

BULLETIN NO. HC-117-21 JANUARY 7, 2021

TO: ALL HEALTH INSURANCE COMPANIES AND HEALTH CARE CENTERS AUTHORIZED TO CONDUCT BUSINESS IN CONNECTICUT, INCLUDING

DENTAL AND VISION CARRIERS

**RE: NETWORK ADEQUACY REVIEW** 

This bulletin repeals and replaces Bulletin HC-117-19, 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 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 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 April 1, 2021 for medical networks, May 1, 2021 for vision networks, June 1, 2021 for dental networks, and annually thereafter on April 1, May 1, and June 1, respectively.

## Questions

Please contact the Insurance Department Life and Health Division at <a href="mailto:cid.lh@ct.gov">cid.lh@ct.gov</a> with any questions.

Andrew N. Mais Insurance Commissioner