving members of certain racial/ethnic groups, specific sexual orientations, or with certain disabilities. The Health Care Provider should check off a "yes" or "no" box.

If the Health Care Provider answers "yes" to the previous question, the Carrier should develop check-off boxes enabling the Provider to identify those populations or cultural groups that the Health Care Provider's practice specializes in, and the list should include at minimum those specific populations or cultural groups identified by the Massachusetts MassHealth Program in its MassHealth RELD, Sex & SOGI Data Standards:[3]

Race/Ethnicity

- African
- African American
- Albanian
- American
- Armenian
- Brazilian
- Cambodian/Khmer
- Canadian
- Cape Verdean
- Caribbean Islander
- Chinese
- Colombian
- Cuban
- Dominican
- English
- Filipino
- French
- German
- Greek
- Guatemalan
- Haitian
- Honduran
- Indian /Asian Indian
- Irish
- Italian
- Japanese
- Korean
- Laotian
- Mexican, Mexican American, Chicano
- Middle Eastern
- Native American
- Polish
- Portuguese
- Puerto Rican
- Russian
- Salvadoran
- Scottish
- Swedish

[3] https://www.mass.gov/doc/health-equity-incentives-rfi-appendix-a-0/download#:~:text=Ethnicity%20and%20race%20currently%20are,application%20to%20be%20considered%20complete.

- Ukrainian
- Vietnamese

Sexual Orientation
- Asexual
- Bisexual
- Gay or lesbian
- Straight or heterosexual
- Queer

Disability
- Blind or Low Vision
- Deaf
- Hard of Hearing
- Developmentally disabled
- Intellectually disabled

(p) whether the Health Care Provider has conditions to treating a patient, including the following:
1. requiring a patient to pay a concierge medicine fee, Facility fee, or other administrative fee in order to be treated by the Health Care Provider,
2. a Health Care Provider whose practice requires that the care is limited to hospital or Facility inpatients;
3. for Health Care Providers who work in clinics or community health centers, requiring that a patient receive other health care at the clinic or community health center; or
4. for Health Care Providers who work at university or school health centers, requiring that patients are enrolled students in the university or school.

When requesting the Health Care Provider to identify whether the practice requires a patient to pay a concierge medicine fee as a condition of setting up an appointment with the Health Care Provider, the Health Care Provider should check off a "yes" or "no" box.

Regarding whether a Facility Fee would apply to a visit at a certain location, individual Health Care Providers should not be asked for this information. The Carrier should obtain this information from its hospital/facility files.

When collecting information about whether a Health Care Provider's practice location requires a patient to pay an administrative fee as a condition of setting up an appointment with the Health Care Provider, the Health Care Provider should check off a "yes" or "no" box.

When collecting information about whether a Health Care Provider's practice location requires that care is limited to hospital or Facility inpatients, the Health Care Provider should check off a "yes" or "no" box.

When collecting information about a clinic or community health center, if a Health Care Provider identifies that the Health Care Provider has a practice location at a clinic or community health center, the Health Care Provider should check off a "yes" or "no" box to identify whether the Health Care Provider will agree to see a patient only at the clinic or community health center if the patient may expect to receive other health care services at that clinic or

community health center in order for care to be coordinated by those Health Care Providers at the clinic or community health center.

When collecting information about university or school health center practice locations, if a Health Care Provider identifies that the Health Care Provider has a practice location at a university or school health center, the Health Care Provider should check off a "yes" or "no" box to identify whether the Health Care Provider will only see enrolled students at that university or school health center.

(q) if a Tiered Network Plan, the Provider's tier, an explanation of how the Carrier identifies the Provider's tier, and the impact of the tier on cost sharing under the health plan.

Health Care Providers should not be asked for this information. The Carrier should have information about Provider tier(s) available within its own files.

(r) which Health Care Providers within a Facility are available for consultation via Telehealth and the modalities of Telehealth the Health Care Provider offers to patients, or whether the Health Care Provider is available for consultation to treat a patient only via Telehealth.

When requesting the Health Care Provider to indicate whether the Health Care Provider is ready to use telehealth to treat a patient, the Health Care Provider should check off a "yes" or "no" box.

If the Health Care Provider has checked off "yes" to the previous question, the Health Care Provider should be requested to indicate which of the following telehealth modalities that the Health Care Provider is ready to use in treating patients:

- ☐ interactive audio-video technology;
- ☐ remote patient monitoring devices;
- ☐ audio-only telephone; and
- ☐ online adaptive interviews (i.e., patient questionnaires on a telehealth company platform in preparation for a telehealth visit)

When requesting the Health Care Provider to indicate whether the Health Care Provider is available for consultation to treat a patient only via Telehealth, the Health Care Provider should check off a "yes" or "no" box. [It may be helpful to clarify that answering "yes" means that the Health Care Provider is not scheduling face-to-face patient visits.]

If you have any questions about this Notice, please contact Niels Puetthoff at niels.puetthoff@mass.gov.