Service Area

Consistent with regulations at 45 C.F.R. 155.1055(a), the Marketplace must ensure that each service area of a QHP covers a minimum geographic area that is at least the entire geographic area of a county, or a group of counties defined by the Marketplace, unless the Marketplace determines that serving a smaller geographic area is necessary, nondiscriminatory, and in the best interest of the qualified individuals and employers. The Marketplace must also ensure that the service area of a QHP has been established without regard to racial, ethnic, language, or health status-related factors as specified under section 2705(a) of the PHS Act, or other factors that exclude specific high utilizing, high cost or medically-underserved populations.

For the 2016 benefit year, NMOSI will review requests for service areas that serve a geographic area smaller than a county to ensure that each service area meets the above regulatory standards, particularly with respect to ensuring that the establishment of this partial county service area is not discriminatory.

NMOSI requires that QHP and SADP issuers maintain at least one provider state-wide network.

In the QHP Application process, NMOSI considers the service area of a plan to be the county or set of counties (or partial counties) that is covered by that particular plan. Any change to the list of counties associated with a particular plan is considered a change in the service area, even if the issuer offers other plans or products in the counties (or partial counties) in question. For the 2016 benefit year, QHP issuers will not be allowed to change their service area after their initial data submission except via petition to NMOSI. Changes to service areas will only be approved under very limited circumstances, such as:

• To address limitations in provider contracting: issuers will need to provide substantial documentation of their contracting efforts in the geographic areas dropped, including lists of providers with whom the issuer attempted to contract and the contracts offered.

• Expansions at the request of the state to address an unmet consumer need.

• To address a data error in the issuer's initial Service Area Template submission: issuers will need to provide significant evidence documenting the error, including evidence in other parts of the QHP Application indicating an intent to cover a different area and/or a mismatch with the service area in the issuer's form filing.

Any additional circumstances would be severely limited and determined on a case by case basis and only based on state approval and significant evidence of necessity and the best interest of the consumer. NMOSI will not allow changes to service area after the final data submission date.

Network Adequacy

Pursuant to 45 C.F.R. 156.230(a)(2), an issuer of a QHP that has a provider network must maintain a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance use disorder services, to assure that all services will

be accessible to enrollees without unreasonable delay. Additionally, all QHP issuers must meet existing network adequacy standards established by regulation NMAC 13.10.22. All issuers applying for QHP certification will need to attest and demonstrate that they meet these standards as part of the certification/recertification process.

NMOSI will assess provider networks using a "reasonable access" standard, and will identify networks that fail to provide access without unreasonable delay as required by 45 C.F.R. 156.230(a)(2). In order to determine whether an issuer meets the "reasonable access" standard, NMOSI will focus most closely on those areas which have historically raised network adequacy concerns. These areas include the following:

- Hospital systems,
- Mental health providers,
- Oncology providers, and
- Primary care providers.

If NMOSI determines that an issuer's network is inadequate under the reasonable access review standard, we will notify the issuer of the identified problem area(s) and will consider the issuer's response in assessing whether the issuer has met the regulatory requirement and prior to making the certification or recertification determination.

Essential Community Providers

Essential community providers (ECPs) include providers that serve predominantly low-income and medically underserved individuals, and specifically include providers described in section 340B of the PHS Act and section 1927(c)(1)(D)(i)(IV) of the Social Security Act (SSA). At 45 C.F.R. 156.235, CMS establishes requirements for inclusion of ECPs in QHP provider networks and provides an alternate standard for issuers that provide a majority of covered services through physicians employed by the issuer or a single contracted medical group. Indian health providers are included among ECPs.

ECP Guideline: An application for QHP certification that adheres to the general ECP inclusion standard does not need to provide further documentation. For benefit year 2016, we will utilize a general ECP enforcement guideline whereby if an application demonstrates that at least 30 percent of available ECPs in each plan's service area participate in the provider network, we will consider the issuer to have satisfied the regulatory standard. In addition, and as required for the prior year, we expect that the issuer offer contracts in good faith to:

- All available Indian health providers in the service area, to include the Indian Health Service, Indian Tribes, Tribal organizations, and urban Indian organizations, using the recommended model QHP Addendum for Indian health providers developed by CMS; and

- At least one ECP in each ECP category in each county in the service area, where an ECP in that category is available.

CONSUMER SUPPORT AND RELATED ISSUES

Provider Directory

It is required that QHPs to make their provider directories available to the Marketplace for publication online by providing the URL link to their network directory. The URL should link to direct consumers to an up-to-date provider directory where the consumer can view the provider network that is specific to a given QHP. The URL provided to the Marketplace as part of the QHP Application should link directly to the directory, such that consumers do not have to log on, enter a policy number, or otherwise navigate the issuer's website before locating the directory. If an issuer has multiple provider directories, it should be clear to consumers which directory applies to which QHP(s). Further, the directory is to include location, contact information, specialty, and medical group, any institutional affiliations for each provider, and whether the provider is accepting new patients. We encourage issuers to include languages spoken, provider credentials, and whether the provider is an Indian health provider. Directory information for Indian health providers should describe the service population served by each provider, as some Indian health providers may limit services to Indian beneficiaries, while others may choose to serve the general public.

Provider directories should include the following statement - "For Native American plan members, IHS and 638 health facilities or other tribal health facilities will be included at in-network rates, even if they are not listed as part of the plan network." (See IHCIA, Section 206(a) and (i) and 25 USC 1621e(a) and (i) and Title 45 Code of Federal Regulation, Part 156, Subpart E1.)

Complaints Tracking and Resolution

We encourage consumers to report complaints and concerns to the Marketplace Call Center as well as to the issuers of the QHPs in which they are enrolled. CMS expects QHP issuers to thoroughly investigate and resolve consumer complaints received directly from members or forwarded to the issuer by the state through the issuer's internal customer service process and as required by New Mexico law.

Coverage Appeals

QHPs are required to meet the standards for internal claims and appeals and external review established by NMAC 13.10. and all other state law as applicable.

Meaningful Access

Issuers must comply with NMAC 13.10. and all other state law as applicable, and are encouraged to comply with the requirements that they ensure meaningful access by limited-English proficient (LEP) speakers and by individuals with disabilities. http://www.lep.gov/interp_translation/trans_interpret.html