



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

HEALTH MAINTENANCE ORGANIZATION ANNUAL NETWORK ADEQUACY REPORT & 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 §11.1607
- IS** adequate under the standards in 28 TAC §11.1607 subsections (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 §11.1607(j), an HMO that is unable to meet the accessibility and availability requirements of 28 TAC §11.1607(b)-(h) must file an Access Plan for approval with the department in compliance with 28 TAC §11.301. The access plan must specify:

- 28 TAC §11.1607(j)(1) 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 §11.1607(j)(2) 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 §11.1607(j)(3) the reason or reasons that the network does not meet the adequacy requirements specified in this section;
- 28 TAC §11.1607(j)(4) 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 §11.1607(j)(5) 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 §11.1607(j)(6) 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 §11.1611 of this title (relating to Out-of-Network Claims; Non-Network Physicians and Providers);
- 28 TAC §11.1607(j)(7) steps the HMO will take to attempt to bring its network into compliance with this section; and
- 28 TAC §11.1607(j)(8) a process for negotiating with a non-network physician or provider before services being rendered, when feasible.

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 §11.1610(c). The data must be reported on the basis of each of the geographic regions specified in 28 TAC §3.3711. If the HMO’s network doesn’t 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:

DATA	GEOGRAPHIC REGION											
	1	2	3	4	5	6	7	8	9	10	11	
28 TAC §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 §1271.155 or §1271.055.												
28 TAC §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 §1271.155 or §1271.055.												
28 TAC §11.1610(c)(3) number of complaints by non-network physicians and providers.												
28 TAC §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.												

DATA	GEOGRAPHIC REGION										
	1	2	3	4	5	6	7	8	9	10	11
28 TAC §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 §11.1610(c)(6) number of complaints by enrollees concerning balance billing.											
28 TAC §11.1610(c)(7) number of complaints by enrollees relating to the unavailability of network physicians or providers.											
28 TAC §11.1610(c)(8) number of complaints by enrollees relating to the accuracy of network physician and provider listings.											
28 TAC §11.1610(c)(9) number of complaints by physicians and providers relating to the accuracy of network physician and provider listings.											

If you have questions or require assistance regarding completion of this form, please call 512-676-6400, select Option 8.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES.

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.