_	LHL/00
Preferred Provid	er Benefit Plan or Exclusive Provider Benefit Plan Annual Network Adequacy Report, Access Plan and Waiver Request
Insurer informat	ion
Name of Insurer	
TDI license numbe	NAIC Number
Office address	
City	State Zip
Insurer's Telepho	ne Number
Name and Title of	Contact Person
Contact Person's T	'elephone Number
Contact Person's e	mail address
Annual Report No	etwork Adequacy
Network Name	
The preferred pro	vider benefit plan or exclusive provider benefit plan network:
	■ Is adequate under the standards in 28 TAC Section 3.3704
	*If the insurer's network is adequate, the insurer must electronically submit an informational filing to the department using the System for Electronic Rate & Form Filing (SERFF) 28 TAC Section 3.3707(b)
	☐ Is not adequate under the standards in 28 TAC Section 3.3704
	*If the insurer's network is not adequate, the insurer must electronically submit an access plan and waiver request to the department for approval using the System for Electronic Rate & Form Filing (SERFF) 28 TAC Section 3.3707(b)
Filing Requireme	ents
	☐ Life and Health Transmittal Form LAH310 ☐ Network compliance and waiver request form ☐ Attempt to contract form ☐ Provider listings form ☐ Provider Listing (consumer facing PDF provider directory) ☐ Provider Directory Website Link TIC Chapter 1451, Subchapter K

Complaints Data

Provide demographic data for the previous calendar year as specified in 28 TAC Section 3.3709(c)

The data must be reported based on the geographic regions specified in 28 TAC Section 3.3711. If the plan's network does not include a service area that is located within a particular geographic region, the plan must specify in the report that there is no applicable data for that region.

Requirement		Geographic Region										
•	1	2	3	4	5	6	7	8	9	10	11	Total
3.3709(c)(1) Number of enrollees												
3.3709(c)(1)												
Projected number of enrollees												
3.3709(c)(2)												
Total complaints												
3.3709(c)(3)												
Complaints by nonpreferred providers												
3.3709(c)(4) Complaints by insureds relating to the dollar amount of the insurer's payment for out-of-network benefits or concerning balance billing												
3.3709(c)(5) Complaints relating to the availability of preferred providers												
3.3709(c)(6) Complaints relating to the accuracy of preferred provider listings												

28 TAC 3.3709(c)(7)

Region	Specialty Type	Number of providers in network as submitted	Number of preferred providers	Number of preferred provider claims	Number of claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level	Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level	Number of unique enrollees with one or more claims	Number of unique providers with one o more claims
1	Allergy and Immunology							
1	Cardiology Cardiothoracic Surgery							
1	Cardiothoracic Surgery							
1	Dermatology							
1	Emergency Medicine							
1	Endocrinology							
1	ENT/Otolaryngology							
1	Gastroenterology							
1	General Surgery							
1	Gynecology, OB/GYN							
1	Infectious Diseases							
1	Nephrology							
1	Neurology							
1	Neurosurgery							
1	Occupational Therapy							
1	Oncology - Medical, Surgical							
1	Oncology - Radiation							
1	Ophthalmology							
1	Orthopedic Surgery Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)							
1	Physical Medicine and Rehabilitation							
	Physical Therapy							
1	Plastic Surgery							
1	Podiatry							
1	Primary Care – Adult							
1	Primary Care – Pediatric							
1	Psychiatry							
1	Pulmonology							
1	Rheumatology							
1	Speech Therapy							
1	Urology							
1	Vascular Surgery							
1	Acute Inpatient Hospitals (must have Emergency services available 24/7)							
1	Cardiac Catheterization Services Cardiac Surgery Program							
1	Cardiac Surgery Program Critical Care Services - Intensive Care Units (ICU)							
1	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagno	estia Dadialami)						
1	Inpatient or Residential Behavioral Health Facility Services	isuc rauioiogy)						
1	Mammography							
1	Outpatient Infusion/Chemotherapy							
1	Skilled Nursing Facilities							
1	Surgical Services (Outpatient or ASC)							
	Urgent Care							
1	organic date							

Region	Specialty Type	Number of providers in network as submitted	Number of preferred providers	Number of preferred provider claims	Number of claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level	Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level	Number of unique enrollees with one or more claims	Number of unique providers with one or more claims
	Allergy and Immunology							
	Cardiology							
2	Cardiothoracic Surgery							
	Chiropractor							
2	Dermatology							
	Emergency Medicine							
	Endocrinology							
2	ENT/Otolaryngology							
2	Gastroenterology							
2	General Surgery							
2	Gynecology, OB/GYN							
2	Infectious Diseases							
2	Nephrology							
2	Neurology							
2	Neurosurgery							
	Occupational Therapy							
2	Oncology - Medical, Surgical							
	Oncology - Radiation							
2	Ophthalmology							
	Orthopedic Surgery							
2	Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)							
2	Physical Medicine and Rehabilitation							
2	Physical Therapy							
2	Plastic Surgery							
2	Podiatry							
	Primary Care - Adult							
	Primary Care - Pediatric							
	Psychiatry							
2	Pulmonology							
	Rheumatology							
	Speech Therapy							
2	Urology							
	Vascular Surgery							
2	Acute Inpatient Hospitals (must have Emergency services available 24/7)							
	Cardiac Catheterization Services							
	Cardiac Surgery Program							
	Critical Care Services - Intensive Care Units (ICU)							
2 2	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnosti Inpatient or Residential Behavioral Health Facility Services	ic Radiology)						
2	Mammography							
2	Outpatient Infusion/Chemotherapy							
	Skilled Nursing Facilities							
	Surgical Services (Outpatient or ASC)							
	Urgent Care							

Region	Specialty Type	Number of providers in network as submitted	Number of preferred provider claims	Number of claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level	Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level	Number of unique enrollees with one or more claims	Number of unique providers with one or more claims
	Allergy and Immunology						
	Cardiology						
3	Cardiothoracic Surgery						
	Chiropractor						
	Dermatology						
	Emergency Medicine						
3	Endocrinology						
3	ENT/Otolaryngology						
3	Gastroenterology						
3	General Surgery						
3	Gynecology, OB/GYN						
3	Infectious Diseases						
3	Nenhrology						

Neurology

Neurology

Occupational Therapy

Octupational Therapy

Octupational Therapy

Octupational Therapy

Octupational Therapy

Octupational Therapy

Primary Care - Pediatric

Primary Care - Pediatric

Primary Care - Pediatric

Primary Care - Pediatric

Psylinanology

Recommendational Therapy

Unionology

Recommendational Therapy

Urology

Urology

Urology

Cardiac Caregory

Cardiac Caregory

Cardiac Caregory

Cardiac Caregory

Lacetherization Services

Cardiac Caregory

Lacetherization Services

Cardiac Caregory (Pree-standing, hospital outpatient, ambulatory health facilities with Diagnostic Radiology)

Diagnostic Radiology (Pree-standing, hospital outpatient, ambulatory health facilities with Diagnostic Radiology)

Diagnostic Radiology (Pree-standing, hospital outpatient, ambulatory health facilities with Diagnostic Radiology)

Urology (Pree-standing, hospital outpatient, ambulatory health facilities with Diagnostic Radiology)

Urgent Care

Urgent Care

Urgent Care

Urgent Care

Region	Specialty Type	Number of providers in network as submitted	Number of preferred providers	Number of preferred provider claims	Number of claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level	Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level	Number of unique enrollees with one or more claims	Number of unique providers with one or more claims
	Allergy and Immunology							
4	Cardiology							
4	Cardiothoracic Surgery							
	Chiropractor							
	Dermatology							
4	Emergency Medicine Endocrinology							
	ENT/Otolaryngology							
4	Gastroenterology							
	General Surgery							
4	Gynecology, OB/GYN							
	Infectious Diseases							
4	Nephrology							
4	Neurology							
4	Neurosurgery							
4	Occupational Therapy							
4	Oncology - Medical, Surgical							
	Oncology - Radiation							
4	Ophthalmology							
	Orthopedic Surgery							
4	Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)							
	Physical Medicine and Rehabilitation							
4	Physical Therapy							
4	Plastic Surgery							
4	Podiatry Policy Comp. Adults							
	Primary Care - Adult Primary Care - Pediatric							
4	Psychiatry							
	Pulmonology							
4	Rheumatology							
4	Speech Therapy							
4	Urology							
	Vascular Surgery							
4	Acute Inpatient Hospitals (must have Emergency services available 24/7)							
4	Cardiac Catheterization Services							
	Cardiac Surgery Program							
4	Critical Care Services - Intensive Care Units (ICU)							
4	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnosti	ic Radiology)						
	Inpatient or Residential Behavioral Health Facility Services							
	Mammography							
4	Outpatient Infusion/Chemotherapy Skilled Nursing Facilities							
4	Skilled Nursing Facilities Surgical Services (Outpatient or ASC)							
	Urgent Care							
1 "	orgenic date							

Region		Number of providers in network as submitted	Number of preferred providers	Number of preferred provider claims	Number of claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level	Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level	Number of unique enrollees with one or more claims	Number of unique providers with one or more claims
5	Allergy and Immunology							
5	Cardiology							
5	Cardiothoracic Surgery							
5	Chiropractor							
5	Dermatology							
5	Emergency Medicine							
5	Endocrinology							
5	ENT/Otolaryngology							
5	Gastroenterology							
5	General Surgery							
5	Gynecology, OB/GYN							
5	Infectious Diseases							
5	Nephrology							
5	Neurology							
5	Neurosurgery							
5	Occupational Therapy							
5	Oncology - Medical, Surgical							
5	Oncology - Radiation							
5	Ophthalmology							
5	Orthopedic Surgery							
5	Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals) Physical Medicine and Rehabilitation							
5								
5	Physical Therapy Plastic Surgery							
5	Podiatry							
5	Primary Care – Adult							
5	Primary Care – Pediatric							
5	Psychiatry							
5	Pulmonology							
5	Rheumatology							
5	Speech Therapy							
5	Urology							
5	Vascular Surgery							
5	Acute Inpatient Hospitals (must have Emergency services available 24/7)							
5	Cardiac Catheterization Services							

5 Cardia-Sugary Program
5 Diagnostic Endoding (Process Linding)
6 Diagnostic Endoding (Process Linding)
7 Diagnostic Endoding (Process Linding)
7 Diagnostic Endoding (Process Linding)
7 Diagnostic Endoding (Process Linding)
8 Diagnostic Endoding (Process Linding)
9 Diagnostic Endoding

Region	Number of providers in network as submitted Number of preferred providers Number of preferred provider claims paid at the preferred benefits, excluding claims paid at the preferred benefits coinsurance level Number of preferred provider claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level
	ergy and Immunology
	rdiology
	rdiothoracic Surgery
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	rmatology
	regency Medicine
7	docrinology
	T/Otolaryngology
	stroenterology
	neral Surgery
	necology, OB/GYN
	ectious Diseases
7	phrology
	urology
7	urosurgery
	rupational Therapy
7	cology - Medical, Surgical cology - Medicalion
	hthalmology
	thopedic Surgery
7 7	tpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals) yosical Medicine Mehabilitation
7	ysical Medicine and Kenabultation ysical Therapy y
	ysical Interapy stitis Eurgery
7 7	Suc Jugery Idiatry
	mary Care – Adult
	mary Care - Adult
	mary care - Pediatric
7 7	contact with the contact of the cont
	innonology eumatology
	eunatungy eech Therapy
	ology
7	ouey scular Surgery
	scual Jungery the inpatient Hospitals (must have Emergency services available 24/7)
7	the impatient roughtains that we find the property services available 24/1) (didac Catheterization Services
	rdiac Surgery Program
7	tital Care Services - Intensive Care Units (ICU)
	gnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)
7	attent or Residential Behavioral Health Facility Services
7	mmography
	Tradient Infusion/Chemotherapy
7	lled Nursing Facilities
7	gical Services (Outpatient or ASC)
	gent Care

R	egion		Number of providers in network as submitted		Number of claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level	Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level	Number of unique enrollees with one or more claims	Number of unique providers with one or more claims
	8	Allergy and Immunology						
		Condition						

8 Cardiology 8 Cardiothoracic Surgery Chirapator
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Enderc

Region	Number of providers in network as submitted Number of preferred providers and network as submitted Number of preferred providers and network as submitted Number of preferred provider claims and at the preferred benefits, excluding claims paid at the preferred benefit coinsurance level Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level Number of laims for out-of-network benefits and the preferred benefit coinsurance level Number of claims for out-of-network benefits and the preferred benefit coinsurance level
9	Allergy and Immunology
9	Cardiology
9	Cardiothoracic Surgery
9	Chiropractor
9	Dermatology
	Emergency Medicine
9	Endocrinology
9	ENT/Otolaryngology
9	Gastroenterology
9	General Surgery
9	Gynecology, OB/GYN
	Infectious Diseases
9	Nephrology
9	Neurology
9	Neurosurgery
9	Occupational Therapy
9	Oncology - Medical, Surgical
9	Oncology - Radiation Onthialmology
9	Upithaimology Orthopedic Surgery
9	Urtnopeac Surgery Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)
9	Outpatient Clinical behavioral Health (Licensee, accredited, or certified professionals) Physical Medicine and Rehabilitation
9	rnysical menicine and kenadinitation Physical Therapy Physical Therapy
9	rnysical inerapy Plastic Surgery
9	russic surgery Podiatry
9	rouatry
9	rrimary Care - Adult
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9	rsycnianty Pulmonloy Vulmonloy V
9	ruinolougy Rheumatology
9	Neumatongy Speech Therapy
	special interpy Urology
9	U Ascular Surgery
9	Acute Inpatient Hospitals (must have Emergency services available 24/7)
9	Acute inpatient inspiration (insist nave Line) gently set vices available 24/1) Cardiac Catheterization Services available 24/1)
	Cardiac Surgery Program
9	Cartical Care Services - Intensive Care Units (ICU)
9	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)
g g	Ingatient or Residential Behavioral Health Facility Services
g g	Mammography
9	Outpatient Infusion/Chemotherapy
	Skilled Nursing Facilities
9	Surgical Services (Outpatient or ASC)
	Urgent Care

Region		Number of providers in network as submitted	Number of preferred providers	Number of preferred provider claims	benefits, excluding claims paid at the preferred benefit coinsurance level	out-of-network benefits that were paid at the preferred benefit coinsurance level	Number of unique enrollees with one or more claims	Number of unique providers with one or more claims
10	Allergy and Immunology							
10	Cardiology							
10	Cardiothoracic Surgery							
10	Chiropractor							
10	Dermatology							
10	Emergency Medicine							
10	Endocrinology							
10	ENT/Otolaryngology							
10	Gastroenterology							
10	General Surgery							
10	Gynecology, OB/GYN							
10	Infectious Diseases							
10	Nephrology							
10	Neurology							
10	Neurosurgery							
10	Occupational Therapy							
10	Oncology - Medical, Surgical							
10 10	Oncology - Radiation Ophthalmology							
10	Orthopedic Surgery							
10	Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)							
10	Physical Medicine and Rehabilitation							
10	Physical Therapy							
10	Plastic Surgery							
10	Podiatry							
10	lodiady							

Number of claims for Number of claims for

	Primary Care – Adult
10	Primary Care - Pediatric
10	Psychiatry
10	
10	Rheumatology
10	Speech Therapy
10	
10	
10	
10	Cardiac Catheterization Services
10	
10	
10	
10	Inpatient or Residential Behavioral Health Facility Services
10	
10	Outpatient Infusion/Chemotherapy
10	
10	Surgical Services (Outpatient or ASC)
10	Urgent Care

Region	netwo	er of providers in irk as submitted	Number of preferred providers	Number of preferred provider claims	Number of claims for out-of-network benefits, excluding claims paid at the preferred benefit coinsurance level	Number of claims for out-of-network benefits that were paid at the preferred benefit coinsurance level	Number of unique enrollees with one or more claims	Number of unique providers with one or more claims
	Allergy and Immunology							
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11	Pulmonology							
11	Rheumatology							
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		3						
11	Inpatient or Residential Behavioral Health Facility Services	ogyj						
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	Urgent Care							
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