

Application for Approval Exclusive Provider Benefit Plan (EPO) and Preferred Provider Benefit Plan (PPO)

Type of Application

Select only one. Submit a separate application for each application type and each network. PPO and EPO applications and requirements do not apply to dental per [Texas Insurance Code Section \(TIC\) 1301.002](#).

- EPO Original Application
 EPO Network Modification

- PPO Original Application
 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 ([28 TAC Section 3.3722\(d\)](#)) _____

City _____ State _____ ZIP _____

Applicant's Insurer Telephone Number _____

Official Email ([28 TAC Section 1.1302](#)) _____

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 PPO or EPO 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: Accident and Health, Managed Care Quality Assurance, and 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.

Accident and Health Questions?

Email your questions to LIFEHEALTH@tdi.texas.gov.

SERFF Instructions

Submit one SERFF filing and organize documents as follows:

Form Schedule

Policy and Certificate, including:

- Schedules of copayment and
- Payment of Certain Out-of-Network Claims, and Emergency Care Services Coverage

Supporting Documentation

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

Requirements

Policy and Certificate – PPO or EPO Original Application Only

Page _____ : 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

Page _____ : 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

Page _____ : 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 3.3725\(a\)](#); Payment of Out of Network Claims for Emergency Care Services. Provisions and procedures for coverage of Emergency Care Services as set forth in Section 3.3725 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\(c\)\(10\)](#).

Managed Care Quality Assurance Questions?

Email your questions to 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

Identify the SERFF filing ID for the “Physician and Provider Contract Templates or Attestation of Compliance” associated with this application

Form Schedule

Forms must have a form number on the cover page in the lower left corner.

- Network Waiver Request
- Local Market Access Plan

Supporting Documentation

- List of Plan Documents
- Application for Approval EPO and PPO [LHL658](#)
- Life and Health Transmittal Form [LAH310](#)
- Service Area Map and Description – network modifications must include the existing service area and the proposed service area.
- Paper Provider Directory
- Online Provider Directory Link
- Network Configuration:
 - Specialty Maps
 - Provider Lists

Requirements

List of Plan Documents - PPO or EPO Original Application Only

Page _____ : Provide a list of all plan documents associated with this application and identify the SERFF Filing ID for each plan document. [28 TAC Section 3.3722\(c\)\(6\)](#)

Service Area Map and Description - PPO or EPO Original and Modification Applications

Page _____ : Provide a description and map of the service area, with key and scale, identifying the area to be served by geographic regions, counties, or ZIPs. [28 TAC Section 3.3722\(c\)\(5\)](#) and [28 TAC Section 3.3722\(e\)](#). For modifications, include existing service area and proposed service area.

Network Configuration - PPO or EPO Original and Modification Applications

Page _____ : Maps for each specialty demonstrating the location of the providers network within the proposed service area.

Page _____ : Provider directory (hard copy) required by [28 TAC Section 3.3705\(b\)\(12\)](#)

Page _____ : Link to online provider directory required by [TIC Section 1451.504](#) and [TIC Section 1451.505](#) and [28 TAC Section 3.3722\(c\)\(9\)\(C\)](#) and [28 TAC Section 3.3705\(e\)](#)

Page _____ : Provider lists in one Excel workbook. See the [sample network adequacy contracted provider list](#) for details.

- Page _____ List of in-network hospital-based providers and associated hospitals;
- Page _____ List of in-network physicians and individual providers;
- Page _____ List of in-network facilities; and
- Page _____ Attempt to contract list.

Network Waiver Request - PPO or EPO Original and Modification Applications

Page _____ : Submit an "Attempt to Contract" list with each provider the insurer attempted to contract as required by [28 TAC Section 3.3707\(b\)\(1\)](#). See the "Attempt to Contract List" on the [sample network adequacy contracted provider list](#) for details. [28 TAC Section 3.3707\(d\)](#)

Local Market Access Plan - PPO or EPO Original and Modification Applications

Page _____ : See the [sample network adequacy access plan](#) for details. [28 TAC Section 3.3707\(i\)](#)

Physician and Provider Contract Templates or Attestation of Compliance - PPO or EPO Original Application

Page _____ : Provide the form(s) of physician contract(s) and provider contract(s) that include the provisions required in [28 TAC Section 3.3703](#) or an attestation by the insurer's corporate president, corporate secretary, or the president's or secretary's authorized representative that the physician and provider contracts applicable to services provided under the EPO or PPO plan complies with the requirements of [TIC Chapter 1301](#) and [28 TAC Chapter 3, Subchapter X](#); [28 TAC Section 3.3722\(c\)\(7\)](#) and [28 TAC Section 3.3722\(e\)](#).

Market Conduct Qualifying Examination

Email your questions to 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.

Complaint System - PPO or EPO Original Application Only

Page _____ : 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 - PPO or EPO Original Application Only

Page _____ : Provide a complaint log that is categorized and completed as described in [28 TAC Section 21.2504](#)

Page _____ : Provide documentation demonstrating that the insurer maintains a record of complaints as described in [TIC Section 542.005](#); [28 TAC Section 3.3722\(d\)\(7\)](#).

Utilization Management - PPO or EPO Original Application Only

Page _____ : Provide certification name and TDI certificate number if applicant is a certified utilization review agent (URA), or

Page _____ : 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 & Work Plan Description

EPO Original Application Only

Page _____ : 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:

Page _____ : 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 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.