

ACCESS PLAN–COVER SHEET TEMPLATE

Instructions for Submitting Access Plan Information

Please provide an Access Plan that addresses each of the eight required elements below. Please describe the Access Plan using this cover sheet template as follows:

- If the issuer’s access plan addresses an element, mark **Yes** in the *Included in Access Plan* column. Then, in the *Page Number for Supporting Documentation* column, provide a reference to the applicable page number in the issuer’s access plan that addresses the specific element.
- If the issuer has multiple networks, reference the pages that are applicable to each network, or indicate whether the particular page is applicable to multiple networks. For example, an issuer with two networks, A and B, might complete an element as noted in the following example.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|--|---|--|
| Does the issuer have a documented process for making referrals inside and outside the network? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | See p. 10 for Networks A and B. |
| Does the process allow members to access services outside the network when necessary? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | See p. 20 for Network A and p. 35 for Network B. |

Required Access Plan Elements

1. Standards for network composition:

Describe how the issuer establishes standards for the composition of its network to ensure that networks are sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to ensure that all services will be accessible without unreasonable delay. Standards must be specific, quantifiable, and measurable based on the anticipated needs of their membership. Common approaches include provider-to-enrollee ratios and time and distance standards. Issuers must also document that their proposed network meets these standards.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|--|--|--|
| Does the issuer have a documented process to establish standards for network composition? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the issuer’s standard address how the network will be sufficient in number and type of providers, including mental health and substance abuse services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is the issuer’s standard quantifiable and measurable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the issuer provide documentation or evidence that its proposed network meets its standard? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Referral policy:

Describe the issuer’s procedures for making referrals within and outside of its network.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|--|--|--|
| Does the issuer have a documented process for making referrals inside and outside the network? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the process allow members to access services outside the network when necessary? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

3. Ongoing monitoring:

Describe the issuer’s process for monitoring and ensuring, on an ongoing basis, the sufficiency of the network to meet the health care needs of the population enrolled.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|---|--|--|
| Does the issuer have a documented process for monitoring, on an ongoing basis, the sufficiency of the network to meet the needs of its members? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the issuer include a both quantifiable and measurable approach to monitoring ongoing sufficiency of its network? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

4. Needs of special populations:

Describe the issuer’s efforts to address the needs of covered persons with limited English proficiency and illiteracy, with diverse cultural or ethnic backgrounds, or with physical and mental disabilities.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|---|--|--|
| Does the issuer have a documented process to address the needs of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds, and with physical and mental disabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the issuer’s process identify the potential needs of special populations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the issuer’s response describe how its process supports access and accessibility of services for special populations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

5. Health needs assessment:

Describe the issuer’s methods for assessing the needs of covered persons and their satisfaction with services.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|--|--|--|
| Does the issuer have a documented method for assessing the needs of covered persons? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the proposed method include a review of quantitative information? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the proposed method assess needs on an ongoing basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the proposed method assess the needs of diverse populations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

6. Communication with members:

Describe the issuer’s method for informing covered persons of the plan’s services and features, including, but not limited to, the plan’s grievance procedures, its process for choosing and changing providers, and its procedures for providing and approving emergency and specialty care.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|---|--|--|
| Does the issuer have a documented method for informing covered persons of the plan’s services and features, including, but not limited to, the plan’s grievance procedures, its process for choosing and changing providers, and its procedures for providing and approving emergency and specialty care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the method address the process for choosing or changing providers and access to emergency or specialty services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the process describe how it supports member access to care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

7. Coordination activities:

Describe the issuer’s system for ensuring the coordination and continuity of care for covered persons referred to specialty physicians; for covered persons using ancillary services, including social services and other community resources; and for ensuring appropriate discharge planning.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|---|--|--|
| Does the issuer have a documented process for ensuring coordination and continuity of care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|--|--|--|
| Does the proposed process address specialty care referrals; ancillary services, including social services and community resources; and discharge planning? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the response describe how the process supports member access to care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

8. Continuity of care:

Describe the issuer’s proposed plan for providing continuity of care in the event of contract termination between the health issuer and any of its participating providers or in the event of the issuer’s insolvency or other inability to continue operations. The description must explain how covered persons will be notified of the contract termination, issuer’s insolvency, or other cessation of operations and how they will be transferred to other providers in a timely manner.

| Evaluation criteria | Included in Access Plan | Page number for supporting documentation |
|---|--|--|
| Does the issuer have a documented plan for ensuring continuity of care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the issuer have a “hold harmless” provision in its provider contracts, prohibiting contracting providers from balance-billing enrollees in the event of the issuer’s insolvency or other inability to continue operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |