"[CHAPTER 432F]
HEALTH CARE PROVIDER NETWORK ADEQUACY

Section

" **[§432F-1] Definitions.** As used in this chapter, unless the context otherwise requires:

"Commissioner" means the insurance commissioner of the State.

"Managed care plan" means any plan that meets the definition of managed care plan under section 432E-1. [L 2013, c 192, pt of §2]

" **§432F-2 Health care provider network adequacy.** (a) On or before January 1 of each calendar year, each managed care plan shall demonstrate the adequacy of its provider network to the commissioner. A provider network shall be considered adequate if it provides access to sufficient numbers and types of providers to ensure that all covered services will be accessible without unreasonable delay, after taking into consideration geography. The commissioner shall also consider any applicable federal standards on network adequacy. A certification from a national accreditation organization shall create a rebuttable presumption that the network of a managed care plan is adequate. This presumption may be rebutted by evidence submitted to, or collected by, the commissioner.

(b) A managed care plan that does not have a certification from a national accreditation organization may submit to the commissioner a plan to become accredited by a national accreditation organization within a period of two years if the managed care plan has provided sufficient evidence that its network is reasonably adequate at the time of submission of the plan. The commissioner shall also consider any applicable federal standards on network adequacy. The commissioner may extend the period of time for accreditation.

(c) The commissioner shall approve or disapprove a managed care plan's annual filing on network adequacy. If the commissioner deems the filing incomplete, additional information and supporting documentation may be requested. A managed care plan shall have sixty days to appeal an adverse decision by the commissioner in an administrative hearing pursuant to chapter 91.

(d) To enable the commissioner to determine the network adequacy for qualified health plans to be listed on the federal Patient Protection and Affordable Care Act marketplace, the commissioner may request that a managed care plan demonstrate the adequacy of its provider network at the time that it files its health plan benefit document with the commissioner.

(e) This section shall apply to any managed care plan qualified as a prepaid health care plan pursuant to chapter 393. [L 2013, c 192, pt of §2; am L 2016, c 44, §2]