

## New Application or Network Modification Preferred Provider Benefit Plan (PPO) and Exclusive Provider Benefit Plan (EPO)

### Filing type

Select only one. Submit a separate application for each application type and each network. [Texas Insurance Code Section \(TIC\) 1301](#) and [28 TAC Chapter 3 Subchapter X](#).

- |   |   |
|---|---|
| <input type="checkbox"/> EPO Original Application | <input type="checkbox"/> PPO Original Application |
| <input type="checkbox"/> EPO Network Modification | <input type="checkbox"/> PPO Network Modification |

### Organizational information

Name of applicant insurer \_\_\_\_\_

Applicant insurer NAIC company code \_\_\_\_\_

TDI certificate or license number \_\_\_\_\_

Network/product name \_\_\_\_\_

Home office address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Location of books and records \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Applicant's insurer telephone number \_\_\_\_\_

Official email \_\_\_\_\_

Name and title of applicant's contact person \_\_\_\_\_

Contact person's telephone number **(Provide direct phone number)** \_\_\_\_\_

Contact person's email \_\_\_\_\_

### Officer's attestation

I hereby certify that I have read the application, that I am familiar with its contents, and that all the information, including the attachments, submitted in this application are true and complete. I further attest that the network is adequate for the services to be provided under a EPO or PPO in accordance with [28 TAC Chapter 3, Subchapter X](#).

\_\_\_\_\_  
Print name Title

\_\_\_\_\_  
Signature (Corporate President, Corporate Secretary, or the President's or Secretary's authorized representative) Date

# Application

Submit a complete application as required by [28 TAC Chapter 3, Subchapter X](#). Three program areas of the Texas Department of Insurance (TDI) will review an original application for approval: 1) Accident and Health, 2) Managed Care Quality Assurance, and 3) Market Conduct Examinations. You may not market this PPO or EPO product until all three program areas approve your application. Documents must be in Word, Excel, or Adobe Acrobat format.

## 1. Accident and health

Email your questions to [LIFEHEALTH@tdi.texas.gov](mailto:LIFEHEALTH@tdi.texas.gov).

### SERFF instructions

Submit one SERFF filing and organize documents as follows:

#### Form schedule

Policy and Certificate, including:

- Schedules of copayment.
- Payment of certain out-of-network claims, and emergency care services coverage.

#### Supporting documentation

- List of plan documents.
- [LAH310 - Life and Health Transmittal Form](#) (PDF).
- [LHL658 - Application for Approval EPO and PPO](#) (PDF).
- Applicable checklists:
  - [AH015 - Individual Health Checklist](#) (PDF).
  - [AH016 - Individual Health Major Medical Checklist](#) (PDF).
  - [AH003 - Group Health Non-Employer or Member Association Checklist](#) (PDF).
  - [AH002 - Group Health Large and Small Employer Requirements Checklist](#) (PDF).

### Requirements

#### Policy and certificate – PPO or EPO original application only

Provide the policy and certificate issued to insureds. [28 TAC Section 3.3722\(d\)\(6\)](#).

#### List of plan documents – PPO or EPO original application only

Provide a list of all plan documents associated with the SERFF Filing ID or form number that is pending the departments approval or review. [28 TAC Section 3.3722\(c\)\(6\)](#).

## **Payment of certain out-of-network claims, and emergency care services coverage – EPO original application only**

Provide documentation demonstrating that the applicant’s plan and policies are compliant with Insurance Code [Section 1301.0053](#) and the provisions of [28 TAC Section 3.3722\(c\)\(10\)](#); payment of out-of-network claims. Provisions and procedures for payment of out-of-network claims, and emergency care services as set forth in [28 TAC Section 3.3708](#) must be presented without regard to physician or provider furnishing the services having a contractual or other arrangement to provide items or services to insureds. [28 TAC Section 3.3722\(c\)\(10\)](#).

## **2. Managed Care Quality Assurance**

Email you questions to [MCQA@tdi.texas.gov](mailto:MCQA@tdi.texas.gov).

### **SERFF instructions**

Submit one SERFF filing with filing type “Network Configuration-New Application” or “Network Configuration-Modification” as applicable and organize documents as follows:

### **Filing description under general information**

Provide the SERFF tracking number for the “Physician and Provider Contract Templates” or “Attestation of Compliance” associated with this application (Not required for network modification reductions).

### **Supporting documentation**

- [LHL658 - Application for Approval EPO and PPO](#) (PDF).
- Provider Listing Template.
- Network Analysis Compliance Access Plan & Waiver Request Template.
- Online Provider Directory Link.
- Provider Directory (Consumer facing document)
- Attempt to Contract Template.
- Network Configuration - Modification (Expansion):
  - Provide a description and a map of the service area with key and scale, identifying the existing and proposed service area [Section 3.3722\(5\)](#).
  - Provider Contract Attestation [Section 3.3722\(c\)\(7\)](#).
- Network Configuration - Modification (Reduction):
  - Provide a description and a map of the service area with key and scale, identifying the existing and proposed service area [Section 3.3722\(5\)](#).

## Requirements

### Network configuration application - original and modification (PPO/EPO service area expansion or reduction)

- [LHL658 - Application for Approval EPO and PPO](#) (PDF). - [28 TAC Section 3.3722](#). An insurer that seeks to offer a preferred or exclusive provider benefit plan must file an application for approval with the Texas Department of Insurance as specified on the department's website and must use this form.
- [Provider Listings - 28 TAC Section 3.3712\(1\)](#). The insurer must use this form to provide a comprehensive searchable and sortable listing of physicians and health care providers in the plan's network.
- [Network Compliance and Waiver Request - 28 TAC Section 3.3712\(2\)\(B\)](#). The insurer must submit this form to provide a listing of each county in the insurer's service area and data regarding network compliance with the time and distance standards. Include appointment wait times data (starting April 1, 2025).
- Online provider directory - [28 TAC Section 3.3712\(3\)](#). The insurer must include a link to the online provider listing made available to insureds and a pdf copy of the provider listing that is made available to insureds that request a nonelectronic version.
- [Attempt to Contract - 28 TAC Section 3.3707\(b\)](#). An insurer seeking a waiver must submit information justifying the waiver request as specified in 28 TAC §3.3707(b).
- Service Area Map - [28 TAC Section 3.3722\(5\)](#). Provide a description and a map of the service area with key and scale, identifying the existing and the proposed service area.
- "Physician and Provider Contract Templates" or "Attestation of Compliance" - [28 TAC Section 3.3722\(c\)\(7\)](#).

Provide the SERFF tracking number for the "Physician and Provider Contract Templates" filing with the description in SERFF under the General Information tab or include a "Provider Contract Attestation of Compliance" as part of the supporting documentation associated with this application **(Not required with a service area reduction)**.

## 3. Market conduct qualifying examination

### PPO or EPO original application only

Email your questions to [MarketConduct@tdi.texas.gov](mailto:MarketConduct@tdi.texas.gov).

### Requirements

Email the below in one zipped folder with separate electronic folders for each requirement using Word, PDF, or Excel formats to [MarketConduct@tdi.texas.gov](mailto:MarketConduct@tdi.texas.gov).

### Complaint system

- Provide documentation demonstrating that the insurer maintains a complaint system that provides reasonable procedures to resolve a written complaint initiated by a complainant. [28 TAC Section 3.3722\(c\)\(11\)](#).

## Complaint log

- Provide a complaint log that is categorized and completed as described in [28 TAC Section 21.2504](#).
- Provide documentation demonstrating that the insurer maintains a record of complaints as described in [TIC Section 542.005](#); [28 TAC Section 3.3722\(d\)\(7\)](#).

## Claims system

- Provide documentation demonstrating that the applicant's plan and policies are compliant with [Insurance Code Chapter 1301](#) Subchapters C and C-1 and [28 TAC Chapter 21 Subchapter T](#). See [Prompt Payment of Clean Claims](#) for additional information.

## Utilization management

- Provide certification name and TDI certificate number if applicant is a certified utilization review agent (URA).

or

- Provide the certification name and TDI certificate number of the URA who will perform UR for the applicant if applicant is not a certified URA. [28 TAC Section 3.3722\(d\)\(2\)](#)

## Quality improvement program and work plan description

### EPO original application only

- Provide a description of the quality improvement program and work plan as required by [28 TAC Section 3.3724](#) relating to Quality Improvement Program. Description must include a process for medical peer review required by Insurance Code Section 1301.0051 and that explains arrangements for sharing pertinent medical records between preferred providers and for ensuring the records' confidentiality.

### Presumed compliant

- Applicant will be presumed to be in compliance with statutory and regulatory requirements regarding quality improvement if the applicant has received non-conditional accreditation or certification specific and germane to the insurer's quality improvement program by the National Committee for Quality Assurance, the Joint Commission, URAC, or the Accreditation Association for Ambulatory Health Care. [28 TAC Section 3.3724\(d\)](#); [28 TAC Section 3.3722\(d\)\(1\)](#).

## Your rights

You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.