

Network Compliance and Waiver Request Instructions Guide

General instructions

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.

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

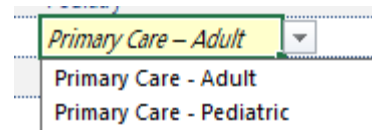
Confirm: Ensure the template is visually back to its normal state (the button will be green).

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.



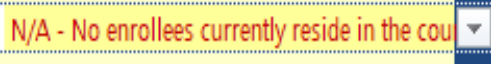
Delete row

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

X 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.
 - Data entry errors will appear as a yellow cell.



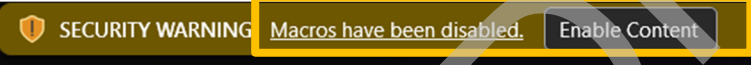
Workbook tabs

- 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.



Help

Network Compliance and Waiver Request

Filing information

Insurer name

NAIC number

Network name

Network ID

SERFF tracking No

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 48 occurrences on the Major Medical sheet, the displayed count of occurrences will highlight red. Counties appear bold if they are on Major Medical but unchecked here.

1. Filing information

Complete all fields in the filing information section.

Filing information	
Insurer name	_____
NAIC number	_____
Network name	_____
Network ID	_____
SERFF tracking No	_____
Access plan	https:// _____

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.
 At least one county must be selected for other worksheets to work properly.
 For counties with fewer than 48 occurrences on the Major Medical sheet, the displayed
 count of occurrences will highlight red.



Counties are bolded if they are unchecked but included in the Major Medical Sheet.

Each county is required to report 48 specialties. If a county is referenced more or less than 48 times in the Major Medical tab, the number of occurrences will highlight red. A template displaying this error cannot be accepted for review.

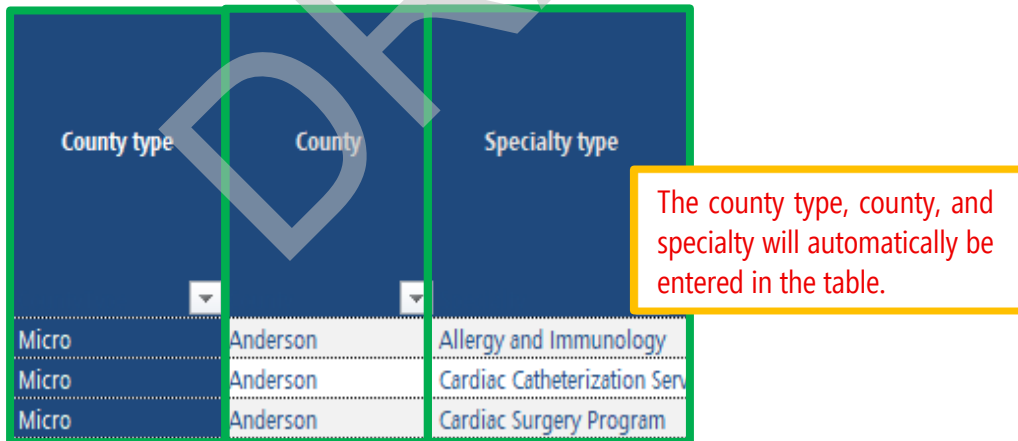
✓ All counties		⊗ Uncheck all	
Service Area	County	Specialties Count*	County Designation
<input checked="" type="checkbox"/>	Anderson	47	Micro
<input type="checkbox"/>	Andrews	N/A	Rural
<input type="checkbox"/>	Angelina	N/A	Metro
<input type="checkbox"/>	Aransas	N/A	Micro
<input type="checkbox"/>	Archer	N/A	CEAC

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 48 specialties/rows for each county.



County type	County	Specialty type
Micro	Anderson	Allergy and Immunology
Micro	Anderson	Cardiac Catheterization Ser
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

A screenshot of a form field. The field has a dark blue header with the text "Number of preferred providers within the county" in white. Below the header is a white input area with a small dropdown arrow on the right. The input area contains the text "1". Below the input area are several rows of a table with dotted lines, and the word "Services" is visible in the second row.

Enter the number of contracted physicians or providers within the county, as applicable.
If a county does not have any enrollees, *N/A*

The number listed should reflect *individual* physicians or providers, not the number of physician or provider *groups*.
Insurance Code §1301.00553 designates the licensure types that are permitted to be counted. For example, "Primary Care: Adults" is listed as a physician specialty, so only physicians should be counted.
The quantity of physicians or providers recorded here must be consistent with the number reported in the applicable tab of the Provider Listing.
For example, if an issuer has two physicians and seven nurses providing "Primary Care: Adults," in a given county, the issuer should report "2" in this field of the NCWR. Within the Provider List, the two physicians should be identified in the Physician tab, and the seven nurses should be identified in the Additional Providers tab.

3. Percentage of enrollees with sufficient choice

- These two columns are interdependent, and both must be completed.

Percentage of enrollees with access to at least 1 preferred provider	Percentage of enrollees with access to 2 or more preferred providers
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*If entered manually, please enter whole numbers only.

Adequacy standard:
For network adequacy to be satisfied, the following criteria must be met:
100% of enrollees must have access to at least 1 preferred provider, **and**
at least 90% of enrollees must have access to 2 or more preferred providers.

4. Compliant with appointment wait time

A screenshot of a dropdown menu. The header text is "Compliant with appointment wait time". Below the header, there is a dropdown arrow icon. The menu is open, showing four options: "N/A", "N/A", "N/A - No enrollees", and "N/A". The "N/A - No enrollees" option is highlighted with a white background and a grey border.

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



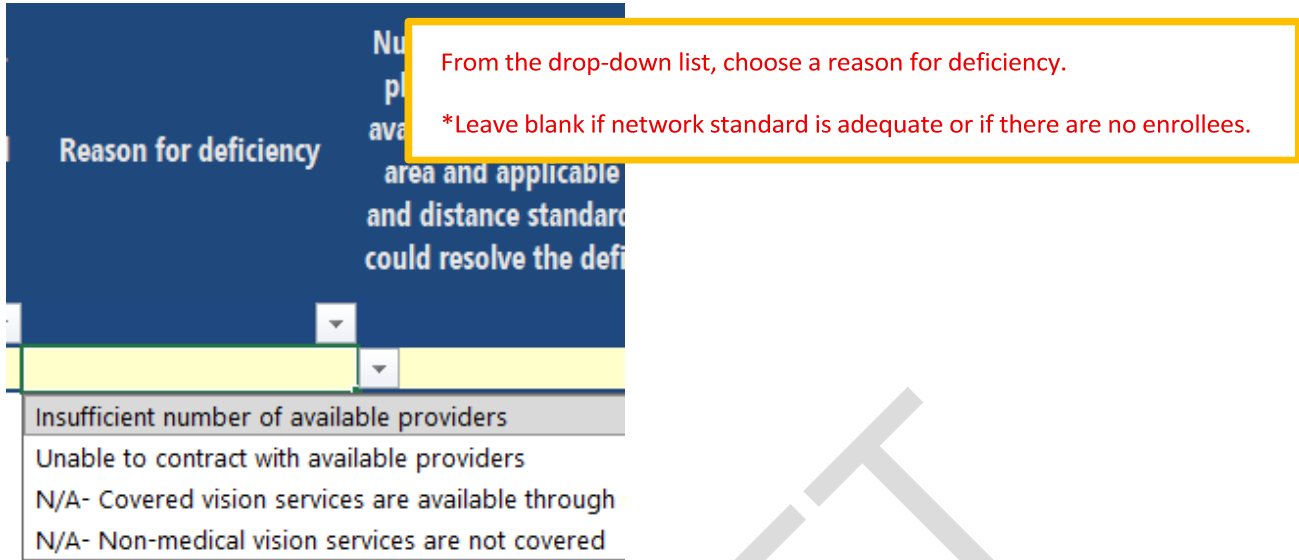
5. Filing year(s) a waiver for this deficiency has been granted

Filing year(s) a waiver for this deficiency has been granted (specify years and separate by comma, or N/A)

Enter the year a waiver for this deficiency has been granted.
For multiple years, list each year separated by a comma.

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6. Reason for deficiency



Reason for deficiency

From the drop-down list, choose a reason for deficiency.
*Leave blank if network standard is adequate or if there are no enrollees.

Insufficient number of available providers
Unable to contract with available providers
N/A- Covered vision services are available through sufficient number of in-network ophthalmologists
N/A- Non-medical vision services are not covered

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

Major Medical	Explanation
Insufficient number of available providers	Not enough qualified healthcare professionals are available to meet adequacy requirements.
Unable to contract with available providers	Use for any reason there is a network gap, other than a gap due to an insufficient number of available providers.
N/A- Covered vision services are available through sufficient number of in-network ophthalmologists	Services are covered and available through a sufficient number of ophthalmologists
N/A- Non-medical vision services are not covered	Not Applicable- non-routine vision services are not covered

- 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

▼

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.....

.....

Enter the number of non-contracted providers that could **resolve** the deficiency or increase the percent of insureds with access within the time and distance standards.

Only a numeric value will be accepted.

This number will be compared against the attempt to contract form to confirm outreach to all available providers.

*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.

- Source used to identify available physicians and providers

Source used to identify available physicians and providers

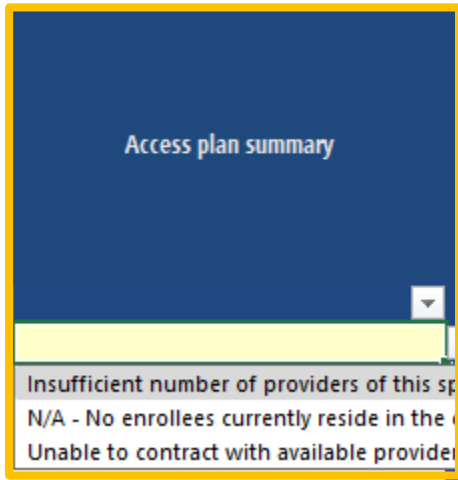
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Enter the source or reference used to research non-contracted providers.

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

9. Access plan summary



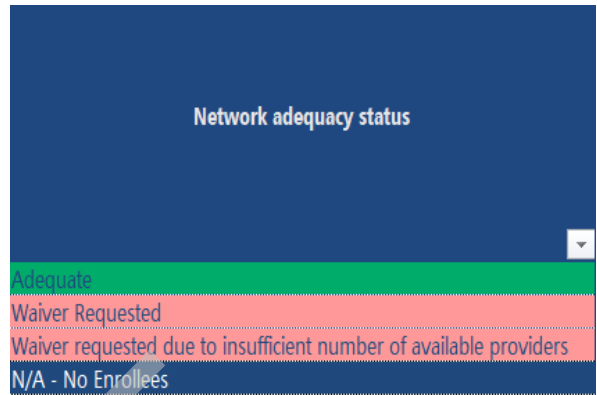
From the drop-down list, select a single applicable access plan summary.

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

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

Access Plan Summaries	Access plan summary explanation
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.
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 will be 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 to receive an approved waiver.
Covered vision services are available within the applicable time and distance standards under Insurance Code §1301.00553 through a sufficient number of ophthalmologists.	Applicable optometrist and therapeutic optometry vision services are covered by a sufficient number of ophthalmologists.
N/A - Non-medical vision services are not covered	Not Applicable- non-routine vision services are not covered

10. 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 due to failure to contract

FB Physician & Provider

Within the FB Physician & Provider (FB) tab, the issuer must list the number of facility-based physicians and providers of each type at each in-network facility.

Facility types for evaluating facility-based providers	
Acute Inpatient Hospitals (must have Emergency services available 24/7)	
Hospitals (other)	
Surgical Services (Outpatient or Ambulatory Surgical Center)	
Freestanding Emergency Medical Care Facility	
Facility-based Physicians & Provider Types	
Anesthesiology (excluding pain management)	
Emergency Medicine	
General Surgery	
Intensivists	
Neonatology	
Oncology - Medical, Surgical	
Oncology - Radiation	
Radiology	
Hospitalists	
Pathology	

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](#) |
 +

- 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.
- 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.

- 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 Listing form.

The number listed should reflect *individual* physicians or providers, not the number of physician or provider *groups*.

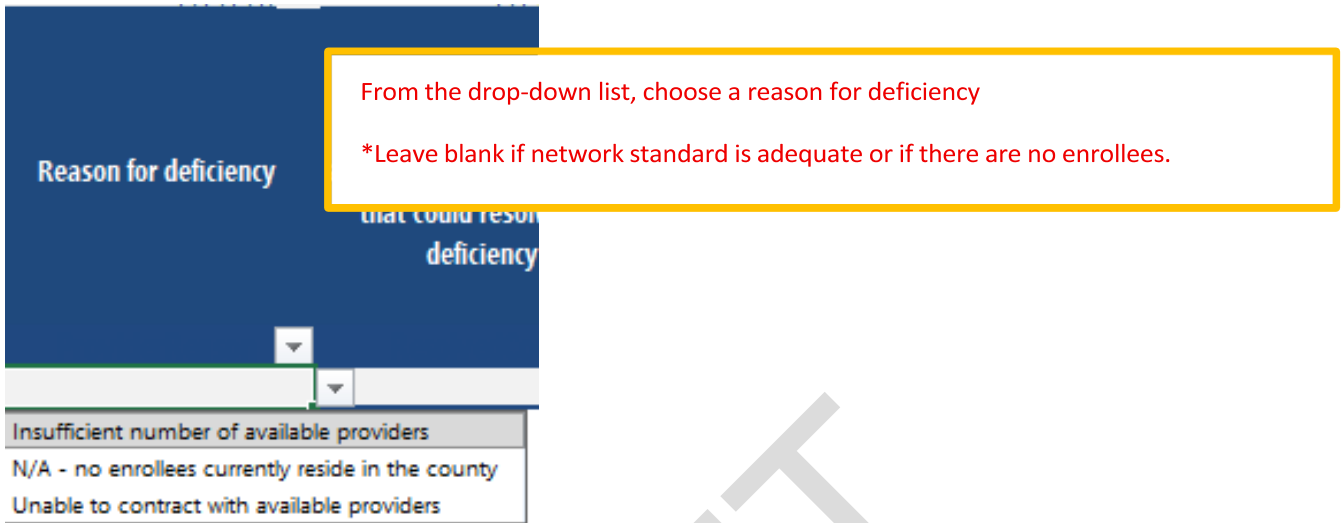
6. Years a waiver for this deficiency has been granted

Filing year(s) a waiver for this deficiency has been granted (specify years and separate by comma, or N/A)

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

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

7. Reason for deficiency



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

Facility-based	Explanation
Insufficient number of available providers	Not enough qualified healthcare professionals are available to meet adequacy requirements.
N/A – No enrollees currently reside in the county	N/A – No enrollees currently reside in the county
Unable to contract with available providers	Use for any reason preferred providers are not available, that is not for insufficient number of available providers or no enrollees.

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 facility 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.

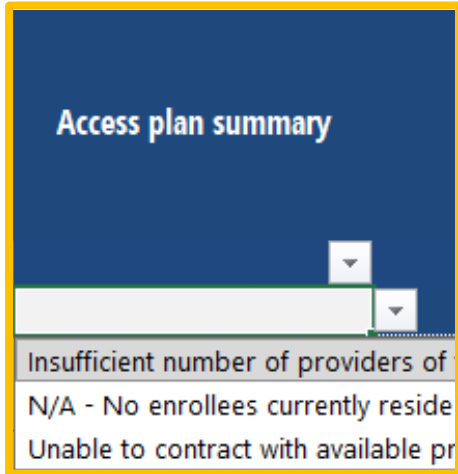
9. Source used to identify available physicians and providers

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
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.
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.

11. 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:
 - o Waiver requested due to insufficient number of available providers
 - o Waiver Requested

DRAFT



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
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 Reason for deficiency

Insufficient number of available providers

Unable to contract with available providers

N/A - Covered vision services are available through sufficient number of in-network ophthalmologists

N/A - Non-medical vision services are not covered

Major Medical 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 accessplan 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

Covered vision services are available within the applicable time and distance standards under Insurance Code §1301.00553 through a sufficient number of ophthalmologists.

N/A - Non-medical vision services are not covered

Compliant with appointment wait time

N/A- No enrollees

Facility-Based Reason for deficiency

Insufficient number of available providers

N/A- No enrollees currently reside in the county

Unable to contract with available providers

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