

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

Page _____ : An HMO must file an access plan for approval, at least **30 days before implementation** if: - [TIC Section 843.082](#)

Page _____ : Specified covered health care service are not available within the mileage radii specified in - [28 TAC Section 11.1607\(h\)](#); [28 TAC Section 11.301\(4\)\(A\)-\(B\)\(i\)\(ii\)](#)

Page _____ : Participating physicians and providers (hereinafter collectively referred to as "provider") are not available within the required mileage radii; - [28 TAC Section 11.1607\(j\)](#)

Page _____ : Providers are not located within such mileage radii;

Page _____ : The HMO is not able to contract after good faith attempts; or

Page _____ : Providers meeting the HMO's quality of care and credentialing requirements are not located within the required mileage radii.

The Access Plan must include the following Information and Documentation

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 service area that the HMO attempted to contract with, identified by name and specialty or facility type, with: - [28 TAC Section 11.1607\(j\)\(5\)](#)

- 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.

Note: TDI asks that HMOs submit provider lists in an Excel spreadsheet with contact information.

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](#) relating to Out-of-Network Claims; Non-Network Physicians and Providers. - [28 TAC Section 11.1607\(j\)\(6\)](#)

Page _____ : The procedures the HMO follows to ensure that primary care physicians, general hospitals, and all other required specialties are available and accessible to enrollees. - [28 TAC Section 11.1607\(j\)\(7\)](#)

Page _____ : The procedures the HMO follows to ensure that out-of-network providers and hospital-based providers do not balance bill enrollees. - [28 TAC Section 11.1607\(j\)\(7\)](#)

Page _____ : Provider directory - [28 TAC Section 11.1600\(b\)\(12\)](#)

Page _____ : Any other information that TDI needs to assess the HMO's access plan. - [28 TAC Section 11.1607\(j\)\(8\)](#)

Questions

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