## § 1300.51. Application for License as a Health Care Service Plan or Specialized Health Care Service Plan.

**~~Filed: March 6, 202~~****~~4~~**

[…]

HEALTH CARE DELIVERY SYSTEM

H. Geographical Area Served.

[…]

1. Description of Service Area. As Exhibit H-1, attach a narrative description of the applicant’s service area and the geographic area in which its enrollees (actual and/or projected) live and work and list all U.S. Postal ZIP Code numbers included in the service areas. If the applicant has more than one service area, each service area should be separately described. To the extent possible, service areas should be delineated by political or natural boundaries. (If applicant uses sub-service areas or regions within its service areas for the purpose of allocating the provision of health care services by providers to enrollees, include that information in the description of the considerations which underlie the geographic distribution of the applicant’s contracting and plan-operated providers.) An Exhibit H-1 submitted for the purpose of an application, amendment, notice of material modification, or other filing shall be submitted to the Department using the same network service area description templates and instructions as issued by the Department for annual reporting of network providers, pursuant to Rule 1300.67.2.2(h)(7).

[…]

I. Description of Health Care Arrangements.

[…]

1. Physicians Services.

a. Individual Physicians. As Exhibit I-1,~~-a~~ list all individuals who provide covered physician services as employees of the plan or, whether directly or through an association or other entity, as contracting providers: For each physician, furnish the following information.

(i) Name.

(ii) License Number.

(iii) Type of service as determined by board certification and eligibility. Primary care physicians should be designated as general practice, pediatrics, obstetrics, gynecology and internal medicine. Specialists should be designated as allergy, anesthesiology, dermatology, cardiology and other internal medicine specialists, neonatology, neurology, oncology, ophthalmology, orthopedics, pathology, psychiatry, radiology, surgeries, otolaryngology, urology, and other designated as appropriate.

(iv) The plan-owed or contracting hospitals at which the physician has admitting staff privileges.

(v) The professional address of the physician.

(vi) The physician’s relationship to the plan (employed by or contracting with the plan, or contracting through an IPA or one of the parties identified in Item I-1~~-a~~.

(vii) The percentage of the physician’s time allocated to enrollees of the plan.

(viii) The business hours of the physician’s office (i.e., Monday through Friday 8-5, closed Wednesdays).

(ix) An Exhibit I-1 submitted for the purpose of an application, amendment, notice of material modification, or other filing shall be submitted to the Department using the same report form templates and instructions as issued by the Department for annual reporting of network providers, pursuant to Rule 1300.67.2.2(h)(7).

b. Physician Associations. For all entities other than individuals or independent practice associations who contract with applicant to provide physician services, and each plan-operated facility at which physician services are rendered by employees of the plan, as Exhibit I-1,~~-b~~ furnish the following information for each such contractor or facility:

(i) The name of the contractor or facility.

(ii) The street address of the contractor or facility at which the physician services are rendered for the particular region or provider network.

(iii) The type of entity (professional corporation, sole proprietor, partnership, etc.).

(iv) The number of physicians rendering services for the plan by reason of such contract or by employment at such facility, and the number of “full-time equivalent’’ physicians being provided to enrollees of the plan.

(v) An Exhibit I-1 submitted for the purpose of an application, amendment, notice of material modification, or other filing shall be submitted to the Department using the same report form templates and instructions as issued by the Department for annual reporting of network providers, pursuant to Rule 1300.67.2.2(h)(7).

2. Hospitals. Attach as Exhibit I-2 a list of all hospitals which are operated by or contract with the plan. Provide the following information for each hospital:

a. Its legal name and any “dba’’ (fictitious name under which it does business).

b. Its address.

c. Its license number.

d. Whether it is a member of the American Hospital Association, ~~whether it is currently accredited by the Joint Commission on the Accreditation of Hospitals, (JCAH)~~ the entity responsible for the hospital’s current accreditation, and the expiration date of its current accreditation.

e. Its bed capacity and rate of occupancy.

f. Its emergency room capabilities.

g. A list and full description of all services available to enrollees. ~~Applicant may use a JCAH form or the equivalent.~~

h. Its relationship with applicant (owned by, contracting provider, joint venture with applicant, etc.).

i. An Exhibit I-2 submitted for the purpose of an application, amendment, notice of material modification, or other filing shall be submitted to the Department using the same report form templates and instructions as issued by the Department for annual reporting of network providers, pursuant to Rule 1300.67.2.2(h)(7).

3. All Other Providers of Health Care Services. Attach as Exhibit I-3 a list of all providers of health care service contracting with or owned by the applicant which are not included in the physician and hospital listings. For each such provider, furnish the following information:

a. The legal name of the provider and any “dba.’’

b. Its address.

c. Its license number.

d. The health care services it provides to enrollees of the plan (e.g., home health agencies, ambulance company, laboratory, pharmacy, skilled nursing facility, surgi-center, mental health, family planning, etc.).

e. Its hours of operation and the provision made for after-hours service.

f. An appropriate measure of the provider’s capacity to provide health care service, the existing utilization of such services by other than enrollees of the plan and the projected use of the services by enrollees.

g. The provider’s relationship to the plan (owned by, contracting with, etc.).

h. An Exhibit I-3 submitted for the purpose of an application, amendment, notice of material modification, or other filing shall be submitted to the Department using the same report form templates and instructions as issued by the Department for annual reporting of network providers, pursuant to Rule 1300.67.2.2(h)(7).

4. Calculation of Provider-Enrollee Ratios. As Exhibit I-4-a, furnish a calculation of the adequacy of the applicant’s provider arrangements for each region or provider network within applicant’s service area. This should be based on the full range of the health care services covered by the applicant’s full-service or specialized plan contracts, the extent to which contracting and planned-owned or employed providers are available to provide such services, the enrollee population served by such providers and the adequacy of the provider system in each category based on standard utilization data. Assumptions employed in such calculations should be stated, including the extent to which paraprofessionals and allied health personnel will be used by applicant or providers and the protocols and method of supervision of such personnel. Network enrollment data submitted as an Exhibit I-4-b for the purpose of an application, amendment, notice of material modification, or other filing shall be submitted to the Department using the same network enrollment templates and instructions as issued by the Department for annual reporting of network providers, pursuant to Rule 1300.67.2.2(h)(7).

5. Applicant’s Standards of Accessibility. Attach as Exhibit I-5-a a detailed description of the applicant’s standards with respect to the accessibility and its procedures for monitoring the accessibility of services. Standards should be expressed in terms of the level of accessibility which the applicant has as its objective and the minimum level of accessibility below which corrective action will be taken. Cover each of the following:

a. the availability of appointments for primary care and specialty services,

b. the availability of after hours and emergency services,

c. an assessment of probable patient waiting times for scheduled appointments,

d. the proximity of specialists, hospitals, etc. to sources of primary care, and

e. a description of applicant’s system for monitoring and evaluating accessibility. (Discuss applicant’s system for monitoring problems that develop, including telephone inaccessibility, delayed appointment dates, waiting time for appointments, other barriers to accessibility, and any problems or dissatisfaction identified through complaints from contracting providers or grievances from subscribers or enrollees.)

f. the contractual arrangements utilized by the applicant to assure the monitoring of accessibility and conformance to standards of accessibility by contracting providers.

g. Alternative standards of accessibility proposed by a health care service plan that accompany a request made under Rule 1300.67.2.1 must be submitted as an Exhibit I-5-b.

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NOTE: Authority cited: Sections 1344, 1367.03, and 1367.035, Health and Safety Code. Reference: Sections 1351, 1351.1, 1352, 1359, 1363, 1367, 1367.2, 1367.3, 1367.4, 1367.5, 1367.6, 1367.7, 1367.8, 1367.9, 1367.15, 1368, 1369, 1370, 1370.1, 1373, 1373.1, 1373.2, 1373.4, 1373.5, 1373.6, 1373.7, 1373.8, 1374, 1374.7, 1374.10, 1374.11, 1374.12, 1375.1, 1376, 1378, 1386, 1399.62 and 1399.63, Health and Safety Code.