

Supplemental request for data to verify the audits, reviews, and analyses performed pursuant to § 15-144(e)(4) of the Insurance Article

The analysis report requires carriers to report the results of the audits, reviews, and analyses performed to ensure compliance with the Parity Act in operation. To verify the narrative report and reviews required by the analysis report, this supplemental report of data standardized among carriers is also required as a supplement to the analysis report.

A supplemental data report is required for the NQTL of provider credentialing.

Carriers are required to follow the instructions below in completing the supplemental data report. The report shall be based on the applications submitted by providers from January 1 to September 1 of the prior calendar year.

For this supplemental data report, a carrier shall include in its calculations an application submitted to an entity that arranges provider panels on behalf of a carrier, and the results of that application. The date of submission of a provider application means the date that a carrier receives notice of an application through CAQH or a written request for participation in the provider panel, including through electronic means.

The date of execution of the provider contract is the day that the provider signs the contract.

The effective date of the provider contract is the day that the provider is able to submit claims and be reimbursed according to the terms of the provider contract.

The mean number of days shall be calculated by adding together the number of days for all applicants, and dividing by the number of applicants. The median number of days shall be determined by arranging the number of days each application was pending in ascending or descending number; if there is an odd number of numbers of days, then the middle number is the median. If there is an even number of number of days, then the average of the two middle numbers is the median.

“Providers that submitted an application but withdrew or failed to complete the process” includes any provider that submitted an application, but either gave written notice that they were withdrawing from the process, or failed to respond to requests from the carrier for information or action that was necessary to complete the process.

To determine the number of providers that were rejected due to a full network, carriers shall count all providers rejected for this reason, regardless of whether the notice of rejection stated that this was the reason. To determine the percentage of providers rejected due to a full network, the numerator is the total number of providers rejected for this reason, and the denominator is the total number of providers that submitted an application in the same time period.

Section 15-112(g) of the Insurance Article requires that carriers send a notice to providers that the carrier will not proceed with processing the application to be on the provider panel. In determining the percentage of providers that were notified that the carrier would not proceed with the application, the numerator is the total number of providers that received a notice pursuant to § 15-112(g) of the Insurance Article, and the denominator is the number of providers that submitted an application to whom the provisions of § 15-112 of the Insurance Article apply.

Any disparities in the timeframes for provider admission between M/S and MH/SUD providers should be explained in Step 7 of the template for the NQTL of Standards for Provider Credentialing and Contracting.