

Connecticut Insurance Department
Network Adequacy Survey Worksheet

2024 Medical

Carrier: Anthem Health Plans, Inc.

BlueCare Prime HMO/PPO

S1. CONTACT INFORMATION

S1.1. Contact Person

S1.2. Title

S1.3. Direct Phone #

S1.4. Email Address

S2. GENERAL INFORMATION

S2.1. Confirm that if any network adequacy requirements are delegated to leased networks or TPA partners, the carrier has a way to audit the network /TPA to ensure all the network adequacy requirements are in compliance with the statutes and regulations.

Do not delegate any requirements to leased network/TPA

Confirm delegated requirements are audited

Delegated requirements are not audited

S2.2. Is the health carrier accredited by NCQA for meeting network adequacy requirements or by URAC for meeting URAC's provider network access and availability standards?

NCQA

URAC

Both NCQA and URAC

Neither

S3. STANDARDS & RESPONSIBILITIES TO THE PROVIDER

S3.1.a. What is the average term of a provider contract?

- 1 year
- 2 year
- 3 year
- 4 year
- 5 year
- Evergreen

S3.1.b. Do contracts renew automatically?

- Yes
- No

S3.1.c. Do contract terms vary by specialty?

- Yes
- No

S3.1.c.1. If "yes" is selected, provide an explanation.

S3.2. Confirm that all provider contracts include a clause that hold covered persons harmless from balance billing beyond any contractual cost sharing amounts.

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.3. Confirm that the health carrier and participating provider are providing not less than 90 days' written notice to each other of any intent to terminate or not renew a contract.

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.4. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding payment terms, such as submission of claims and reimbursement?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.5. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding utilization review?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.6. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding quality assessment and improvement programs?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.7. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding credentialing and re-credentialing?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.8. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding data reporting requirements?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.9. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding providing timely notice of changes, including not accepting new patients into their practice?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.10. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding confidentiality requirements?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.11. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding federal or state programs?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.12. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding collecting applicable coinsurance, deductibles or copayments from covered persons?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.13. How is the health carrier notifying participating providers of their detailed responsibilities to the health carrier's administrative policies and programs regarding notifying covered persons, prior to delivery of services, of their financial obligations for non-covered benefits?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.14. How is the health carrier notifying participating providers of the procedures in place for the resolution of administrative, payment or other disputes between the health carrier and a participating provider?

Check all that apply and attach a document for each.

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

For each attachment, provide page AND section number(s) where the information can be found.

S3.15. How are participating providers notified whether or not referrals are required, both within and outside the network?

Check all that apply and attach a document for each.

Information is in the Provider Contract / Addendum

Information is in the Provider Manual

Information is in the online provider portal

Other

For each attachment, provide page AND section number(s) where the information can be found.

S3.15.a If "Other" was selected, provide an explanation.

S3.16. How are participating providers notified on an ongoing basis of the specific covered health care services for which they are responsible for, including any limitations on or conditions of such services?

Through Provider Newsletters

Through Provider Emails/Fax

Through Provider Portal

S3.17.a. How are participating providers able to determine, in a timely manner at the time benefits are provided, whether an individual is a covered person or is within a grace period for payment of premium?

By calling carrier's dedicated phone line

By visiting carrier's provider portal

By other means

S3.17.a.1. If "by other means" is selected, provide explanation.

S3.17.b. How are providers informed of this process?

Carrier welcome letter

Provider Manual

Provider portal

On member ID card

Other

S3.17.b.1. If "other" is selected, provide explanation.

S3.18. Were any new or revised documents (since the last approved filing) submitted to address questions S3.2 - S3.15 above? If yes, attach a REDLINE version of the new or revised document(s).

Yes, new documents added

Yes, previously submitted documents revised

All of the above

No changes

If there were any new or revised documents referenced in this section, list the document names.

S4. STANDARDS & RESPONSIBILITIES TO COVERED PERSONS

S4.1.a. Who sends out the notice to inform covered persons that their provider is leaving or being terminated from the network?

- Leased network(s) send notice
- Carrier sends notice
- TPA sends notice
- Combination of the above

S4.1.a.1. If "Combination of the above" was selected, provide an explanation.

S4.1.b. Provide the internal process(es) in place to meet the requirement of sending a written notice to all covered persons being treated on a regular basis to notify them when their provider is leaving or is being removed from the network.

For each attachment, provide page AND section number(s) where the information can be found.

S4.1.c. Confirm that the written notice of provider termination is sent to all covered persons that were treated at least once during the previous 12 months by the terminating provider.

- Confirm
- Do not confirm

S4.1.c.1. If "Do not confirm" was selected, provide an explanation.

S4.1.d. Confirm that the written notice is sent to covered persons not less than 30 days before the proposed date of contract termination.

- Confirm
- Do not confirm

S4.1.d.1. If "Do not confirm" was selected, provide an explanation.

S4.2. Provide a sample letter that is sent to covered persons notifying them that their provider is leaving or is being removed from the network.

For each attachment, provide page AND section number(s) where the information can be found.

S4.3. Confirm that all insurance contracts include information to inform covered persons of the network plan's grievance and appeals process.

Confirm

Do not confirm

S4.3.a. If "Do not confirm" was selected, provide an explanation.

S4.4. Confirm that all insurance contracts include information of the network plan's process for covered persons to choose or change participating providers in the network plan.

Confirm

Do not confirm

S4.4.a. If "Do not confirm" was selected, provide an explanation.

S4.5. Confirm that all insurance contracts include information to inform covered persons of health care services offered by the network plan, including those health care services offered through the preventive care benefit.

Confirm

Do not confirm

S4.5.a. If "Do not confirm" was selected, provide an explanation.

S4.6. Confirm that all insurance contracts include information to inform covered persons of the network plan's procedures for covering and approving emergency, urgent and specialty care.

Confirm

Do not confirm

S4.6.a. If "Do not confirm" was selected, provide an explanation.

S4.7. Provide a document that informs covered persons of the process to cover an out-of-network provider at an in-network level of cost share to the member should there be no in-network providers within a reasonable driving distance, reasonable appointment scheduling timeframe, or accepting new members.

For each attachment, provide page AND section number(s) where the information can be found.

S4.8.a Who is responsible for reviewing out of network exception requests to see an out-of-network provider at an in-network level of cost share if there are no in-network providers within reasonable driving distance, reasonable appointment scheduling timeframe, or accepting new members?

Leased network reviews requests

Carrier/TPA reviews requests

Utilization Review Entity reviews requests

Combination of the above

S4.8.a.1. If "Combination of the above" was selected, provide an explanation.

S4.8.b. Provide the internal process(es) in place to review exception requests to see an out-of-network provider at an in-network level of cost share if there are no in-network providers within reasonable driving distance, reasonable appointment scheduling timeframe, or accepting new members.

For each attachment, provide page AND section number(s) where the information can be found.

S4.8.c. Regardless of who reviews the out-of-network exception requests in instances of network inadequacy, confirm that the time/distance and appointment wait time measures used comply with Connecticut's standards.

Confirm

Do not confirm

S4.8.c.1. If "Do not confirm" was selected, provide an explanation.

S4.9. Regardless of who reviews the out-of-network exception requests in instances of network inadequacy, confirm that the timeframe for approving out of network requests falls within Connecticut's Utilization Review standards.

Confirm

Do not confirm

S4.9.1. If "Do not confirm" was selected, provide an explanation.

S4.10. For each requirement below, check off and attach all the processes AND policies in place to address the health carrier's efforts to meet the needs of covered persons (children and adults) with:

S4.10.a. Limited English proficiency or illiteracy

Check all that apply and attach a document for each.

Process to provide written translation

Process to provide oral translation

Internal non-discrimination policy

Provider contract/manual includes non-discrimination language

Other

For each attachment, provide page AND section number(s) where the information can be found.

S4.10.b. Serious chronic or complex conditions, including vision or hearing impaired.

Check all that apply and attach a document for each.

- Process to provide services for vision impaired
- Process to provide services for hearing impaired
- Internal non-discrimination policy
- Provider contract/manual includes non-discrimination language
- Other

For each attachment, provide page AND section number(s) where the information can be found.

S4.10.c. Diverse cultural or ethnic backgrounds (include internal training in place to address this).

Check all that apply and attach a document for each.

- Internal non-discrimination training
- Provider contract/manual includes non-discrimination language
- Other

For each attachment, provide page AND section number(s) where the information can be found.

S4.11. Provide a document sent to members that informs them of the availability of services described in S4.10.a. and S4.10.b.

For each attachment, provide page AND section number(s) where the information can be found.

S4.12.a. Confirm that member surveys are conducted to assess members' health care needs and satisfaction with the health care services provided.

Confirm

Do not confirm

S4.12.a.1. If "Do not confirm" was selected, provide an explanation.

S4.12.b. How frequently are these assessments conducted?

Monthly

Quarterly

Bi-annually

Annually

Other

S4.12.b.1. If "Other" was selected, provide an explanation.

S4.12.c. Confirm that there is a process in place to take corrective measures, when necessary.

Confirm

Do not confirm

S4.12.c.1. If "Do not confirm" was selected, provide an explanation.

S4.13. Were any new or revised documents (since the last approved filing) submitted to address questions S4.1 - S4.11 above? If yes, attach a REDLINE version of the new or revised document(s).

Yes, new documents added

Yes, previously submitted documents revised

All of the above

No changes

If there were any new or revised documents referenced in this section, list the document names.

S5. NETWORK ADEQUACY STANDARDS

S5.1. How many covered persons are enrolled in the plan?

S5.2. PROVIDER TO MEMBER MINIMUM RATIOS (Enter the total number of in network providers per specialty.)

Specialty	Number of providers	Ratio Standard
Allergy and Immunology		0.05
Cardiology		0.27
Chiropractor		0.10
Dermatology		0.16
Endocrinology		0.04
ENT/Otolaryngology		0.06
Gastroenterology		0.12
General Surgery		0.28
Gynecology, OB/GYN		0.04
Infectious Diseases		0.03
Nephrology		0.09
Neurology		0.12
Neurosurgery		0.01
Oncology - Medical, Surgical		0.19
Oncology - Radiation/Radiation Oncology		0.06
Ophthalmology		0.24
Orthopedic Surgery		0.20
Physiatry, Rehabilitative Medicine		0.04
Plastic Surgery		0.01
Podiatry		0.19
Primary Care		1.67
Psychiatry		0.14
Pulmonology		0.13
Rheumatology		0.07
Urology		0.12
Vascular Surgery		0.02
Cardiothoracic Surgery		0.01

S5.2.a. For EACH minimum ratio requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s).

S5.3.a Across the whole network, what percentage of providers accept new patients? (Note: at least 70% of in network providers should be accepting new patients.)

S5.3.a.1. If less than 70% of providers across the whole network accept new patients, explain the corrective actions taken to address this.

S5.3.b. How frequently is this measured, assessed and monitored?

Monthly
Quarterly
Twice a year
Annually
Other

S5.3.b.1. If "Other" was selected, provide an explanation.

S5.4.a. Who is responsible for monitoring the network to ensure that covered persons have reasonable access to participating providers located near such covered persons' places of residence or employment? (Attach policy AND standards used below).

Carrier/TPA

Attach the appropriate process. For each attachment, provide page AND section number(s) where the information can be found.

S5.4.a.1. If "Other" was selected, provide an explanation.

Monthly
Quarterly
Twice a year
Annually
Other

S5.4.b.1. If "Other" was selected, provide an explanation.

[illegible]

[illegible]

Plastic Surgery	T	30	T	60	T	60	T	60	T	60	T	60
	D	15	D	40	D	40	D	40	D	40	D	40
Podiatry	T	20	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30
Primary Care - Adult	T	10	T	15	T	15	T	15	T	15	T	15
	D	5	D	10	D	10	D	10	D	10	D	10
Primary Care - Pediatric	T	10	T	15	T	15	T	15	T	15	T	15
	D	5	D	10	D	10	D	10	D	10	D	10
Pulmonology	T	20	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30
Rheumatology	T	30	T	60	T	60	T	60	T	60	T	60
	D	15	D	40	D	40	D	40	D	40	D	40
Speech Therapy	T	20	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30
Urology	T	20	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30
Vascular Surgery	T	30	T	60	T	60	T	60	T	60	T	60
	D	15	D	40	D	40	D	40	D	40	D	40

S5.5.a.1. For EACH requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s).

S5.5.b Time(T)/Distance(D) By Facility Specialty Type

Specialty	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham
Acute Inpatient Hospitals - <div>(must have emergency services available 24/7)</div>	T	20 T	45 T	45 T	45 T	45 T	45 T	45 T
	D	10 D	30 D	30 D	30 D	30 D	30 D	30 D
Cardiac Catheterization Services	T	30 T	60 T	60 T	60 T	60 T	60 T	60 T
	D	15 D	40 D	40 D	40 D	40 D	40 D	40 D
Cardiac Surgery Program	T	30 T	60 T	60 T	60 T	60 T	60 T	60 T
	D	15 D	40 D	40 D	40 D	40 D	40 D	40 D
Critical Care Services - Intensive Care Units (ICU)	T	20 T	45 T	45 T	45 T	45 T	45 T	45 T
	D	10 D	30 D	30 D	30 D	30 D	30 D	30 D

Specialty	FAIRFIELD		HARTFORD		LITCHFIELD		MIDDLESEX		NEW HAVEN		NEW LONDON		TOLLAND		WINDHAM	
Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)	T	20	T	45	T	45	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30	D	30	D	30
Inpatient or Residential Behavioral Health Facility Services	T	30	T	70	T	70	T	70	T	70	T	70	T	70	T	70
	D	15	D	45	D	45	D	45	D	45	D	45	D	45	D	45
Mammography	T	20	T	45	T	45	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30	D	30	D	30
Outpatient Infusion/Chemotherapy	T	20	T	45	T	45	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30	D	30	D	30
Skilled Nursing Facilities	T	20	T	45	T	45	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30	D	30	D	30
Surgical Services (Outpatient or ASC)	T	20	T	45	T	45	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30	D	30	D	30
Urgent Care	T	20	T	45	T	45	T	45	T	45	T	45	T	45	T	45
	D	10	D	30	D	30	D	30	D	30	D	30	D	30	D	30

S5.5.b.1. For EACH requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s).

S5.6. See the timeframe requirements for scheduling in-network appointments. Fill out the actual measure (in terms of hours for Urgent Care and days for everything else) that is achieved 90% of the time within your entire network for each provider type.

TYPE OF APPOINTMENT	TIMEFRAME REQUIREMENT	TIMEFRAME ACHIEVED
Urgent Care	Within 48 hours	
Non-Urgent appointments for primary care	Within 10 business days	
Non-Urgent appointments for specialist care	Within 15 business days	
Non-Urgent for non-physical mental health	Within 10 business days	
Non-Urgent for ancillary services	Within 15 business days	

S5.6.a. For EACH requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s).

S5.7.a Who conducts the appointment wait time survey?

Carrier/TPA

S5.7.a.1. If "Other" was selected, provide an explanation.

S5.7.b Confirm that a valid sample size of responses, as defined by NAIC (95% confidence level with a 5% margin of error), was used to report the appointment wait times.

Confirm

Do not confirm

S5.7.b.1 If "Do not confirm" was selected, provide an explanation and indicate when you expect to comply and provide updated data.

S5.7.c How is the appointment wait time survey conducted?

Provider survey: electronic/fax/mail

Provider survey: phone

Member survey: electronic/fax/mail

Member survey: phone

Other

S5.7.c.1 If "Other" was selected, provide an explanation and indicate when you expect to comply and provide updated data.

S5.7.d When was the last appointment wait time survey completed? (Note: It should be within the last 12 months.)

S5.7.d.1 The date provided is longer than 12 months. Please indicate when you expect to have more updated survey results available

S5.8. How is the health plan ensuring that covered persons have access to emergency services, as defined in C.G.S. 38a-477, including after-hours answering service, 24 hours a day, 7 days a week?

Provider surveys

Member complaints

Other

S5.8.a. If "Other" was selected, provide an explanation.

S5.9. Confirm that the health plan has procedures in place to contract with hospital-based providers.

Confirm

Do not confirm

S5.9.a. If "Do not confirm" was selected, provide an explanation.

S5.10.a Are there processes in place to contract with centers of excellence, mobile clinics, walk-in clinics, urgent care facilities, and pharmacies?

Yes

No

S5.10.a.1. If "No" was selected, provide an explanation.

S5.10.b Please provide the number of specialty facility centers in your network.
(Note: The network must have at least 1 in each category below.)

TYPE OF SERVICE	NUMBER
Centers of Excellence	
Centers of Mobile Clinics	
Walk-in Clinics	
Urgent Care Facilities	
Pharmacies	

S5.10.b.1 For EACH requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s).

S5.11. What percentage of available Essential Community Providers are included in the network plan?

S5.12. Confirm that there is a process in place to monitor on an ongoing basis the ability, clinical capacity and legal authority of participating providers to provide all covered benefits to covered persons.

Confirm

Do not confirm

S5.12.a. If "Do not confirm" was selected, provide an explanation.

S5.13. Describe the process in place for monitoring access to specialist services in emergency room care, anesthesiology, radiology, hospitalist care, pathology and laboratory services at participating hospitals.

S5.14. Describe the process in place for ensuring that participating providers and facilities meet available and appropriate quality of care standards and provide high quality of care and health outcomes.

S5.15.a. What are the factors, standards, and criteria used to build the whole network and tier health care providers and facilities?

S5.15.b. Provide a direct link to the carrier website where the standards used to build a network are posted in plain language.

S5.16.a. Describe the process for providing continuity of care to covered persons in the event of contract termination between the health carrier and any of its participating providers or in the event of the health carrier's insolvency or other inability to continue operations.

S5.16.b. How will covered persons be notified of such contract termination, insolvency or other cessation of operations and transitioned to other participating providers in a timely manner?

Member Letters

Phone call

Both of the above

Other

S5.16.b.1. If "Other" was selected, provide an explanation.

S5.17. Describe the process for ensuring the coordination and continuity of care for covered persons that are referred to specialty physicians or those that are using ancillary services, including but not limited to, social services and other community resources and for ensuring appropriate discharge planning for covered persons using such ancillary services.

S6. PROVIDER DIRECTORIES

S6.1.a. Confirm that a hard copy of the provider directory is available upon request.

Confirm

Do not confirm

S6.1.a.1. If "Do not confirm" was selected, provide an explanation.

S6.1.b. How frequently is the hard copy of the provider directory updated? (Note: it should be updated at least annually.)

Daily (except weekends and holidays)

Weekly

Monthly

Quarterly

Twice a year

Annually

S6.2. How frequently is the online directory updated? (Note: it should be updated at least monthly.)

Daily (except weekends and holidays)

Weekly

Monthly

Quarterly

Twice a year

Annually

S6.2.a. If less frequent than monthly was selected, provide an explanation.

S6.3.a. Who conducts the audit of the provider directory?

Carrier/TPA

Attach the appropriate process. For each attachment, provide page AND section number(s) where the information can be found.

S6.3.a.1. If "Other" was selected, provide an explanation.

S6.3.b. Confirm that all the required fields in the provider directory are audited.

Confirm

Do not confirm

S6.3.b.1. If "Do not confirm" was selected, provide an explanation.

S6.3.c. What is the frequency of the provider directory audits?

Monthly

Quarterly

Twice a year

Annually

Other

S6.3.c.1. If "Other" was selected, provide an explanation.

S6.4. Provide a link to the online provider directory

S6.5. Confirm that BOTH the online and printed directories comply with the below requirements. For each requirement, provide an online screenshot and printed directory sample to demonstrate compliance.

S6.5.a. Accessible to non-members.

Online

Confirm

Do not confirm

For each attachment, provide page AND section number(s) where the information can be found.

If "do not confirm" is selected, provide an explanation and expected date of compliance.

Print

Confirm

Do not confirm

For each attachment, provide page AND section number(s) where the information can be found.

If "do not confirm" is selected, provide an explanation and expected date of compliance.

S6.5.b. Clearly indicates the plan/network name(s).

Online

Confirm

Do not confirm

For each attachment, provide page AND section number(s) where the information can be found.

If "do not confirm" is selected, provide an explanation and expected date of compliance.

Print

Confirm

Do not confirm

For each attachment, provide page AND section number(s) where the information can be found.

If "do not confirm" is selected, provide an explanation and expected date of compliance.

S6.5.c. Clearly states when it was last updated.

Online

Confirm

Do not confirm

For each attachment, provide page AND section number(s) where the information can be found.

If "do not confirm" is selected, provide an explanation and expected date of compliance.

Print

Confirm

Do not confirm

For each attachment, provide page AND section number(s) where the information can be found.

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S6.5.d. Clearly indicates whether a provider accepts new patients.

Online

Confirm

Do not confirm

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Print

Confirm

Do not confirm

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S6.5.e. Clearly indicates that the providers listed accept patients on an outpatient basis (office visit).

Online

Confirm

Do not confirm

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Print

Confirm

Do not confirm

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S6.5.f. Clearly indicates what participating hospital the provider has admitting rights to.

Online

Confirm

Do not confirm

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Print

Confirm

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S6.5.g. Clearly indicates what other (non-English) languages are spoken in the provider's office.

Online

Confirm

Do not confirm

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Print

Confirm

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S6.5.h. Clearly indicates whether the provider's office is handicap accessible.

Online

Confirm

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S6.5.i. Includes a description of the criteria used to build the network.

Online

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Print

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S6.5.j. Does the network have different in-network provider tiers?

Yes

No

S6.5.j.a. Includes a description of how the health carrier designates the different in-network provider tiers AND clearly indicates which tier the provider is in.

Online

Confirm

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Print

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S6.5.k. Does the network require referrals?

Yes

No

S6.5.k.a. Includes a statement that authorization or referral may be required to access some participating providers.

Online

Confirm

Do not confirm

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Print

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S6.5.I. Provides an e-mail address and a telephone number or an Internet web site address to report inaccurate information.

Online

Confirm

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Print

Confirm

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