

Health Maintenance Organization Annual Network Adequacy Report and Access Plan Checklist

An HMO must file a network adequacy report with the department on or before August 15 of each year and prior to marketing any new plan in a new service area. The report must be submitted via [SERFF](#).

Name of HMO: _____ TDI License Number: _____

Home Office Address: _____

City: _____ State: _____ ZIP code: _____

Name and Title of Contact Person: _____

Contact's Telephone Number: _____

Contact's Email: _____

Signature: _____ Date: _____

Annual Network Adequacy Report

Network Name: _____

Website Link to Network Directory: _____

Number of Counties in the Service Area: _____ Counties in Service Area: _____

(Include an Excel spreadsheet of the Service Area)

The HMO Network:

- IS NOT** adequate under the standards in [28 TAC Section 11.1607](#)
- IS** adequate under the standards in [28 TAC Section 11.1607\(b\)-\(h\)](#)

If the HMO's network *IS NOT* adequate, the HMO must submit an Access Plan to the department for approval. See the NETWORK ACCESS PLAN CHECKLIST below which contains a description of the requirements.

Network Access Plan Checklist

Per [28 TAC Section 11.1607\(j\)](#), an HMO that is unable to meet the accessibility and availability requirements of [28 TAC Section 11.1607\(b\)-\(h\)](#) must file an Access Plan for approval with the department in compliance with [28 TAC Section 11.301](#). The access plan must specify:

Page ____ The geographic area within the service area in which a sufficient number of contracted physicians and providers are not available, including a specification of the class of physician or provider; - [28 TAC Section 11.1607\(j\)\(1\)](#)

Page ____ A map for each specialty, with key and scale, that identifies the geographic areas within the service area in which the health care services, physicians, and providers are not available; - [28 TAC Section 11.1607\(j\)\(2\)](#)

Page ____ The reason or reasons that the network does not meet the adequacy requirements specified in this section; - [28 TAC Section 11.1607\(j\)\(3\)](#)

Page ____ Procedures that the HMO will use to assist enrollees in obtaining medically necessary services when no network physician or provider is available, including procedures to coordinate care to hold enrollees harmless and eliminate or limit the likelihood of balance billing; - [28 TAC Section 11.1607\(j\)\(4\)](#)

Page ____ A list of the physicians and providers within the relevant service area that the HMO attempted to contract with, identified by name and specialty or facility type, with:

- (A) A description of how and when the HMO last contacted each physician, provider, or facility; and
- (B) A description of the reason each physician, provider, or facility gave for declining to contract with the HMO; - [28 TAC Section 11.1607\(j\)\(5\)](#)

Page ____ Procedures detailing how out-of-network benefit claims will be handled when no physicians or providers are available, including procedures for compliance with 28 TAC Section 11.1611 of this title (relating to Out-of-Network Claims; Non-Network Physicians and Providers); - [28 TAC Section 11.1607\(j\)\(6\)](#)

Page ____ Steps the HMO will take to attempt to bring its network into compliance with this section; and [28 TAC Section 11.1607\(j\)\(7\)](#)

Page ____ A process for negotiating with a non-network physician or provider before services being rendered, when feasible. - [28 TAC Section 11.1607\(j\)\(8\)](#)

The Access Plan must be filed via [SERFF](#) and include TDI form [LAH312 Transmittal Checklist for HMO Rate and Form Filings](#).

Provide demographic data for the previous calendar year as specified in [28 TAC Section 11.1610\(c\)](#). The data must be reported based on each of the geographic regions specified in [28 TAC Section 3.3711](#). If the HMO's network does not include a service area that is located within a particular geographic region, the HMO must specify in the report that there is no applicable data for that region. The HMO must include:

	Geographic Region										
Data	1	2	3	4	5	6	7	8	9	10	11
28 TAC Section 11.1610(c)(1) number of claims paid for out-of-network benefits that were not based on an emergency or the unavailability of network physicians or providers under TIC Section 1271.155 ; TIC Section 1271.055											
28 TAC Section 11.1610(c)(2) number of claims for out-of- network benefits that were based on an emergency or the unavailability of network physicians or providers under TIC Section 1271.155 ; TIC Section 1271.055											
28 TAC Section 11.1610(c)(3) number of complaints by non-network physicians and providers.											
28 TAC Section 11.1610(c)(4) number of complaints by network physicians and providers relating to inability to refer enrollees to network physicians or providers because network physicians or providers are not available.											

	Geographic Region										
Data	1	2	3	4	5	6	7	8	9	10	11
28 TAC Section 11.1610(c)(5) number of complaints by enrollees relating to the dollar amount of the HMO's payment for basic health care benefits.											
28 TAC Section 11.1610(c)(6) number of complaints by enrollees concerning balanced billing.											
28 TAC Section 11.1610(c)(7) number of complaints by enrollees relating to the unavailability of network physicians or providers.											
28 TAC Section 11.1610(c)(8) number of complaints by enrollees relating to the accuracy of network physician and provider listings.											
28 TAC Section 11.1610(c)(9) number of complaints by physicians and providers relating to the accuracy of network physician and provider											

If you have questions or require assistance regarding completion of this form, please call 512-676-6400, select Option 3.

Your rights: You can request information we have about you by emailing 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 or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.