



NETWORK ADEQUACY TOOL

USER GUIDE

JANUARY 2025

Table of Contents

Creating an account	Page 2
Starting a new survey	Page 5
Exporting survey questions and responses	Page 7
Filling out a survey	Page 9
Helpful information to know before you start	Page 9
Adding and deleting attachments to the survey	Page 13
Referencing attachments and editing references within the survey	Page 17
Section S1: Helpful pointers	Page 20
Section S2: Helpful pointers	Page 21
Section S3: Helpful pointers	Page 22
Section S4: Helpful pointers	Page 24
Section S5: Helpful pointers	Page 26
Section S6: Helpful pointers	Page 31
Survey validation and common issues	Page 32
Survey attestation form	Page 35
Cloning surveys	Page 38
Deleting and withdrawing surveys	Page 42
Survey status definitions	Page 43
Survey due dates	Page 45
Revising reviewed surveys	Page 46
Frequently asked questions	Page 49
Can I add or remove carriers from my user profile?	Page 49
Can I update my demographic information?	Page 54
How do I change my password?	Page 55
What are the network adequacy submission requirements?	Page 56
What should I do if I forgot my password?	Page 57
When can I start working on a survey?	Page 58
Who should I contact with questions?	Page 59

Creating an account

- Note that multiple users can access and edit surveys for the same carrier. Users may even work on a survey simultaneously if they work on different sections of the survey.
1. To create a new account, click on the “Request Company User Account” link below the login screen.

LOGIN

Please enter your credentials to login.

Email

Password

LOG IN

[Request User Account](#)

[Request Password Reset](#)

2. There are 2 ways to link a carrier to your account:
 - a. Select the carrier from the “Select A Carrier” drop down box and click the “Add” button. The carrier’s name will appear in the textbox below.

New Account

Step 1/2 - Add Carriers

Select a carrier from the list then press "Add" button. *

Select A Carrier

Add

If the carrier is not in the list, input NAIC code then press "Add New" button

NAIC Cocode

Add New

Search:

Name	Cocode	Action
No data available in table		

Next

Cancel

- b. Type the NAIC Cocode of the carrier and click the “Add New” button. The carrier’s name will appear in the textbox below.

New Account

Step 1/2 - Add Carriers

Select a carrier from the list then press "Add" button. *

Select A Carrier

If the carrier is not in the list, input NAIC code then press "Add New" button

Search:

- A user account can be used to submit surveys for multiple carriers. To add multiple carriers, click the "Add" or "Add New" buttons after selecting a carrier from the drop-down menu or typing the NAIC Cocode for each carrier. See the example below with multiple carriers added to an account:

New Account

Step 1/2 - Add Carriers

Select a carrier from the list then press "Add" button. *

Select A Carrier

If the carrier is not in the list, input NAIC code then press "Add New" button

Search:

Name	Cocode	Action
Aetna Health Inc.	95935	<input type="button" value="Remove"/>
Aetna Life Insurance Company	60054	<input type="button" value="Remove"/>

- Click "Next" on the bottom of the screen after the carrier(s) have been added to the textbox at the bottom of the screen.
- In the next screen, fill out the required information. Once complete, click "Submit."
 - All the fields with an asterisk (*) are required.
 - The password needs to be at least 9 characters long. It must include an uppercase letter, a lowercase letter, and a special character.**

New Account

Step 2/2 - Add Information

Email address *	Password *	Re-Type Password *	
First Name *	MI.	Last Name *	Title *
Phone *			

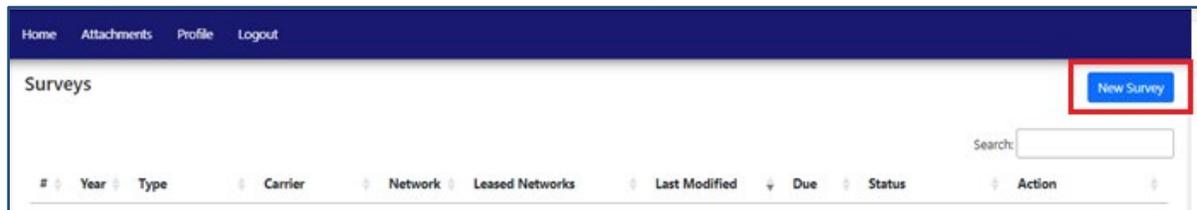
6. Your account request will be reviewed by the Connecticut Insurance Department for approval. When approved, you will receive an email notification with the subject line, "Your Company Request was Approved." Once you receive the email, you may start filling out and submitting network adequacy surveys.

[Return to Table of Contents](#)

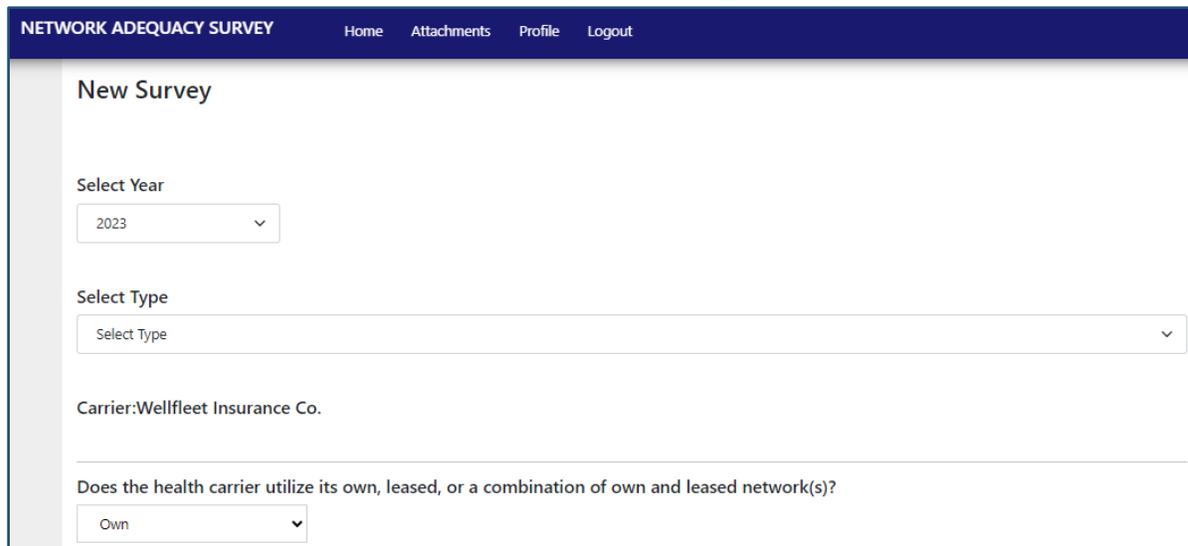
Starting a new survey

Note: New surveys should only be started if you have never submitted a network adequacy survey before. If you submitted a survey in the prior year (even if you are adding a new network), you should be cloning the prior year's approved survey instead of creating a new survey. Go to the [Cloning Surveys](#) section for directions on how to clone a survey.

1. Once logged in, on the *Home* screen, click “New Survey.”

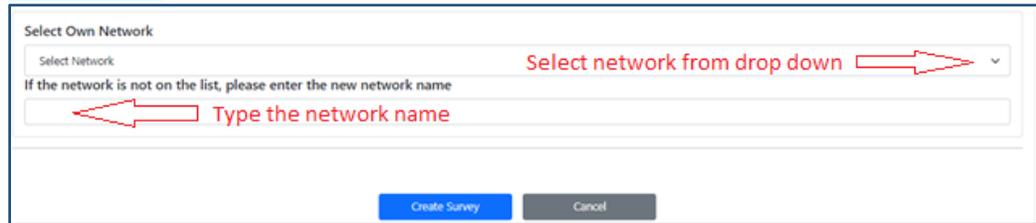


2. Make the appropriate selections in the following screen using the drop-down boxes provided.

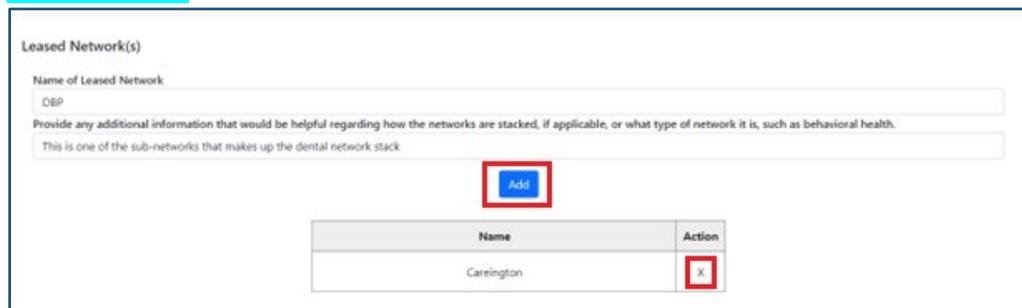
A screenshot of the 'New Survey' form. The top navigation bar is dark blue with links for 'Home', 'Attachments', 'Profile', and 'Logout'. The main content area is titled 'New Survey'. It contains three dropdown menus: 'Select Year' with '2023' selected, 'Select Type' with 'Select Type' selected, and 'Does the health carrier utilize its own, leased, or a combination of own and leased network(s)?' with 'Own' selected. Below the third dropdown, there is a text input field containing 'Carrier: Wellfleet Insurance Co.'.

- *Select Year*: The survey will always default to the newest survey submission year available.
- *Select Type*: Medical, Vision, or Dental network adequacy survey.
- Select the network type:
 - *Own*: Only utilizing your own proprietary network
 - *Leased only*: Only utilizing leased network(s)
 - *Combination own & leased*: Utilizing own proprietary network AND leased network(s)
- *Select own network*: This drop-down option will only appear if “Own” or “Combination own & leased,” was selected for network type.

- The drop-down will contain network names that have previously been associated with the carrier. If you do not see the network name, simply write it in the textbox below the drop-down. ***Make sure that you select/type the name that the network is marketed as.**



- *Provide the name(s) of leased network(s):* This option will only appear if “Leased only” or “Combination own & leased,” was selected for network type.
 - If you are utilizing a leased network that is comprised of multiple sub-networks, each of the sub-networks needs to be added separately.
 - Type the name of a leased network in the “Name of Leased Network” field. In the field below that, provide an explanation/description of the network (ex: Behavioral Health network; one of the networks that makes up our dental stacked network, etc.). When done, click the “Add” button.
 - The leased network name will appear in the table at the bottom of the screen. The explanation of the network will be visible throughout the survey when a user hovers over the network name.
 - If you made a mistake, click the X “Action” button next to the leased network name to delete it.
 - * **Make sure that you only enter leased network here (whose providers you are leasing), not TPA’s or other plan administrators you are using to assist you with the plan administration.**



Name	Action
Careington	X

3. When done, click “Create Survey” at the bottom of the screen. Note that you will not be able to go back to this screen to edit it.



Exporting survey questions and responses

- You can only export surveys that are in the “Edit” or “Revise” modes (on the *Home* screen).

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
43	2023	Medical-Own	Wellfleet Insurance Co.	PPO		10/23/2023, 12:52:46 PM	9/25/2023	Reviewed - Revision required	Clone Revise
60	2023	Dental-Combination	Wellfleet Insurance Co.	PPO	GEHA;Careington	11/8/2023, 11:30:36 AM	6/1/2023	New	Clone Delete Edit

- A survey can be exported into a fillable PDF document. Use this feature to:
 - Export the questions of a newly created survey and send it to applicable stakeholders to fill out their respective sections/questions.
 - Export a completed survey with all the responses and send it to applicable stakeholders to review.

To export a survey:

1. Locate the survey you would like to export on the *Home* screen. Click “Edit” or “Revise” to open the survey.
 - If it is a new survey, you must create it first. Go to the [Starting a new survey](#) for directions on how to create a new survey.

2. Once the survey is open, scroll all the way to the bottom of the survey and click “Export.”



3. A pop-up message will appear asking which network(s) you would like to export. If you are utilizing a combination of multiple networks, then all the networks will be listed separately, and you can select which ones you would like to export (see example below). Type the name you would like to save the PDF survey as and click “Export to PDF file.”

Select the networks you want to export

Cigna OAP

DBP

GEHA

Careington

United

File Name

[Export to PDF file](#) [Close](#)

- If you are sending the fillable PDF to the leased network(s) to fill out and/or verify the accuracy of the responses provided, only export the applicable leased network by checking off the box next to the network’s name. Type the name you would like to save the PDF survey as and click, “Export to PDF.”

Select the networks you want to export

Cigna OAP

DBP

GEHA

Careington

United

File Name: DBP Only NETWORK ADEQUACY SURVEY WORKSHEET.pdf

Export to PDF file Close

- If you need to see the survey in its entirety, check all the networks that compile your network offering.

Select the networks you want to export

Cigna OAP

DBP

GEHA

Careington

United

File Name: ENTIRE NETWORK ADEQUACY SURVEY

Export to PDF file Close

- If exporting a new survey, all the survey questions and associated response options will be visible in the fillable PDF.
- If exporting a survey that has reviewer notes (objections), all the objections will be visible in the exported document. You can remove the objections, as needed, from the PDF document.
- If exporting a completed survey, all the responses and references will be visible (including responses for all the leased networks, if applicable).

See a sample of a medical fillable PDF survey export:



[Return to Table of Contents](#)

Filling out a survey

Helpful information to know before you start

- Use the **Microsoft Edge** browser to work on the survey.
- Multiple individuals representing the carrier may be granted access to edit, submit, revise, and view all the surveys that are associated with the carrier.
 - TPAs and leased network personnel are NOT permitted access to the network adequacy survey(s). If you need to share information, you may export the survey and send it to them if you deem that it is appropriate to do so. Go to [Exporting survey questions and responses](#) section for instructions on how to export a survey.
 - A new user will need to be approved by the Connecticut Insurance Department. If the Department is not sure who the user is, they will reach out to the main contact person to ensure that it is appropriate to approve the new user.
 - Multiple individuals can work on the survey at the same time if they are working on different sections of the survey. If multiple individuals are working on the same section, the changes they make will not save correctly.
- There are 6 sections in the survey, not including the Attestation, which can only be uploaded when the survey is complete (all the questions are answered). Once the attestation is uploaded, the survey is automatically submitted to the Connecticut Insurance Department for review.

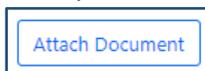
The 6 survey sections are as follows:

 - S1: Contact Information
 - S2: General Information
 - S3: Standards & Responsibilities to the Provider
 - S4: Standards & Responsibilities to Covered Persons
 - S5: Network Adequacy Standards
 - S6: Provider Directories
- Questions are numbered in the following manner:
 - “S” signifies the section number, such as “S1.”
 - After the section number is the number of the question, such as “S1.2.”
 - Some questions may be broken down into multiple parts, such as “S3.1.a; S3.1.b,” etc.
 - In some instances, if you select “Other,” or “Does not apply,” you will be prompted to provide additional explanation/information. This explanation numbered as a sub-question to the original question and will be labeled differently depending on how the question is already broken down. For example:
 - A sub-question to S.3.1.c would be S.3.1.c.1.
 - A sub-question to S4.3. would be S4.3.a.
- You may skip questions as you are working on the survey and then return to them at the end. However, the survey can only be submitted for review if every question is answered.

- There is no “save” button for the survey. It saves automatically as you are working on it.
- The survey will time-out after 40 minutes if you idle. When this happens, you will be brought back to the login screen.
- In some instances, a “Failed to Save” error will appear on top of the screen. This may occur if the computer is left idle for too long or due to an error. In this instance, log out and log back in. If the issue persists, contact LHCompliance@ct.gov to report the issue. Be sure to provide the survey number (you will find this on the *Home* screen in the left-most column) and specific details regarding when you experience this error message.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
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- If an attachment is required, there will be an “Attach Document” button below the question. For these questions, each attachment must include a specific page AND section/paragraph reference(s). (You may include multiple references per attachment.) Logic is built into the survey that will not allow you to submit a survey if there is an attachment or a specific reference missing.



- If you are utilizing leased networks, some questions will need to be answered for each leased network. You will know when this is the case because some questions will require a separate response for each network (see example below).

Home Attachments Profile Logout

S3.15. How is the health carrier notifying participating providers of the procedures in place for the resolution of administrative, payment or other disputes between the health carrier and a participating provider?

Own network

Information is in the Provider Contract / Addendum

Information is in the Provider Manual

Information is in the online provider portal

Information is in another document

Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE

OAP-Provider Manual.pdf Page 53-77

VSP 3

Information is in the Provider Contract / Addendum

Information is in the Provider Manual

Information is in the online provider portal

Information is in another document

Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE

VSP-Provider Manual.pdf Page 33

VSP-Attachment F.pdf Whole document

GEHA 3

Information is in the Provider Contract / Addendum

Information is in the Provider Manual

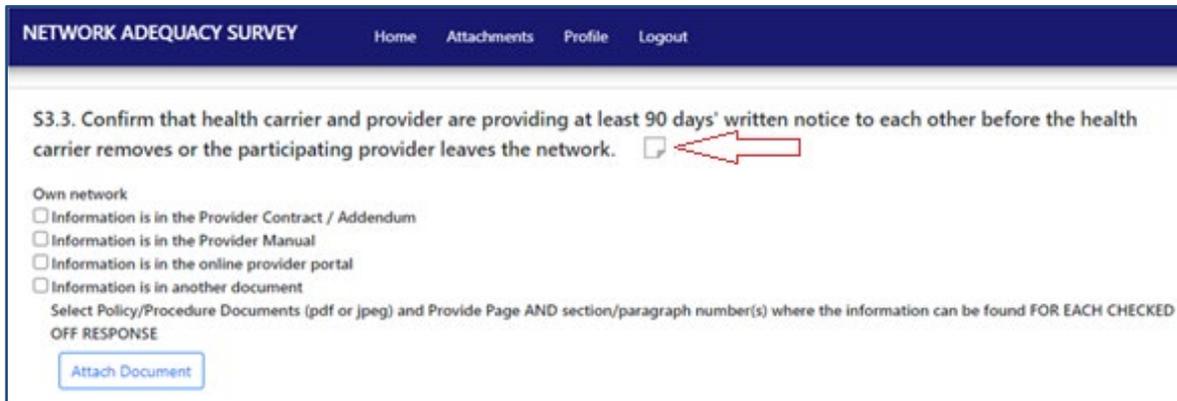
Information is in the online provider portal

Information is in another document

Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE

GEHA-Provider Portal.pdf Page 1

- Some questions may require additional clarification or explanation. To add additional notes, click the note button that is located next to each question. Only add additional explanation if it is necessary to clarify something.



- Once the note field is open, type in the note. If needed, you may expand the note field by clicking on the two lines in the bottom-right corner of the text box to expand it.



- A “Validate” button is located on the top right of the survey screen (see below). This shows how many questions are incomplete. To submit a survey for review, this number must be 0.



- There are various *Action* options available for each survey on the *Home* screen (see screenshot below):
 - **Edit:** This option allows you to make changes to a survey that has not been submitted for review. You may log out and return to a survey as many times as needed.
 - **Delete:** This option allows you to delete a survey. You can only delete a survey that has not been submitted for review.
 - **View:** This option allows you to view a survey only. It applies to surveys that have been submitted for review or approved.
 - **Clone:** This options allows you to copy a survey and most of the survey responses and attachments. You can close any survey (in progress surveys (aka not yet submitted), submitted for review sureys, and approved surveys). Go to the [Cloning Surveys](#) section to find out more about how to use this feature.
 - **Revise:** This option allows you to revise specific questions within a survey that has been submitted to the Department for review. The only questions that you will be able to revise are those that were objected to.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
3	2023	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	VSP	8/29/2023, 2:27:34 PM	8/30/2023	Reviewed - Inadequate	Clone Revise
14	2023	Medical-Own	Wellfleet Insurance Co.	Cigna OAP		8/29/2023, 10:56:00 AM	4/1/2023	Submitted - Pending review	Clone View
7	2023	Medical-Own	Wellfleet Insurance Co.	Cigna OAP		8/24/2023, 8:43:10 PM	8/21/2023	Reviewed - Approved	Clone View
2	2023	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	VSP	8/23/2023, 8:17:29 AM	8/25/2023	Reviewed - Inadequate	Clone Revise
19	2023	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	VSP2	8/18/2023, 3:28:24 PM	4/1/2023	New	Clone Delete Edit

- To submit a survey, upload a signed Attestation (go to the [Survey attestation form](#) section for more information). Once it is uploaded, you will not be able to revise the survey until it is reviewed by the Connecticut Insurance Department and sent back for specific revisions.

[Return to Table of Contents](#)

Adding and deleting attachments to the survey

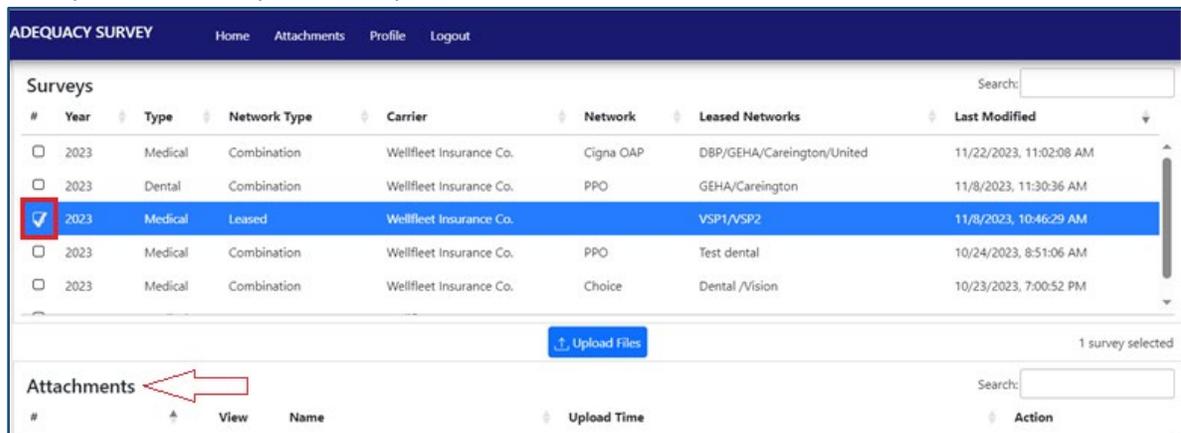
- To avoid issues and/or survey errors, it is strongly recommended that all the attachments are uploaded WHEN YOU START A SURVEY, BEFORE ANSWERING SURVEY QUESTIONS.
- If necessary, additional attachments can be added to a survey at any time as you are working on it.
- **Only PDF or JPEG attachments can be uploaded to a survey.** All other document formats will create an error and you will need to log out of the tool.
- **The name of the attachment should reflect what the document is and include the last revision date.** Please DO NOT name documents such as “Attachment A” or “Attachment 1.” See some acceptable examples:
 - PPO Provider Manual rev. 1.2024
 - Process 1601A: Providing documents in alternative formats 9.2018

To add attachments:

1. Click the “Attachments” tab on top of the screen. You can click this tab either from the *Home* screen after logging in or you can click it when working on a survey.

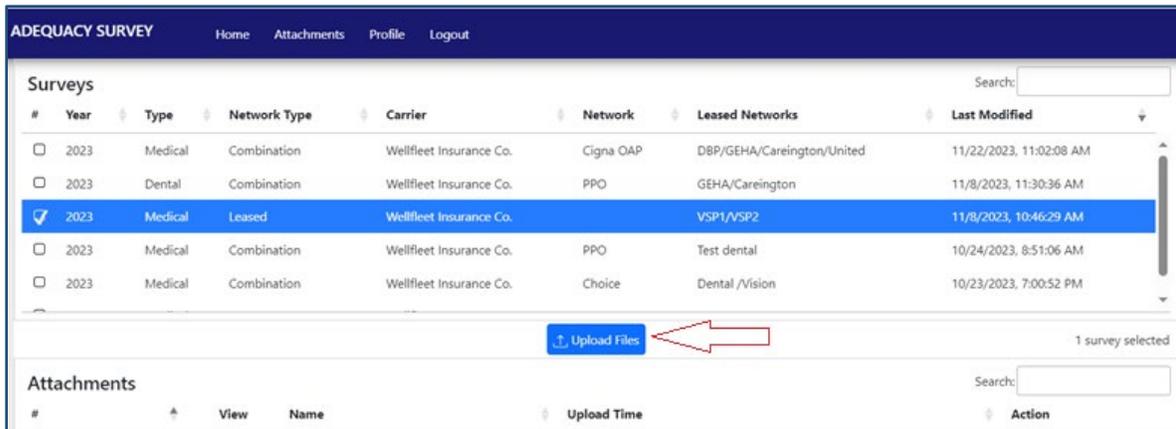


2. Select the survey you want to add the attachments to by checking the checkbox to the left of the survey. Note that only one survey can be selected at a time.

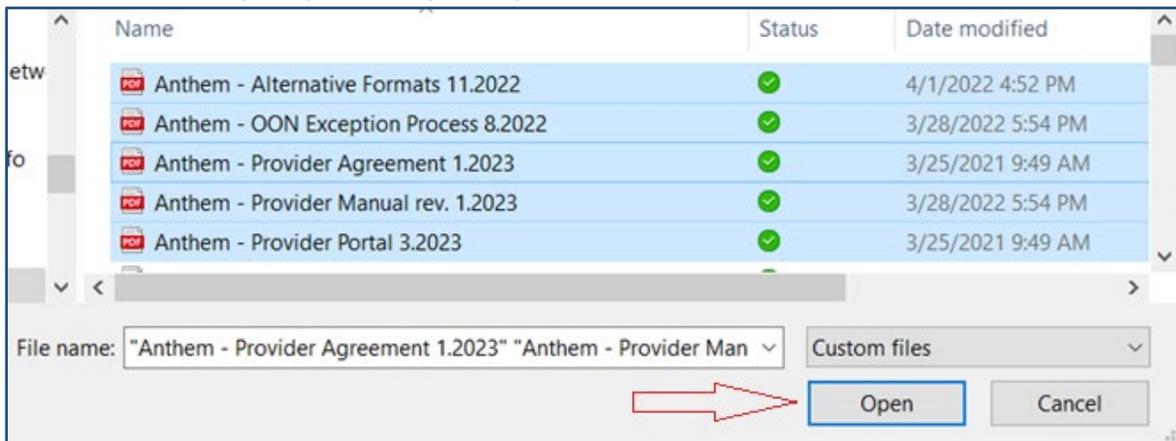


- If other attachments have already been added to a survey, they would appear below in the “Attachments” section. (Note that when you clone a survey, all the copied responses will include attachments associated with the response. These attachments will appear in the “Attachments” section below.)

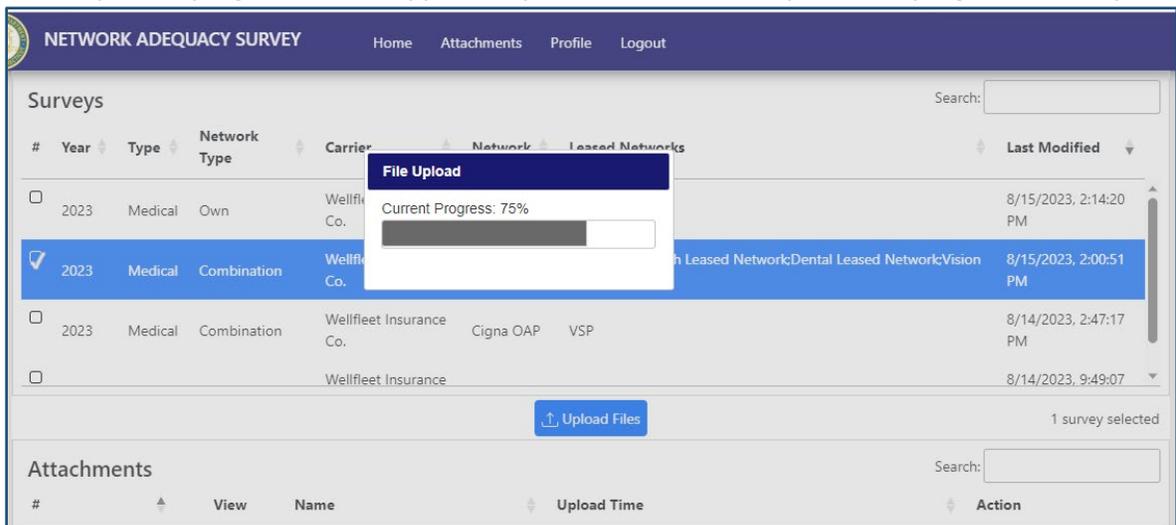
- Click "Upload Files" and navigate to the folder on your computer where all the files are saved.



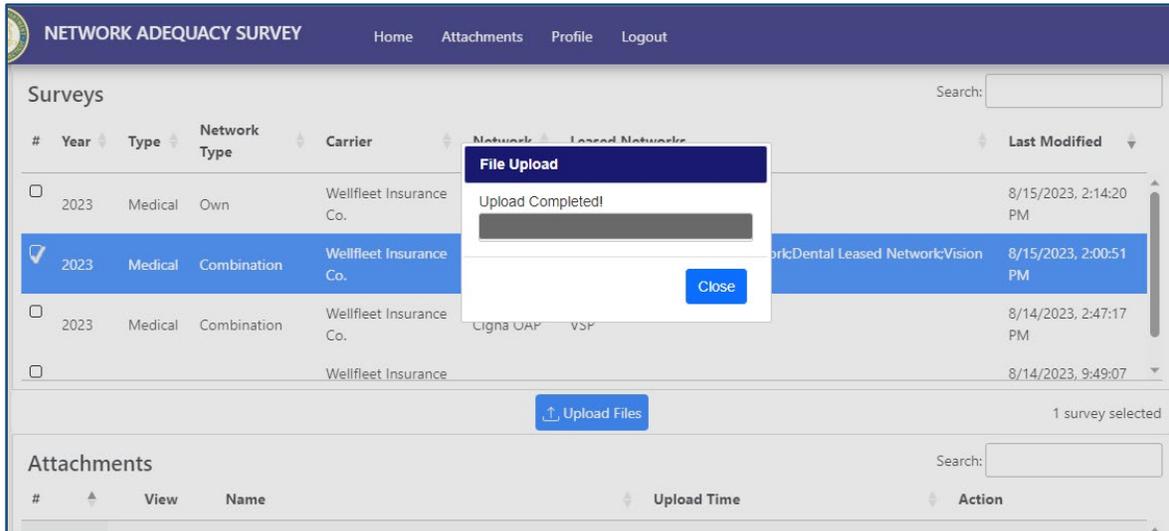
- Select all the documents you wish to attach. (If you are uploading a very large file, it is recommended that you upload it separately from other, smaller files).



- Click "Open." A progress bar will appear on your screen to inform you of the progress of the upload.



- An "Upload Completed" message will appear on your screen once all the selected documents have been uploaded successfully. You will see the full list of documents uploaded in the "Attachments" section.



- Return to the survey by clicking on the "Home" tab on top of the screen. Find the survey you are working on and click "Edit" to continue to work on the survey.

To delete attachments:

- Click the "Attachments" tab on top of the screen. You can click this tab either from the *Home* screen after logging in or you can click it when working on a survey.



- Select the survey you want to delete attachments from by checking the checkbox to the left of the survey. (Note that only one survey can be selected at a time.) All the attachments associated with the survey will appear below in the "Attachments" section.

Surveys

#	Year	Type	Network Type	Carrier	Network	Leased Networks	Last Modified
<input type="checkbox"/>	2023	Medical	Combination	Wellfleet Insurance Co.	PPO	Vision test	11/29/2023, 1:52:43 PM
<input type="checkbox"/>	2023	Medical	Combination	Wellfleet Insurance Co.	PPO	Vision test	11/29/2023, 10:58:06 AM
<input checked="" type="checkbox"/>	2023	Medical	Combination	Wellfleet Insurance Co.	Cigna OAP	DBP/GEHA/Careington/United	11/28/2023, 2:50:27 PM
<input type="checkbox"/>	2023	Vision	Own	Wellfleet Insurance Co.	PPO		11/22/2023, 3:05:50 PM
<input type="checkbox"/>	2023	Medical	Combination	Wellfleet Insurance Co.	Choice	Dental /Vision	11/22/2023, 2:53:54 PM

Search:

[Upload Files](#) 1 survey selected

Attachments

#	View	Name	Upload Time	Action
1		2nd Attestation Certification v7.25.23_Signed.pdf	11/8/2023, 11:54:18 AM	Remove
2		2023 NetworkAdequacySurvey-MEDICAL UHIC_Choice_Signature.pdf	11/8/2023, 11:54:18 AM	Remove

3. To delete an attachment from the survey, click the “Remove” button to the right of the attachment.

Surveys

#	Year	Type	Network Type	Carrier	Network	Leased Networks	Last Modified
<input checked="" type="checkbox"/>	2023	Medical	Combination	Wellfleet Insurance Co.	Cigna OAP	DBP/GEHA/Careington/United	11/22/2023, 3:36:42 PM
<input type="checkbox"/>	2023	Vision	Own	Wellfleet Insurance Co.	PPO		11/22/2023, 3:05:50 PM
<input type="checkbox"/>	2023	Medical	Combination	Wellfleet Insurance Co.	Choice	Dental /Vision	11/22/2023, 2:53:54 PM
<input type="checkbox"/>	2023	Dental	Combination	Wellfleet Insurance Co.	PPO	GEHA/Careington	11/8/2023, 11:30:36 AM
<input type="checkbox"/>	2023	Medical	Leased	Wellfleet Insurance Co.		VSP1/VSP2	11/8/2023, 10:46:29 AM

Search:

[Upload Files](#) 1 survey selected

Attachments

#	View	Name	Upload Time	Action
1		2nd Attestation Certification v7.25.23_Signed.pdf	11/8/2023, 11:54:18 AM	Remove
2		2023 NetworkAdequacySurvey-MEDICAL UHIC_Choice_Signature.pdf	11/8/2023, 11:54:18 AM	Remove

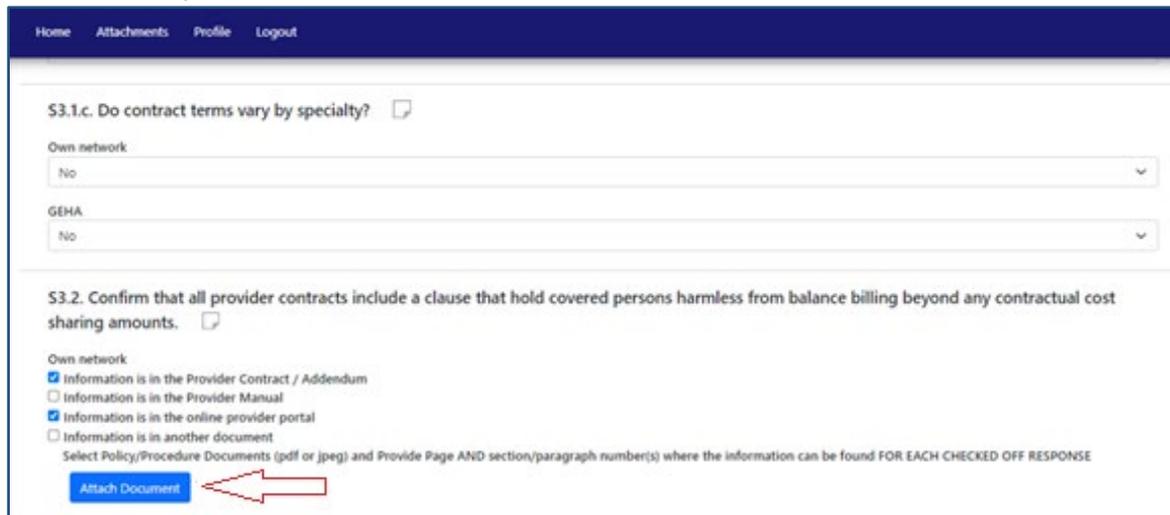
- Be sure to “Remove” old versions of documents that are no longer relevant to the survey or have been replaced with revised versions.

[Return to Table of Contents](#)

Referencing attachments and editing references within the survey

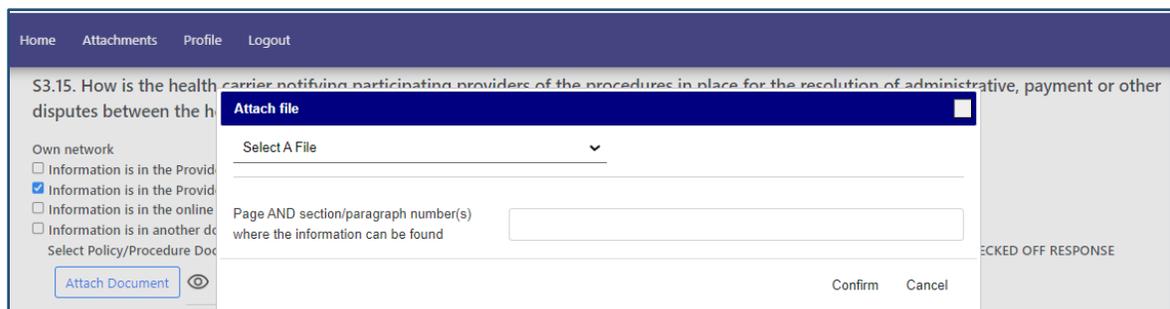
To attach a document within a survey:

1. Click the “Attach Document” button below the question. Only questions that require an attachment will have this option.



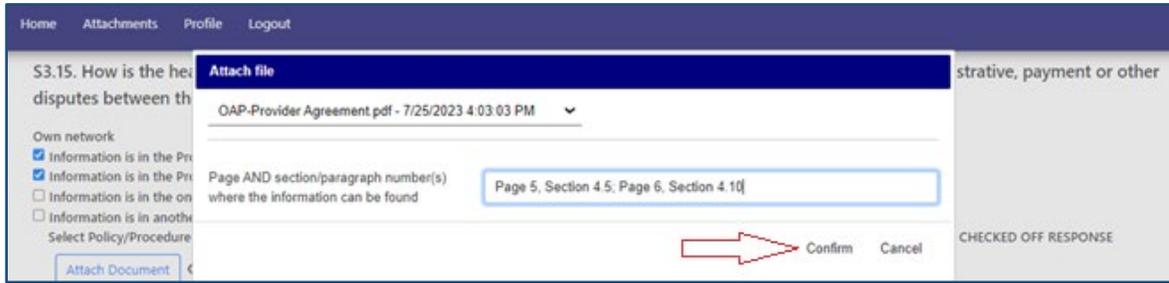
The screenshot shows a survey interface with a dark blue header containing 'Home', 'Attachments', 'Profile', and 'Logout'. The main content area displays question S3.2: 'Confirm that all provider contracts include a clause that hold covered persons harmless from balance billing beyond any contractual cost sharing amounts.' Below the question, there are two sections: 'Own network' with a dropdown menu set to 'No', and 'GEHA' with a dropdown menu set to 'No'. A second section for S3.2 contains four radio button options: 'Information is in the Provider Contract / Addendum' (checked), 'Information is in the Provider Manual', 'Information is in the online provider portal', and 'Information is in another document'. Below these options is a text prompt: 'Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE'. At the bottom left of this section is a blue 'Attach Document' button, which is pointed to by a red arrow.

2. Once you click “Attach Document,” the below screen will appear prompting you to select the document reference from the “Select A File” drop-down menu. The drop-down menu will contain the list of documents that were uploaded for the specific survey you are working on. You can select one document at a time.
 - For instructions on how to upload documents, go to the [Adding attachments to the survey](#) section.

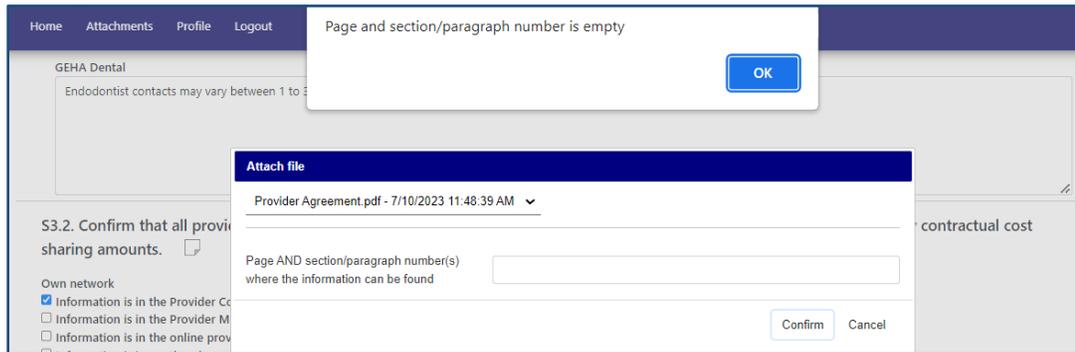


The screenshot shows the 'Attach file' dialog box overlaid on the survey question S3.15. The dialog has a dark blue header with the title 'Attach file'. Below the header is a 'Select A File' dropdown menu. Underneath the dropdown is a text input field labeled 'Page AND section/paragraph number(s) where the information can be found'. At the bottom right of the dialog are 'Confirm' and 'Cancel' buttons. The background survey question S3.15 is partially visible, showing the same radio button options as in the previous screenshot.

3. After selecting the appropriate reference, provide specific page reference(s) AND applicable section and/or paragraph number(s) where the information can be found. (Note that multiple references can be provided for a document.) When done, click “Confirm.”

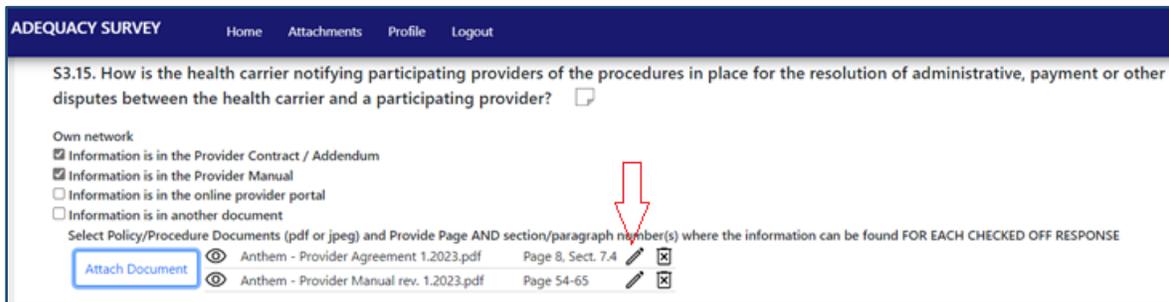


- If you forget to provide specific page/section references, a pop-up message will appear prompting you to provide this information. You will not be able to include the attachment until specific references within the attachment are provided.



To edit a reference within a survey:

1. Click the pencil next to the reference you would like to edit.



2. This will only allow you to edit the page/section references within the document. Make the edits and click "OK."

ADEQUACY SURVEY Home Attachments Profile Logout

S3.15. How is the health carrier notifying participating providers of the procedures in place for the resolution of administrative, payment or other disputes between the health carrier and a participating provider?

Own network

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE

Anthem - Provider Agreement 1.2023.pdf Page 8, Sect. 7.4

Anthem - Provider Manual rev. 1.2023.pdf Page 54-65

Input

Page AND section/paragraph number(s) where the information can be found

Page 54-65

number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE

To delete a reference within the survey:

1. Click the “X” next to the referenced document to delete it as a reference to the question. (You will still be able to reference this document for other questions, this action just removes it as a reference to the specific question selected.)

ADEQUACY SURVEY Home Attachments Profile Logout

S3.15. How is the health carrier notifying participating providers of the procedures in place for the resolution of administrative, payment or other disputes between the health carrier and a participating provider?

Own network

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE

Anthem - Provider Agreement 1.2023.pdf Page 8, Sect. 7.4

Anthem - Provider Manual rev. 1.2023.pdf Page 54-65

[Return to Table of Contents](#)

Section S1: Helpful pointers

- The contact person for the survey should be the person who is responsible for submitting the survey and addressing all the follow-up questions and objections. Note that this is different from the individual who attests to the survey's accuracy (this individual must be an officer of the company).

Home Attachments Profile Logout

MEDICAL SURVEY

Year: 2023
Carrier: 4 Ever Life Insurance Company
Marketed Network: OAP Network
Leased Networks: GEHA Dental; VSP Vision;
Type: Combination
Due Date: 4/1/2023

⊖ S1. CONTACT INFORMATION

S1.1. Contact Person

S1.2. Title

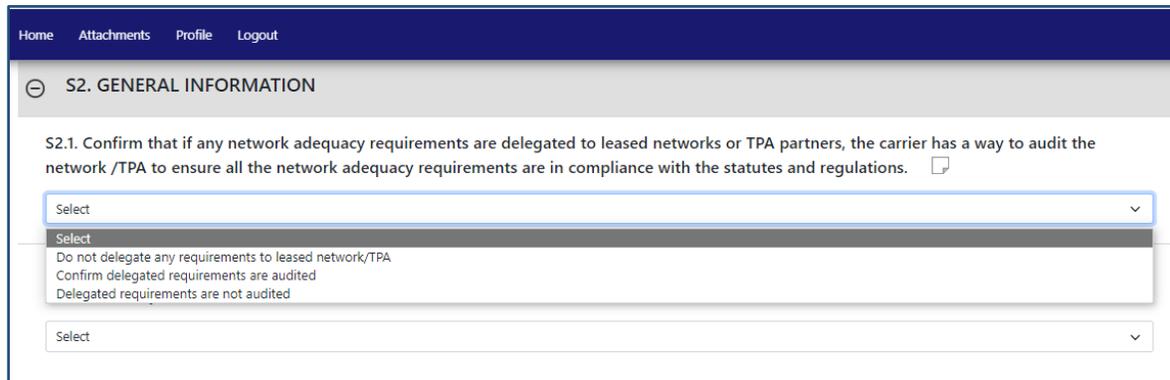
S1.3. Direct Phone #

S1.4. Email Address

[Return to Table of Contents](#)

Section S2: Helpful pointers

- There are only 2 questions in this section. Select the best response for each question from the drop-down options.
- For question S2.1, if the response is, “Delegated requirements are not audited,” then you will receive a warning message (see second screenshot below). You must acknowledge the statement to proceed with the survey.



Home Attachments Profile Logout

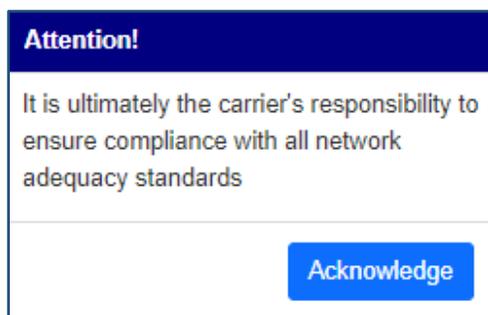
⊖ S2. GENERAL INFORMATION

S2.1. Confirm that if any network adequacy requirements are delegated to leased networks or TPA partners, the carrier has a way to audit the network /TPA to ensure all the network adequacy requirements are in compliance with the statutes and regulations. 📄

Select

- Select
- Do not delegate any requirements to leased network/TPA
- Confirm delegated requirements are audited
- Delegated requirements are not audited

Select



Attention!

It is ultimately the carrier's responsibility to ensure compliance with all network adequacy standards

Acknowledge

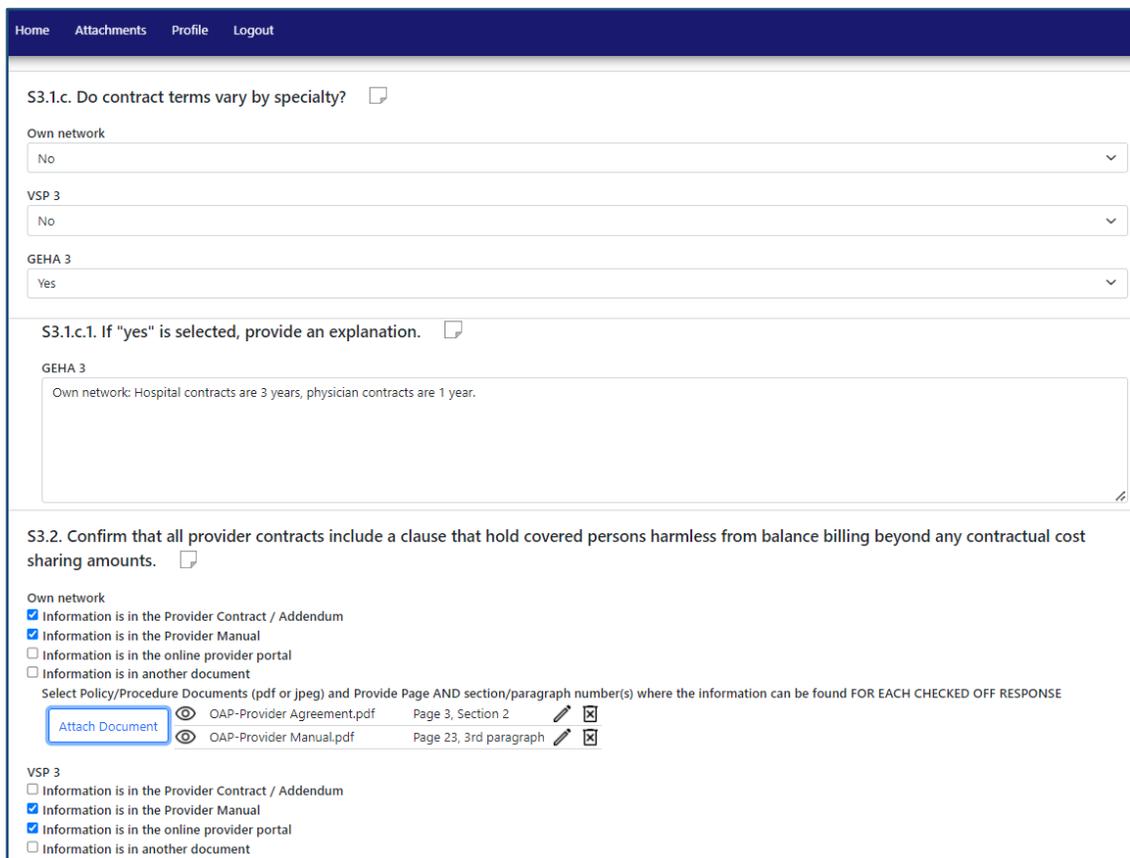
[Return to Table of Contents](#)

Section S3: Helpful pointers

- If utilizing leased networks, some questions will require a separate response for each network (see examples below).
- If an attachment is required, there will be an “Attach Document” button below the question. For these questions, each attachment must include a specific page AND section/paragraph reference. (You may include multiple references per attachment.) Logic is built into the survey that will not allow you to submit a survey if an attachment or a specific reference is missing.



- This section contains 2 types of questions (see below screenshot example):
 1. *Drop down selections.* Select the appropriate drop-down response for each question. Depending on the selection made, you may be prompted to provide an explanation (such as in S3.1.c.1 example below).
 2. *Select all that apply.* For these questions, you should select ALL the responses that apply. For each response selected, at least 1 document should be attached (otherwise the survey will be flagged as incomplete).



The screenshot shows a survey interface with a dark blue header containing navigation links: Home, Attachments, Profile, and Logout. The main content area is white and contains several questions and input fields.

S3.1.c. Do contract terms vary by specialty? [📄]

Own network
No [v]

VSP 3
No [v]

GEHA 3
Yes [v]

S3.1.c.1. If "yes" is selected, provide an explanation. [📄]

GEHA 3
Own network: Hospital contracts are 3 years, physician contracts are 1 year.

S3.2. Confirm that all provider contracts include a clause that hold covered persons harmless from balance billing beyond any contractual cost sharing amounts. [📄]

Own network

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE

<input checked="" type="checkbox"/> Attach Document		OAP-Provider Agreement.pdf	Page 3, Section 2		
<input checked="" type="checkbox"/> Attach Document		OAP-Provider Manual.pdf	Page 23, 3rd paragraph		

VSP 3

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

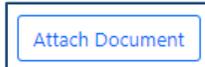
Questions to be mindful of:

- S3.16: An attachment is required for each response selected, except if you select “Other.” For this question specifically, you will be asked to provide an explanation in a textbox below the question if “Other” is selected instead of referencing an attachment.
- S3.18: Please attach all documents that have been revised or added since the last approved submission. No page/section reference is needed, only the documents themselves. The attached documents should be in a redline format.

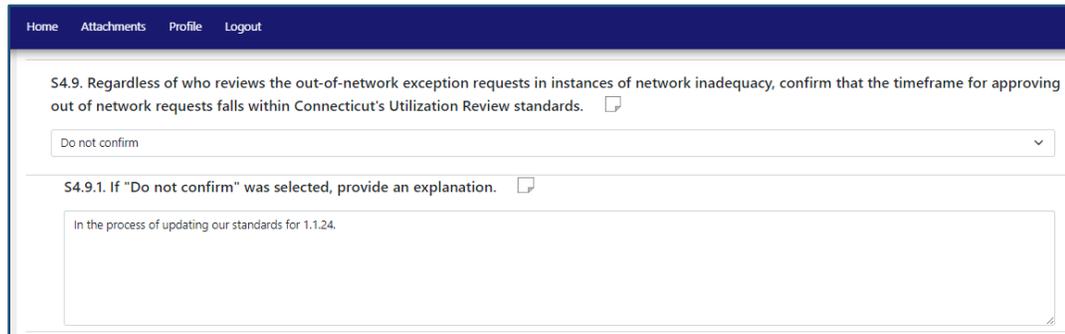
[Return to Table of Contents](#)

Section S4: Helpful pointers

- Questions in this section inquire about the carrier's/TPA's processes and how members are notified about specific provisions.
 - Note that if you are utilizing leased networks, responses to questions in this section are not broken down for each network like in Section S3 above.
- If an attachment is required, there will be an "Attach Document" button below the question. For these questions, each attachment must include a specific page AND section/paragraph reference. (You may include multiple references per attachment.) Logic is built into the survey that will not allow you to submit a survey if an attachment or a specific reference is missing.



- This section contains 3 types of questions (see below screenshot examples):
 1. *Drop down.* Select the appropriate drop-down response for each question. Depending on the selection made, you may be prompted to provide an explanation (such as in S4.9.1 example below).



2. *Select all that apply.* For these questions, you should select ALL the responses that apply. For each response selected, at least 1 document should be attached (otherwise the survey will be flagged as incomplete).



3. *Attach a document only.* Questions S4.1.b.; S4.2; S4.7; S4.8.b.; S4.11; S4.13 do not require a response, only a document(s) attachment.

Home Attachments Profile Logout

S4.11. Provide a document sent to members that informs them of the availability of services described in S4.10.a. and S4.10.b. 

Select Policy/Procedure Documents(pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found

 Member Letter.pdf Whole document  

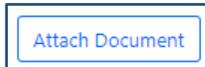
Question to be mindful of:

- For question S4.13: Please attach all documents that have been revised or added since the last approved submission. No page/section reference is needed, only the documents themselves. The attached documents should be in a redline format.

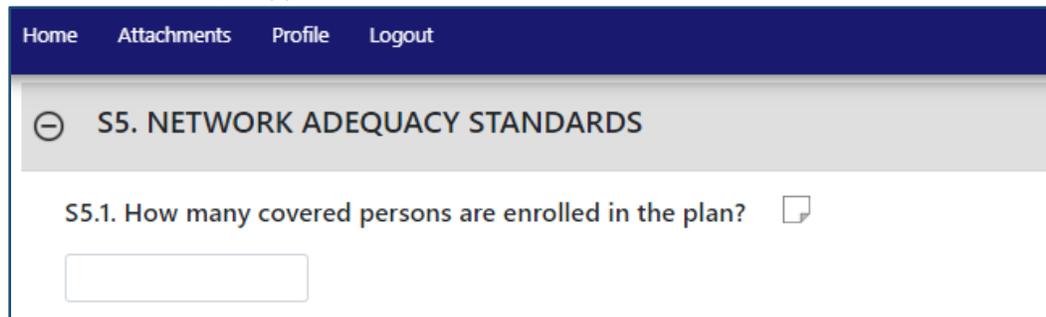
[Return to Table of Contents](#)

Section S5: Helpful pointers

- This section contains a lot of quantitative data questions regarding the whole network.
- If an attachment is required, there will be an “Attach Document” button below the question. For these questions, each attachment must include a specific page AND section/paragraph reference. (You may include multiple references per attachment.) Logic is built into the survey that will not allow you to submit a survey if an attachment or a specific reference is missing.

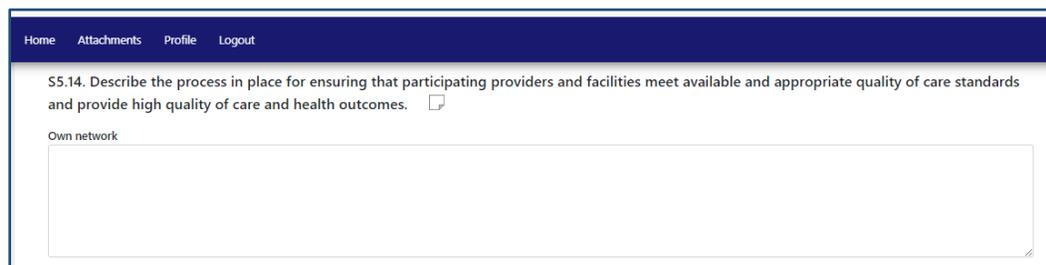


- This section contains 3 types of questions (see below screenshot example):
 1. *Fill in the blank.* Questions will ask you to either input numerical values or a text response.
 - Responses to quantitative questions should reflect the composite of own network and leased network(s), if applicable.



The screenshot shows a survey interface with a dark blue header containing navigation links: Home, Attachments, Profile, and Logout. Below the header is a grey bar with a minus sign icon and the title 'S5. NETWORK ADEQUACY STANDARDS'. The main content area displays the question 'S5.1. How many covered persons are enrolled in the plan?' followed by a small document icon. Below the question is a single-line text input field.

- Questions that require you to type a response may require a separate response for each leased network. If that is the case, a separate textbox will be available for each leased network.



The screenshot shows a survey interface with a dark blue header containing navigation links: Home, Attachments, Profile, and Logout. Below the header is a grey bar with a minus sign icon and the title 'S5. NETWORK ADEQUACY STANDARDS'. The main content area displays the question 'S5.14. Describe the process in place for ensuring that participating providers and facilities meet available and appropriate quality of care standards and provide high quality of care and health outcomes.' followed by a small document icon. Below the question is a text input field with the label 'Own network' above it.

2. *Drop down.* Select the appropriate drop-down response for each question. Depending on the selection made, you may be prompted to provide an explanation (such as in S5.7.c example below).

Home Attachments Profile Logout

S5.7.a Who conducts the appointment wait time survey?

Carrier/TPA

S5.7.b Confirm that a valid sample size of responses, as defined by NAIC (95% confidence level with a 5% margin of error), was used to report the appointment wait times.

Carrier/TPA

S5.7.c How is the appointment wait time survey conducted?

Carrier/TPA

S5.7.c.1 If "Other" was selected, provide an explanation and indicate when you expect to comply and provide updated data.

Carrier/TPA

3. *Select all that apply.* For these questions, you should select ALL the responses that apply.

Home Attachments Profile Logout

S5.8. How is the health plan ensuring that covered persons have access to emergency services, as defined in C.G.S. 38a-477, including after-hours answering service, 24 hours a day, 7 days a week?

Own network

- Provider surveys
- Member complaints
- Other

DBP

- Provider surveys
- Member complaints
- Other

GEHA

- Provider surveys
- Member complaints
- Other

Careington

- Provider surveys
- Member complaints
- Other

United

- Provider surveys
- Member complaints
- Other

Questions to be mindful of:

- S5.1: Response should reflect Connecticut only enrollment in the specific network that the survey is being completed for. If there is no enrollment, enter "0."
- S5.2:
 - S5.1 should be answered before S5.2, otherwise the calculation in S5.2 will not work.
 - Enter the number of network providers by specialty in Connecticut. The ratio is calculated automatically based on the number of providers divided by total Connecticut enrollment in

the specific network (entered in S5.1). See the medical network adequacy survey example below:

NETWORK ADEQUACY SURVEY Home Attachments Profile Logout

S5.1. How many covered persons are enrolled in the plan?

S5.2. PROVIDER TO MEMBER MINIMUM RATIOS (Enter the total number of in network providers per specialty.)

Specialty	Minimum Ratio Standard	Total Providers	Achieved Ratio
Allergy and Immunology	0.050	<input type="text" value="265"/>	17.637

- The minimum ratio standards are listed in blue in the “Minimum Ration Standard” column. If the minimum ratio is not met, you will be prompted to provide a remediation plan (see example below) and indicate when you expect to correct the inadequacy. The network will NOT be approved and may be deemed inadequate until all the standards are met.

S5.2.a. For EACH minimum ratio requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s).

Primary Care

- S5.4.a must be answered before S5.4.b. The drop-down response selected in S5.4.a will affect how question S5.4.b is structured.
- S5.5 (a & b):
 - Medical surveys have both parts a & b. Vision and dental surveys only have part a.
 - If there is no enrollment in a specific county, select “NA” below the county name. When you select “NA,” the whole county will be grayed out and no inputs will be required for that county.

Specialty	FAIRFIELD COUNTY	HARTFORD COUNTY	LITCHFIELD COUNTY	MIDDLESEX COUNTY	NEW HAVEN COUNTY	NEW LONDON COUNTY	TOLLAND COUNTY	WINDHAM COUNTY
	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA				

- Fill out the actual maximum time and distance measures met for 90% of your members for each specialty type by county. When measuring this data, include Connecticut-only members who reside in the state. Include all providers used for Connecticut service areas.
- The time (T) and distance (D) maximum standards are listed in blue to the right of each text box. Note that they differ by specialty and county.
- The time (T) measure should be entered in the text box next to the letter “T” (top text box for each specialty). The distance (D) measure should be entered in the text box next to the letter “D” (bottom text box for each specialty).

T	<input type="text" value="9.3"/>	45
D	<input type="text" value="7.7"/>	30

- Each number input should include one decimal point (ex: 6.6).
- If you are submitting surveys for multiple networks, each survey must reflect time and distance measures specific to that network based on the enrollment in that network.

- If you enter a “0” value or a number outside the maximum standard, it will be highlighted in red (see example below for New Haven, Tolland, and Windham counties). You will be prompted to provide a remediation plan and indicate when you expect to correct the inadequacy. The network will NOT be approved and may be deemed inadequate until all the standards are met.

S5.5.a Time(T)/Distance(D) By Specialty Type

Fill out the actual maximum time and distance measures met for 90% of your members for each specialty type by county. Note: When measuring this data, include Connecticut-only members who reside in the state. Include all providers used for Connecticut service areas.
Time(minutes)/Distance(miles) Standards are in the blue. If there is no enrollment in a specific county, select "NA"

Specialty	FAIRFIELD COUNTY <input type="checkbox"/> NA	HARTFORD COUNTY <input type="checkbox"/> NA	LITCHFIELD COUNTY <input checked="" type="checkbox"/> NA	MIDDLESEX COUNTY <input type="checkbox"/> NA	NEW HAVEN COUNTY <input type="checkbox"/> NA	NEW LONDON COUNTY <input type="checkbox"/> NA	TOLLAND COUNTY <input type="checkbox"/> NA	WINDHAM COUNTY <input type="checkbox"/> NA
Allergy and Immunology	T <input type="text" value="6.5 30"/>	T <input type="text" value="10.4 45"/>	T <input type="text" value="45"/>	T <input type="text" value="9.3 45"/>	T <input type="text" value="0.0 45"/>	T <input type="text" value="21.8 45"/>	T <input type="text" value="45.1 45"/>	T <input type="text" value="43.4 45"/>
	D <input type="text" value="4.1 15"/>	D <input type="text" value="9.8 30"/>	D <input type="text" value="30"/>	D <input type="text" value="7.7 30"/>	D <input type="text" value="18.9 30"/>	D <input type="text" value="17.2 30"/>	D <input type="text" value="30.0 30"/>	D <input type="text" value="37.8 30"/>

S5.5.a.1. For EACH requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s).

Time: Allergy and Immunology - NEW HAVEN COUNTY	<input type="text"/>
Time: Allergy and Immunology - TOLLAND COUNTY	<input type="text"/>
Distance: Allergy and Immunology - WINDHAM COUNTY	<input type="text"/>

○ S5.6:

- The minimum ratio standards are listed in the “Timeframe Requirement” column.
- Each number input should include one decimal point (ex: 8.7).
- If you enter a “0” value or a number outside the standard, it will be highlighted in red (see example below). You will be prompted to provide a remediation plan and indicate when you expect to correct this inadequacy. The network will NOT be approved and may be deemed inadequate until all the standards are met.

Home Attachments Profile Logout

S5.6. See the timeframe requirements for scheduling in-network appointments. Fill out the actual measure (in terms of hours for Urgent Care and days for everything else) that is achieved 90% of the time within your entire network for each provider type.

TYPE OF APPOINTMENT	TIMEFRAME REQUIREMENT	TIMEFRAME ACHIEVED
Urgent Care	Within 48 hours	<input type="text" value="0.0"/>
Non-Urgent appointments for primary care	Within 10 business days	<input type="text" value="9.9"/>
Non-Urgent appointments for specialist care	Within 15 business days	<input type="text" value="15.0"/>
Non-Urgent for non-physical mental health	Within 10 business days	<input type="text" value="8.7"/>
Non-Urgent for ancillary services	Within 15 business days	<input type="text" value="15.1"/>

S5.6.a. For EACH requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s).

Urgent Care	<input type="text"/>
Non-Urgent for ancillary services	<input type="text"/>

- If you are submitting surveys for multiple networks, each survey must reflect appointment wait time results that are specific to that network. The only exception is if more than 90% of

providers are the same across the networks (then you can provide the same appointment wait time results for multiple surveys).

- **Vision surveys only:** Some routine vision plans only cover hardware and eye exams, so for these plans, “Urgent Care” appointments may not apply (since none of the covered services would qualify as urgent). If this applies to the vision plan you are submitting a survey for, select “N/A” next to routine vision care appointment wait time.

S5.6. See the timeframe requirements for scheduling in-network appointments. Fill out the actual measure (in terms of hours for Urgent Care and days for everything else) that is achieved 90% of the time within your entire network for each provider type. 

TYPE OF APPOINTMENT	TIMEFRAME REQUIREMENT	TIMEFRAME ACHIEVED
Urgent Care	Within 48 hours	<input type="text"/> <input checked="" type="checkbox"/> N/A, Routine Vision Plan Only
Non-Urgent appointments for specialist care	Within 15 business days	<input type="text"/>

- Questions in S5.7 are all related to the appointment wait times reported in S5.6. Note that 5.7.a. needs to be answered *before* S5.7.b, S5.7.c, and S5.7.d. The response selected in S5.7.a will affect how the rest of the sub-questions are structured.
 - S5.7.d: If the last appointment wait time survey was completed more than 12 months prior to the submission due date of the survey, those results will not be accepted, and a new appointment wait time survey will need to be conducted. If that is the case, S5.7.d.1 will ask you to provide a date when you expect to have a new appointment wait time survey completed by.

Medical surveys ONLY: See the below guidance:

- S.5.10: If you enter a “0” value, it will be highlighted in red. You will be prompted to provide a remediation plan and indicate when you expect to correct this inadequacy. Note that the network will NOT be approved and may be deemed inadequate if you do not have at least one provider in each category.

Home Attachments Profile Logout

S5.10.b Please provide the number of specialty facilities centers in your network. (Note: The network must have at least 1 in each category below.) 

TYPE OF SERVICE	NUMBER
Centers of Excellence	<input type="text" value="5"/>
Centers of Mobile Clinics	<input type="text" value="1"/>
Walk-in Clinics	<input type="text" value="0"/>
Urgent Care Facilities	<input type="text" value="23"/>
Pharmacies	<input type="text" value="285"/>

S5.10.b.1 For EACH requirement not met, explain the corrective actions taken to address this and provide date of expected compliance with the requirement(s). 

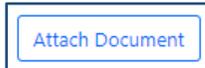
Walk-in Clinics 

- S5.11. Note that if you are marketing the network on the Connecticut health exchange, at least 50% of available essential community providers should be in your network.

[Return to Table of Contents](#)

Section S6: Helpful pointers

- If an attachment is required, there will be an “Attach Document” button below the question. For these questions, each attachment must include a specific page AND section/paragraph reference. (You may include multiple references per attachment.) Logic is built into the survey that will not allow you to submit a survey if an attachment or a specific reference is missing.



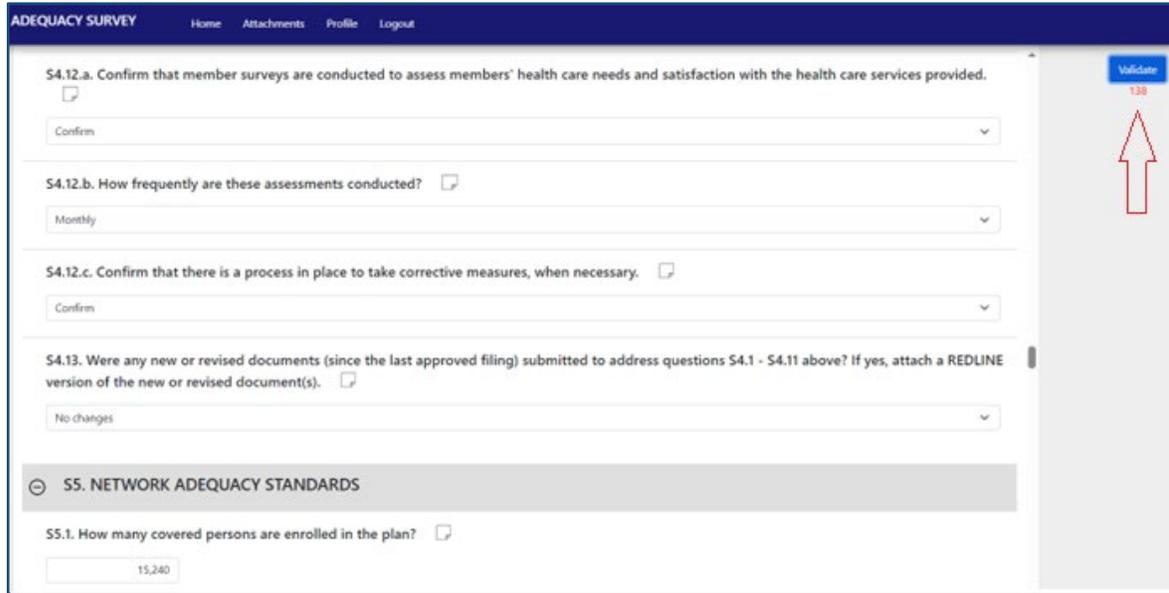
Questions to be mindful of:

- S6.3.a. needs to be answered *before* S6.3.b, S6.3.c, and S6.3.d. The response selected in S6.3.a. will affect how the remaining sub-questions are structured.
- S6.3.a. & S.6.5. are the only questions that require attachments in this section.
- S6.5 is broken down into many sub-questions pertaining to each requirement in the print and online directories. For each requirement, you must attach a screenshot from the online directory and a sample of the print directory to demonstrate compliance with each requirement.
 - S6.5.j: Attachments are only required if the network has different in-network tiers.
 - S6.5.k: Attachments are only required if the network requires referrals.

[Return to Table of Contents](#)

Survey validation and common issues

- At the end of the survey, click the “Validate” button. This will highlight all the fields in the survey that are blank or incomplete. The “Print Attestation” and “Upload Attestation” buttons at the bottom of the survey will be grayed out until all the questions are answered and the number below the “Validate” button is 0.



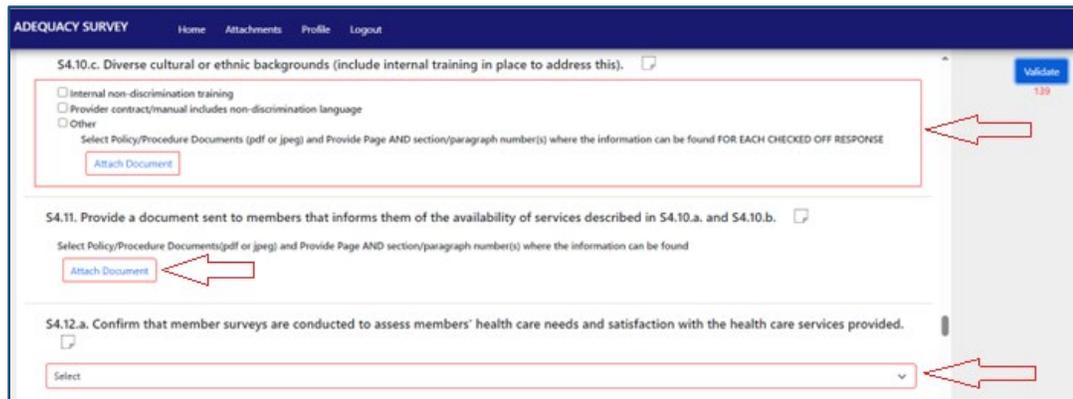
The screenshot shows the ADEQUACY SURVEY interface. At the top, there are navigation links: Home, Attachments, Profile, and Logout. The main content area contains several survey questions:

- S4.12.a. Confirm that member surveys are conducted to assess members' health care needs and satisfaction with the health care services provided. (Confirm dropdown)
- S4.12.b. How frequently are these assessments conducted? (Monthly dropdown)
- S4.12.c. Confirm that there is a process in place to take corrective measures, when necessary. (Confirm dropdown)
- S4.13. Were any new or revised documents (since the last approved filing) submitted to address questions S4.1 - S4.11 above? If yes, attach a REDLINE version of the new or revised document(s). (No changes dropdown)

Below these questions is a section header: 55. NETWORK ADEQUACY STANDARDS. Underneath is question S5.1: How many covered persons are enrolled in the plan? (15,240 input field).

On the right side, there is a blue 'Validate' button with the number '138' below it. A red arrow points to this button.

- The tool will start validating the survey responses from the top of the survey and will bring you to the first incomplete response. Once that response is corrected, click the validate button again to go to the next incomplete response in the survey until you have “0” below the validate button.
 - All the incomplete responses are also highlighted in red after you click the “Validate” button to make it easier to spot them. (The number next to the “Validate” button on the top-right of the survey displays in real time how many responses are ‘incomplete’ as you are working on the survey.)



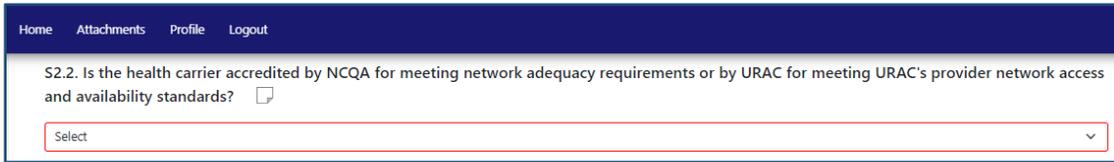
The screenshot shows the ADEQUACY SURVEY interface with the 'Validate' button now showing '139'. Red boxes highlight incomplete responses, and red arrows point to them:

- S4.10.c. Diverse cultural or ethnic backgrounds (include internal training in place to address this). (List of checkboxes: Internal non-discrimination training, Provider contracts/manual includes non-discrimination language, Other. Below is a text field for 'Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE' and an 'Attach Document' button.)
- S4.11. Provide a document sent to members that informs them of the availability of services described in S4.10.a. and S4.10.b. (Text field for 'Select Policy/Procedure Documents(pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found' and an 'Attach Document' button.)
- S4.12.a. Confirm that member surveys are conducted to assess members' health care needs and satisfaction with the health care services provided. (Select dropdown)

The 'Validate' button is still on the right, showing '139'. Red arrows point to the highlighted areas and the button.

Common validation issues:

1. A response to a question was not provided.



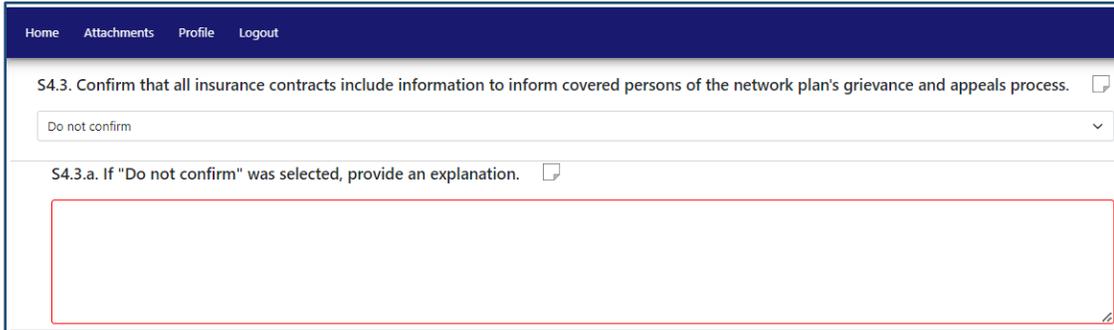
The screenshot shows a survey question S2.2: "Is the health carrier accredited by NCQA for meeting network adequacy requirements or by URAC for meeting URAC's provider network access and availability standards?". Below the question is a dropdown menu with the text "Select" and a downward arrow. The question is marked as unanswered with a small square icon.

2. A document was not attached.



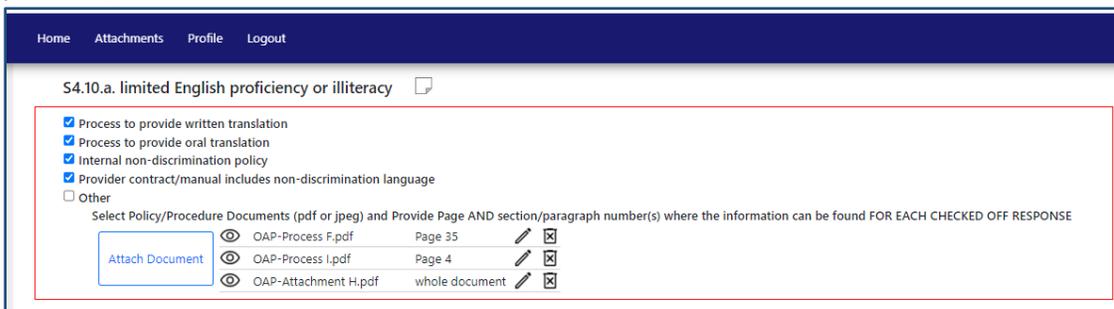
The screenshot shows a survey question S6.3.a: "Who conducts the audit of the provider directory?". Below the question is a dropdown menu with "Carrier/TPA" selected. Below that is a text input field with the placeholder "Carrier/TPA" and a sub-question: "Select Policy/Procedure Documents(pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found". An "Attach Document" button is highlighted with a red box and a red arrow pointing to it. A "Validate" button is visible on the right side of the question.

3. Additional clarification/explanation was required but not provided.



The screenshot shows a survey question S4.3: "Confirm that all insurance contracts include information to inform covered persons of the network plan's grievance and appeals process.". Below the question is a dropdown menu with "Do not confirm" selected. Below that is a sub-question S4.3.a: "If 'Do not confirm' was selected, provide an explanation.". Below the sub-question is a large, empty text input box with a red border, indicating that no explanation was provided.

4. The number of attachments must be greater than or equal to the number of responses selected. (See the below example where 4 responses were checked off but only 3 attachments were provided).



The screenshot shows a survey question S4.10.a: "limited English proficiency or illiteracy". Below the question is a list of four checked responses: "Process to provide written translation", "Process to provide oral translation", "Internal non-discrimination policy", and "Provider contract/manual includes non-discrimination language". Below the list is an "Other" option which is unchecked. Below the "Other" option is a text input field with the placeholder "Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE". Below the text input field is an "Attach Document" button. Below the button is a table of three attachments:

<input checked="" type="checkbox"/>	OAP-Process F.pdf	Page 35	<input type="checkbox"/>
<input checked="" type="checkbox"/>	OAP-Process I.pdf	Page 4	<input type="checkbox"/>
<input checked="" type="checkbox"/>	OAP-Attachment H.pdf	whole document	<input type="checkbox"/>

5. Attachments were included but no response was provided.

Home Attachments Profile Logout

S3.2. Confirm that all provider contracts include a clause that hold covered persons harmless from balance billing beyond any contractual cost sharing amounts.

Own network

- Information is in the Provider Contract / Addendum
- Information is in the Provider Manual
- Information is in the online provider portal
- Information is in another document

Select Policy/Procedure Documents (pdf or jpeg) and Provide Page AND section/paragraph number(s) where the information can be found FOR EACH CHECKED OFF RESPONSE

OAP-Provider Agreement.pdf Page 3, Section 2

OAP-Provider Manual.pdf Page 23, 3rd paragraph

6. A field was left blank:

S5.5.a Time(T)/Distance(D) By Specialty Type

Fill out the actual maximum time and distance measures met for 90% of your members for each specialty type by county. Note: When measuring this data, include Connecticut-only members who reside in the state. Include all providers used for Connecticut service areas.

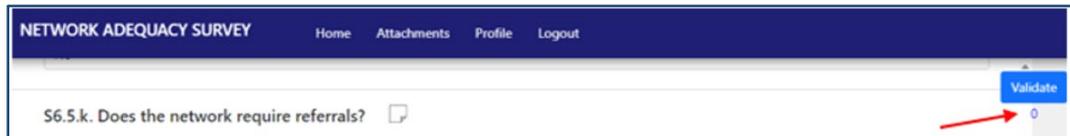
Time(minutes)/Distance(miles) Standards are in the blue. If there is no enrollment in a specific county, select "NA"

Specialty	FAIRFIELD COUNTY		HARTFORD COUNTY		LITCHFIELD COUNTY		MIDDLESEX COUNTY		NEW HAVEN COUNTY		NEW LONDON COUNTY		TOLLAND COUNTY		WINDHAM COUNTY	
	<input type="checkbox"/> NA		<input type="checkbox"/> NA		<input type="checkbox"/> NA		<input type="checkbox"/> NA		<input type="checkbox"/> NA		<input type="checkbox"/> NA		<input type="checkbox"/> NA		<input type="checkbox"/> NA	
Allergy and Immunology	T	6.5 30	T	10.4 45	T	16.7 45	T	15.2 45	T	9.8 45	T	17.2 45	T	24.5 45	T	35.4 45
	D	4.1 15	D	9.8 30	D	<input type="text" value="30"/>	D	12.5 30	D	7.7 30	D	12.5 30	D	18.9 30	D	29.9 30

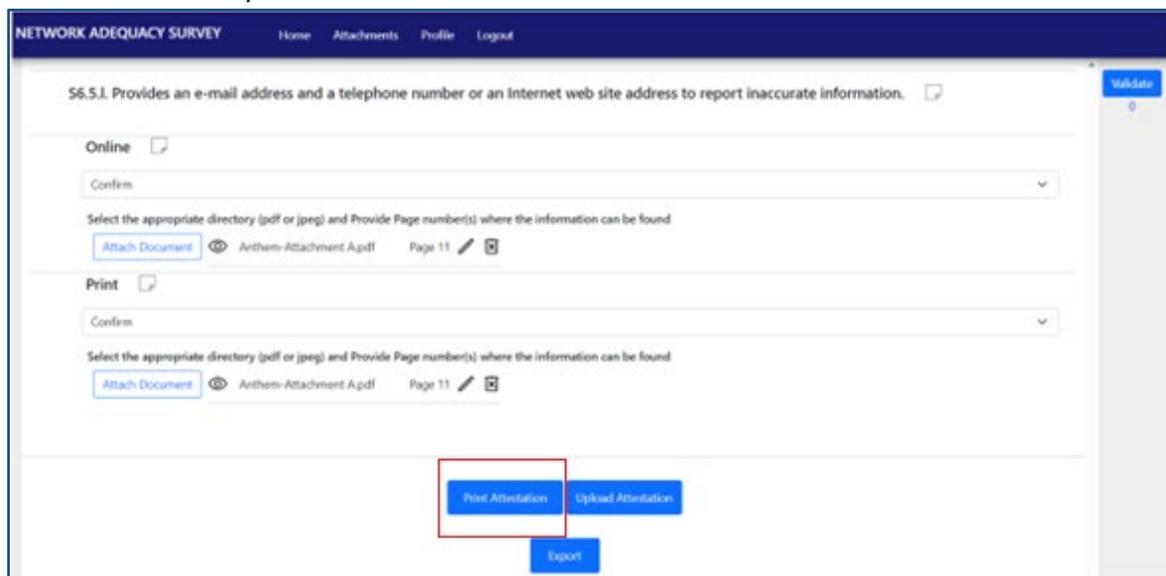
[Return to Table of Contents](#)

Survey attestation form

- To submit a survey to the Connecticut Insurance Department, an attestation form needs to be signed by an officer of the company, attesting that all the information provided in the survey is accurate and in compliance with network adequacy standards and requirements.
 - The attestation form can only be printed and signed when the survey is complete. The survey is complete once all the fields have been validated and it says “0” next to the “Validate” field on the top right of the survey screen.



- Export the completed survey so it can be reviewed by an officer of the company and all relevant stakeholders to ensure accuracy of the submission. Go to the [Exporting survey questions and responses](#) section to see how to export the survey into a PDF document.
- When you are ready to print and have the attestation form signed, click “Print attestation” at the bottom of the survey screen.



- The below screen will pop up with the attestation form.

Please print the page, fill and sign the form and upload the scanned form using "Upload Attestation" button at the end of the survey

ATTESTATION FORM

THE FOLLOWING CERTIFICATION MUST BE COMPLETED AND SIGNED BY AN OFFICER OF THE COMPANY TO CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT

I, _____ , _____

Print Name Title

of _____ , hereby acknowledge that:

Company Name

- Click "Print" again. This will bring you to the print screen where you can either print a physical copy of the attestation form or save it as PDF.

Print
Total: 2 sheets of paper

Printer
Microsoft Print to PDF

Copies
1

Layout
 Portrait
 Landscape

Pages
 All
 Odd pages only
 Even pages only
 e.g. 1-5, 8, 11-13

Color

ATTESTATION FORM

THE FOLLOWING CERTIFICATION MUST BE COMPLETED AND SIGNED BY AN OFFICER OF THE COMPANY TO CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT

I, _____ , _____

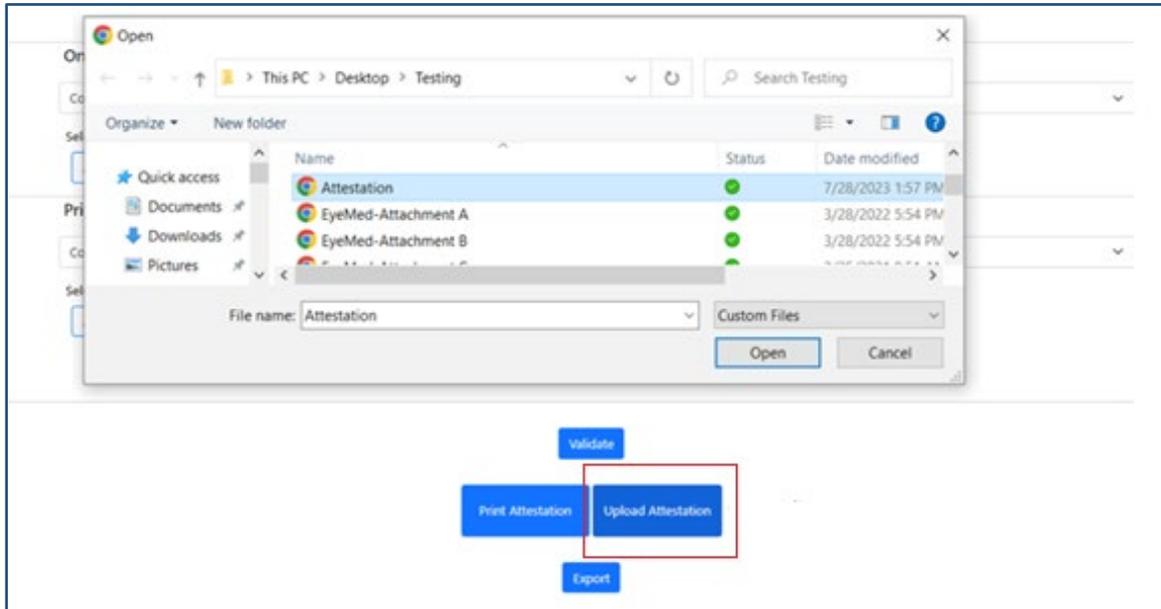
Print Name Title

of _____ , hereby acknowledge that:

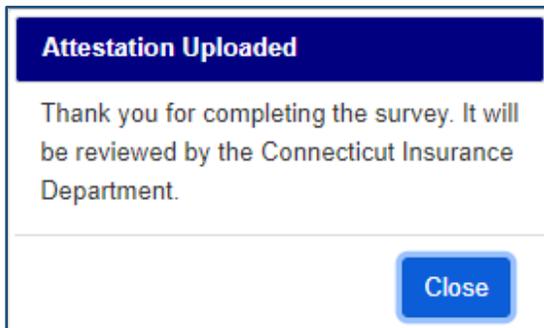
Company Name

1. I have read the foregoing request and attached materials and attest that the information provided is true, accurate and offered in support of this request.
2. I certify that the network submitted is fully compliant with the requirements of C.G.S. 38a-472f, C.G.S. 38a-477g, C.G.S. 38a-477h, and Regulations of Connecticut State Agencies, Section 38a-472f-1 to Sect. 38a-472f-6.
3. I understand that any material changes in the information contained in this application must be filed with the Commissioner, as an amendment hereto, within thirty days of such change.

- Fill out the attestation form and include either a scanned-in or electronic **officer** signature. A typed signature will NOT be accepted.
- Once the attestation form is filled out and signed, click "Upload Attestation." Select the signed attestation form from your files and click "Open." (Note: The attestation form is not part of the "Attachment" files of the survey.)



- It will take a couple of seconds for the document to load. Once it is loaded, the following message will appear:



Congratulations! You have completed the survey and it has been submitted for review to the Connecticut Insurance Department. You will no longer be able to edit the survey unless you are asked to revise specific sections of the survey after it has been reviewed by the Department.

[Return to Table of Contents](#)

Cloning surveys

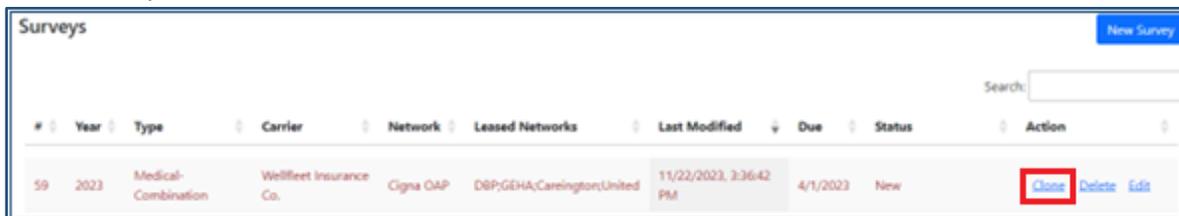
- The intention of this tool is to enhance efficiency and accuracy when submitting similar surveys by copying information and attachments from one survey to the next.
- **Surveys that were approved in the prior year MUST be cloned and changes should be made to the cloned survey, as necessary.**
- Not all responses and attachments will copy from one survey to the next. This is intentional as these responses are often different for each network or change year to year and the Connecticut Insurance Department wants to ensure that the most current and accurate information is attached with each survey. The response and attachments that will NOT copy from survey to survey are:
 - S3.19
 - S4.13
 - S5.1 – S.5.3.a
 - S5.4
 - S5.5 -S.5.7
 - S.5.10 & S.5.11 (medical surveys only)
 - S.6.3
 - S.6.5
 - Signed attestation

You will need to make the appropriate selections for the responses that do not copy over and attach applicable documents for these questions. Go to [Adding attachments to the survey](#) section for instructions on how to add documents to the survey.

- Sections of the survey that copy over should be thoroughly reviewed and updated to ensure that accurate information and the most current version of document(s) is attached. Go to the [Filling out a survey](#) section to see how to revise and edit survey responses and attachments.

To clone a survey:

1. Go to the *Home* screen and find the survey you want to clone. Click the “Clone” button to the right of the survey.



#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
59	2023	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	DBP;GEHA;Carrington;United	11/22/2023, 3:36:42 PM	4/1/2023	New	Clone Delete Edit

2. A screen will appear with the “Original” survey column and “New” survey column. You can choose which networks to copy, add, or delete in the “New” survey column. You can also change the survey

year (to copy last year’s survey submission to the current year submission), and if submitting for multiple carriers, copy the survey from one carrier to another. Responses and attachments will copy for all the same networks. For all added networks, you will need to input the responses and add new attachments.

Clone Survey

	Original	New
Year	2023	2023

See below some examples of the various cloning options available:

- Example: Copy a survey submitted and approved last year to current year. Leave other selections as they are or change them as needed.

Clone Survey

	Original	New
Year	2022	2023

- Example: Copy last year’s or current year’s survey (either submitted or just created) and change the carrier name to another carrier. Leave other selections as they are or change them as needed. (Note that the other carrier must be in your user profile to be able to do this. Go to [Can I add or remove carriers from my user profile](#) section for more information).

Clone Survey

	Original	New
Year	2023	2023
Type	Medical	Medical
Carrier	Cigna Health and Life Insurance Company	Connecticut Gen Life Ins Co

- Example: Copy last year’s or current year’s survey (either submitted or just created) and change the name of “own” network. Leave other selections as they are or change them as needed. Note that this assumes that the information provided for the original “own” network is the same as for the new “own” network, even if the network names differ.

Clone Survey

	Original	New
Year	2023	2023
Type	Medical	Medical
Carrier	Cigna Health and Life Insurance Company	Cigna Health and Life Insurance Company
Network Type	Combination own & leased	Combination own & leased
Network	Medical PPO	Existing New Medical OAP

- Example: Copy last year’s or current year’s survey (either submitted or just created) and add additional leased network(s) to the network combination. Click “Add Leased” and type the name of the leased network(s) you are adding. Leave other selections as they are or change them as needed.

Clone Survey

	Original	New
Year	2023	2023 <input type="text"/>
Type	Medical	Medical
Carrier	Wellfleet Insurance Co.	Wellfleet Insurance Co. <input type="text"/>
Network Type	Combination own & leased	Combination own & leased <input type="text"/>
Network	Cigna OAP	Existing: Cigna OAP <input type="text"/> New: <input type="text"/>
Leased Networks		<input type="button" value="Add Leased"/>
	DBP Main network which includes GEHA, Careington, and United	DBP <input type="text"/> <input type="button" value="X"/>
	GEHA Sub-network under DBP	GEHA <input type="text"/> <input type="button" value="X"/>
	Careington Sub-network under DBP	Careington <input type="text"/> <input type="button" value="X"/>
	United	United <input type="text"/> <input type="button" value="X"/>

- Example: Copy last year’s or current year’s survey (either submitted or just created) and delete some of the leased networks associated with the original survey. Leave other selections as they are or change them as needed.

Clone Survey

	Original	New
Year	2023	2023 <input type="text"/>
Type	Medical	Medical
Carrier	Wellfleet Insurance Co.	Wellfleet Insurance Co. <input type="text"/>
Network Type	Combination own & leased	Combination own & leased <input type="text"/>
Network	Cigna OAP	Existing: Cigna OAP <input type="text"/> New: <input type="text"/>
Leased Networks		<input type="button" value="Add Leased"/>
	DBP Main network which includes GEHA, Careington, and United	DBP <input type="text"/> <input type="button" value="X"/>
	GEHA Sub-network under DBP	GEHA <input type="text"/> <input type="button" value="X"/>

- Example: Copy last year’s or current year’s survey (either submitted or just created) and switch from “Combination own & leased” to “Leased only” network type. This will copy all the leased network information delete the “own” network responses and attachments. Leave other selections as they are or change them as needed.

Clone Survey

	Original	New
Year	2023	2023
Type	Medical	Medical
Carrier	Cigna Health and Life Insurance Company	Cigna Health and Life Insurance Company
Network Type	Combination own & leased	Leased only
Network	Medical PPO	

[Add Leased](#)

- Example: Copy last year's or current year's survey (either submitted or just created) and switch from "Combination own & leased" to "Own" network type. This will copy "Own" network information but will delete the "leased" network responses. Leave other selections as they are or change them as needed.

Clone Survey

	Original	New
Year	2023	2023
Type	Medical	Medical
Carrier	Cigna Health and Life Insurance Company	Cigna Health and Life Insurance Company
Network Type	Combination own & leased	Own
Network	Medical PPO	Existing New

3. Once all the appropriate selections for the "New" survey have been made, click "Create Survey" at the bottom of the screen to clone the survey variation desired.

[Create Survey](#)

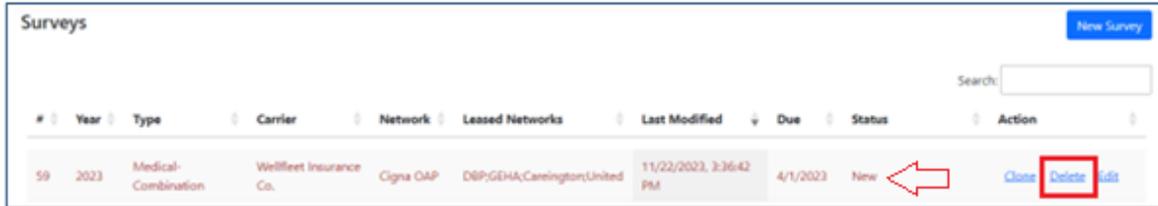
4. The cloned survey will open, and you will be able to edit it as if it were a new survey (add and/or delete documents, change responses, etc.). Respond to and add attachments for all the question responses that did not copy over. Be sure to review each cloned survey to ensure that all the responses and references are accurate and applicable to the new survey.

[Return to Table of Contents](#)

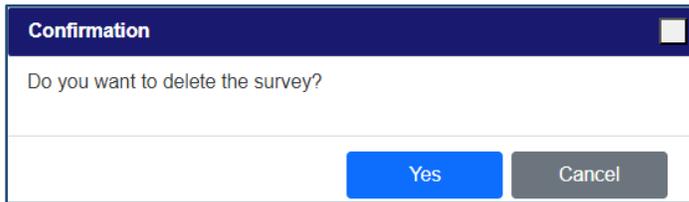
Deleting and withdrawing surveys

To delete a survey that has not been submitted to the Connecticut Insurance Department:

1. Go to the *Home* screen and click “Delete” next to the survey you want to delete. Note that only surveys that have the “New” status can be deleted.



2. A confirmation message will pop up asking if you are sure that you want to delete the survey. Click “Yes.” You will receive a confirmation pop-up stating that it has been deleted.



Once a survey is deleted, it will permanently disappear from your *Home* screen.

To withdraw a submitted survey:

1. Send a message to LHCompliance@ct.gov. Include the following information:
 - Carrier Name
 - Survey number (left-most column on the *Home* screen)
 - Survey Type and Network Type (ex: Medical – leased networks only)
 - Reason for withdrawing the survey

[Return to Table of Contents](#)

Survey status definitions

There are various survey statuses:

- **New:** This is the status of a new survey that has not been submitted. You can edit and clone the survey in this status. You can also delete the whole survey, if necessary. Note the initial submission due date in the *Due* column.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
59	2023	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	D&P;GEHA;Careington;United	11/22/2023, 3:36:42 PM	4/1/2023	New	Clone Delete Edit

- **Submitted – Pending review:** The survey has been submitted to the Connecticut Insurance Department and is pending review. You can no longer make edits/changes to the survey (but you can clone or view the survey).

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
3	2023	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	VSP	8/16/2023, 11:26:43 AM	8/18/2023	Submitted - Pending review	Clone View

- **Reviewed – Revision required:** The Connecticut Insurance Department has reviewed the submitted survey and is requiring a revision to the survey. (Note the due date of the revision in the *Due* column.) Click *Revise* to make changes to the survey. You will only be able to revise the questions that were objected to. You are also able to clone the survey.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
43	2023	Medical-Own	Wellfleet Insurance Co.	PPO		10/23/2023, 12:52:46 PM	9/25/2023	Reviewed - Revision required	Clone Revise

- **Reviewed – Inadequate:** The survey has been reviewed by the Connecticut Insurance Department and the network is deemed inadequate. You should continue to revise the survey until all objections are addressed. (Note the due date of the revision in the *Due* column.) You are also able to clone the survey.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
7	2023	Medical-Own	Wellfleet Insurance Co.	Cigna OAP		8/15/2023, 2:14:20 PM	8/17/2023	Reviewed - Inadequate	Clone Revise

- To see why the network was deemed inadequate and what is required of the carrier, click *Revise* in the *Action* column to the right of the survey. The survey will open, and the inadequacy letter will be located on top of the survey page. Click on “Inadequacy Letter” to read it. (Note that the inadequacy letter may be updated throughout the review process to reflect updated information provided by the carrier. Therefore, make sure to read the Inadequacy Letter after every review by the Department.)

Inadequacy Letter 

MEDICAL SURVEY

Year: 2023

- *Reviewed – Approved*: The survey has been reviewed and approved by the Connecticut Insurance Department. No further action is necessary. You cannot make any changes to the survey but can clone it, if necessary. (Note the last due date will still appear in the *Due* column. The *Last Modified* column will reflect the date the survey was approved.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
7	2023	Medical-Own	Wellfleet Insurance Co.	Cigna OAP		8/14/2023, 1:36:31 PM	8/17/2023	Reviewed - Approved	Clone View

[Return to Table of Contents](#)

Survey due dates

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
7	2023	Medical-Own	Wellfleet Insurance Co.	Cigna OAP		8/14/2023, 10:30:33 AM	8/17/2023	Reviewed - Inadequate	Close Revise
6	2022	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	VSP	8/14/2023, 9:49:07 AM	4/1/2022	Submitted - Pending review	Close View
3	2023	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	VSP	8/11/2023, 2:52:13 PM	8/14/2023	Reviewed - Revision required	Close Revise
8	2023	Medical-Combination	Wellfleet Insurance Co.	PPO	Behavioral Health Leased Network;Dental Leased Network;Vision Leased Network	8/11/2023, 1:13:25 PM	4/1/2023	New	Close Delete Edit

- The initial survey submission due date will automatically appear in the *Due* column. For medical the initial submission due date is 4/1, for vision 5/1, and for dental 6/1.
- Once a submitted survey has been reviewed and sent back for revisions, a new due date will appear in the *Due* column. This is the date the revision is due back to the Connecticut Insurance Department.
- Surveys that are past due are highlighted in red.
- If you need an extension on the due date, email LHCompliance@ct.gov for an extension request. Note that the due date will not change on the *Home* screen even if an extension is granted.
- Note that surveys that are past due without approval/notification to the Connecticut Insurance Department may result in the network being deemed inadequate.

[Return to Table of Contents](#)

Revising reviewed surveys

- The Connecticut Insurance Department will review submitted surveys and if revisions are required, the status will state: *Reviewed – Revision Required* or *Reviewed - Inadequate*.
- Note the date the revisions are due in the *Due* column. You are required to resubmit the survey by the due date. If for some reason you are unable to meet it and need an extension, email LHCompliance@ct.gov to request an extension. Note that the due date will not change even if an extension is granted.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
43	2023	Medical-Own	Wellfleet Insurance Co.	PPO		10/23/2023, 12:52:46 PM	9/25/2023	Reviewed - Revision required	Clone Revise

To revise a survey:

- Click “Revise” to the right of the survey in the *Action* column.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
43	2023	Medical-Own	Wellfleet Insurance Co.	PPO		10/23/2023, 12:52:46 PM	9/25/2023	Reviewed - Revision required	Clone Revise

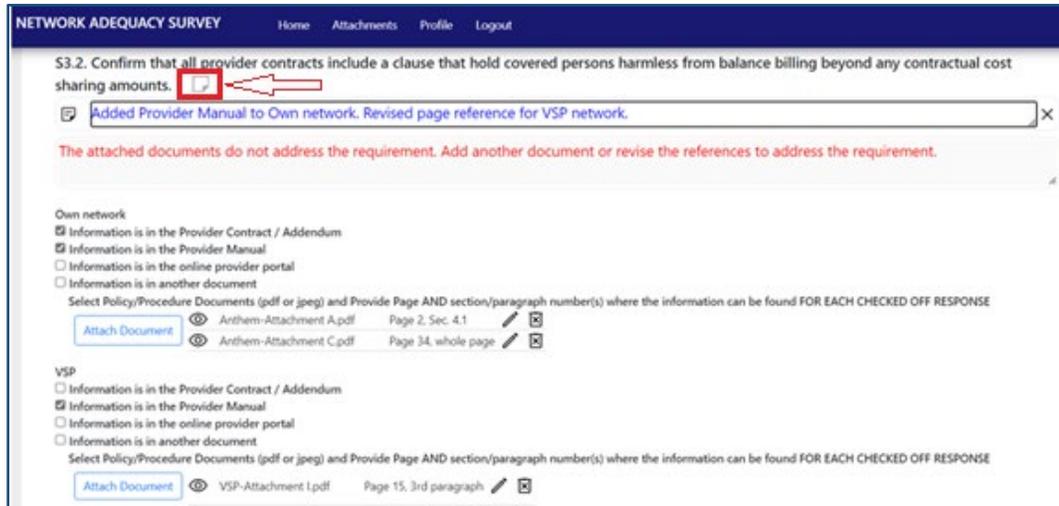
- When the survey opens, look at the top right of the screen. You will see how many questions require a revision (the number between the up and down errors).

MEDICAL SURVEY		Validate
Year:	2023	0
Carrier:	Wellfleet Insurance Co.	9
Marketed Network:	Cigna OAP	

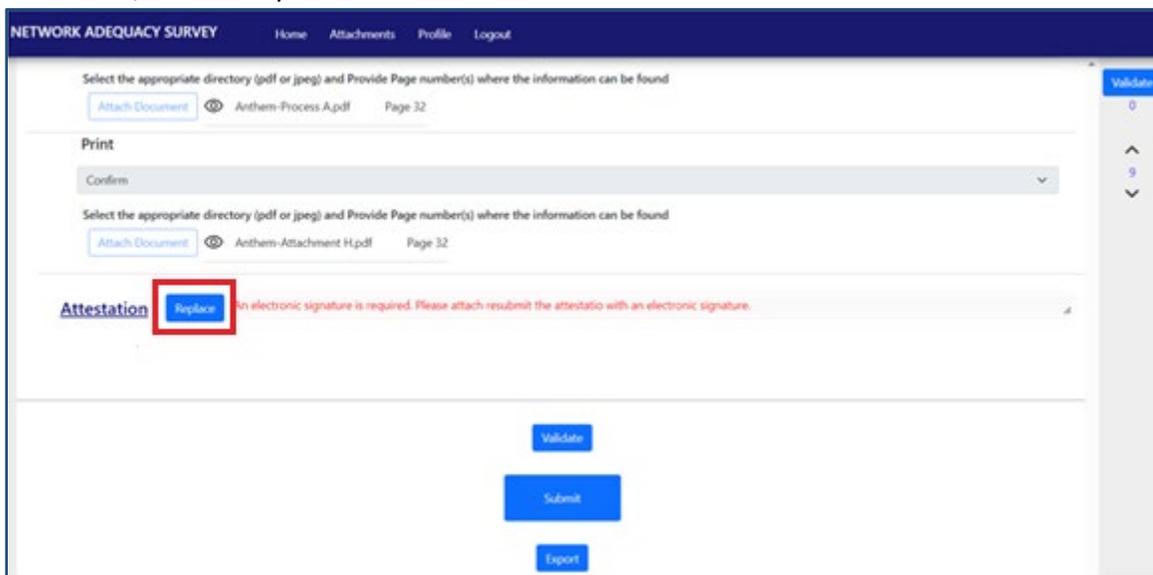
- You will only be able to revise the questions that were objected to. All other questions will be grayed out.
- Click the error up or down next to the number of objections to navigate to each objection.
- The objections will be in red font. You will have full editing privileges to the question that was objected to, enabling you to add/delete attachments, edit page/section references in documents

previously attached, check/uncheck additional responses (if applicable), and add/update a note with additional explanation.

- See the below example with the Connecticut Insurance Department’s objection in red and a detailed explanation of the revision in blue from the carrier. (To add a note explaining the revision, click the note icon next to the question.



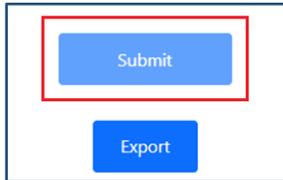
- If you are updating a response with a newer version of a document, delete the older version from the references so that there is no confusion. Go to [Adding and deleting attachments to the survey](#) to see how to add and/or delete attachments from the survey.
- The only objection that you will not be able to add an explanation note to is for the Attestation document. It is expected that you will simply click the “Replace” button and submit a revised attestation, if necessary.



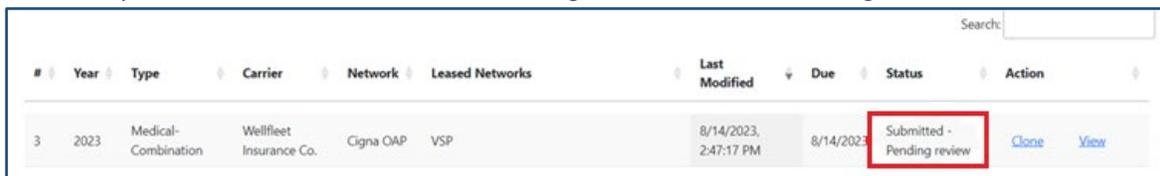
- You can click the “Validate” button to ensure that there are no missing responses. (Note that you can also see if that is the case by checking the number under the “Validate” button on the top right of the screen. In the above example, the number is 0, which indicates that the survey is not missing

any responses. The 9 that is between the up and down errors indicates the number of questions that were objected to. The number between the errors does not change even if you change the response to the question.)

- Once you are done with the revisions and have updated the survey, click the “Submit” button on the bottom of the screen.



- The survey status on the *Home* screen will change to *Submitted – Pending Review*.

A screenshot of a table displaying survey data. The table has columns for '#', 'Year', 'Type', 'Carrier', 'Network', 'Leased Networks', 'Last Modified', 'Due', 'Status', and 'Action'. A search bar is located at the top right. The first row of data is highlighted, and the 'Status' cell contains the text 'Submitted - Pending review', which is enclosed in a red rectangular box. The 'Action' cell for this row contains 'Clone' and 'View' links.

#	Year	Type	Carrier	Network	Leased Networks	Last Modified	Due	Status	Action
3	2023	Medical-Combination	Wellfleet Insurance Co.	Cigna OAP	VSP	8/14/2023, 2:47:17 PM	8/14/2023	Submitted - Pending review	Clone View

[Return to Table of Contents](#)

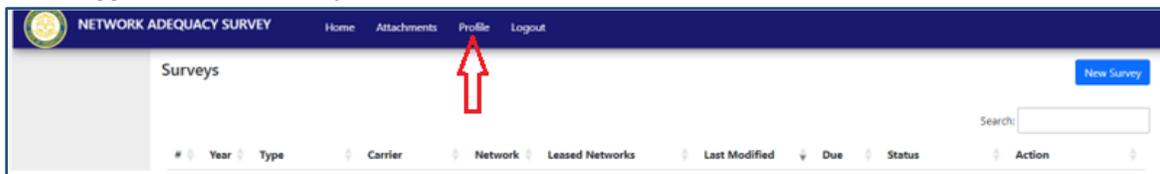
Frequently asked questions

Can I add or remove carriers from my user profile?

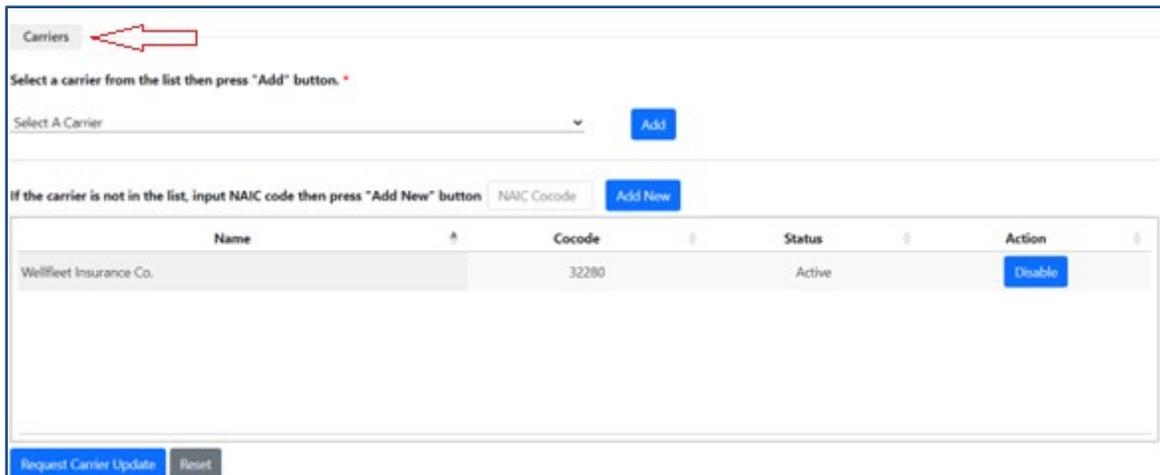
- This applies in cases when:
 - Insurance carriers are licensed under different names in Connecticut and an individual works on submissions of the network adequacy surveys for all of them.
 - An individual works on the submission of multiple subsidiary carrier(s)' network adequacy surveys.
- Go to the [Creating an account](#) section to see how to add multiple carriers to your user account initially (during account setup).

Adding additional carriers to your user account AFTER it has been set up:

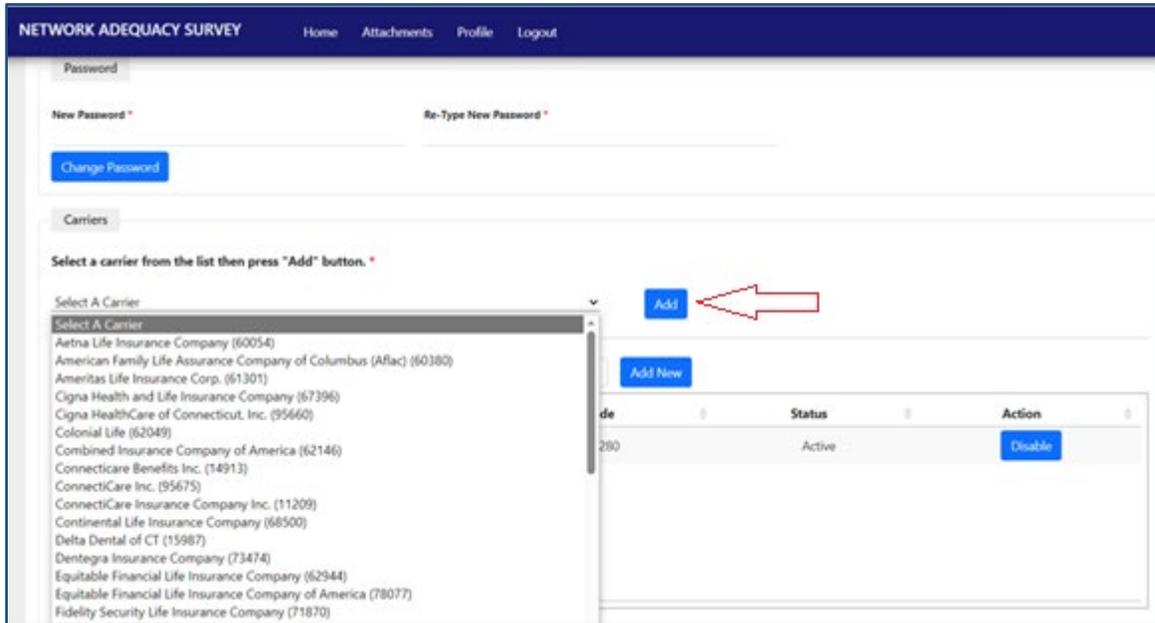
1. Once logged in, click the *Profile* tab.



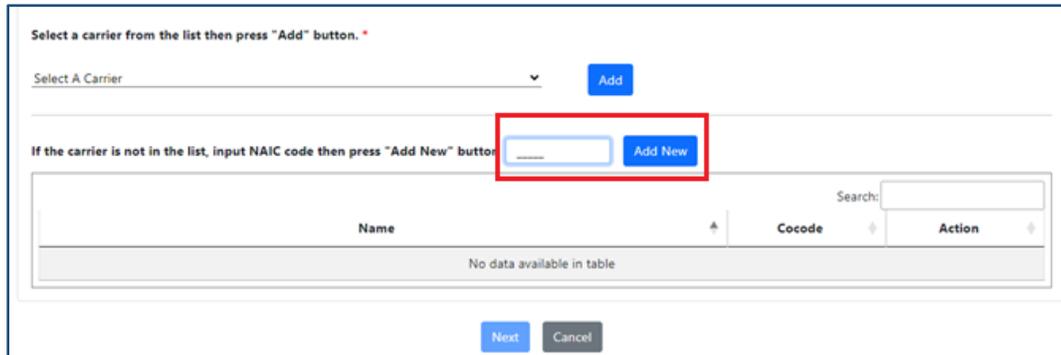
2. In the *Profile* tab, scroll to the bottom of the page to the “Carriers” section.



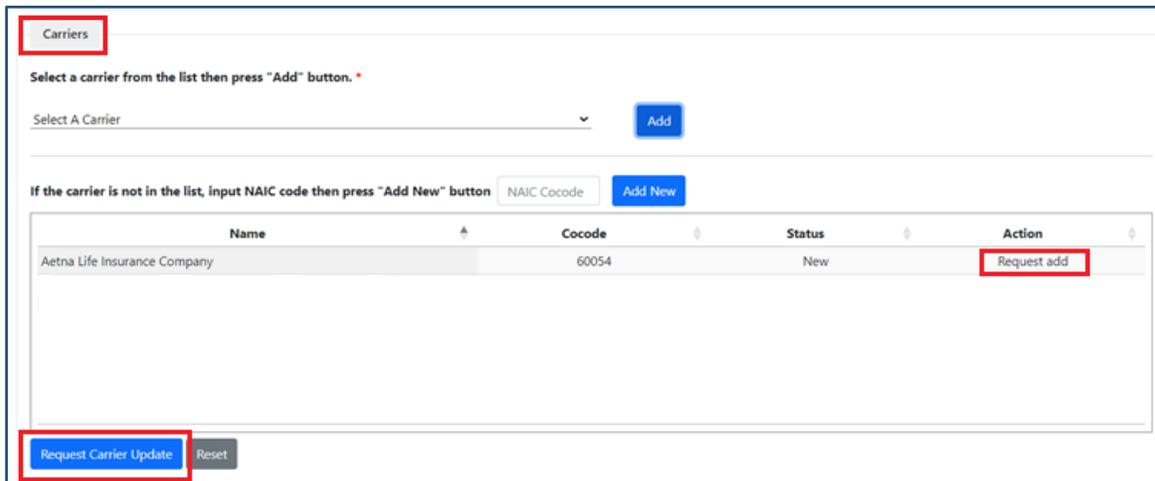
3. Select the carrier you wish to add to your profile from the “Select A Carrier” drop down. (Note: Carriers that have previously submitted network adequacy surveys have been loaded in the dropdown menu.) After selecting the carrier, click the “Add” button.



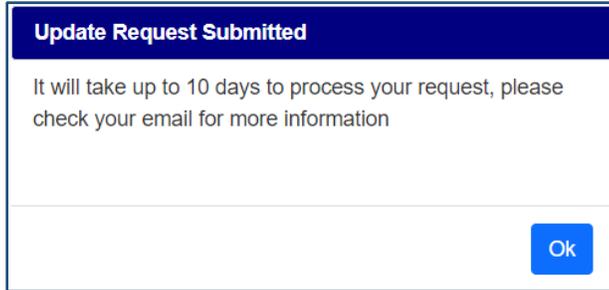
- If you do not see your carrier's name in the dropdown box, type the NAIC Cocode and click "Add New."



4. Click "Request Carrier Update" when the Carrier(s) and applicable Cocode(s) appear in the textbox at the bottom of the screen.



- You will receive a pop up message that it may take up to 10 days to process your request. Click “OK.”
 - Note that if the message below does not pop up, the request did not go through. You will need to log out of your account, then log back in and request this change again.

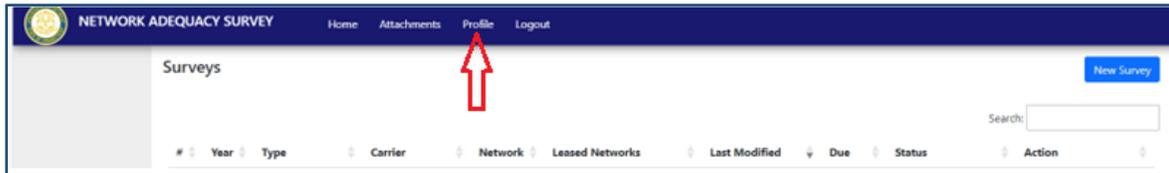


- Note that the added carriers only appear in your account profile after the request has been approved by the Connecticut Insurance Department.
- Once the change is approved by the Connecticut Insurance Department, the status will change from “New” to “Active.” You will now be able to submit surveys for the added carrier.

Name	Cocode	Status	Action
Wellfleet Insurance Co.	32280	Active	Disable

Removing carriers from your user account AFTER it has been set up:

- Once logged in, click the *Profile* tab.



- In the *Profile* tab, scroll to the bottom of the page to the “Carriers” section.
- Click the “Disable” button to the right of the carrier’s name that you wish to remove from your account. Then, click “Request Carrier Update.”

Carriers

Select a carrier from the list then press "Add" button. *

Select A Carrier

If the carrier is not in the list, input NAIC code then press "Add New" button

Name	Cocode	Status	Action
Wellfleet Insurance Co.	32280	Active	<input type="button" value="Disable"/>

- Once the change has been initiated, the Action column next to the carrier will change to "Request Disable."

Carriers

Select a carrier from the list then press "Add" button. *

Select A Carrier

If the carrier is not in the list, input NAIC code then press "Add New" button

Name	Cocode	Status	Action
Wellfleet Insurance Co.	32280	Active	<input type="button" value="Request disable"/>

- You will receive a pop up message that it may take up to 10 days to process your request. Click "OK."
 - Note that if the message below does not pop up, the request did not go through. You will need to log out of your account, then log back in and request this change again.

Update Request Submitted

It will take up to 10 days to process your request, please check your email for more information

- Once the request is approved by the Connecticut Insurance Department, the status will change to "Disabled" and you will no longer be able to view, edit, or submit surveys associated with that carrier.

Re-activating disabled carriers:

1. You have the option to “Reactive” a carrier that has previously been disabled on your account. Simply click “Reactivate” to the right of the carrier’s name and then “Request Carrier Update” on the bottom of the screen.

2. You will receive a pop up message that it may take up to 10 days to process your request. Click “OK.”
 - Note that if the message below does not pop up, the request did not go through. You will need to log out of your account, then log back in and request this change again.

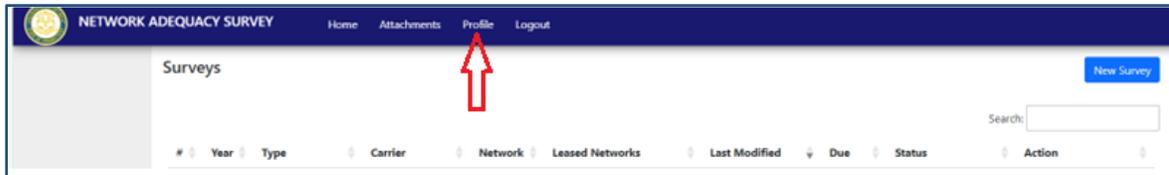
Once the request is approved by the Connecticut Insurance Department, the status will chance to “Active.”

[Return to Table of Contents](#)

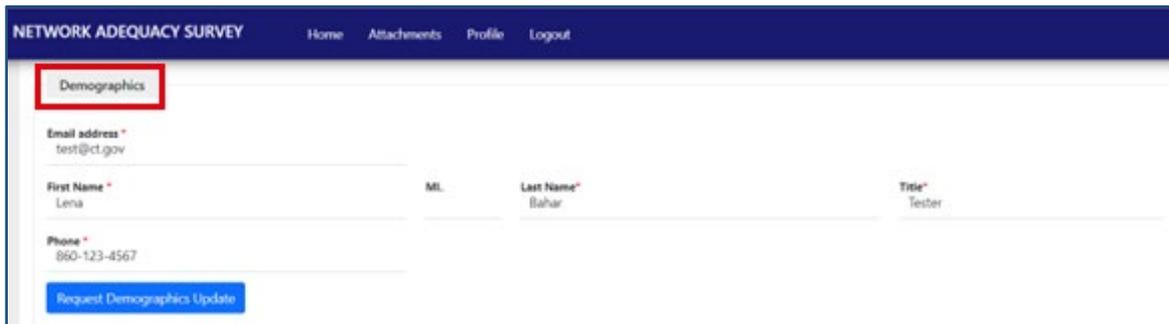
Can I update my demographic information?

To update demographic information:

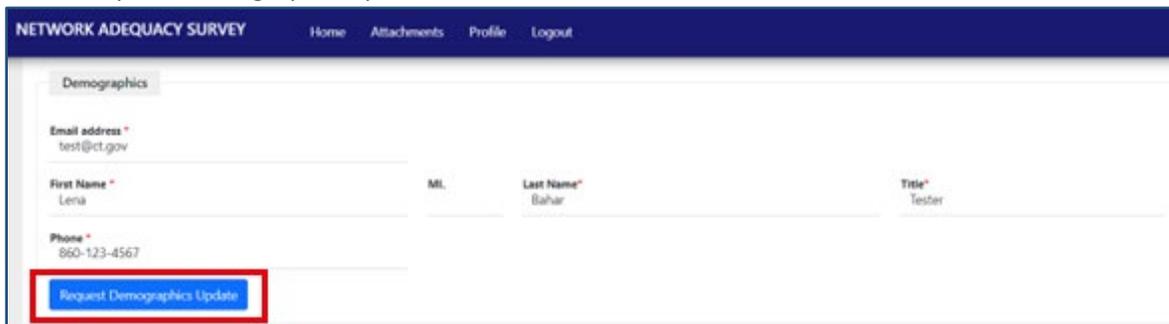
1. Log in and click the *Profile* tab.



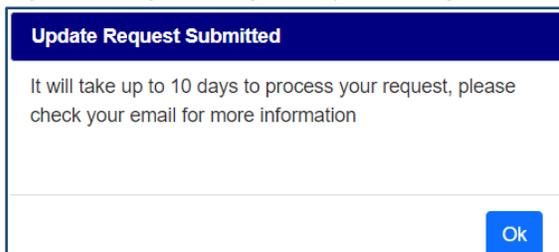
2. In the *Profile* tab, go to the “Demographics” section and update your information as needed.

A screenshot of the NETWORK ADEQUACY SURVEY Profile page. The 'Demographics' section is highlighted with a red box. The form contains the following fields: 'Email address *' with the value 'test@ct.gov', 'First Name *' with the value 'Lena', 'Last Name *' with the value 'Bahar', and 'Phone *' with the value '860-123-4567'. There is also a 'Request Demographics Update' button at the bottom.

3. Click “Request Demographic Update.”

A screenshot of the NETWORK ADEQUACY SURVEY Profile page, identical to the previous one. The 'Request Demographics Update' button is highlighted with a red box.

4. You will receive a pop up message stating that it may take up to 10 days to process your request. If the message below does not appear, it means that the request did not go through. You will need to log out and go through this process again.

A screenshot of a pop-up message titled 'Update Request Submitted'. The message text reads: 'It will take up to 10 days to process your request, please check your email for more information'. There is an 'Ok' button at the bottom right.

Note that you may still use your account if you make a demographic change, but the update will not be reflected in your profile until it is accepted by the Connecticut Insurance Department.

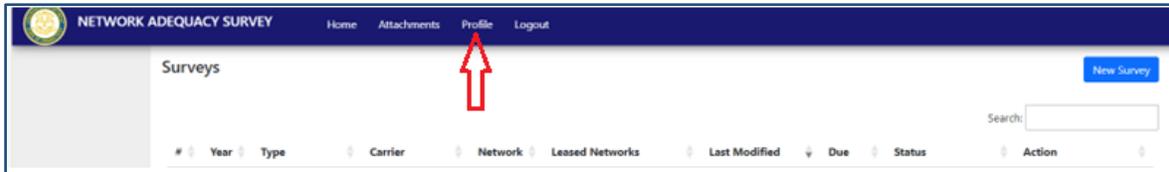
[Return to Table of Contents](#)

How do I change my password?

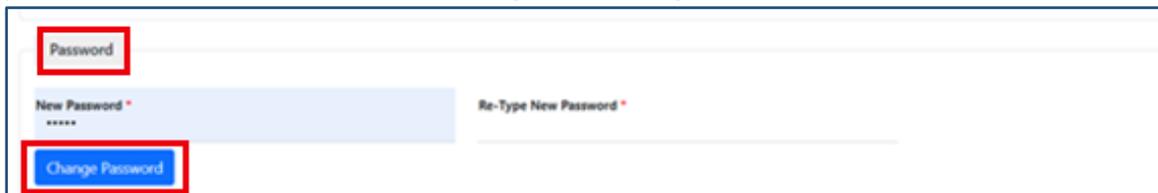
- You must be logged in to your account to change the password. If you are unable to login, go to the [What should I do if I forgot my password?](#) section.

To update your password:

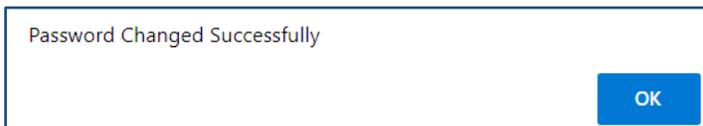
1. Log in and click the *Profile* tab.



2. In the *Profile* tab, go to the “Password” section and type in the new password. Note that the password must be at least 5 characters long. Click “Change Password.”

A screenshot of the password change form. It features three input fields: 'Password', 'New Password *', and 'Re-Type New Password *'. The 'Password' field and the 'Change Password' button are highlighted with red boxes. The 'New Password' field contains five asterisks, and the 'Re-Type New Password' field is empty.

3. A pop-up message will appear informing you that the password was successfully changed. Click “Ok.”



Congratulations, your password has been updated. You can resume working on the surveys!

[Return to Table of Contents](#)

What are the network adequacy submission requirements?

- **All surveys must be submitted by their due date. For medical, the submission due date is 4/1, for vision 5/1, and for dental 6/1.**
- Refer to C.G.S. 38a-472f, C.G.S. §§38a-477g, C.G.S. §§38a-477h, and Regulations of Connecticut State Agencies sections 38a-472f-1 to 38a-472f-6 for the applicable statutes and regulations.
- Surveys are submitted for network(s) you intend to market and sell the following calendar year. For example, surveys submitted in 2024 are for the 2025 calendar year.
 - Following the above example, 2025 network adequacy survey submissions will be open from their initial due date (4/1, 5/1, 6/1) in 2024 through December 1, 2025. Existing networks must be submitted by the above submission due dates. The extended submission window is for new networks that were created after the initial submission due date.
- If you intend to market a new network after the network adequacy survey submission due date, you must submit a network adequacy survey for the new network at least 30 days prior to marketing it.

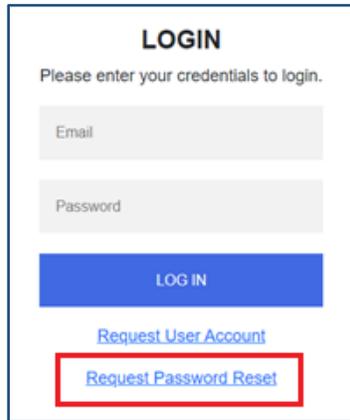
Rules around material change(s) to the network:

- Any material change to the network should be reported within 15 days of the change.
- A new network adequacy survey should be filed within 30 days of a material change to the network.
- Material change means:
 - (i) a change of 25% or more in the number or type of participating providers, or
 - (ii) any change that renders the network noncompliant with one or more network adequacy standards, including, but not limited to:
 - significant reduction in the number of primary care or specialty care providers,
 - reduction in a specific type of participating provider such that a specific covered benefit is no longer available to covered persons,
 - change to a tiered, multitiered, layered or multilevel network plan structure,
 - change in inclusion of a major health system, as defined in section 19a-508c, that causes a network to be significantly different from what a covered person initially purchased,
 - after notice of material change, any other change the commissioner deems to be a material change.

[Return to Table of Contents](#)

What should I do if I forgot my password?

1. Click “Request Password Reset” on the Login page.



The image shows a login form titled "LOGIN" with the instruction "Please enter your credentials to login." Below this are two input fields: "Email" and "Password". A blue "LOG IN" button is positioned below the fields. At the bottom of the form, there are two links: "Request User Account" and "Request Password Reset". The "Request Password Reset" link is highlighted with a red rectangular border.

2. This will automatically open a new email to LHCompliance@ct.gov with a “Request Password Reset” subject line. In the email, provide your login-in email account.
3. A new temporary password will be set for you. You will receive an email from LHCompliance with the new temporary password. Use this password to log back into your account.
4. Follow the steps in [How do I change my password?](#) section to change the temporary password.

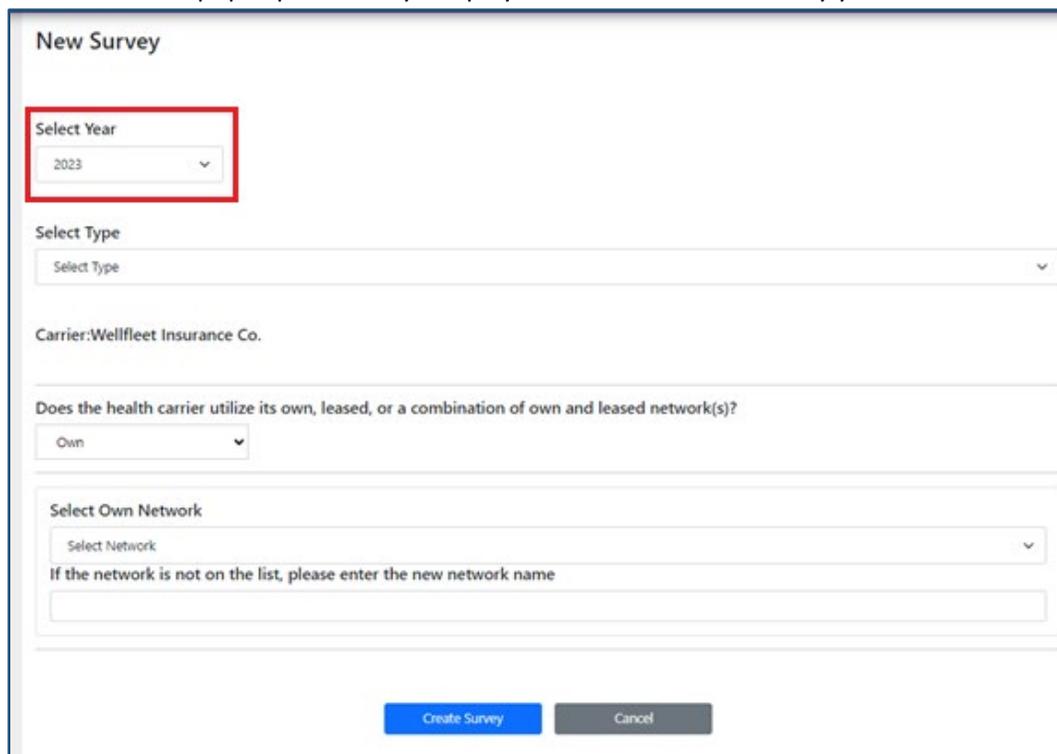
[Return to Table of Contents](#)

When can I start working on a new survey?

- All new surveys will be loaded into the tool by February of the submission year. For example, surveys due in 2024 will be loaded by February of 2024.
- The Connecticut Insurance Department will do its best to notify users when a new survey has been loaded into the tool, but users can also check themselves.
- To check if a new survey has been loaded:
 1. Click “New Survey” on the *Home* screen.



2. The screen that pops up will always display the latest available survey year.

A screenshot of the 'New Survey' form. The form is titled 'New Survey' and contains several fields. The first field is a dropdown menu labeled 'Select Year' with '2023' selected; this field is highlighted with a red rectangular box. Below it is another dropdown menu labeled 'Select Type' with 'Select Type' as the placeholder. The 'Carrier' field is pre-filled with 'Wellfleet Insurance Co.'. Below that is a question: 'Does the health carrier utilize its own, leased, or a combination of own and leased network(s)?' with a dropdown menu set to 'Own'. The next section is 'Select Own Network' with a dropdown menu set to 'Select Network' and a text input field below it with the instruction 'If the network is not on the list, please enter the new network name'. At the bottom of the form, there are two buttons: 'Create Survey' (blue) and 'Cancel' (grey).

[Return to Table of Contents](#)

Who should I contact with questions?

- All general questions should be directed to LHCompliance@ct.gov
- All questions regarding a specific survey submission should include the carrier name AND survey number in the subject line of the email.

[Return to Table of Contents](#)