



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Bulletin No. HC-117-18
January 31, 2018

TO: All Health Insurance Companies and Health Care Centers Authorized to Conduct Business in Connecticut, Including Dental and Vision Carriers (Health Carriers)

RE: Network Adequacy Review

This bulletin repeals and replaces Bulletin HC-117-17. CGS 38a-472f requires the Insurance Department to determine the sufficiency of a health carrier's network. Carriers are required to maintain adequate arrangements to assure that covered members have reasonable access to participating providers located near the member's home or workplace.

Health carriers are required to file with the Insurance Department each new network and access plan within 30 days prior to the date any new network will be offered. To facilitate the Insurance Department's review, carriers should complete the Network Adequacy Survey as the filing submission. The survey can be found on the Insurance Department's website (www.ct.gov/cid) under the tab "Forms and Applications." The Department has created a separate survey for the Dental / Vision only carriers for submission, as some medical network questions are not applicable to these plans. The survey forms may also be requested from the Life and Health Division at the e-mail address listed below. The survey must be completed separately for each network offered.

Annual Filing

Carriers will be required to complete an annual filing for existing networks. Carriers should complete the appropriate Network Adequacy Survey as the submission, and file electronically through email. The survey can be found on the Insurance Department's website as listed above. The submission must be made no later than May 1, 2018, and annually thereafter on May 1.

Questions

Please contact the Insurance Department Life and Health Division at cid.lh@ct.gov with any questions.

Katharine L. Wade
Insurance Commissioner