



HEALTH MAINTENANCE ORGANIZATION (HMO) NETWORK ACCESS PLAN REQUIREMENTS

Although we have made every effort to ensure the completeness of the information contained in this document, please consult the Texas Insurance Code (TIC), Title 28 of the Texas Administrative Code (28 TAC) and other applicable laws relating to HMO access plan requirements to determine the accuracy and completeness of all requirements.

Filing Requirements	
<p>An HMO must file an access plan for approval, at least 30 days before implementation if:</p> <ul style="list-style-type: none"> Specified covered health care service are not available within the mileage radii specified in 28 TAC §11.1607(h); Participating physicians and providers (hereinafter collectively referred to as “provider”) are not available within the required mileage radii; Providers are not located within such mileage radii; The HMO is not able to contract after good faith attempts; or Providers meeting the HMO’s quality of care and credentialing requirements are not located within the required mileage radii. 	<p>TIC§843.082</p> <p>28 TAC §301(4)(A)-(B)(i)(ii)</p> <p>28 TAC §11.1607(j)</p>

The Access Plan Must Include the Following Information and Documentation	
<p>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.</p>	<p>28 TAC §11.1607(j)(4)</p>
<p>A list of the physicians and providers within the service area that the HMO attempted to contract with, identified by name and specialty or facility type, with:</p> <ul style="list-style-type: none"> a description of how and when the HMO last contacted each physician, provider, or facility; and a description of the reason each physician, provider, or facility gave for declining to contract with the HMO. <p>Note: TDI asks that HMOs submit provider lists in an Excel spreadsheet with contact information.</p>	<p>28 TAC §11.1607(j)(5)</p>
<p>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 relating to Out-of-Network Claims; Non-Network Physicians and Providers.</p>	<p>28 TAC §11.1607(j)(6)</p>
<p>The procedures the HMO follows to ensure that primary care physicians, general hospitals, and all other required specialties are available and accessible to enrollees.</p>	<p>28 TAC §11.1607(j)(7)</p>
<p>The procedures the HMO follows to ensure that out-of-network providers and hospital-based providers do not balance bill enrollees.</p>	<p>28 TAC §11.1607(j)(7)</p>

Provider directory	28 TAC §11.1600 (b)(12)
Any other information that TDI needs to assess the HMO's access plan.	28 TAC §11.1607(j)(8)

If you have questions or require assistance regarding the information provided on this checklist, 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.