



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### ADDENDUM TO IDENTIFY PROVIDER NETWORKS CONTRACTED WITH MANAGED CARE ORGANIZATIONS

#### To help the Department identify *all* provider networks doing business in Connecticut

We ask that you complete the information requested below. Connecticut General Statute § 38a-479aa requires that certain networks be licensed and exempts others from licensure. We are looking for information on *all* provider networks used by your organization, whether or not they are defined as a preferred provider network.

#### Please complete this page for each of the networks with which you contract for health care services.

Network Name: \_\_\_\_\_

Network Address: \_\_\_\_\_

Network Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Effective date of current contract: \_\_\_\_\_ Renewal date: \_\_\_\_\_

If network is a licensed preferred provider network (PPN) in Connecticut, CT License #: \_\_\_\_\_

1. What types of services are provided by this network?

- |                                                                                        |                                                |
|----------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Chiropractic services                                         | <input type="checkbox"/> Dental services       |
| <input type="checkbox"/> Durable Goods services                                        | <input type="checkbox"/> Laboratory services   |
| <input type="checkbox"/> Pharmacy services                                             | <input type="checkbox"/> Medical services      |
| <input type="checkbox"/> Vision services                                               | <input type="checkbox"/> Claims administration |
| <input type="checkbox"/> Utilization Review – if checked, the CT License Number: _____ |                                                |
| <input type="checkbox"/> Other – List types of services _____                          |                                                |

2. Is the network owned and operated by the MCO?  Yes  No  
If Yes, does the network provide services to Connecticut enrollees of other health plans?  Yes  No

3. The MCO issues payments:  to the network and the network makes payments to its participating providers  
 directly to individual network providers

4. Does the contract between the MCO and the network contain a provision that if the MCO fails to pay for health care services as set forth in the contract, the enrollee will not be held liable to the network or the provider for any sums owed by the MCO?

5. Does the contract between the MCO and the network contain a provision requiring that contracts between the network and its participating providers contain a provision that if the network fails to pay for health care services as set forth in such contract the enrollee shall not be liable to the participating provider?  Yes  No

6. If this network is a licensed PPN, please attach your contingency plan describing how health care services will be provided to enrollees if the network becomes insolvent or mismanaged.

7. If this network is a licensed PPN, has the MCO posted and maintained or required the network to maintain letter of credit, bond, surety, reinsurance, reserve or other financial security acceptable to the Insurance Commissioner? Please explain.

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