



Department of Consumer and Business Services

Division of Financial Regulation

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**Network Adequacy
Annual Summary**

Network adequacy annual summary for 20____.

Due on June 30 for previous calendar year.

An insurer offering managed health insurance or preferred provider organization (PPO) insurance shall file an annual summary of the scope and adequacy of the provider network and of its ongoing monitoring that all covered services are reasonably accessible to enrollees. ORS743B.202, OAR 836-053-1190.

1. Company name: _____ Filing date: _____
2. Company address: _____
City, state, ZIP: _____
3. Company Web site: _____
4. Name, e-mail address, and phone number of the person completing this form:

5. Name, title, and department of manager responsible for oversight, communication, and monitoring of network adequacy:

6. Phone number, address, or Web site at which enrollees can express concerns regarding network adequacy:

7. URL of provider directory for enrollees: _____
How often is this Web page updated? _____
8. Does the provider directory indicate which providers speak languages other than English?
 No Yes Specify languages available besides English: _____
Publication title, date, and page, or URL: _____
9. Does the company mail a provider directory to enrollees upon request?
 No Yes Phone number for enrollee request of directory: _____
10. How often does the company inform enrollees of changes to the provider network by the following means?
Newsletter, mailer, or insert: _____ Phone call: _____ E-mail message: _____
Other; specify means and frequency: _____
11. Total number of enrollee communications of any kind that the company has received during the year expressing difficulty in obtaining an appointment with a provider: _____
12. Minimum number of hours/days/weeks that providers must make preventive care available:

_____ per _____ Is this a company requirement or goal?

13. Minimum number of hours/days/weeks that providers must make routine primary care available:

_____ per _____ Is this a company requirement or goal?

14. Minimum number of hours/days/weeks that providers must make urgent care available:

_____ per _____ Is this a company requirement or goal?

15. For each region or geographic area of the state that your company serves, note the days and hours that urgent care is available outside regular business hours (Monday-Friday, 8 a.m.-5 p.m.):

Area 1: Clackamas, Multnomah, Washington, and Yamhill counties..... _____

Area 2: Benton, Lane, and Linn counties _____

Area 3: Marion and Polk counties _____

Area 4: Deschutes, Klamath, and Lake counties _____

Area 5: Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook counties..... _____

Area 6: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur,
Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler counties _____

Area 7: Douglas, Jackson, and Josephine counties _____

16. How often does the company conduct a formal review of network adequacy?

Never Monthly Quarterly Annually Other: _____

17. Specify how the company uses information from formal reviews to improve client access to providers:

18. Which company officials receive regular reports on network adequacy?

None Senior management Board of directors Other: _____

19. Does the company keep information on which physicians are accepting new patients?

No Yes How often is this information updated?

Daily Weekly Monthly Quarterly Annually Other: _____

20. Describe how enrollees can find out which physicians are accepting patients:

