

Frequently Asked Questions

Network Access Documents

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
- Provider Directory Certification
- Access Plan
- Geo-Network Report
- Network Enrollment Form B
- Alternative Access Delivery Request (AADR):
 - Access Plan – AADR
 - Form C – AADR
 - Geo-Network Report – AADR
 - Network Enrollment Form B – AADR
 - Provider Network Form A – AADR

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?

[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.

After network approval, a health carrier must file the Provider Network Form A and Provider Directory Certification monthly and the Network Enrollment Form B yearly.

Under specific circumstances, set forth in [WAC 284-170-200\(15\)](#), a carrier must file an “Alternative Access Delivery Request” to support changes in the network.

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4. 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.

5. 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](#))

6. 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.

7. 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 and line of business (individual, small group, or large group). The data is reported separately for male and female enrollees.

The Network Enrollment Form B is filed by March 31^s of the subsequent year. The most current report is submitted under the last current plan year tab. For example, enrollment data for 2016 will be uploaded under plan year tab 2016 by March 31, 2017.

8. Are Medicaid/Apple Health Networks reported as inside the exchange or outside the exchange in the Network Enrollment Form B?

Neither, Health carriers in the Medicaid network will report apple health networks on the Large Group tab.

9. What is an “Alternative Access Delivery Request”?

Health carriers are required to meet the standards and requirements in [WAC 284-170 Subchapter B](#). If a health carrier meets the criteria specified in [WAC 284-170-200\(15\)](#), an Alternative Access Delivery Request (AADR) may be requested by that health carrier for the commissioner’s consideration and approval.

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The AADR is a health carrier's proposal to structure its network to work around the situations listed in [WAC 284-170-200\(15\)](#) so the health carrier will 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 ensure that enrollees receive services under the proposed alternate access delivery system at no greater cost than if the services were obtained from network providers.

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

"Essential Community Provider" are providers listed on the Centers for Medicare and Medicaid Non-Exhaustive List of Essential Community Providers. This list includes providers and facilities that have demonstrated service to Medicaid, low-income, and medically underserved populations in addition to those that meet federal minimum standards.

The non-exhaustive list of Essential Community Providers is available for review at:

<https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy>

11. Why can't I find network access reports for company "X"?

The Network Access Report link is only available for health carriers that have filed or are preparing to file network access reports. If a carrier has not or is not required to file network access reports a search link will not be available for that company.

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

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

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

Please email our Network Access Unit at: OICNetworkAccess@oic.wa.gov