

Preferred Provider Benefit Plan or Exclusive Provider Benefit Plan Network Adequacy Report

Insurer information

Name of insurer _____

TDI license number _____ NAIC number _____

Office address _____

City _____ State _____ Zip _____

Insurer's telephone number _____

Name and title of contact person _____

Contact person's telephone number _____

Contact person's email address _____

Network Adequacy Report

Network name _____

Network ID _____

Number of counties within service area _____

SERFF tracking number of last approved waiver(s) _____

Accredited per 3.3706(c)? Yes _____ No _____

Please select network type

Preferred provider benefit plan Exclusive provider benefit plan

Please select one

- 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 §3.3709*
- 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 § 3.3707 and § 3.3709*

Filing Requirements

- Network compliance access plan & waiver request template
- Attempt to contract template
- Provider list template
- Provider directory (consumer facing PDF provider directory)
- Provider directory website link (TIC Chapter 1451, Subchapter K)

28 TAC 3.3709(c)(7)

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.

Region	Specialty type	Number of preferred providers in network as submitted in current filing	Number of preferred providers in the network submitted in the previous year	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
1	Ophthalmologist							
1	Optometrist							
1	Therapeutic Optometrist							
2	Ophthalmologist							
2	Optometrist							
2	Therapeutic Optometrist							
3	Ophthalmologist							
3	Optometrist							
3	Therapeutic Optometrist							
4	Ophthalmologist							
4	Optometrist							
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5	Ophthalmologist							
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10	Therapeutic Optometrist							
11	Ophthalmologist							
11	Optometrist							
11	Therapeutic Optometrist							

