



Texas Department of Insurance

Health and WC Network Certification & QA, Mail Code 103-6A
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HEALTH MAINTENANCE ORGANIZATION (HMO) NETWORK ACCESS PLAN CHECKLIST

HMO Name _____

Contact Person/Telephone Number/Fax Number _____

This HMO access plan is submitted for approval in accordance with 28 TAC §11.301(4) and is submitted least 30 days before implementation. This access plan is submitted because:

covered health care service(s) is/are not available within the mileage radii specified in 28 TAC §11.1607(h)(1) & (2);

participating physicians/providers are not available within the required mileage radii;

physicians/providers are not located within such mileage radii;

the HMO is unable to obtain contracts after good faith attempts;

physicians/providers meeting the HMO's quality of care and credentialing requirements are not located within the required mileage radii.

This access plan contains:

28 TAC §11.301(3)(A)	the HMO certification and transmittal form
28 TAC §11.301(3)(B)	any supporting documentation necessary for review of the access plan, along with a cover letter which includes: (i) the company name; (ii) the form number of the access plan being submitted; and (iii) a paragraph that describes the circumstances which require the access plan to be submitted, along with any additional information that would aid in review and processing of the access plan
28 TAC §11.1607(i)(1)	the geographic area identified by county, city, ZIP code, mileage, or other identifying data in which services and/or physicians and/or providers are not available
28 TAC §11.1607(i)(2)	for each geographic area identified as not having covered health care services and/or physicians and/or providers available, the reason(s) that covered health care services and/or physicians and/or providers cannot be made available
28 TAC §11.1607(i)(3)	a map, with key and scale, which identifies the areas in which such covered health care services and/or physicians and/or providers are not available
28 TAC §11.1607(i)(4)	the HMO's plan for making covered health care services and/or physicians and/or providers available to enrollees in each geographic area identified
28 TAC §11.1607(i)(5)	the names and addresses of the participating physicians and/or providers and a listing of the covered health care services to be provided through the HMO delivery network to meet the medical/health care needs of the enrollees covered under the HMO's plan required under 28 TAC §11.1607(i)(4)
28 TAC §11.1607(i)(6)	the names and address of other physicians and/or providers and a listing of the specialties for any other health care services or physicians and/or providers to be made available in the geographic area in addition to those physicians and/or providers participating in the HMO delivery network listed under 28 TAC §11.1607(i)(5)
28 TAC §11.1607(i)(7)	the procedures to be followed by the HMO to assure that primary care physicians, general hospitals, specialists, special hospitals, psychiatric hospitals, diagnostic and therapeutic services, or single or limited health care service providers and all other mandated health care services are made available and accessible to enrollees in the geographic areas identified as being areas in which such covered health care services and/or physicians and/or providers are not available and accessible, and any plans of the HMO for attempting to develop an HMO delivery network through which covered health care services are available and accessible to enrollees in these geographic areas in the future
28 TAC §11.1607(i)(8)	any other information which is necessary to assess the HMO's access plan