

## Frequently Asked Questions NETWORK ACCESS REPORTS

### 1. What are “Network Access Reports”?

Network Access reports are provider network documents that are submitted by the health carrier per the requirements in [WAC 284-170-280](#). The reports include:

- Provider Network Form A
- Network Enrollment Form B
- Provider Directory Certification
- Access Plan
- Geo-Network Report
- 988 Crisis Hotline Appointment Form D
- Alternate Access Delivery Request (AADR) Form C, accompanied by:
  - Access Plan – AADR
  - Geo-Network Report – AADR
  - Network Enrollment Form B – AADR
  - Provider Network Form A – AADR
- Amended Alternate Access Delivery Request Form E

### 2. Who is required to submit network access reports?

- Health Care Service Contractors
- Health Maintenance Organizations
- Disability carriers offering health benefit plans that utilize a network
- Health carriers marketing and selling stand-alone qualified dental plans

### 3. When are network access reports required to be filed?

*New Network:*

[WAC 284-170-280\(1\)\(a\)](#) requires a health carrier to submit network access reports for individual and small groups when the health carrier files its plan(s) under [WAC 284-43-0200](#). For groups other than individual and small, the submission must occur when the health carrier files a new health plan and as required in this rule.

*Existing Network:*

- Geo-Network Report and Access Plan must be filed annually when the rate filing is submitted to the commissioner [WAC 284-170-280(3)(g) & (h)].
- Provider Network Form A, 988 Crisis Hotline Appointment Form D, and Provider Directory Certification must be submitted monthly.
- Network Enrollment Form B must be filed annually on March 31<sup>st</sup>.
- An AADR must be filed under the criteria set forth in [WAC 284-170-200\(15\)](#).

## Frequently Asked Questions NETWORK ACCESS REPORTS

4. Where are network access reports located?

Network access reports for each carrier are located on the OIC's [Consumer Tools](#) website.

5. Is the Provider Network Form A the same as a Provider Directory?

No. The Provider Network Form A is a data report that lists all contracted providers by network. It is not a provider directory and will not provide the general user with the same information a provider directory contains.

6. Where can I find a provider directory for my plan?

Your insurance company is required to provide a provider directory that is updated at least monthly. Many health carriers publish their provider directory online, but must also make a printed copy available to an enrollee upon request ([WAC 284-170-260](#)).

7. How do I find out whether my provider is in-network?

You should contact your insurance company or review the provider directory for this information. The Network Access Reports do not provide this information.

8. What is a "Network Enrollment Form B" and how do I find the most current report?

The Network Enrollment Form B report is a year-end report that provides one year of enrollment data for each county by month, network, line of business (individual, small group, or large group), and Health Benefit Exchange status (plans sold on exchange, off exchange, or both). The data is reported separately by age for male, female, and gender x enrollees.

The most current Network Enrollment Form B is filed by March 31<sup>st</sup> of the subsequent year. For example, enrollment data for plan year 2016 will be submitted under plan year 2016 by March 31, 2017.

9. Are Medicaid/Apple Health networks reported as "inside" the exchange or "outside" the exchange in the Network Enrollment Form B?

No. Health carriers in the Medicaid network will report apple health networks on the Large Group tab.

## Frequently Asked Questions NETWORK ACCESS REPORTS

10. What is an “Alternate Access Delivery Request”?

Health carriers are required to meet the standards and requirements in [WAC 284-170-200](#). If a health carrier is unable to meet these requirements, an AADR may be proposed (under the criteria set forth in [WAC 284-170-200(15)]). The AADR is a health carrier’s proposal to circumvent the specifications listed in [WAC 284-170-200\(15\)](#) so the health carrier may still provide covered services to its enrollees. The AADR must result in a network that meets the access requirements of [WAC 284-170-200](#) and ensures enrollees receive services under the proposed alternate access delivery system at no greater cost than if the services were obtained in-network.

11. What is an Essential Community Provider (ECP)?

Essential Community Providers are providers and facilities that have demonstrated service to Medicaid, low-income, and medically underserved populations. ECP provider types include federally qualified health centers, family planning clinics, Indian health care providers, and more. The Centers for Medicare and Medicaid Services (CMS) maintains the list of Essential Community Providers, which is available for review on the [CMS Quality Health Plan website](#).

12. Why can’t I find network access reports for company “X”?

Network Access Reports are only available for health carriers that have filed or are preparing to file network access reports. There will not be Network Access Reports available if a carrier has not filed network access reports or is not required to file.

13. Where can I find more information about provider networks?

Please visit: <https://www.insurance.wa.gov/what-you-need-know-about-medical-provider-networks>

14. How can I get more information about network access reports?

Please email the Provider Network Unit at: [OICNetworkAccess@oic.wa.gov](mailto:OICNetworkAccess@oic.wa.gov)

15. What is an Amended Alternate Access Delivery Request Form E?

If contract negotiations are unsuccessful, an Amended Alternate Access Delivery Request Form E allows the health carrier to utilize the dispute resolution process with the provider. The Form E may only be filed by the carrier after an Alternate Access Delivery Request Form C has been approved by the commissioner, and substantial evidence of good faith efforts to contract have been provided for at least three (3) months after approval of the Form C.