



NETWORK COMPLIANCE AND WAIVER REQUEST GUIDE

The Network Compliance and Waiver Request Guide provides important information about the 2025 EPO/PPO review and approval of the network adequacy filing process by explaining and troubleshooting common issues with the Network Compliance and Waiver Request template. This document is a supplemental resource and is not intended to replace any official guidance or instruction.



Copy & Paste

The following key points will help to reduce issues that may arise while copying or pasting into this template.

- Cells with text, including columns headings, instructions, and TIC/TAC references, are locked. Data cannot be pasted into a locked cell. When attempted, an error message will appear.
- A row containing locked cells cannot be deleted.
- When pasting into a merged cell, use the formula bar.
- The area being copied or pasted should not contain locked cells, rows, or columns.
- Insert additional rows if copied information is larger than current table size.
- In cells with drop-down lists, confirm the pasted information is one of the options available within the list. If spelled incorrectly or with extra spaces, the cell will highlight yellow indicating an error. All errors must be resolved prior to uploading templates into the SERFF filing.
- Some functions may not work properly if the wrong case (such as ALL CAPS) is used. For best results, use the case that is given in the drop-down list.
- When pasting into unlocked cells, right click and under "Paste Options", select "Values".

Because the completed template will be published online, any template that has been modified cannot be accepted. Modifications include adding, deleting, removing, hiding, or unhiding any cells, rows, columns, tabs, or worksheets.

Submission of a template with cells containing incorrect data, invalid data types, missing data, errors, or references to other tabs or spreadsheets cannot be accepted.



Tab: Cover page

Provide filing information, a response to the supplementary compliance question, and indicate the counties within the network's approved service area.

Network Compliance and Waiver Request

Filing information	Service area designation
Insurer name _____	Use the check boxes below to select the counties within the network's service area
NAIC number _____	At least one county must be selected for other worksheets to work properly
Network name _____	Check boxes may or may not be visible in the table below. If check boxes are not visible in the "Service Area" column, type "true" or "false"
Network ID _____	True = within network False = NOT within network
SERFF tracking No _____	Each county is required to report 49 specialties. A county that has not been reported 49 times in the Major Medical tab, will highlight red.
Supplementary Compliance Information 28 TAC §3.3712(c)(2)(D)	
How does the insurer provide access to different types of facilities, as required by Insurance Code §1301.0055(b)(6), concerning Network Adequacy Standards?	
<div></div>	
<input type="checkbox"/>	Anderson N/A Micro
<input type="checkbox"/>	Andrews N/A Rural
<input type="checkbox"/>	Angelina N/A Metro
<input type="checkbox"/>	Aransas N/A Micro
<input type="checkbox"/>	Archer N/A CEAC
<input type="checkbox"/>	Armstrong N/A CEAC
<input type="checkbox"/>	Atascosa N/A Micro
<input type="checkbox"/>	Austin N/A Rural
<input type="checkbox"/>	Bailey N/A CEAC
<input type="checkbox"/>	Bandera N/A Rural
<input type="checkbox"/>	Bastrop N/A Metro

1. Filing information

Network Compliance and Waiver Request

Filing information	Service area designation
Insurer name _____	Enter the company name exactly as it appears in SERFF
NAIC number _____	Enter the NAIC number associated with the filing company
Network name _____	Enter the product name exactly as it appears in SERFF
Network ID _____	Enter the network ID assigned by TDI*
SERFF tracking No _____	Enter the associated SERFF ID

*All networks are assigned a network ID. The ID should be included in all subsequent network filings. Email mcqa@tdi.texas.gov for questions relating to network ID and include the following information:

1. Company Name
2. NAIC number
3. Network Name
4. SERFF ID for the company's last approved filing



2. Supplementary compliance information

Supplementary Compliance Information 28 TAC §3.3712(c)(2)(D)

How does the insurer provide access to different types of facilities, as required by Insurance Code §1301.0055(b)(6), concerning Network Adequacy Standards?

Respond by free typing the response in the text box provided.

3. Service area designation

Service area designation

Use the check boxes below to select the counties within the network's service area

At least one county must be selected for other worksheets to work properly

Check boxes may or may not be visible in the table below. If check boxes are not visible in the "Service Area" column, type "true" or "false"

True = within network False = NOT within network

Each county is required to report 49 specialties. A county that has not been reported 49 times in the Major Medical tab, will highlight red.

Service Area	County	Specialties Count*	County Designation
<input checked="" type="checkbox"/>	Anderson	N/A	Micro
<input checked="" type="checkbox"/>	Andrews	N/A	Rural
<input checked="" type="checkbox"/>	Angelina	N/A	Metro
<input checked="" type="checkbox"/>	Aransas	N/A	Micro
<input checked="" type="checkbox"/>	Archer	N/A	CEAC
			CEAC
			Micro
<input checked="" type="checkbox"/>	Austin	N/A	Rural
<input type="checkbox"/>	Bailey	N/A	CEAC
<input type="checkbox"/>	Bandera	N/A	Rural

Select counties within the approved service area



Texas Department of Insurance

Checkboxes may not be visible in older versions of Excel. Instead, the "Service Area" column will show the word "FALSE". Replace "FALSE" with "TRUE" for any county that is within the network's service area.

When counties are selected on the cover page and then referenced on the Major Medical tab, the table will count the number of occurrences for that county.

Below is an example of how the table will look:

The screenshot illustrates the workflow for using the TDI Excel template. It shows three main components: the 'Service Area' selection interface, the 'Major Medical' data entry tab, and the 'Cover page' summary.

1. Select counties: A callout points to the 'Service Area' column in the 'Cover page' tab, where a list of Texas counties is shown with checkboxes. The first three counties (Anderson, Andrews, Angelina) are highlighted with a yellow box.

2. Enter data in the Major Medical tab: A callout points to the 'Major Medical' tab, which contains a table with columns for 'County type' and 'County'. The 'County' column lists Anderson, Angelina, and Andrews, which are highlighted with a yellow box.

3. The number of times a county name is being referenced in the Major Medical tab: A callout points to the 'Specialties Count*' column in the 'Cover page' tab. The first three counties (Anderson, Andrews, Angelina) have a count of 1, which is highlighted in red. The remaining counties have a count of 'N/A'.

Service Area	County	Specialties Count*
<input checked="" type="checkbox"/>	Anderson	1
<input checked="" type="checkbox"/>	Andrews	1
<input checked="" type="checkbox"/>	Angelina	1
<input checked="" type="checkbox"/>	Aransas	N/A
<input checked="" type="checkbox"/>	Archer	N/A
<input checked="" type="checkbox"/>	Armstrong	N/A
<input checked="" type="checkbox"/>	Atascosa	N/A
<input checked="" type="checkbox"/>	Austin	N/A
<input type="checkbox"/>	Bailey	N/A
<input type="checkbox"/>	Bandera	N/A
<input type="checkbox"/>	Bastrop	N/A

Each county is required to report 49 specialties. If a county is referenced more or less than 49 times, the number will be highlighted red. A template with red "Specialties Count" cell(s) will not be accepted.



Tab: Major Medical

Information in this tab will determine a portion of the network's adequacy. Any adequacy standard that is not met will require a waiver request and an access plan.

Instructions are provided at the top of the Major Medical tab:

Instructions
It is recommended to work from left to right and column by column to capitalize on worksheet features
Yellow cells indicate data is missing or incorrect, an action is necessary to resolve prior to submission
Copy and paste are permitted in applicable cells - column heading cannot be copied and/or pasted
To paste data use: "right click + paste special > values"

A color key is also provided at the top of the Major Medical tab.

When data is entered into the first five columns, the remaining cells for that row will change colors. Data must be entered from left to right.

The color key explains the meaning of each color.

Color Key	
	Action Required
	Leave blank/Locked cell
	Waiver Requested
	Adequate

- Yellow: Action is required (Entry needs to be revised; the cell is blank and requires data; an option from the drop-down list needs to be selected)
- Navy: The cell should be blank, or the cell is locked (for example, column headings)
- Red: Waiver requested, and access plan required
- Green: No deficiency, adequate

The screenshot shows a dropdown menu for the 'County type' field. The menu is open, displaying a list of county names. The first item, 'Error', is highlighted in yellow, indicating an invalid selection. The other items are 'Micro' and 'Anderson', which are listed multiple times. A yellow arrow points to the 'Error' item, and a text box on the right explains that if a county name is spelled incorrectly or has extra spaces, the 'County type' cell will highlight yellow and the error must be resolved before submission.

County type	County
Error	Anderson
Micro	Anderson
Micro	Anderson
Micro	Anderson
Micro	Anderson
Micro	Anderson
Micro	Anderson
Micro	Anderson

Enter the name of a county.

If spelled incorrectly or with extra spaces, the "County type" cell will highlight yellow. Resolve the error prior to submission.

County

Specialty type

Specialty type

Enter a specialty type or select from drop-down list.

If spelled incorrectly or with additional spaces, the cell will highlight yellow. **Resolve the error prior to submission.**

County	Specialty type	Number of referrals	Percentage of insureds with sufficient choice
	Allergy and Immunology		
	Cardiac Catheterization Services		
	Cardiac Surgery Program		
	Cardiology		
	Cardiothoracic Surgery		
	Chiropractor		
	Critical Care Services - Intensive		
	derm		

County

Specialty type

Number of preferred providers within the county

Percentage of insureds with sufficient choice

Enter the number of providers contracted within the county. **Only a numeric value will be accepted.**

5

2

8

5

1

16

0

2

*The number entered here should match the number entered in the Provider List template. For example, if five cardiologists are reported in Anderson County on the Network Compliance and Waiver Request template, the Provider List template should also reflect five cardiologists in Anderson County.

4. Percentage of insureds with sufficient choice

County	Specialty type	Number of preferred	Percentage of insureds with sufficient choice
		Percentage of insureds with sufficient choice	
		100%	
		0%	
		100%	
		84%	
		100%	
		25%	
		0%	
		100%	

Enter the percentage of insureds that are covered with a sufficient choice of providers. **Only a numeric value will be accepted.**

***For counties with no enrollees, enter 0%**

Texas requires 100% of insureds are covered with a sufficient choice of providers.

5. Compliant with appointment wait time

Compliant with appointment wait	Years a waiver for this	Reason preferred providers not available	Number of non-contracted physicians and providers available within the service area and applicable time and distance standard	Source used to identify available physicians and providers	Access plan summary
Yes					
No					
No Enrollees					
N/A					
	Compliant with appointment wait time				
	Yes				
	Yes				
	No				
	No				
	N/A				
	N/A				
	No Enrollees				
	No Enrollees				
	No Enrollees				

From the drop-down list, choose "Yes", "No", "N/A", or "No Enrollees".

***"N/A" is only for reporting specialties that are not routine or preventive.**

***"No Enrollees" is only for reporting counties without insureds.**

Texas requires every specialty to be compliant with appointment wait time standards.



If 100% of insureds have sufficient choice and the specialty is compliant with appointment wait time standards, the network standard is adequate. If the percentage of insureds with sufficient choice is less than 100%, or the specialty is not compliant with appointment wait time standards, the network is deficient and requires an access plan and waiver.

Percentage of insureds with sufficient choice	Compliant with appointment wait time	Are network adequacy standards met?
100%	Yes	Adequate
54%	Yes	Waiver Requested
100%	No	Waiver Requested
84%	No	Waiver Requested
100%	N/A	Adequate
10%	N/A	Waiver Requested
0%	No Enrollees	N/A
0%	No Enrollees	N/A
0%	No Enrollees	N/A

6. Years a waiver for this deficiency has been granted

Compliant with appointment wait time	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the service area and applicable time	Source used to identify available physicians and providers	Access plan summary
	<div> <div>Years a waiver for this deficiency has been granted</div> <div> <p>From the drop-down list, select "2024" or "N/A":</p> <p>*Choose "2024" if this county/specialty was deficient in 2024.</p> <p>*Choose "N/A" if this county/specialty was adequate in 2024.</p> <p>*Leave blank if network standard is adequate or if no enrollees</p> </div> </div>				

7. Reason preferred providers not available

Compliant with appointment wait time	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the service area and applicable time and distance standard	Source used to identify available physicians and providers	Access plan summary
Yes					
No					
No Enrollees					
N/A					
	<div> <div>Reason preferred providers not available</div> <div> <p>From the drop-down list, choose a single reason why preferred providers are not available to insureds.</p> <p>*Leave blank if network standard is adequate or if no enrollees</p> </div> </div>				



The reasons listed in the drop-down menu are explained in the table below:

Major Medical	Explanation
Available provider(s) declined to contract because insurer is too new/unknown	The provider is unwilling to enter into a contract with a new healthcare company due to unfamiliarity with company's reputation, financial stability, or ability to fulfill contractual obligations.
Available provider(s) do not contract with commercial insurance companies	The available healthcare provider(s) have chosen not to participate in commercial insurance. They may only accept government funded insurance or they may be self-pay providers who require payment upfront.
In active contract negotiations	Currently in ongoing discussions to modify or amend certain terms and conditions within an existing contract.
Insufficient number of available providers	Not enough qualified healthcare professionals are available to meet adequacy requirements.
Narrow Network - No contract attempts made	Network provides a restricted choice of healthcare providers.
Other (explain in comments column)	None of the drop-down options apply for this situation. An explanation is required to be given in the "Comments" column.
Providers have relocated, have no active license, or are retired or no longer practicing	Provider is no longer practicing medicine in the original location; the provider's professional license has expired preventing them from practicing; or the provider has retired from their profession and is no longer offering their services.
Providers necessary to resolve the deficiency have not completed credentialing process	Providers are in the process of verifying their qualifications, licenses, and other credentials to ensure necessary standards are met for them to practice. Information regarding providers is being entered into the company's system.
Provider's or physician's participation in an exclusivity arrangement	The provider is contractually prohibited from contracting with another company.
Research and outreach to available providers are in progress	The company is actively gathering information and proposals; contacting available providers; evaluating provider qualifications; or identifying potential providers.
Unable to agree on reimbursement rate	An agreement cannot be made on the amount of money that will be paid for a particular service.
Unable to contact provider/Provider did not respond to outreach attempts	The company is unable to contact the provider due to communication barriers, such as high call volume, provider availability, technical difficulties, or incorrect contact information.

8. Number of non-contracted physicians and providers available within the service area and applicable time and distance standards that could resolve the deficiency

Access Plan Summary

Network Adequacy

Reason preferred providers not available

Number of non-contracted physicians and providers available within the service area and applicable time and distance standards that could resolve the deficiency

5
2
8
1
15

Enter the number of non-contracted providers that could potentially resolve the deficiency. **Only a numeric value will be accepted.**

***Leave blank if network standard is adequate or if no enrollees**

9. Source used to identify available physicians and providers

The screenshot shows a portion of a form titled "Access plan summary". The form has a blue header bar with white text. Below the header, there are several rows of input fields. The first row has a blue header "Source used to identify available physicians and providers" and a white input field. A yellow callout box with a black border points to this input field. The callout box contains the text: "Enter the source or reference used to research non-contracted providers. *Leave blank if network standard is adequate or if no enrollees". The input field is currently empty. The second row has a blue header "Reason preferred providers not available" and a white input field. The third row has a blue header "Number of non-contracted physicians and providers available within the service area and applicable time and distance standards" and a white input field. The fourth row has a blue header "Access plan summary" and a white input field. The form is set against a background of horizontal grey and white stripes.

Source used to identify available physicians and providers

Enter the source or reference used to research non-contracted providers.
*Leave blank if network standard is adequate or if no enrollees

Reason preferred providers not available

Number of non-contracted physicians and providers available within the service area and applicable time and distance standards

Access plan summary

- ## 10. Access plan summary

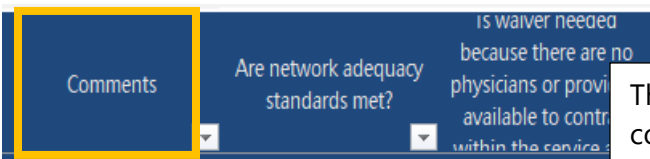
From the drop-down list, select a single applicable access plan summary.

*Leave blank if network standard is adequate

The access plan summary options are listed and explained in the table below:

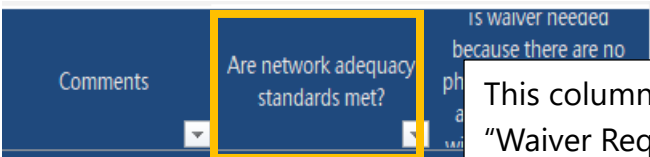
Major Medical	Access plan summary explanation
Not Applicable - No enrollees currently reside in the county. For any new enrollees residing within the county, insurer will comply with the access plan requirements in 28 TAC §3.3707	An access plan is available in the event a new enrollee lives in this deficient county, or an existing enrollee relocates to this deficient county. In this situation, a waiver is being requested.
Unable to contract with available providers. Procedures are in place for insurer to comply with the access plan requirements in 28 TAC §3.3707	An access plan is available for enrollees due to the company's failure to contract with available physicians or providers. The company is required to demonstrate good cause and good faith to receive an approved waiver.
Insufficient number of providers of this specialty type are currently practicing within the network adequacy standards applicable to this county. Procedures are in place for insurer to comply with the access plan requirements in 28 TAC §3.3707	An access plan is in place for enrollees due to the lack of physicians or healthcare providers in the affected county. A waiver is requested as there are no uncontracted physicians or healthcare providers in the area to meet the specific standard.

11. Comments



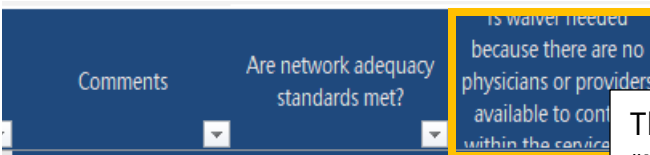
This column is available when "Other (explain in comments column)" is selected under "Reason preferred providers not available".

12. Are network adequacy standards met?



This column will auto populate with either "Adequate", "Waiver Requested", or "N/A", depending on the information entered. This column is locked and cannot be changed.

13. Is waiver needed because there are no physicians or providers available to contract within the service area and applicable time and distance standards?



This column will auto populate with either "Yes", "No", or will remain blank, depending on the information entered. This column is locked and cannot be changed.

Information is interdependent between all of the columns. A response in one column directly correlates with the contents of another in the same row. Examples of interdependence are shown below:

When there are **"No enrollees"**, the "Percentage of insureds with sufficient choice" is **"0%"**, the "Access plan summary" is **"Not Applicable - No enrollees currently reside in the county. For any new enrollees residing within the county, insurer will comply with the access plan requirements in 28 TAC §3.3707"**

Percentage of insureds with sufficient choice	Compliant with appointment wait time	Access plan summary
0%	No Enrollees	
0%	N/A	
100%	Yes	
100%	No	
98%	Yes	
98%	No	
0%	No Enrollees	Not Applicable - No enrollees cu

When the "Reason preferred providers not available" is **"Other (explain in comments column)"** then an explanation is required in **"Comments"**.

Compliant with appointment wait time	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Comments	Are network adequacy standards met?
Yes	2024	N/A - does not apply because a		Adequate
No	2024	Other (explain in comment colou	Type reason here	Waiver Requested

When the "Reason preferred providers not available" is **"Insufficient number of available providers"** then, the Access plan summary is **"Insufficient number of providers of this specialty type are currently practicing within the network adequacy standards applicable to this county..."**

Percentage of insureds with sufficient choice	Compliant with appointment wait time	Agency has been granted	Reason preferred providers not available	Available within the service area and applicable time and distance standard	Identify available physicians and providers	Access plan summary
0%	No Enrollees					
0%	N/A					
100%	Yes					
100%	No					
98%	Yes		Insufficient number of avail	1		Insufficient number of provi
98%	No					



Tab: FB Physician & Provider

Information in this tab will determine a portion of the network's adequacy. Any adequacy standard that is not met will require a waiver request and an access plan.

Instructions are provided at the top of the FB Physician & Provider tab:

Instructions
It is recommended to work from left to right and column by column to capitalize on worksheet features
Yellow cells indicate data is missing or incorrect, an action is necessary to resolve prior to submission
Copy and paste are permitted in applicable cells - column heading cannot be copied and/or pasted
To paste data use: "right click + paste special > values"

A color key is also provided at the top of the FB Physician & Provider tab:

When data is entered into the first five columns, the remaining cells for that row will change colors. Data must be entered from left to right.

The color key explains the meaning of each color.

Color Key	
	Action Required
	Leave blank/Locked cell
	Waiver Requested
	Adequate

- Yellow: Action is required (Entry needs to be revised; the cell is blank and requires data; an option from the drop-down list needs to be selected)
- Navy: The cell should be blank, or the cell is locked (for example, column headings)
- Red: Waiver requested, and access plan required
- Green: No deficiency, adequate

1. County

County	Facility type	Facility name	Address	City	Specialty type
County type	County				
Error	Anderson				
Micro	Anderson				
Micro	Anderson				
Micro	Anderson				
Micro	Anderson				
Micro	Anderson				
Micro	Anderson				
Micro	Anderson				

Enter the name of a county.

If spelled incorrectly or with extra spaces, the "County type" cell will highlight yellow.

Resolve the error prior to submission.

2. Facility type

County	Facility type	Facility name	Address	City	Specialty type
	Facility type				
	acute care				
	Acute Inpatient Hospitals (must have Critical Care Services - Intensive Care Surgical Services (Outpatient or Ambulatory Freestanding Emergency Room				

Enter a facility type or select from drop-down list

If spelled incorrectly or with extra spaces, the cell will highlight yellow.

Resolve the error prior to submission.

3. Facility name

County	Facility name	Address	City	Specialty type
	Facility name			
	Blue Eyes Crying			
	Acute Anson Hospital			
	Critical Care Carol Center			
	F. Fawcett Freestanding			
	Straight Surgery			

Enter the name of the facility.

4. Address

County	Facility type	Facility name	Address	City	Specialty type
			Address		
			123 Willie Way		
			2 Annexation Architect		
			518414 Beyonce Blvd		
			744787 Farrah Fairway		
			48080 Meat Loaf Lane		

Enter the physical address where the facility is located.

5. City

County	Facility type	Facility name	Address	City	Specialty type
				City	
				Abbott	
				Richardson	
				Houston	
				Corpus Christi	
				Houston	

Enter the city where the facility is located.

6. Specialty type

County	Facility type	Facility name	Address	City	Specialty type
					Specialty type
					Anesthesiology (excluding pain management)
					Emergency Medicine
					General Surgery
					Intensivists

Enter a specialty type or select from drop-down list

If spelled incorrectly or with extra spaces, the cell will highlight yellow.
Resolve prior to submission.

7. Is specialty credentialed at facility?

Is specialty credentialed at facility	Number of preferred providers with privileges	Years a waiver for this deficiency has been entered	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers	Access plan summary
Yes						
Yes						
Yes						
Yes						

Is specialty credentialed at facility
Yes
Yes
Yes

Enter "Yes" or "No" or select from the drop-down list.
 *If "No" is selected, do not enter any other information for this facility.

8. Number of preferred providers with privileges within the facility

Is specialty credentialed at facility	Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been entered	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers	Access plan summary
Yes	5					
Yes	1					
Yes	15					
Yes	unknown					

Number of preferred providers with privileges within the facility
15
unknown
15

Enter the number of contracted providers who have privileges at the facility.
 * If the facility did not provide a roster of available providers, enter "unknown".

9. Years a waiver for this deficiency has been granted

Is specialty credentialed at facility	Number of preferred providers with privileges	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers	Access plan summary
		Years a waiver for this deficiency has been granted				
		N/A				
		N/A				
		2024				
		N/A				
		2024				

From the drop-down list, select "2024" or "N/A":

*Choose "2024" if this county/specialty was deficient in 2024.

*Choose "N/A" if this county/specialty was adequate in 2024.

*Leave blank if network standard is adequate or if no enrollees

10. Reason preferred providers not available

Is specialty credentialed at facility	Number of preferred providers with privileges	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers	Access plan summary
Yes			Reason preferred providers not available			
Yes						
Yes						
Yes						

From the drop-down list, select a single reason providers are not available to insureds.

*Leave blank if network standard is adequate or if no enrollees



The reasons listed in the drop-down menu are explained in the table below:

Facility-based Physicians and Providers	Explanation
Available provider(s) declined to contract because insurer is too new/unknown	The provider is unwilling to enter into a contract with a new healthcare company due to unfamiliarity with company's reputation, financial stability, or ability to fulfill contractual obligations.
Facility did not provide roster of available providers	The facility has refused to provide a list of available healthcare providers due to privacy concerns, internal policies, or limited resources.
Facility staffed by a single provider	The facility has decided to only credential a single healthcare provider.
In active contract negotiations	Currently in ongoing discussions to modify or amend certain terms and conditions within an existing contract.
Insufficient number of available providers	Not enough qualified healthcare professionals are available to meet adequacy requirements.
Narrow Network - No contract attempts made	Network provides a restricted choice of healthcare providers.
Other (explain in comments column)	None of the drop-down options apply for this situation. An explanation is required to be given in the "Comments" column.
Providers have relocated, have no active license, or are retired or no longer practicing	Provider is no longer practicing medicine in the original location; the provider's professional license has expired preventing them from practicing; or the provider has retired from their profession and is no longer offering their services.
Providers necessary to resolve the deficiency have not completed credentialing process	Providers are in the process of verifying their qualifications, licenses, and other credentials to ensure necessary standards are met for them to practice. Information regarding providers is being entered into the company's system.
Provider's or physician's participation in an exclusivity arrangement	The provider is contractually prohibited from contracting with another company.
Research and outreach to available providers are in progress	The company is actively gathering information and proposals; contacting available providers; evaluating provider qualifications; or identifying potential providers.
Unable to agree on reimbursement rate	An agreement cannot be made on the amount of money that will be paid for a particular service.
Unable to contact provider/Provider did not respond to outreach attempts	The company is unable to contact the provider due to communication barriers, such as high call volume, provider availability, technical difficulties, or incorrect contact information.

11. Number of non-contracted physicians and providers available within the facility that could resolve the deficiency

Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility	Source used to identify available physicians and providers
5			Number of non-contracted physicians and providers available within the service area and applicable time and distance standards	
1				
15				
unknown				

Enter the number of non-contracted providers that could potentially resolve the deficiency. Only a numeric value will be accepted.

*If the facility did not provide a roster of available providers, enter "unknown".

*Leave blank if network standard is adequate or if no enrollees

12. Source used to identify available physicians and providers

Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers	Source used to identify available physicians and providers	Access plan summary
5				Source used to identify available physicians and providers	
1					
15					
unknown					

Enter the source or reference used to research non-contracted providers.

*Leave blank if network standard is adequate or if no enrollees

13. Access plan summary

Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers	Source used to identify available physicians and providers	Access plan summary
5					Access plan summary
1					
15					
unknown					

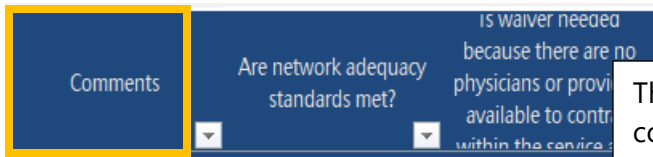
From the drop-down list, select a single applicable access plan summary.

*Leave blank if network standard is adequate

The access plan summary options are listed and explained in the table below:

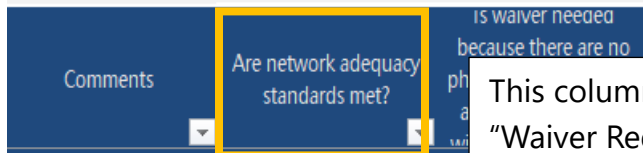
Facility-based Physicians and Providers	Access plan summary explanation
Not Applicable - No enrollees currently reside in the county. For any new enrollees residing within the county, insurer will comply with the access plan requirements in 28 TAC §3.3707	An access plan is available in the event a new enrollee lives in this deficient county, or an existing enrollee relocates to this deficient county. In this situation, a waiver is being requested.
Unable to contract with available providers. Procedures are in place for insurer to comply with the access plan requirements in 28 TAC §3.3707	An access plan is available for enrollees due to the company's failure to contract with available physicians or providers. The company is required to demonstrate good cause and good faith to receive an approved waiver.
Insufficient number of providers of this specialty type are currently practicing within the network adequacy standards applicable to this facility. Procedures are in place for insurer to comply with the access plan requirements in 28 TAC §3.3707	An access plan is in place for enrollees due to the lack of physicians or healthcare providers in the affected facility. A waiver is requested as there are no uncontracted physicians or healthcare providers in the area to meet the specific standard.

14. Comments



This column is available when "Other (explain in comments column)" is selected under "Reason preferred providers not available".

15. Are network adequacy standards met?



This column will auto populate with either "Adequate", "Waiver Requested", or "N/A", depending on the information entered. This column is locked and cannot be changed.

Information is interdependent between all of the columns. A response in one column directly correlates with the contents of another in the same row. Examples of interdependence are shown below:

When the specialty is credentialed at the facility...

...and there are two or more preferred providers ...

Is specialty credentialed at facility?	Number of preferred providers with privileges within the facility
Yes	5
No	N/A
Yes	1
No	N/A
Yes	0

Is specialty credentialed at facility	Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers	Access plan summary
Yes	5					

The remainder of the cells in the row are blank

Is specialty credentialed at facility	Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers	Access plan summary
No						
No						
No						
No						

If the specialty is not credentialed at the facility, the remainder of the cells in the row are blank

When the specialty is credentialed at the facility ...

...and there are fewer than two providers ...

Is specialty credentialed at facility	Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers
Yes					
Yes	1				
Yes	0				
Yes	1				

All of the remaining cells require information

If the specialty is not credentialed at the facility...

Is specialty credentialed at facility	Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers	Are network adequacy standards met?
No						N/A
No						N/A
No	84					Error
No	15					Error
No						N/A

And a number is entered in the next column...

... an error will occur. This error needs to be resolved prior to submission.

When there are no enrollees within the county...

Is specialty credentialed at facility	Number of preferred providers with privileges within the facility	Years a waiver for this deficiency has been granted	Reason preferred providers not available	Number of non-contracted physicians and providers available within the facility that could resolve the deficiency	Source used to identify available physicians and providers	Access plan summary
Yes						
Yes	84					Not Applicable - No enrollees
Yes	15					Not Applicable - No enrollees
Yes	2					Not Applicable - No enrollees

Provide the number of non-contracted providers and the applicable access plan



Tab: NA Standards

This tab is for reference only.

It contains a table with required network adequacy standards. The table lists each required specialty type along with the time and distance requirements according to county designation. The County designation table can be found on the LHL706 template.

A table for facility types for evaluating facility-based providers and facility-based physician and provider types are also on this tab.

Tab: Drop-down

This tab is for reference only.

It lists the options available in the drop-down menu for "Reason preferred providers not available" and "Access plan summary" columns, separated by major medical and facility-based physicians and providers.