TDI | Texas Department of Insurance

LHL706 | 0522

Preferred Provider Benefit Plan (PPBP) and Exclusive Provider Benefit Plan (EPBP), Annual Report, Waiver Request, and Access Plan Checklist

Insurer information

A health insurer that meets any of the criteria described under TIC Section 1301.009 or at 28 TAC Section 3.3701(a)(2) is **Exempt** from the Annual Report requirement.

Name of Insurer _____

TDI Certificate or License Number _____

Home Office Address _____

City _____ State _____ ZIP _____

Applicant's Telephone Number _____

Name and Title of Contact Person _____

Contact Person's Telephone Number _____

Annual Report

- Trade name of each preferred provider benefit plan _____
- Service Area of each plan _____
- The Preferred Provider Service delivery network:

  ☐ **Is** adequate under the standards in 28 TAC Section 3.3704

  ☐ **Is Not** adequate under the standards in 28 TAC Section 3.3704 (If the insurer's network **Is Not** adequate, the insurer must submit a Waiver Request and an Access Plan to the Department for Approval. See a description of the requirements below.)

Requirements	Zones										
	1	2	3	4	5	6	7	8	9	10	11
3.3709(c)(1) # of claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level											
3.3709(c)(2) # of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level											
3.3709(c)(3) # of complaints by nonpreferred providers											
3.3709(c)(4) # of complaints by insureds relating to the dollar amount of the insurer's payment for basic benefits or concerning balance billing											
3.3709(c)(5) # of complaints by insureds relating to the availability of preferred providers											
3.3709(c)(6) # of complaints by insureds relating to the accuracy of preferred provider listings											

*If the insurer's network **Is Not** adequate, the insurer must submit a Waiver Request and an Access Plan that meet the following requirements to the Department for Approval.

In accordance with TIC Section 1301.0055(3), an insurer may apply for waiver from one or more of the network adequacy requirements in 28 TAC Section 3.3704 (relating to Freedom of Choice; Availability of Preferred Providers). The commissioner may find good cause to grant the waiver if the insurer demonstrates that providers or physicians necessary for an adequate local market network:

- ☐ Are not available to contract; or
- ☐ Are not available in sufficient numbers; or
- ☐ Are available, but have refused to contract with the insurer on any terms or on terms that are reasonable; or
- ☐ Are unable to reach an agreement with the insurer.

In accordance with 28 TAC Section 3.3707(d) the insurer must electronically file the waiver request with the department at the Office of the Chief Clerk at chiefclerk@tdi.texas.gov.

Waiver Request

If providers or physicians are available within the relevant service area for the covered service or services for which the insurer requests a waiver, the insurer's request for waiver must include: 28 TAC Section 3.3707(b)(1)

Page _____ : A list of providers or physicians within the relevant service are that the insurer attempted to contract with, identified by name and specialty or facility type; 28 TAC Section 3.3707(b)(1)(A)

Page _____ : A description of how many and when the insurer last contracted each provider or physician; 28 TAC Section 3.3707(b)(1)(B)

Page _____ : A description of any reason each provider or physician gave for refusing to contract with the insurer; 28 TAC Section 3.3707(b)(1)(C)

Page _____ : An estimate of total claims cost savings per year the insurer anticipates will result from using a local market access plan instead of contracting with providers located within the service area, and its impact on premium; and 28 TAC Section 3.3707(b)(1)(D)

Page _____ : Steps the insurer will take to attempt to improve its network to make future requests to renew the waiver unnecessary. 28 TAC Section 3.3707(b)(1)(E)

If no providers or physicians are available within the relevant service area for the covered service or services for which the insurer requests a waiver, the insurer's request for waiver must state this fact. 28 TAC Section 3.3707(b)(2)

An insurer seeking a waiver with the department must also submit a copy of the waiver request to any provider or physician named in the waiver request at the same time the insurer files the request with the department in accordance with 28 TAC Section 3.3707(d). The insurer may redact information from the copy where provision of the information to the provider or physician would violate state or federal law and must maintain proof of the submission.

In order for the commissioner to consider and decide whether to grant or deny the insurer's waiver request, the insurer must also file a local market access plan at the same time. The insurer must file the local market access plan with the department by email at mcqa@tdi.texas.gov or through the National Association of Insurance Commissioner's System for Electronic Rate and Form Filing.

Access Plan

A local market access plan must specify for each service area that does not meet the network adequacy requirements: 28 TAC Section 3.3707(j)

Page _____ : The geographic area within the service area in which a sufficient number of preferred providers are not available, including a specification of the class of provider that is not sufficiently available; 28 TAC Section 3.3707(j)(1)

Page _____ : A map, with key and scale, that identifies the geographic areas within the service area in which such health care services and/or physicians and providers are not available; 28 TAC Section 3.3707(j)(2)

Page _____ : The reason(s) that the preferred provider network does not meet the adequacy requirements 28 TAC Section 3.3707(j)(3)

Page _____ : Procedures that the insurer will utilize to assist insureds to obtain medically necessary services when no preferred provider is reasonably available, including procedures to coordinate care to limit the likelihood of balance billing; and 28 TAC Section 3.3707(j)

Page _____ : procedures detailing how basic benefit claims will be handled when no preferred or otherwise contracted provider is available, including procedures for compliance with 28 TAC Section 3.3708 and Section 3.3725, 28 TAC Section 3.3707(j)

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.