Office of Commissioner of Insurance and Safety Fire
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JOHN F. KING
Commissioner of Insurance and Safety Fire

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DIRECTIVE 25-EX-1

TO: ALL INSURERS OFFERING HEALTH PLANS IN GEORGIA

FROM: JOHN F. KING
INSURANCE AND SAFETY FIRE COMMISSIONER

DATE: FEBRUARY 25, 2025

RE: CHANGE TO THE CONSUMER ACCESS TO CONTRACTED HEALTHCARE (CATCH) ACT REQUIREMENTS AND FILLING INSTRUCTIONS

As of March 1, 2025, a modification of Rule 120-2-106-.13 requirements for insurers to provide a report to the Commissioner of such quantitative data as necessary to demonstrate compliance with O.C.G.A. § 33-20E-24 (the "CATCH Report") has changed going forward. This directive addresses the **changes only** and not the totality of the rule. Refer to the entire rule and code reference for completeness.

Accordingly, the term, "reasonable", means within or meeting the quantitative time and distance standards for Qualified Health Plans published annually by the United States Centers for Medicaid & Medicare Services in its Notice of Benefit and Payment Parameters for that calendar year.

The term, "service area", means within the geographic boundaries of the county in which a covered person resides.

O.C.G.A. § 33-20E-24 provides that insurers are required to demonstrate the following in their CATCH Reports:

a. Insurer contracts with and maintains a network of participating providers in sufficient number and appropriate type, including primary care and specialty care, pharmacies, clinical laboratories, and facilities, throughout such plan's service area to ensure covered persons have access to the full scope of benefits and services covered under such plan in accordance with the quantitative time and distance standards established and updated annually by the United States Centers for Medicaid & Medicaid Services in its Notice of Benefit and Payment Parameters for Qualified Health Plans during that calendar year.
b. Insurer providing coverage for mental health or substance use disorders as part of a network plan maintains a network of participating providers that is sufficient in number and of the appropriate type, including providers that specialize in mental health and substance use disorder services, to ensure that covered persons have access to the full scope of benefits and services covered under such plan in accordance with the quantitative time and distance standards established and updated annually by the United States Centers for Medicaid &

Medicaid Services in its Notice of Benefit and Payment Parameters for Qualified Health Plans for that calendar year.

c. Insurer network plan has available participating providers who are accepting patients within a reasonable time and distance to covered persons.
d. Insurer network plan contracts with and maintains a network of participating providers that satisfies the appointment wait time standards established and updated annually by the United States Centers for Medicaid & Medicaid Services. in its Notice of Benefit and Payment Parameters for Qualified Health Plans for that calendar year, if applicable.
e. Insurer did not engage in the prohibited actions set forth in O.C.G.A. §33-20E-24 (d) or O.C.G.A. § 33-20E-24 (e) and provides an attestation of the same.

Accordingly, if the Commissioner determines an Insurer is noncompliant with the provisions in O.C.G.A. §33-20E-24, the Commissioner shall notify the insurer of the determination and set forth the reasons for the determination. Prior to a determination of noncompliance, the Commissioner shall consider such mitigating factors that might hinder an insurer's compliance, including but not limited to: the number and availability of providers in a service area, the willingness of nonparticipating providers in a service area to enter into network contract agreements with such insurer, good faith efforts by the insurer to enter into network contract agreements with nonparticipating providers in a service area, and the designation of a service area as a Health Professional Shortage Area (HPSA), Mental Health Professional Shortage Area (MH HPSA), or Medically Underserved Area /Population (MUA/P) as defined by the United States Health Resources & Services Administration (HRSA). The Commissioner may set forth proposed remedies that will render compliance in the judgment of the Commissioner.

The Office of the Insurance and Safety Fire Commissioner directs insurers to whom this applies to file reports with the Georgia Department of Insurance on March 1 annually.

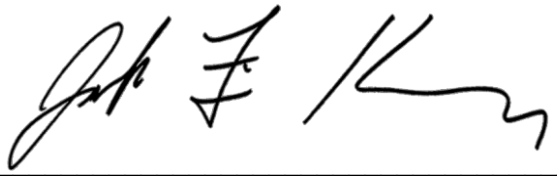
FILING INSTRUCTIONS

To facilitate the collection and analysis of data, any questions regarding data collection should be addressed to marketconduct@oci.ga.gov.

When submitting the report, please include the following in the email Subject line: "CATCH Act Report," data year, Company NAIC Code, and Company Name. For example, the Subject line would be: CATCH Act Report, YYYY, NAIC Code 12345 – ABC Company. This analysis is based on current plan year information.

Submission Required	Legal Reference	Due Date	Where to send
CATCH Act Report	Rule 120-2-106-.13 O.C.G.A. § 33-20E-24	March 1st	GA Office of Commissioner of Insurance marketconduct@oci.ga.gov

If you have any questions, please contact the Office of the Commissioner of Insurance by email at to marketconduct@oci.ga.gov.



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INSURANCE AND SAFETY FIRE COMMISSIONER
STATE OF GEORGIA