

# Network Access Reports

## Submission Instructions

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## Introduction to the Network Access Portal

On April 6, 2014 the [Network Access Portal](#) was released for carriers to submit network access reports as required by [WAC 284-170](#). The network access portal includes a carrier specific log-in and is designed specifically for reporting purposes. All reports, except for the Provider Network Form A, are submitted through the portal. (Please see the *Provider Network Form A Instructions* for more information.)

The upload of a report meets the submission requirement. Carriers will receive email correspondence only if the OIC requires additional or clarifying information.

If a health carrier does not fulfill that reporting requirement an automated 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 or extension, please send an email with the carrier name, WAOIC#, and reason for your request to:

[OICNetworkAccess@oic.wa.gov](mailto:OICNetworkAccess@oic.wa.gov).

### Network Access Contact and Log-in

Each carrier is required to designate a Network Access Contact (NAC) and the NAC is issued user credentials to access the portal to upload reports. To register or change your organization's NAC, please send an email to: [OICNetworkAccess@oic.wa.gov](mailto:OICNetworkAccess@oic.wa.gov).

Your email must include the following information:

- a. Carrier Name
- b. WAOIC#
- c. Contact name
- d. Organization street address
- e. City
- f. State
- g. Zip code
- h. Phone #
- i. Email
- j. Alternate Phone # (optional)
- k. Fax # (optional)

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

First time users are required to change their password before entering the portal. Passwords must have between 10 and 16 characters and include at least three of the following characters: uppercase letters, lowercase letters, numbers, and special characters (excluding < and &). It cannot contain the user login name, first name, or last name.

### Who is our Network Access Contact?

If you don't know who your Network Access Contact is, go to the [portal](#) and enter the WAOIC# or NAIC# and click Find (do not hit Enter on your keyboard).

Washington State  
Office of the  
Insurance Commissioner

OIC Online Services

**Filing and Payment Center**

**Find your Entity Contact**

USER LOGIN

User ID

Password

[Forgot Password?](#)

WAOIC:  OR NAIC:

If this individual is no longer your Network Access Contact, send an email to: [OICNetworkAccess@oic.wa.gov](mailto:OICNetworkAccess@oic.wa.gov) requesting a new contact person.

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

You are required to submit reports as described in WAC 284-170-280(1) and WAC 284-170-200(14) and when the OIC identifies a report is required to be submitted in the portal. Network Access Reports are not required for stand-alone vision plans or stand-alone dental plans (except as described in [WAC 284-170-200(14)]) unless requested by OIC. A health carrier cannot file any network access report if it has not been assigned.

If the portal has already been opened for you submit a specific report, you do not have to request that it be opened again for that same report/plan year.

You will see the assignment for Provider Network Form A in the portal but you cannot upload this report through the portal.

**Submission Requirements and Timelines**

<b>Reporting Requirement</b>	<b>Due Date</b>	<b>Assignment Date</b>	<b>Extension/waiver guidelines</b>
Provider Network Form A (.txt) & Provider Directory Certification (PDF)	5 <sup>th</sup> of each month	Last working day of the month prior to the reporting period  For example: The report due on June 5, 2019 will be assigned on May 30, 2019	Extension: a carrier may submit a written request for a filing extension The request will be permitted for good cause shown. <a href="#">WAC 284-170-280(1)(b)</a>  Waiver: a carrier may submit a written request for a waiver to not file for a single or multiple months. <a href="#">RCW 48.42.020</a> or <a href="#">WAC 284-170-280(1)</a>  Provider Network Form A extension automatically extends the Provider Directory certification requirement for same period.
Access Plan (PDF) & Geo-Network Report (PDF)	Individual, Small group and Pediatric Stand Alone dental plan – on or around May 1	30 days prior to due date	Extension: a carrier may submit a written request for a filing extension The request will be permitted for good cause shown. <a href="#">WAC 284-170-280(1)(b)</a>
	New plan offering – Large group market	Upon receipt of new product or notification by carrier new product is to be submitted.	
Network Enrollment Form B (Excel)	March 31	First working day of the year  For example: PY2019 report will be due March 31, 2020 and will be assigned on January 2, 2020	Waiver: a carrier may submit a written request for a waiver to not file for a single or multiple months. <a href="#">RCW 48.42.020</a> or <a href="#">WAC 284-170-280(1)</a>
Alternative Access Delivery Request (AADR) 1. Access Plan – AADR (PDF) 2. Form C – AADR (PDF) 3. Geo-Network Report – AADR (PDF) 4. Network Enrollment Form B – AADR (Excel) 5. Provider Network Form A – AADR (Excel)	Upon health carrier notification to OIC of need	Upon receipt of email to OIC Network Access mailbox with AADR request form.  NOTE: Starting 10/31/2017, all new AADR submissions are given unique report names in the portal. For example: WAOIC# – Network A – Access Plan AADR.	Extension: a carrier may submit a written request for a filing extension The request will be permitted for good cause shown. <a href="#">WAC 284-170-280(1)(b)</a>

## How do I submit a Network Access Report in the Portal?

To upload a report, select "Submit Reports" in the Menu options.

Washington State  
Office of the  
Insurance Commissioner

Welcome DELTA DENTAL OF WASHINGTON [Home] | [Logout]

OIC Online Services

**Menu Options**

- Submit Reports
- Change Password
- Update Contact Information

**Company Filing Center**

DELTA DENTAL OF WASHINGTON WAOIC#: 1420 NAIC#: 47341 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](mailto:OICNetworkAccess@oic.wa.gov) or call 360.725.7175

Select the plan year for the report submission:

DELTA DENTAL OF WASHINGTON WAOIC#: 1420 NAIC#: 47341 Health Care Service Contractor

**Network Access Reporting Plan Year**

Select the Plan Year you want to submit reports for.

Reports for Plan Year \*

[Continue](#) [Return To Main Menu](#)

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.

**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.

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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.

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

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
05/06/2016	Access Plan *	<a href="#">0 uploaded files</a>	
05/06/2016	Geo-Network Report *	<a href="#">0 uploaded files</a>	
09/16/2016	Access Plan - AADR *	<a href="#">0 uploaded files</a>	
09/16/2016	Form C - AADR *	<a href="#">0 uploaded files</a>	
09/16/2016	Geo-Network Report - AADR *	<a href="#">0 uploaded files</a>	
09/16/2016	Network Enrollment Form B - AADR *	<a href="#">0 uploaded files</a>	
09/16/2016	Provider Network Form A - AADR *	<a href="#">0 uploaded files</a>	

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Select “Browse...” button and locate file to upload. Select “Upload New Document” button.

### Access Plan

No documents have been filed yet.

Browse to select the file for upload

 

After 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.

### Access Plan

Uploaded Date
<a href="#">07/29/2015</a>
<a href="#">06/29/2015</a>
<a href="#">06/29/2015</a>
<a href="#">04/30/2015</a>

Browse to select the file for upload

Please remember to logout when you have completed your network access report submission(s).

Washington State  
Office of the  
Insurance Commissioner

Welcome DELTA DENTAL OF WASHINGTON [Home] [Logout]

OIC Online Services

Menu Options

- Submit Reports
- Change Password
- Update Contact Information

Company Filing Center

DELTA DENTAL OF WASHINGTON WAOIC#: 1420 NAIC#: 47341 Health Care Service Contractor

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

Network access reports are public documents, subject to public disclosure, and are an official submission. The OIC can remove a report filed in error from the [Consumer Tools](#) website, but **not** from the portal or public record.

To request a report be removed from Consumer Tools, send an email including the carrier name and WAOIC# to: [OICNetworkAccess@oic.wa.gov](mailto:OICNetworkAccess@oic.wa.gov). Please note, the health carrier 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.

### Adding, deleting, or changing a network name

Health carriers are required to register each network name it uses 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. Health carriers must file provider contract(s) [RCW 48.43.730] before registering a new network.

To add, delete, change or verify networks send an email including the carrier name and WAOIC# to: [OICNetworkAccess@oic.wa.gov](mailto:OICNetworkAccess@oic.wa.gov)

## New Filers and Service Area expansion membership

A new health carrier to Washington State or a health carrier that is expanding its service area will not have current membership numbers to utilize for reporting purposes. Health carriers should use the projected membership number reported in the rate filing as the base number for reporting.

## Alternate Access Delivery Request (AADR)

A health carrier's network must meet all the requirements in [WAC 284-170-200](#). If a health carrier's network cannot meet these requirements it may file an AADR [[WAC 284-170-200\(15\)](#); [WAC 284-170-230](#)] 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 284-170 Subchapter B but the health carrier is unable to contract with sufficient providers or facilities to meet the network standards in that subchapter; or
2. A health carrier'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 health carrier chooses to propose an alternative access delivery system for that county; or
4. A qualified health plan is unable to meet the standards for inclusion of essential community providers as provided in [WAC 284-170-310\(3\)](#).

Health carriers must send an email to [OICNetworkAccess@oic.wa.gov](mailto:OICNetworkAccess@oic.wa.gov) with the *Alternative Access Delivery Request (AADR) - Request Form* ([www.insurance.wa.gov/network-access](http://www.insurance.wa.gov/network-access)) to activate the AADR submission requirements in the portal. When the AADR Request form is received, the OIC will activate the portal by assigning unique report names for each of the required reports. The format of the unique report names will be similar to: *WAOIC# - Network name or AADR reason – Report type*. The OIC will respond to your AADR request with a list of the report names specific to your request. The reports that are required as part of a complete AADR submission are:

1. Access Plan AADR
2. Geo-Network Report AADR
3. Form C AADR
4. (Network Enrollment) Form B AADR
5. (Provider Network) Form A AADR

The AADR reports are specific AADR documentation and should not be confused as reports required to be submitted as part of the standard submission process. These reports should only represent or describe network access if the OIC approves the AADR request.

Submission of any AADR documents do not fulfill other reporting requirements.

### 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 health carrier;
2. The end of the current plan year. An AADR must be filed at least each plan year for reconsideration.

# Network Access Reports

## Access Plan

A health carrier is required to submit an Access Plan [[WAC 284-170-280\(3\)\(f\)](#)] for each network that describes the health carrier's strategy, policy, and procedures necessary for establishing, maintaining, and administering an adequate network. The Access Plan must be submitted at the same time as the Geo-Network report. Health carriers that have multiple access plan submission requirements must submit each access plan as a separate pdf document.

The Access Plan must include a completed Access Plan Cover Sheet. The template is located on our website: [www.insurance.wa.gov/network-access](http://www.insurance.wa.gov/network-access)

## Geo-Network Report

All maps must include the network identification clearly printed on them.

Each report [[WAC 284-170-280\(3\)\(e\)](#)] must include the provider data points on each map, title the map as to the provider type or facility type it represents, include the network identification number the map applies to, and the name of each county included on the report.

The reports and/or maps cannot be labeled as "All Members."

Health carriers must submit the data tables used to create the maps [[284-170-280\(3\)](#)]; Measure the enrollees' actual driving time or distance on roads (not "as the crow flies") [[284-170-200\(6\)](#)]; cannot require use of a ferry or travel over a mountain pass; and define urban area and rural area [[284-170-280\(4\)](#)].

Health Carriers should only submit one pdf document per network that includes all geographic reports. DO NOT upload each map separately.

If the health carrier is unable to place all provider types on one map as required below (usually due to software restrictions), they can choose between two options:

1. Add an explanatory letter describing how each map is filed. We prefer this letter to be the first page(s) of the document.
2. Depending on the program, add the name(s) of the practitioner types at the Header/Footer.

*Example from carrier: "We've been advised that the software for running the GEO maps won't permit placing all the ABMS specialties on one map – we can only place 8 types onto one map. So you'll receive multiple Specialty Maps with our large group Annual filing. "*

## Network Enrollment Form B

Network Enrollment Form B template: [www.insurance.wa.gov/network-access](http://www.insurance.wa.gov/network-access)

A health carrier 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.

Health carriers 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 [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 [For example: 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. Health carriers should review the Provider Network Form A monthly submission for this information. Please see record 3.2 of Provider Network Form A for specific information about your prior network submissions.
4. If you report enrollment in counties that are not in the service area for that network, please send us an email includes:
  - Carrier Name
  - WAOIC#
  - Network
  - Counties with enrollment outside of the service area
  - Reason for enrollment (for example, dependent of a subscriber who lives in the service area)

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 AS IS.**

## Network Access Reports - AADRs

### Network Enrollment Form B AADR

A health carrier must submit the Network Enrollment Form B – AADR to show the current enrollment for the plan year the AADR is submitted for. Health carriers should only submit one active excel workbook that includes the network(s) that you are filing an AADR for. Do not upload multiple workbooks for each line of business.

A Network Enrollment Form B – AADR must be submitted with current enrollment for the network(s) included in the AADR. “Current” means enrollment as of the last complete month prior to submission of this form. For example, submission of a Network Sufficiency Form C on June 10th requires a Network Enrollment Form B report for enrollment figures for January 1st – May 31st of the current year.

If one or more of the worksheets are not applicable leave them blank, do not remove them.

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 AS IS.**

## **Provider Network Form A AADR**

Template: [www.insurance.wa.gov/network-access](http://www.insurance.wa.gov/network-access)

A Provider Directory Certification should not be filed concurrently with the proposed Provider Network Form A - AADR report.

## **Alternative Access Delivery Request Form C (Form C AADR); Access Plan AADR; and Geo-Network Report AADR**

Form C AADR Template: [www.insurance.wa.gov/network-access](http://www.insurance.wa.gov/network-access)

You can view the Network Access Reports checklist that we use to review these three reports on our website: [www.insurance.wa.gov/network-access](http://www.insurance.wa.gov/network-access)

# **Network Access Reports - Monthly**

## **Provider Directory Certification**

The Provider Directory Certification [[WAC 284-170-280\(3\)\(b\)](#)] is due at the same time as the Provider Network Form A. An extension for the Provider Network Form A automatically extends Provider Directory certification requirements for the same period.

Carriers should develop their own certification document. An officer of the company must certify the carrier's provider directory posted on the health carrier'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.

## **Provider Network Form A**

Instructions available on our website: [www.insurance.wa.gov/network-access](http://www.insurance.wa.gov/network-access)