



Department of Consumer & Business Services

Insurance Division — 2

P.O. Box 14480  
Salem, Oregon 97309-0405

Phone: (503) 947-7268

Fax: (503) 378-4351

350 Winter St. NE, Rm. 440, Salem, Oregon

www.insurance.oregon.gov

**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. ORS 743.817, 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:

\_\_\_\_\_  
\_\_\_\_\_