TDI Texas Department of Insurance

Network Compliance and Waiver Request Instructions Guide

General instructions

The following naming conventions are to be utilized. **Files that do not follow these conventions will need to be re-uploaded.**

- o "Provider List – Network ID"
- o "Network Compliance and Waiver Request – Network ID"

Adhering to the following key points will increase user experience when completing the Network Compliance and Waiver Request (NCWR) template.

Copy/Paste

To ensure data integrity, the following areas are restricted and cannot be edited or pasted into:

- o Column headings
- o TIC/TAC references
- o Cells with a dark blue background

- When pasting data that is larger than the table, always follow this sequence:

Enter Paste/Sort Mode: Click the "Enter Paste/Sort Mode" button. **Enter Paste/Sort Mode**

Perform Sort: Complete desired sorting action (e.g., sort by date, sort by name).

Paste Data: Paste data into the applicable column by right clicking and selecting "values."

Click Exit Sort Mode: Click the "Exit Paste/Sort Mode" button. **Exit Paste/Sort Mode**

Confirm: Ensure the template is visually back to its normal state (the button will be green).

Continue Work: Only then is it safe to proceed with standard data entry or other actions.

If pasting over data that is already populated, such as the counties and specialties, it is not required to enter Paste/Sort Mode.

Drop down lists

- In cells with drop-down lists, confirm the pasted information is one of the options available within the list. **If there are discrepancies regarding spelling, extra spaces, or differing special characters, the cell will highlight yellow indicating an error.**

- 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.

Primary Care – Adult ▾
Primary Care - Adult
Primary Care - Pediatric
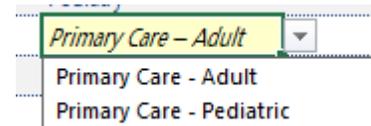
Delete row

- To delete a row, select a single cell in the row to be deleted and click the "Delete Selected row(s)" button.

✗ Delete selected row(s)

Template acceptance policy - Templates with errors or modifications will not be accepted

- Modified templates- modifications include adding, deleting, removing, hiding, or unhiding any cells, rows, columns, tabs, or worksheets.

- Submission of a template with cells containing errors such as incorrect data, invalid data types, missing data, errors, or references to other tabs or spreadsheets.

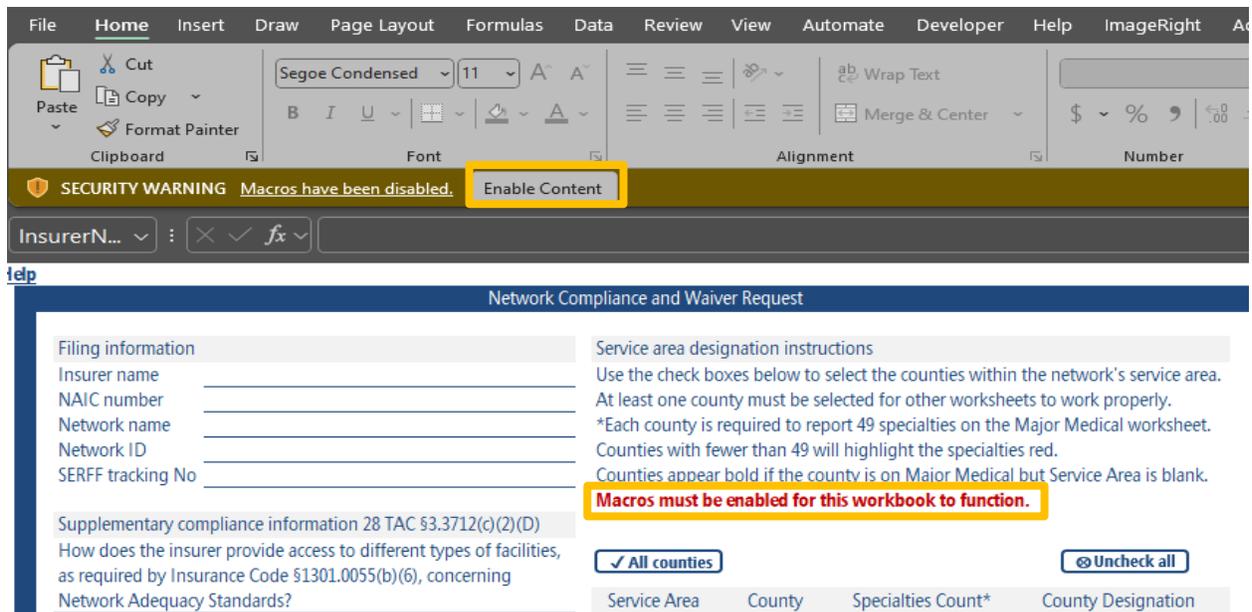 o Data entry errors will appear as a yellow cell.

Workbook tabs

- Under Texas Insurance Code §1301.0055, when a network does not meet specified time and distance requirements prescribed in §1301.00553 and appointment wait times in §1301.00555 a county for a specific provider specialty type, an insurer must apply for a waiver to operate within its service area with the identified network gaps.

- The NCWR contains seven worksheet tabs, the first four require data, and the remaining three are reference tabs.
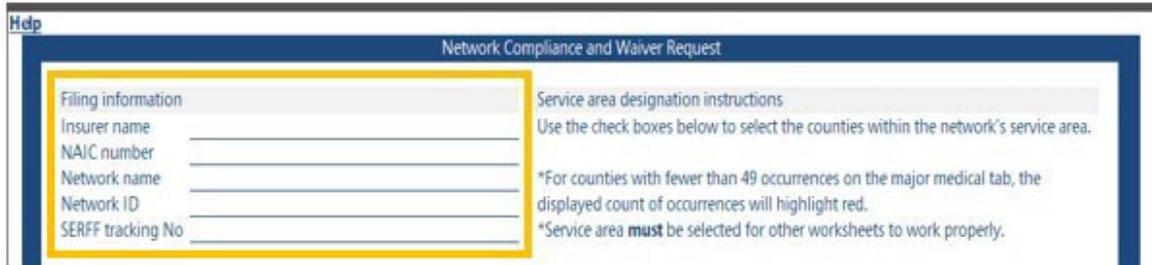

Cover page

***Macros must be enabled for this workbook to function.

1. Filing information

   Complete all fields in the filing information section.

   Network Compliance and Waiver Request

Filing information	Service area designation instructions
Insurer name	Use the check boxes below to select the counties within the network's service area.
NAIC number	
Network name	*For counties with fewer than 49 occurrences on the major medical tab, the
Network ID	displayed count of occurrences will highlight red.
SERFF tracking No	*Service area **must** be selected for other worksheets to work properly.

2. Supplementary compliance information

   Enter the company's 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?
   Double-click to enter or paste text.

3. Service area designation

   Individually select counties within the network's approved service area.
   To select all counties, click "All counties."
   To deselect all counties, click "Uncheck all."

   *Service area must be selected for other worksheets to work properly.

   Service area designation instructions
   Use the check boxes below to select the counties within the network's service area.

   *For counties with fewer than 49 occurrences on the major medical tab, the displayed count of occurrences will highlight red.
   *Service area **must** be selected for other worksheets to work properly.

	Service Area	County	Specialties Count*	County Designation
✓ All counties				⊗ Uncheck all
	☐	Anderson	N/A	Micro

Each county is required to report 49 specialties. If a county is referenced more or less than 49 times in the Major Medical tab, the number of occurrences will highlight red. A template displaying this error cannot be accepted for review.

	Service Area	County	Specialties Count*	County Designation
✓ All counties				⊗ Uncheck all
	☑	Anderson	48	Micro
	☑	Andrews	N/A	Rural
	☑	Angelina	N/A	Metro
	☑	Aransas	N/A	Micro
	☑	Archer	N/A	CEAC
	☑	Armstrong	N/A	CEAC
	☑	Atascosa	N/A	Micro

Major Medical

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

It is recommended to work from left to right and column by column to capitalize on the worksheet's features.

1. Click on the **Add counties** button. All the counties you selected on the cover page will auto-populate the first three columns with 49 specialties/rows for each county.

County type	County	Specialty type
Micro	Anderson	Allergy and Immunology
Micro	Anderson	Cardiac Catheterization Serv
Micro	Anderson	Cardiac Surgery Program

The county type, county, and specialty will automatically be entered in the table.

2. Number of preferred providers within the county

Number of preferred providers within the county

Enter the number of contracted providers within the county.

If a county does not have any enrollees, *N/A*

The quantity of providers recorded here must be consistent with the provider count detailed in the Provider List template.

For instance: A report of five cardiologists in Anderson County on the Network Compliance and Waiver Request template requires that the Provider List template also reflects five cardiologists in Anderson County.

3. Percentage of insureds with sufficient choice

Percentage of insureds with sufficient choice

Enter the percentage of insureds within the county who have access to a sufficient choice of providers.

*If entered manually, type only whole numbers.

To be considered adequate, Texas requires 100% of insureds to be covered with a sufficient choice of providers.

4. Compliant with appointment wait time

N/A will automatically populate for specialties that are not routine or preventive.

Select an option from the drop-down list for the remaining nine specialties.

Note: N/A - No Enrollees is only for reporting counties that do not have any insureds.

Reporting compliance with appointment wait time is required for the following nine routine and preventative specialties:

1. Diagnostic Radiology
2. Gastroenterology
3. Gynecology, OB/GYN
4. Inpatient or Residential Behavioral Health Facility Services
5. Outpatient Clinical Behavioral Health
6. Mammography
7. Primary Care - Adult
8. Primary Care - Pediatric
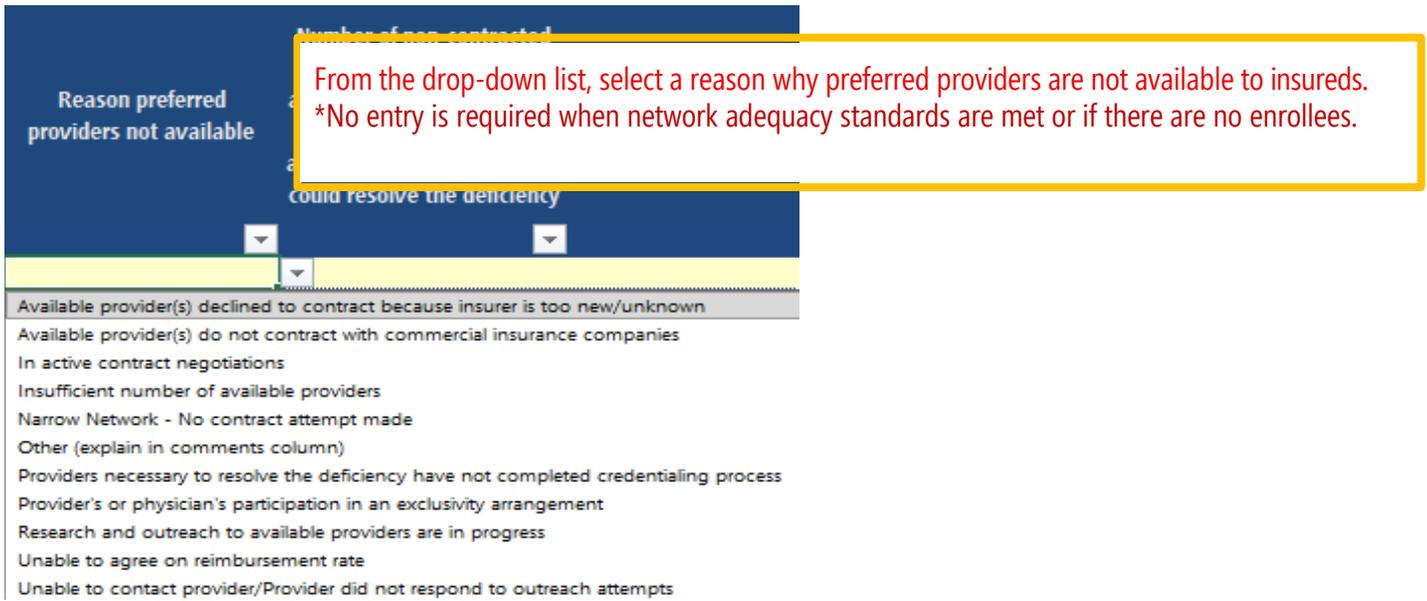9. Psychiatry

5. Years a waiver for this deficiency has been granted

Enter the year a waiver for this deficiency has been granted.

For multiple years, list each year separated by a comma.

6. Reason preferred providers not available

From the drop-down list, select a reason why preferred providers are not available to insureds.
*No entry is required when network adequacy standards are met or if there are no enrollees.

Available provider(s) declined to contract because insurer is too new/unknown
Available provider(s) do not contract with commercial insurance companies
In active contract negotiations
Insufficient number of available providers
Narrow Network - No contract attempt made
Other (explain in comments column)
Providers necessary to resolve the deficiency have not completed credentialing process
Provider's or physician's participation in an exclusivity arrangement
Research and outreach to available providers are in progress
Unable to agree on reimbursement rate
Unable to contact provider/Provider did not respond to outreach attempts

The drop-down list offers the following options, explained 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.
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 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.

7. Report the count of non-contracted physicians and providers who are available within the service area and who meet the required time and distance standards and could therefore resolve the identified network deficiency. Do not include providers who have relocated, retired, or are no longer practicing.

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

Enter the number of non-contracted providers that could **resolve** the deficiency.

Only a numeric value will be accepted.

*No entry is required when network adequacy standards are met or if there are no enrollees.

Example: If 15 non-contracted providers exist, but none satisfy the time and distance standards for the insureds, the entry must be 0, as they are not viable solutions.
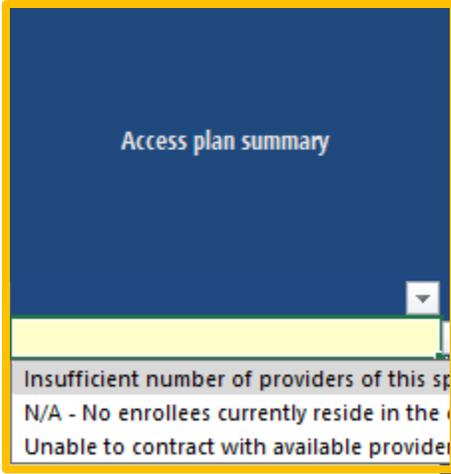
8. Source used to identify available physicians and providers

Source used to identify available physicians and providers

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

*No entry is required when network adequacy standards are met or if there are no enrollees.

9. Access plan summary

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

No entry is required when network adequacy standards are met.

The drop-down list offers the following options, explained below:

Major Medical	Access plan summary explanation
N/A - 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.

10.   Comments Column

The *Comments* column activates only when *Other (explain in comments column)* is chosen in the *Reason Preferred Providers not available* column.

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11. The Network adequacy status column is automatically populated according to the compliance data provided.
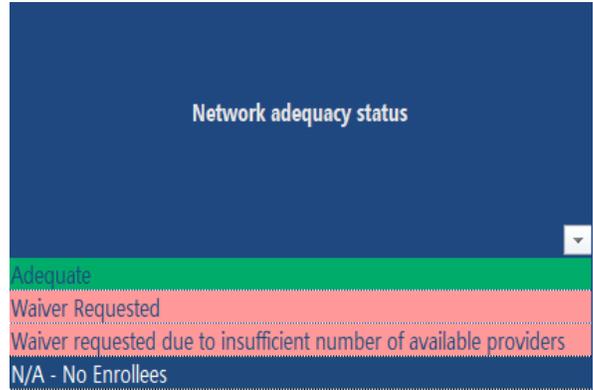
Green background indicates county is adequate and no waiver is requested.

Blue background with N/A- No Enrollees

Pink background indicates a waiver must be requested.
- The pink background can be waiver requested for multiple reasons including:
  o Waiver requested due to insufficient number of available providers
  o Waiver Requested

FB Physician & Provider

The FB Physician & Provider (FB) tab evaluates these four facility types:

Have two or more facility-based physician and providers that the aforementioned facilities credential for the following specialties:

To enter data in the FB tab, you must:

1. Copy/paste the facilities listed in the FB Physician or Provider tab from the Provider List template into the NCWR's Facilities tab.

Add specialties to Physician & Provider					Check for duplicates

Facility type	Facility name	Address	City	County	Duplicate?

⟨ ⟩   Cover Page | Major Medical | FB Physician & Provider | **Facilities** | NA Standards | Reference | Help   +   ⋮

2. Click on the   **Check for duplicates**   button to remove facilities listed multiple times.

*Note: The "Check for duplicates" button will only identify facilities that have the same type, and follow the same naming conventions for name, address, city, and county. When you mark duplicates, the first example is not marked, and "Duplicate?" will be blank. Facilities with "Duplicate" in the "Duplicate?" column should be deleted.

3. Click on   **Add specialties to Physician & Provider**   and all the facilities listed will

transfer to the to the FB tab with 10 rows for each of the facility-based physician and provider types.

***The first row will be left blank.

The first seven columns will be automatically populated.

County Designation	County	Facility type	Specialty type	Facility name	Address	City

Proceed to complete the rest of the columns following the General Instructions on page 1.

4. Select response from drop-down

Is specialty credentialed at facility

Yes
No

If *No* is selected, the remaining columns will shade blue

5. Number of preferred providers with privileges within the facility

Number of preferred providers with privileges within the facility

Enter the number of contracted providers operating within the facility.

The number of facility-based providers entered must correlate with the provider count in the FB Physician or Provider tab in the Provider List template.

6. Years a waiver for this deficiency has been granted

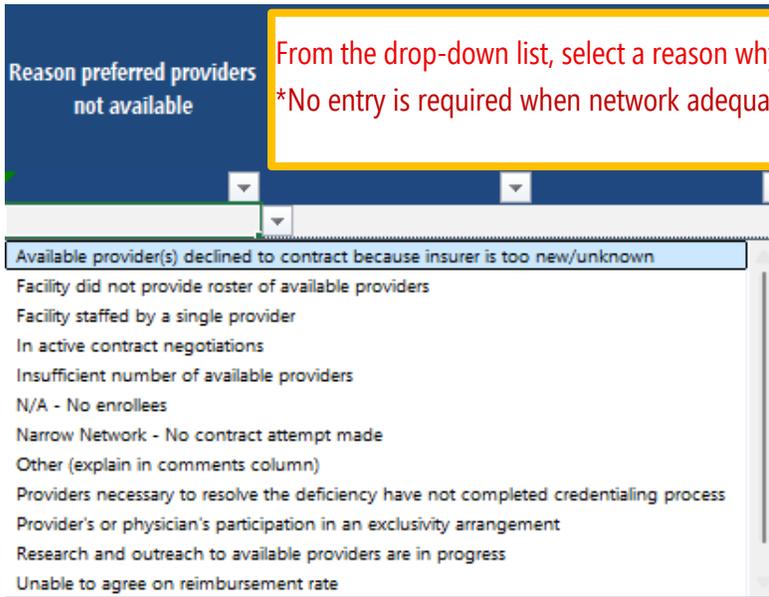**Years a waiver for this deficiency has been granted**

Enter the year a waiver for this deficiency has been granted.

For multiple years, list each year separated by a comma.

2024
2025
2024, 2025
N/A
N/A

7. Reason preferred providers are not available

Reason preferred providers not available

From the drop-down list, select a reason why preferred providers are not available to insureds.
*No entry is required when network adequacy standards are met.

Available provider(s) declined to contract because insurer is too new/unknown
Facility did not provide roster of available providers
Facility staffed by a single provider
In active contract negotiations
Insufficient number of available providers
N/A - No enrollees
Narrow Network - No contract attempt made
Other (explain in comments column)
Providers necessary to resolve the deficiency have not completed credentialing process
Provider's or physician's participation in an exclusivity arrangement
Research and outreach to available providers are in progress
Unable to agree on reimbursement rate

The drop-down list offers the following options, explained below:

Facility-based	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	Unable to obtain available providers roster. No good faith contracting efforts made.
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.
N/A – No enrollees	N/A – No enrollees
Narrow Network	Narrow network – no good faith contracting efforts made.
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 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. Report the count of non-contracted physicians and providers who are available within the facility and could resolve the identified network deficiency. Do not include providers who have relocated, retired, or are no longer practicing at a facility.

> **Number of non-contracted physicians and providers available within the service area and applicable time and distance standards that could resolve the deficiency**
>
> Enter the number of non-contracted facility-based providers available within the facility.
>
> Only a numeric value will be accepted.
>
> *No entry is required when network adequacy standards are met or if there are no enrollees.
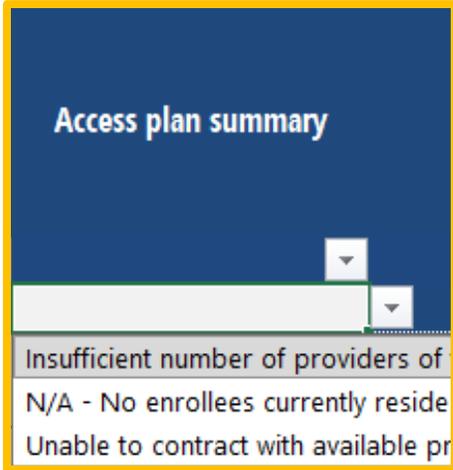
9. Source used to identify available physicians and providers

> **Source used to identify available physicians and providers**
>
> Enter the source or reference used to research non-contracted providers.
>
> *No entry is required when network adequacy standards are met or if there are no enrollees.

10. Access plan summary

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

*No entry is required when network adequacy standards are met.

The drop-down list offers the following options, explained below:

Major Medical	Access plan summary explanation
N/A - 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
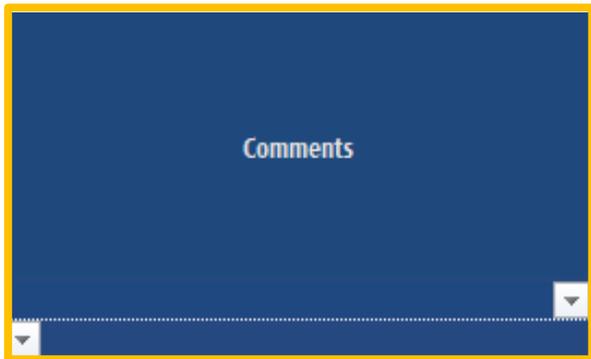
The *Comments* column activates only when *Other (explain in comments column)* is chosen in the *Reason Preferred Providers not available* column.

12. The Network adequacy status column is automatically populated according to the compliance data provided.

Network adequacy status

Waiver requested
Adequate
N/A - No enrollees
N/A
Waiver requested due to insufficient number of available providers
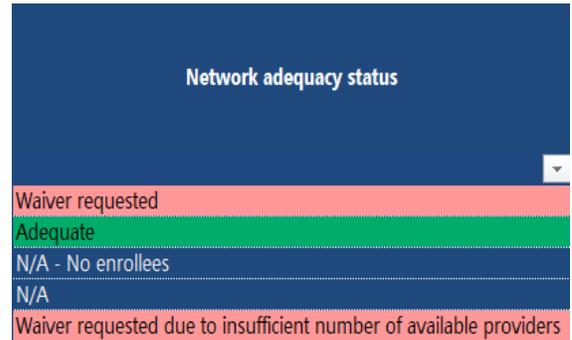
Green background indicates county is adequate and no waiver is requested.

Blue background with N/A or N/A- No enrollees

Pink background indicates a waiver must be requested.
- The pink background can be waiver requested for multiple reasons including:
  - Waiver requested due to insufficient number of available providers
  - Waiver Requested

NA Standards:

	Network Adequacy Time and Distance Standards									
	Maximum Time and Distance Standards *(Time is measured in minutes and distance is measured in miles)*									
Specialty Types	Large Metro County		Metro County		Micro County		Rural County		Counties with Extreme Access Considerations (CEAC)	
	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Acute Inpatient Hospitals (must have Emergency services available 24/7)	20	10	45	30	80	60	75	60	110	100
Allergy and Immunology	30	15	45	30	80	60	90	75	125	110
Cardiac Catheterization Services	30	15	60	40	160	120	145	120	155	140
Cardiac Surgery Program	30	15	60	40	160	120	145	120	155	140
Cardiology	20	10	30	20	50	35	75	60	95	85
Cardiothoracic Surgery	30	15	60	40	100	75	110	90	145	130
Chiropractor	30	15	45	30	80	60	90	75	125	110
Critical Care Services - Intensive Care Units (ICU)	20	10	45	30	160	120	145	120	155	140
Dermatology	20	10	45	30	60	45	75	60	110	100
Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)	20	10	45	30	80	60	75	60	110	100
Durable Medical Equipment	NA	75	NA	75	NA	75	NA	75	NA	75
Emergency Medicine	20	10	45	30	80	60	75	60	110	100
Endocrinology	30	15	60	40	100	75	110	90	145	130
ENT/Otolaryngology	30	15	45	30	80	60	90	75	125	110
Gastroenterology	20	10	45	30	60	45	75	60	110	100
General Surgery	20	10	30	20	50	35	75	60	95	85
Gynecology, OB/GYN	10	5	15	10	30	20	40	30	70	60
Home Health	NA	75	NA	75	NA	75	NA	75	NA	75
Infectious Diseases	30	15	60	40	100	75	110	90	145	130
Inpatient or Residential Behavioral Health Facility Services	30	15	70	45	100	75	90	75	155	140
Mammography	20	10	45	30	80	60	75	60	110	100
Nephrology	30	15	45	30	80	60	90	75	125	110
Neurology	20	10	45	30	60	45	75	60	110	100
Neurosurgery	30	15	60	40	100	75	110	90	145	130
Occupational Therapy	20	10	45	30	80	60	75	60	110	100
Oncology - Medical, Surgical	20	10	45	30	60	45	75	60	110	100
Oncology - Radiation	30	15	60	40	100	75	110	90	145	130
Ophthalmologist	20	10	30	20	50	35	75	60	95	85
Optometrist	NA	75	NA	75	NA	75	NA	75	NA	75
Orthopedic Surgery	20	10	30	20	50	35	75	60	95	85
Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)	10	5	15	10	30	20	40	30	70	60
Outpatient Infusion/Chemotherapy	20	10	45	30	80	60	75	60	110	100
Pharmacy	NA	75	NA	75	NA	75	NA	75	NA	75
Physical Medicine and Rehabilitation	30	15	45	30	80	60	90	75	125	110
Physical Therapy	20	10	45	30	80	60	75	60	110	100
Plastic Surgery	30	15	60	40	100	75	110	90	145	130
Podiatry	20	10	45	30	60	45	75	60	110	100
Primary Care – Adult	10	5	15	10	30	20	40	30	70	60
Primary Care – Pediatric	10	5	15	10	30	20	40	30	70	60
Psychiatry	20	10	45	30	60	45	75	60	110	100
Pulmonology	20	10	45	30	60	45	75	60	110	100
Rheumatology	30	15	60	40	100	75	110	90	145	130
Skilled Nursing Facilities	20	10	45	30	80	60	75	60	95	85
Speech Therapy	20	10	45	30	80	60	75	60	110	100
Surgical Services (Outpatient or ASC)	20	10	45	30	80	60	75	60	110	100
Therapeutic Optometrist	NA	75	NA	75	NA	75	NA	75	NA	75
Urgent Care	20	10	45	30	80	60	75	60	110	100
Urology	20	10	45	30	60	45	75	60	110	100
Vascular Surgery	30	15	60	40	100	75	110	90	145	130

Reference tab:

Major Medical Reasons preferred providers are not available
Available provider(s) declined to contract because insurer is too new/unknown
Available provider(s) do not contract with commercial insurance companies
In active contract negotiations
Insufficient number of available providers
Narrow Network- No contract attempt made
Other (explain in comments column)
Providers necessary to resolve the deficiency have not completed credentialing process
Provider's or physician's participation in an exclusivity arrangement
Research and outreach to available providers are in progress
Unable to agree on reimbursement rate
Unable to contact provider/Provider did not respond to outreach attempts

Major Medical Access Plan Summary
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
N/A- 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
Unable to contract with available providers. Procedures are in place for insurer to comply with the access plan requirements in 28 TAC §3.3707

Facility-Based Reasons preferred providers are not available
Available provider(s) declined to contract because insurer is too new/unknown
Facility did not provider roster of available providers
Facility staffed by a single provider
In active contract negotiations
Insufficient number of available providers
N/A- No enrollees
Narrow Network- No contract attempt made
Other (explain in comments column)
Providers necessary to resolve the deficiency have not completed credentialing process
Provider's or physician's participation in an exclusivity arrangement
Research and outreach to available providers are in progress
Unable to agree on reimbursement rate
Unable to contact provider/Provider did not respond to outreach attempts

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Facility-Based Access Plan Summary
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
N/A- 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
Unable to contract with available providers. Procedures are in place for insurer to comply with the access plan requirements in 28 TAC §3.3707