



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

ADDENDUM TO IDENTIFY ALL PROVIDER NETWORKS CONTRACTED WITH
MANAGED CARE ORGANIZATIONS

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

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

Network Name:
Network Address:
Network Contact Name: Phone #:
Effective date of current contract: Renewal date:
If network is a licensed preferred provider network (PPN) in Connecticut, CT License #:

- 1. What types of services are provided by this network?
[ ] Chiropractic services [ ] Dental services
[ ] Durable Goods services [ ] Laboratory services
[ ] Pharmacy services [ ] Medical services
[ ] Vision services [ ] Claims administration
[ ] Utilization Review - if checked, the CT License Number:
[ ] Other - List types of services

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

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

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

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

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

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

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