

Network Access Reports Submission Instructions

January 30, 2015
Edition 3.0

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Introduction to the Network Access Portal

On April 6, 2014 the Insurance Commissioner's office released the Network Access Portal. Issuers are required to file network access reports in the portal.

WAC 284-43-220 defines network access reports as follows:

- A. Access Plan report
- B. GeoNetwork report
- C. Provider Network Form A report
- D. Provider Directory Certification
- E. Network Enrollment Form B report
- F. Alternative Access Delivery Request Form C

The portal is designed to accept reports in the following specific formats:

Report Type	Report format requirement*
Access Plan	PDF
GeoNetwork report	PDF
Provider Network Form A report	Text
Provider Directory Certification	PDF
Network Enrollment Form B	Excel (.xls and .xlsx)
Alternative Access Delivery Request (AADR)	
Alternative Access Delivery Form C	PDF
AADR – Access Plan	PDF
AADR – GeoNetwork Report	PDF
AADR – Provider Network Form A	Text
AADR – Network Enrollment Form B	Excel

*Word and html documents will not be accepted.

Submission Requirements and Timelines

284-43 WAC Subchapters B and C contain multiple reporting requirements, submission timeframes, and reporting extensions. For example, WAC 284-43-220(1)(c) sets forth a "safe harbor" for gradual implementation of some requirements (e.g., submission of geographic maps and Access Plans), and the rules also contain several options for working with OIC to obtain assistance and additional time to meet the requirements, which are called out below.

Immediate implementation of this rule crosses three plan year submission deadlines. We present the below grids to illustrate the initial submission timeframes:

Plan Year 2013:

Reporting Requirement	Due Date	Extension permissible	Extension guidelines
Network Enrollment Form B	March 31, 2014	Yes	OIC granted industry wide extension from March 31, 2014 to April 30, 2014 to allow issuers to submit reports in Network Access Report portal.

Plan Year 2014:

Reporting Requirement	Due Date	Extension permissible	Extension guidelines
Provider Network Form A	January-May 2014 due by 10 th of each month	Yes	Issuer may provide written request for a filing extension or waiver. A 15 day extension will be automatically granted. Subsequent written extension requests will be granted based on cause. A carrier may request a waiver to not file for a single or multiple months.
	June 5, 2014 and each month thereafter by the 5 th of that month	Yes	Issuer may provide written request for a filing extension or waiver. A 15 day extension will be automatically granted. Subsequent written extension requests will be granted based on cause. A carrier may request a waiver to not file for a single or multiple months.
Provider Directory Certification	June 5, 2014 and each month thereafter by the 5 th of that month	Yes	A granted Provider Network Form A extension automatically extends Provider Directory certification requirement for same period. And, under WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown.
Network Enrollment Form B	March 31, 2015	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown.
Access Plan	New plan - Large group market	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown.
GeoNetwork Report	New plan offering – Large group market	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown.

Plan Year 2015:

Reporting Requirement	Due Date	Extension permissible	Extension guidelines
Provider Network Form A	5th of each month	Yes	Issuer may provide written request for a filing extension or waiver. A 15 day extension will be automatically granted. Subsequent written extension requests will be granted based on cause. A carrier may request a waiver to not file for a single or multiple months.
Provider Directory Certification	5 th of each month	Yes	Granted Provider Network Form A extension automatically extends Provider Directory certification requirement for same period. And, under WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown.
Network Enrollment Form B	March 31, 2016	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown.
Access Plan	May 1, 2014 Individual, Small group and Pediatric Stand Alone dental plan	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown. WAC 284-43-220(1)(c) – A safe harbor standard may be applied
	New plan offering – Large group market	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown. And, WAC 284-43-220(1)(c) – A safe harbor standard may be applied
GeoNetwork Report	May 1, 2014 Individual, Small group and Pediatric Stand Alone dental plan	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown. And, WAC 284-43-220(1)(c) – A safe harbor standard may be applied
	New plan offering – Large group market	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown. And, WAC 284-43-220(1)(c) – A safe harbor standard may be applied
Alternative Access Delivery Request	Upon issuer notification to OIC of need	Yes	WAC 284-43-220(1)(b) – an issuer may provide written request for a filing extension or waiver. The request will be permitted for good cause shown.

SERFF versus the Portal

Issuers will notice several changes regarding submission of reports in the OIC portal.

First, the network access portal is designed specifically for reporting purposes. Issuers are allowed to submit reports in a variety of formats. In SERFF, issuers were required to split reports into single documents, provide two copies (for example: Network Enrollment Form B reports were required to be filed in both pdf and excel), and restricted to 3MB per “form” submitted. These requirements are no longer applicable.

Second, issuers will notice the portal does not have a final disposition requirement. The upload of a report meets the submission requirement. Issuers will receive email correspondence only if the OIC requires additional or clarifying information. You will not replace reports in the portal. The OIC will not issue a status or disposition. Provider Network Form A filers will note the portal does not remove the monthly submission from the user view as occurred in the previous filing system.

Third, the portal includes an automated email system. Issuers are assigned reporting requirements each month. When an issuer does not fulfill that reporting requirement an email will be sent to the Network Access Contact reminding them a report has been assigned. An email will be generated every 15 days until the submission is made or the requirement is waived. To request a waiver, please send an email to the OIC Network Access Administrator at: OICNetworkAccess@oic.wa.gov

Finally, the portal includes an issuer specific security log-in. Provider Network Form A filers will no longer share one industry user log-in.

Getting Started:

Network Access Contact – Issuer Designee

Each issuer is required to designate a Network Access Contact (NAC). The NAC is issued user credentials to access the portal to upload reports. To register your organization’s NAC, please send an email to the Network Access Administrator at: OICNetworkAccess@oic.wa.gov

Your email must include the following information:

- a. Contact name
- b. Organization street address
- c. City
- d. State
- e. Zip code
- f. Phone #
- g. Fax # (optional)
- h. Email

An email with a username and temporary password will be sent to the NAC.

Network Access Report Portal Log-In

The portal may be accessed on-line at:

<https://fortress.wa.gov/oic/onlineservices/Login.aspx?module=NET>

First time users are required to change their password before entering the “Company Filing Center”. Passwords must have between 8 and 16 characters and include at least: 2 numbers and 1 capitalized letter.

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Welcome KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST [Home] | [Logout]

Test environment

OIC Online Services

Change Password

Fields marked with asterisk(*) are mandatory.

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST WAOIC#: 702 NAIC#: 95540 Health Care Service Contractor

Change Password

Password must be between 8 and 16 characters, and must have at least two numbers and one letter.

Old Password *
New Password *
Confirm New Password *

Who is the Issuer “Network Access Contact”?

Our organization has been submitting network access reports, but we do not know who does the reporting. Is there a way for us to verify the filer name? Yes. Enter the WAOIC# or NAIC# and click the find button. The network access contact will display.

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Test environment

OIC Online Services

Company Filing Center

Find your Network Access Contact

WAOIC: OR NAIC:

Need user credentials?
We can help if you email the following information to OICNetworkAccess@oic.wa.gov

- WA OIC or NAIC #
- Contact Name
- Mailing Address
- Telephone Number
- Email Address

[OIC Home](#)

USER LOGIN

User ID

Password

[Forgot Password?](#)

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Example: WAOIC #770 – John Hancock Life Insurance Company

Company Filing Center

Find your Network Access Contact

WAOIC: OR NAIC:

Entity: JOHN HANCOCK LIFE INSURANCE COMPANY (USA)
Administrator: Buster Torgerson
Phone: 654-465-4565 **E-Mail:** deidentity@oic.wa.gov

If this individual is no longer your Network Access Contact person you should send an email to: OICNetworkAccess@oic.wa.gov requesting a new contact person [for additional information please refer to section: Network Access Contact – Issuer Designee].

When do I submit a Network Access Report in the Portal?

The OIC Network Access Administrator will “identify” when a report is required to be submitted in the portal. An identified report will be assigned to each issuer specifically by licensure and line of business. An identified report activates a specific Plan Year selection and submission requirement in the portal. An issuer cannot file any network access report if it has not been assigned.

Assignment Schedule:

Report Name	Due Date	Assignment Date
Provider Network Form A	5th of each month	Last working day of the month prior to the reporting period [For example; June 5, 2014 report will be assigned on May 30, 2014]
Provider Directory Certification	5 th of each month	Last working day of the month prior to the reporting period[For example; June 5, 2014 report will be assigned on May 30, 2014]
Network Enrollment Form B	March 31 each year	First working day of the new year [For example: March 31, 2015 report for plan year 2014 will be assigned on January 2, 2015]
Access Plan	May 1, 2014 and subsequently as set by the OIC [WAC 284-170-870]	30 days prior to due date
	New plan offering – Large group market	Upon receipt of new product or notification by carrier new product is to be submitted.
GeoNetwork Report	May 1, 2014 and subsequently as set by the OIC [WAC 284-170-870]	30 days prior to due date
	New plan offering – Large group market	Upon receipt of new product or notification by carrier new product is to be submitted.

Alternative Access Delivery Request	Upon issuer notification to OIC of need	Upon receipt of email to OIC Network Access mailbox that issuer will be submitting an AADR.
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How do I submit a Network Access Report in the Portal?

To upload a report in the report you will select “Submit Reports” in the Menu options.

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Test environment

OIC Online Services

Menu Options

- Submit Reports
- Change Password
- Update Contact Information

Company Filing Center

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST WAOIC#: 702 NAIC#: 95540 Health Care Service Contractor

Your Network Access contact is the Insurance Commissioner’s only point of contact for the Company Filing Center. Please take the time to verify your information using the menu option on the left.

Need more information?

[Network Access Filing Instructions](#)

Email OICNetworkAccess@oic.wa.gov or call 360.725.7175

Select the plan year for the report submission:

Washington State Office of the Insurance Commissioner

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Test environment

OIC Online Services

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST WAOIC#: 702 NAIC#: 95540 Health Care Service Contractor

Network Access Reporting Plan Year

Select the Plan Year you want to submit reports for.

Reports for Plan Year *

PLEASE NOTE: If you receive this prompt, there is no current reporting requirement for this plan year activated in the portal. If you know you have a reporting requirement, verify you are in the correct plan year for the submission type.

Washington State Office of the Insurance Commissioner | Welcome KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | [Home] | [Logout] | Test environment | OIC Online Services

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | WAOIC#: 702 | NAIC#: 95540 | Health Care Service Contractor | Reports for Year Ending 12/31/2013

Network Access Reports

Network Access Reports | Reports marked with asterisk (*) are required to be submitted unless waived

There are no Network Access Reports available to submit at this time.

[Return To Main Menu](#)

When a network access report is due, the Network Access Report page will be identified and the “Reports to be Submitted” requirement will be activated.

Washington State Office of the Insurance Commissioner | Welcome KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | [Home] | [Logout] | Test environment | OIC Online Services

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | WAOIC#: 702 | NAIC#: 95540 | Health Care Service Contractor | Reports for Year Ending 12/31/2013

Network Access Reports

Network Access Reports | Reports marked with asterisk (*) are required to be submitted unless waived

Due	Reports to be Submitted	Attachments	Last Uploaded Date
03/07/2014	Network Enrollment Form B - Yr End 2013 *	0 uploaded files	

[Return To Main Menu](#)

To upload the report, click on “0 uploaded files” link.

Washington State Office of the Insurance Commissioner | Welcome KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | [Home] | [Logout] | Test environment | OIC Online Services

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | WAOIC#: 702 | NAIC#: 95540 | Health Care Service Contractor | Reports for Year Ending 12/31/2013

Network Access Reports

Network Access Reports | Reports marked with asterisk (*) are required to be submitted unless waived

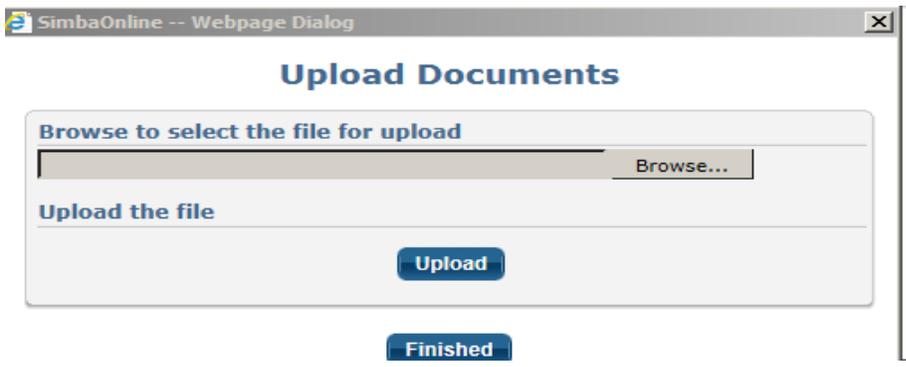
Due	Reports to be Submitted	Attachments	Last Uploaded Date
03/07/2014	Network Enrollment Form B - Yr End 2013 *	0 uploaded files	

[Return To Main Menu](#)

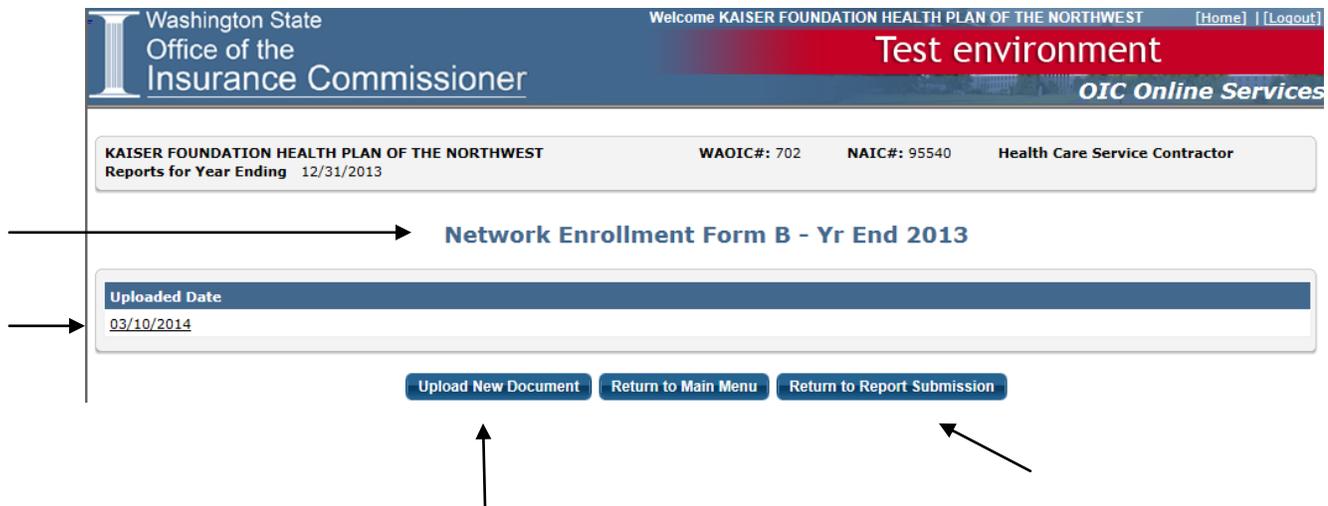
Select "Upload New Document" button.



Select "Browse..." button and locate file to upload. Select "Upload" button.



Once you upload the file, the report screen will show the uploaded date. This hyperlink is to the document you just uploaded. You can upload a new document from this screen.



Caution: An uploaded report cannot be removed from the portal.

To load a new report submission or review the reports already submitted, select "Return to Report Submission".

You will verify the report is uploaded in the “Main Menu”

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Welcome KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST [Home] [Logout]

Test environment
OIC Online Services

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST
Reports for Year Ending 12/31/2013

WAOIC#: 702 NAIC#: 95540 Health Care Service Contractor

Network Access Reports

Network Access Reports Reports marked with asterisk (*) are required to be submitted unless waived

Due	Reports to be Submitted	Attachments	Last Uploaded Date
03/07/2014	Network Enrollment Form B - Yr End 2013 *	1 uploaded files	03/10/2014

[Return To Main Menu](#)

Please remember to logout when you have completed your network access report submission(s). Closing your session will ensure that no other user can access your reporting screen without the proper user log-in information.

Washington State
Office of the
Insurance Commissioner

Welcome KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST [Home] [Logout]

Test environment
OIC Online Services

Company Filing Center

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST WAOIC#: 702 NAIC#: 95540 Health Care Service Contractor

Your Network Access contact is the Insurance Commissioner's only point of contact for the Company Filing Center. Please take the time to verify your information using the menu option on the left.

Need more information?

[Network Access Filing Instructions](#)

Email OICNetworkAccess@oic.wa.gov or call 360.725.7175

How do I remove a report that I filed in error?

Neither an issuer nor the OIC can remove an uploaded report from the portal. All reports submitted to the OIC are subject to public disclosure and are an official submission. The Network Access Administrator can remove a report filed in error from the on-line Consumer Toolkit.

To request a report be removed from the Consumer Toolkit you must email the Network Access Administrator at: OICNetworkAccess@oic.wa.gov

Please note, the issuer must file a corrected report prior to making this request and must specify in the email which report is being removed from the public view and which report is to be viewable.

Provider Network Form A and Provider Directory Certification

An issuer must submit a report of all participating providers by network. The Provider Network Form A (Form A) must be submitted for each network being reviewed for network access. A network may be used by more than one plan.

The Form A filing is an ASCII based file. It must be filed following the “File Format Specification” document and “2009 Provider Network Form A” specifications document. Step by step filing requirements are set forth on the “Provider Network Form A” webpage and available at: <http://www.insurance.wa.gov/for-insurers/filing-instructions/file-network-access/enrollment-form-a/>

The Provider Directory Certification must be submitted at the same time as each Form A submission. The portal has a separate submission requirement and uploads for the certification document. **DO NOT** attach the certification to the Form A data.

At this time, the OIC will not be providing a certification form. Issuers should develop their own certification document. An officer of the company must certify the issuer’s provider directory posted on the issuer’s website is specific to each plan, accurate as of the last date of the prior month and that only providers and facilities that have a signed contract, effective on the date of the certification, are contained in the directory.

Adding, deleting, or changing a network name

Issuers are required to register each network name it uses [report field 2 – Network] to provide access to the covered services in a health plan with the OIC. The network name must match the network name stated in the product filing and in the individual and small group market must match the nomenclature reported on the SERFF Binder Network Template.

To add, delete, change or verify networks send an email to the OIC Network Access mailbox at: OICNetworkAccess@oic.wa.gov

NPI requirements

On January 1, 2008 the Insurance Commissioner’s office changed the Form A filing specifications for fields “7 – PNPI” and “26 – BNPI”. An issuer is required to populate these two fields with a provider and/or facilities NPI number(s). Issuers may not use other numbers such as, but not limited to: placeholder numbers, social security numbers, EIN’s, TIN, etc. In recognition that issuers would need time to collect this data the OIC granted an alternative filing method. This method allowed issuers to file two submissions each month.

Effective April 6, 2014, the OIC will no longer accept an alternative filing method.

All issuers must submit one properly completed Form A report that includes all contracted providers and facilities as set forth in the “2009 Provider Network Form A” specifications document.

Reporting Essential Community Providers in the Form A

Issuers must indicate whether a provider is an essential community provider each month in the Form A. For plan years 2014 and 2015 issuers are directed to register [field 2 – Network] and submit each network three times in the following format:

1. Entire network ;
2. Essential community providers only;
3. Tribal providers only.

For example, issuer X uses a network named “Best Access Network”. The issuer must register the network name “Best Access Network”, “Best Access Network – ECP”, and “Best Access Network – Tribal”.

Report naming requirements and filing restrictions

An issuer may only upload one Form A report per day because the report file name format requirement includes a calendar date.

Network Enrollment Form B

An issuer must submit the Network Enrollment Form B each year reporting the total number of covered persons who were entitled to health care services during each month of the prior year, by network, county, gender, and age band. Individual, Small Group, and Qualified Dental Plans have additional reporting requirements defining the lines of business as offered inside or outside the exchange.

The Network Enrollment Form B report is available on the “Network Access” webpage and available at: <http://www.insurance.wa.gov/for-insurers/filing-instructions/file-network-access/>

Specific Filing Instructions:

Issuers should only submit one active excel workbook for each year that includes all lines of business. **DO NOT** upload multiple **WORKBOOKS** for each line of business.

1. The workbook includes multiple active worksheets to report all lines of business for all networks [e.g. Individual, Small Group, Qualified Dental Plans, Large Group, and/or Conversion]. If one or more of the worksheets are not applicable **LEAVE THEM BLANK, DO NOT REMOVE THEM.**
2. If you will be reporting multiple networks for a line of business, copy the applicable worksheet as needed [e.g. If reporting five networks in the small group market, copy the Small Group worksheet five times to report each network].
3. You must include a report for each **network** submitted during the prior year. Issuers should review the Provider Network Form A monthly submission for this information. Please see field 2 of Provider Network Form A for specific information about your prior network submissions.
4. When entering your numerical data you will notice the cells are coded with dashes that equal zero. If you have nothing to report for that cell, **LEAVE IT BLANK.** You **DO NOT** need to delete it or change it to zero, just move on. Totals will automatically calculate.

Geographic Network Reports

An issuer is required to submit the following 11 maps with access statistics table(s) for each network:

1. Hospital and emergency services
2. Primary Care providers
3. Mental Health Providers (2 maps required)
 - a. general mental health providers
 - b. specialty mental health providers
4. Pediatric services (2 maps required)
 - a. general pediatric services
 - b. specialty pediatric services
5. Specialty Services
6. Therapy services
7. Home health, hospice, vision, and dental providers
8. Pharmacy dispensing services
9. Essential Community providers

All maps must include the network identification clearly printed on them. If the map applies to more than one network, an issuer may list all the applicable network identifiers on it and submit it once. For example, Issuer X has one network it uses in the commercial market named “The Harbor Network”. Acme Insurance Company will file 11 maps for plan year 2015 for the “The Harbor network”.

Issuers should only submit one pdf document per network that includes all geographic reports. If an issuers maps include multiple identifiers for multiple networks, submit one pdf document that includes all maps for all networks. **DO NOT** upload each map separately.

New Filers and Service Area expansion membership

A new issuer to Washington State or an issuer that is expanding its service area will not have current membership numbers to utilize for reporting purposes. Issuers should either use the projected membership number reported in the rate filing as the base number for reporting or for issuers expanding its service area you may request a “Safe Harbor” for new counties.

How do I invoke the 2015 plan year “Safe Harbor” per WAC 284-43-220(1)(c)?

An issuer may notify the OIC that it has invoked the safe harbor using one of the following submission practices: **Please note** *invoking the safe harbor is for both the GeoNetwork and Access Plan requirements. If you follow option one, you must submit multiple documents twice for the separate assigned reports in the portal.*

1. In the portal, submit one pdf document that includes a cover letter outlining why the issuer cannot meet the submission requirements outlined in 284-43 Subchapter B, an action plan to obtain the missing information, the expected date to file the complete GeoNetwork report, and a copy of the GeoNetwork map(s) that include the information currently available to report. [WAC 284-43-220(1)(c)(i)-(iii)]; Or
2. If the issuer will be unable to submit any required information, send an email to the OIC Network Administrator at: OICNetworkAccess@oic.wa.gov stating:
 - a. The exact reason(s) you will be not be able to submit the report;
 - b. How long it will take you to submit information;
 - c. Action plan to address the reason(s) stated in your correspondence.

Access Plan

An issuer is required to submit an access plan(s) that describes the issuer's strategy, policy, and procedures necessary to establishing, maintaining, and administering an adequate network. At a minimum the policies and procedures referenced in the access plan must address:

1. Referral of enrollees out-of-network, including criteria for determining when an out-of-network referral is required or appropriate;
2. Copayment and coinsurance determination standards for enrollees accessing care out-of-network;
3. Standards of accessibility expressed in terms of objections and minimum levels below which corrective action will be taken by the issuer, including the proximity of specialists and hospitals to primary care sources, and a method and process for documentation confirming that access will not result in delays detrimental to health of enrollees;
4. Monitoring policies and procedures for compliance, including tracking and documenting network capacity and availability;
5. Standard hours of operation, and after-hours, for prior authorization, consumer and provider assistance, and claims adjudication;
6. Triage and screening arrangements for prior authorization requests;
7. Prior authorization processes that enrollees must follow, including the responsibilities and scope of use of non-licensed staff to handle enrollee calls about prior authorization;
8. Specific procedures and materials used to address the needs of enrollees with limited-English proficiency and literacy, with diverse cultural and ethnic backgrounds, and with physical and mental disabilities;
9. Assessment of the health status of the population of enrollees or prospective enrollees, including incorporation of the findings of local public health community assessments, and standardized outcome measures, and use of the assessment data and findings to develop network or networks in the service area;
10. Notification to enrollees regarding personal health information privacy rights and restrictions, termination of a provider from the network, and maintaining continuity of care for enrollees when there is a material change in the provider network, insolvency of the issuer, or other cessation of operations;
11. Issuer's process for corrective action for providers related to the provider's licensure, prior authorization, referral and access compliance. The process must include remedies to address insufficient access to appointments or services.

The access plan must be submitted at the same time as the Geographic Network report. **Issuers that have multiple access plan submission requirements must submit each access plan as a separate pdf document.**

New Filers and Service Area expansion membership

A new issuer to Washington State or an issuer that is expanding its service area will not have current membership numbers to utilize for reporting purposes. Issuers should either use the projected membership number reported in the rate filing as the base number for reporting or for issuers expanding its service you may request a "Safe Harbor" [see next session for additional information].

How do I invoke the 2015 plan year “Safe Harbor” per WAC 284-43-220(1)(c)?

An issuer may notify the OIC that it has invoked the safe harbor using one of the following submission practices: **Please note** *invoking the safe harbor is for both the GeoNetwork and Access Plan requirements. If you follow option one, you must submit multiple documents twice for the separate assigned reports in the portal.*

1. In the portal, submit one pdf document that includes a cover letter outlining why the issuer cannot meet the submission requirements outlined in 284-43 Subchapter B, an action plan to obtain the missing information, the expected date to file the complete Access Plan report, and a copy of the access plan(s) that include the information currently available to report. [WAC 284-43-220(1)(c)(i)-(iii)]; Or
2. If the issuer will be unable to submit any required information, send an email to the OIC Network Administrator at: OICNetworkAccess@oic.wa.gov stating:
 - a. The exact reason(s) you will be not be able to submit the report;
 - b. How long it will take you to submit information;
 - c. Action plan to address the reason(s) stated in your correspondence.

Alternate Network Access Request

An issuer's network must meet all the requirements in WAC 284-43-200. If an issuer's network cannot meet these requirements it may file an Alternative Access Delivery Request Form C [AADR] if it meets one or more of the following criteria:

1. There are sufficient numbers and types of providers of facilities in the service area to meet the standards under 284-43 SubChapter B but the issuer is unable to contract with sufficient providers or facilities to meet the network standards in that subchapter; or
2. An issuer's provider network has been previously approved by the OIC and a provider facility type subsequently becomes unavailable within a health plan's services area; or
3. A county has a population that is fifty thousand or fewer, and the county is the sole service area for the plan, and the issuer chooses to propose an alternative access delivery system for that county; or
4. A qualified health plan issuer is unable to meet the standards for inclusion of essential community providers as provided in WAC 284-43-222(3).

How is the report filed?

Issuer's must contact the OIC Network Access Administrator to activate the AADR submission requirements in the portal. When an AADR submission requirement is activated an issuer is required to file the following documents:

1. Alternative Access Delivery Request Form C;
2. Provider Network Form A – AADR;
3. Network Enrollment Form B – AADR;
4. GeoNetwork Report – AADR;
5. Access Plan – AADR.

The Alternative Access Delivery Request Form C is posted on the OIC website in PDF editable format and is available for an issuers use at: <http://www.insurance.wa.gov/for-insurers/filing-instructions/file-network-access/>

Forms 2-5 listed above are specific AADR documentation and should not be confused as reports required to be submitted as part of the standard submission process. The "Provider Network Form A – AADR" may only represent the network as proposed in the AADR. Submission of the "Provider Network Form A – AADR" does not fulfill the Provider Network Form A reporting requirement or vice versa. The "Network Enrollment Form B – AADR" should include the current enrollment for the plan year the AADR is submitted for. Specific filing instructions are set forth in the Alternative Access Delivery Request Form C document. The "GeoNetwork Report – AADR" and "Access Plan – AADR" should only represent or describe network access if the Insurance Commissioner's office approves the AADR request. Submission of the "GeoNetwork Report – AADR" and "Access Plan – AADR" does not fulfill other reporting requirements.

How will I be notified about the status of my AADR request?

The OIC will provide written notice of its approval or disapproval of each AADR. An issuer may contact the OIC Network Access mailbox for status checks.

How often must I file an AADR?

An approved AADR is in effect until the sooner of:

1. The issues that required an AADR to be put in place is resolved by the issuer;
2. The end of the current plan year. An AADR must be filed at least each plan year for reconsideration.

Public Access to the Network Access Reports

Network access reports are public documents. The OIC will post these reports on-line for public review at: <http://www.insurance.wa.gov/consumertoolkit/search.aspx>