

State of Vermont
Department of Financial Regulation
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INSURANCE BULLETIN 192

Reporting Requirements
Rule H-2009-03
Consumer Protection and Quality Requirements for
Managed Care Organizations

Each Managed Care Organization subject to Part 5 of Rule H-2009-03 shall annually attest to the Commissioner, on or before July 15th, that it is in compliance with Part 5 of this rule, and post electronically a current and accurate provider directory consistent with the requirements of Part 6.4 or any applicable law.

Each Managed Care Organization subject to Part 6 of Rule H-2009-03 shall file annually with the Department, on or before July 15th, a report showing network availability and opportunities for improvement.

The attestation for Part 5 shall be substantially in the following form:

I, Name, (Corporate Office), attest to the Commissioner of the Department of Financial Regulation that (Name of Managed Care Organization) is in compliance with Part 5 of Rule H-2009-03 except as follows (Part 5 (A) or (B) exception)/(None).

The attestation must be signed and dated.

Dated: 4/12/17



Michael S. Pieciak, Commissioner

