

Vision 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.**

- "Provider List – [Network ID]"
- "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:

- Column headings
- TIC/TAC references
- 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.



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 Paste Options: "values."

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



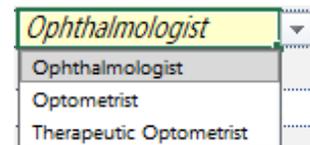
Confirm: Ensure the template is visually back to its normal state (the button will be green).

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.



Delete row

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



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.
 - Data entry errors will appear as a yellow cell with red text

N/A - No enrollees currently reside in the cou

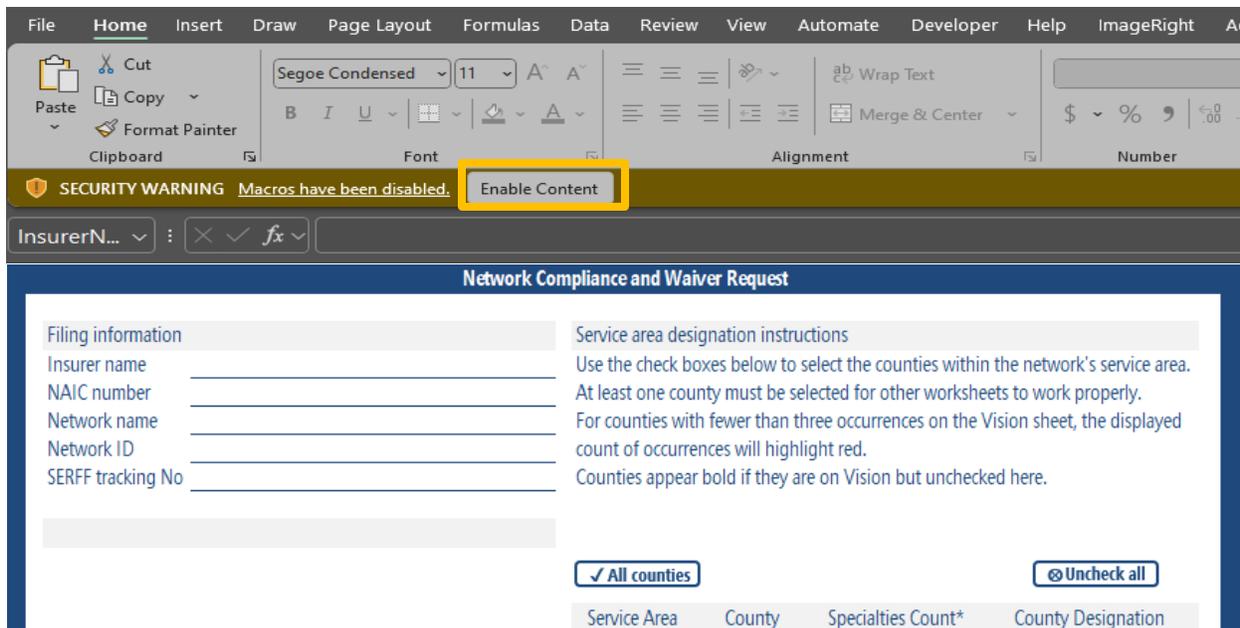
Workbook tabs

- 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 five worksheet tabs, the first two require data, and the remaining three are reference tabs.



Cover page

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



The screenshot shows the Microsoft Excel interface. At the top, the ribbon includes File, Home, Insert, Draw, Page Layout, Formulas, Data, Review, View, Automate, Developer, Help, and ImageRight. The Home ribbon is active, showing options for Paste, Clipboard, Font (including Segoe Condensed, size 11, bold, italic, underline, text color, background color, and font style), Alignment, and Number. A yellow security warning banner reads: "SECURITY WARNING: Macros have been disabled. Enable Content". Below the warning is the "Network Compliance and Waiver Request" form. The form has two columns: "Filing information" and "Service area designation instructions". The "Filing information" column contains input fields for Insurer name, NAIC number, Network name, Network ID, and SERFF tracking No. The "Service area designation instructions" column contains text: "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. For counties with fewer than three occurrences on the Vision sheet, the displayed count of occurrences will highlight red. Counties appear bold if they are on Vision but unchecked here." Below the instructions are two buttons: "All counties" (checked) and "Uncheck all". At the bottom of the form is a table header with columns: Service Area, County, Specialties Count*, and County Designation.

1. Filing information

Complete all fields in the filing information section.

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	At least one county must be selected for other worksheets to work properly.
Network name	For counties with fewer than three occurrences on the Vision sheet, the displayed count of occurrences will highlight red.
Network ID	Counties appear bold if they are on Vision but unchecked here.
SERFF tracking No	

2. 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 worksheet to work properly.**

Service area designation instructions

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.
 For counties with fewer than three occurrences on the Vision sheet, the displayed count of occurrences will highlight red.
 Counties appear bold if they are on Vision but unchecked here.

<input checked="" type="checkbox"/> All counties		<input type="checkbox"/> Uncheck all	
Service Area	County	Specialties Count*	County Designation
<input type="checkbox"/>	Anderson	N/A	Micro

Each county is required to report 3 specialties. If a county is referenced more or less than 3 times in the Vision tab, the number of occurrences will highlight red. A template displaying this error cannot be accepted for review.

All counties
 Uncheck all

Service Area	County	Specialties Count*	County Designation
<input checked="" type="checkbox"/>	Anderson	48	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
<input checked="" type="checkbox"/>	Armstrong	N/A	CEAC
<input checked="" type="checkbox"/>	Atascosa	N/A	Micro

Vision

Information in this tab will determine 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 all 3 specialties/rows for each county.

*The first row will be left blank.

County designation	County	Specialty type
Micro	Anderson	Ophthalmologist
Micro	Anderson	Optometrist
Micro	Anderson	Therapeutic Optometrist

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

2. Number of preferred providers within the county

A form field with a dark blue header containing the text "Number of preferred providers within the county" and a small downward arrow icon. Below the header are several horizontal lines for data entry, each with a dotted line on the left side.

Enter the number of contracted providers within the county.
If a county does not have any enrollees, please enter *unknown*.

The quantity of providers recorded here must be consistent with the provider count detailed in the Provider List template.
For instance: A report of three optometrists in Williamson County on the Network Compliance and Waiver Request template requires that the Provider List template also reflects three optometrists in Williamson County.

3. Percentage of insureds with sufficient choice

A form field with a dark blue header containing the text "Percentage of insureds with sufficient choice" and a small downward arrow icon. Below the header are several horizontal lines for data entry, each with a dotted line on the left side.

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

4. Compliant with appointment wait time

Compliant with appointment wait time

N/A

N/A

N/A - No enrollees

N/A

N/A will be automatically populated into each cell.

Note: *N/A - No Enrollees* is an option in the drop-down for reporting counties that do not have any insureds.

5. Years a waiver for this deficiency has been granted

Years a waiver for this deficiency has been granted

2024

2025

2024, 2025

N/A

N/A

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

Reason preferred providers are not available	Number of non-contracted providers
<p>Available provider(s) declined to contract because insurer is too new/unknown</p> <p>Available provider(s) do not contract with commercial insurance companies</p> <p>In active contract negotiations</p> <p>Insufficient number of available providers</p> <p>N/A - No enrollees</p> <p>Unable to agree on reimbursement rate</p> <p>Unable to contact provider/Provider did not respond to outreach attempts</p> <p>Other (explain in comment column)</p> <p><u>The covered services are available within applicable network adequacy standards through a combination of preferred optometrists, ophthalmologists, and therapeutic optometrists.</u></p>	<p>From the drop-down list, choose a reason why preferred providers are not available to insureds.</p> <p>*Leave blank if network standard is adequate or if there are no enrollees.</p>

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

Vision	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.
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.
The covered services are available within applicable network adequacy standards through a combination of preferred optometrists, ophthalmologists, and therapeutic optometrists.	Adequacy is met within the county through a combination of identical routine services between the three specialties. ***This reason is to be used in combination with the following access plan summary "Covered vision services are available within the time and distance network adequacy standards applicable to ophthalmology specialists under Insurance Code §1301.00553 through a combination of in-network optometrists, ophthalmologists, and therapeutic optometrists."

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.

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.

*Leave blank if the network standard is adequate or if there are no enrollees.

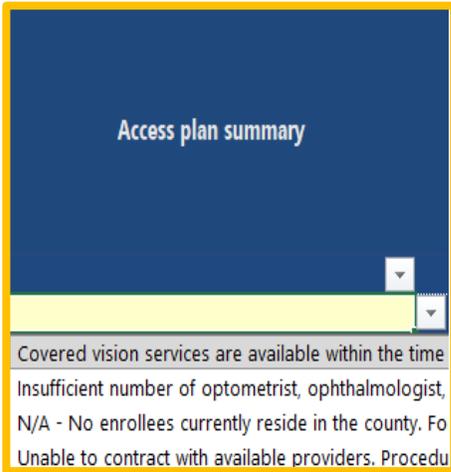
8. Source used to identify available physicians and providers

Source used to identify available physicians and providers

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

*Leave blank if network standard is adequate or if there are no enrollees.

9. Access Plan Summary



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

*Leave blank if the network standard is adequate or if there are no enrollees.

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

Vision	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 optometrist, ophthalmologist, or therapeutic optometrist providers delivering covered vision services are currently practicing within the applicable network adequacy standards. 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.
Covered vision services are available within the time and distance network adequacy standards applicable to ophthalmology specialists under Insurance Code §1301.00553 through a combination of in-network optometrists, ophthalmologists, and therapeutic optometrists.	Through a combination of identical routine vision services provided, adequacy is met for this county. A waiver or access plan is not needed.

10. Comments



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

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

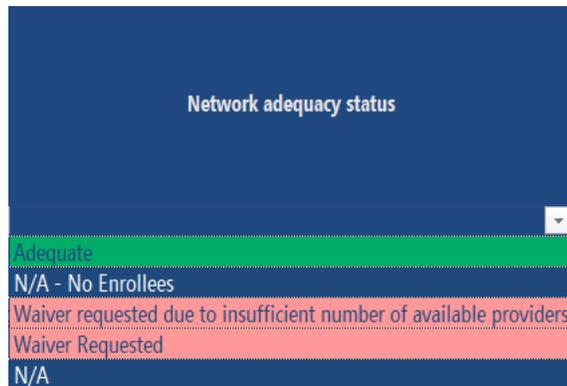
Green background indicates county is adequate and no waiver is requested.

Blue background with N/A or N/A – No Enrollees.

Note: N/A indicates the county is considered adequate through a combination of the three specialties and would not need a waiver. However, the specialty itself is still deficient.

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





NA Standards

Network Adequacy Time and Distance Standards										
Maximum Time and Distance Standards (<i>Time is measured in minutes and distance is measured in miles</i>)										
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
Ophthalmologist	20	10	30	20	50	35	75	60	95	85
Optometrist	NA	75	NA	75	NA	75	NA	75	NA	75
Therapeutic Optometrist	NA	75	NA	75	NA	75	NA	75	NA	75

Reference

Vision 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
Other (explain in comments column)
The covered services are available within applicable network adequacy standards through a combination of preferred optometrists, ophthalmologists, and therapeutic optometrists.
Unable to agree on reimbursement rate
Unable to contact provider/Provider did not respond to outreach attempts

Vision Access Plan Summaries
Covered vision services are available within the time and distance network adequacy standards applicable to ophthalmology specialists under Insurance Code §1301.00553 through a combination of in-network optometrists, ophthalmologists, and therapeutic optometrists.
Insufficient number of optometrist, ophthalmologist, or therapeutic optometrist providers delivering covered vision services are currently practicing within the applicable network adequacy standards. 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