OFFICE of the
INSURANCE
COMMISSIONER
WASHINGTON STATE

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.

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.

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).

If this individual is no longer your Network Access Contact, send an email to: 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 to 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			
Reporting Requirement	**Due Date**	**Assignment Date**	**Extension/waiver guidelines**
Provider Network Form A (.txt), & Provider Directory Certification (PDF)	5th 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. WAC 284-170-280(1)(b) Waiver: a carrier may submit a written request for a waiver to not file for a single or multiple months. RCW 48.42.020 or WAC 284-170-280(1) Provider Network Form A extension automatically extends the Provider Directory certification requirement for same period.
988 Crisis Hotline Appointment Form D (Excel)	As published by the OIC each year on or before December 1st For 2023: First report due: 1/7/2023 5th of each month thereafter	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. WAC 284-170-280(1)(b) Waiver: a carrier may submit a written request for a waiver to not file for a single or multiple months. RCW 48.42.020 or WAC 284-170-280(1)
Access Plan (PDF) & Geo-Network Report (PDF)	Individual, Small group and Pediatric Stand-Alone dental plan • Is due with initial certification of the network, or when the carrier submits the annual rate filing to the commissioner on or around May 20th	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. WAC 284-170-280(1)(b) Waiver: a carrier may submit a written request for a waiver to not file for a single or multiple months. RCW 48.42.020 or WAC 284-170-280(1)
	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	Extension: a carrier may submit a written request for a filing extension. The request will be permitted for good cause shown. WAC 284-170-280(1)(b)

Alternate 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.	Not applicable to AADR.
Amended Alternate Access Delivery Request Form E (PDF)	Upon health carrier notification to OIC of need	No sooner than three (3) months after the effective date of an approved AADR.	Not applicable to Form E.

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

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

Select the plan year for the report submission:

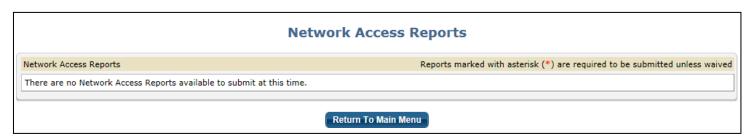If you receive this prompt, there is no current reporting requirement for **this plan year** activated in the portal. If you know you have a reporting requirement, verify you are in the correct plan year for the submission type.

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 *	0 uploaded files	
05/06/2016	Geo-Network Report *	0 uploaded files	
09/16/2016	Access Plan - AADR *	0 uploaded files	
09/16/2016	Form C - AADR *	0 uploaded files	
09/16/2016	Geo-Network Report - AADR *	0 uploaded files	
09/16/2016	Network Enrollment Form B - AADR *	0 uploaded files	
09/16/2016	Provider Network Form A - AADR *	0 uploaded files	

Return To Main Menu

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
[   ] Browse...

Upload Document   Return to Main Menu   Return to Report Submission

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
07/29/2015
06/29/2015
06/29/2015
04/30/2015

Browse to select the file for upload
[   ] Browse...

Upload Document   Return to Main Menu   Return to Report Submission

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

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. 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, RCW 48.43.731, and RCW 48.200.040] 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

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 alternate 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 with the *Alternate Access Delivery Request (AADR) - Request Form* (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: *Service Type – Report type*. The OIC will respond to your AADR request to notify of portal opening. 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 to the service gap being addressed in the AADR. They should show access as if the OIC approves the AADR request.

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

How often must I refile an AADR?

An approved AADR is in effect until the sooner of:

For services **not** subject to the Balance Billing Protection Act (WAC 284-170-210(2)(c):
1. One plan year; or
2. One calendar year; 0r
3. Until the carrier executes a provider contract(s) that address the network gap being reported in the AADR.

For services that meet the criteria for the Balance Billing Protection Act (WAC 284-170-210(5):

1. December 31st of the year the AADR is approved; or
2. Until the carrier executes a provider contract(s) that address the network gap being reported in the AADR.

Network Access Reports

Access Plan

A health carrier is required to submit an Access Plan [WAC 284-170-280(3)(h)] 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

NEW: Service area was added to the Access Plan Cover Sheet. Enter each county name into the table where services are offered/sold, or select All Counties if all of Washington State is covered.

Geo-Network Report

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

Each report [WAC 284-170-280(3)(g)] 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 [WAC 284-170-280(3)]; Measure the enrollees' actual driving time or distance on roads (not "as the crow flies") [WAC 284-170-200(6)]; cannot require use of a ferry or travel over a mountain pass; and define urban area and rural area [WAC 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

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.**

Amended Alternate Access Delivery Request Form E

Amended Alternate Access Delivery Request Form E and Contact Log Template: http://www.insurance.wa.gov/network-access

An Amended Alternate Access Delivery Request Form E may be submitted to the commissioner no sooner than three months after the effective date of an approved Alternate Access Delivery Request. Each Form E must be specific to a service type and geographic location. If a Health Carrier meets the below requirements, they must send an email to OICNetworkAccess@oic.wa.gov with *Carrier Request to Open Portal Form* to start the process.
   - An alternate access delivery request (AADR) has been filed and approved; and
   - The AADR is for services which balance billing is prohibited under RCW 48.49.020; and

- At least three months have passed from the effective date of the original AADR; and
- Carrier can produce substantial evidence of good faith contract efforts for that three-month time period; and
- The amended AADR filing is solely to utilize the dispute resolution process provided in RCW 48.49.040.

Once the OIC confirms that the Carrier meets the requirements for the Amended AADR process the OIC will open a link in the portal; *Amended AADR – Service Type*. Each Amended AADR portal link will be specific to the Counties specified in the *Carrier Request to Open Portal Form.* The OIC will respond to the Amended AADR request to let the Carrier know the portal is open. The reports that are required as part of a complete Amended AADR submission are:

1. Amended Alternate Access Delivery Request Form E
2. Contact Log with proof of good faith contracting efforts

Both forms should be combined into one (1) document for submission.

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

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

Alternate 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

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

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

988 Crisis Hotline Appointment Form D

988 Crisis Hotline Appointment Form D Template: www.insurance.wa.gov/network-access

The 988 Crisis Hotline Appointment Form D report is due on the 5th of each month. You must submit the Form D if you're a disability insurer, health care service contractor (HCSC), or health maintenance organization (HMO) that will be issuing or renewing a health plan after Jan. 1, 2023. Instructions for completing the form are available on the template form. Please see RCW 48.43.790 and WAC 284-170-280(3)(c) for more information.