

Network Adequacy Attestation For Changes to Approved Network (Complete this form if an insurer is using a network approved by the New York State Department of Health (DOH), but the network has the following changes: (1) fewer providers than approved by DOH in some or all counties; (2) more providers than approved by DOH in some or all counties; or (3) the network will be used in a county that has not been approved by DOH.)

Name of Insurer

Name of Network

IDENTIFY THE APPROVED NETWORK

Check the applicable box about the Provider Network identified above and provide the requested information.

- The network was approved by NYSOH for the following counties.
- The network was approved by DOH for the following counties.

Identify the approved network below. If approved by DOH, indicate the name and ID as approved by DOH. For networks approved by NYSOH, use the network ID as found in the Network Template on the Plan Management tab for the NYSOH approved binder.

Network Name

Network ID

Approval Date

Counties in Approved Network List each county in the approved network. (Add rows if needed.)

Identify the changes to the above network.

IDENTIFY ADJUSTMENTS MADE TO THE APPROVED NETWORK

1. This Network has more providers than the DOH or NYSOH approved Network in some counties.

Check this box if the insurer is using the network identified above as approved by DOH or NYSOH, but has added more providers than the approved network. List the counties where additional providers have been added. For each county, identify the type(s) of provider and how many of each provider type were added.

County	Provider Type	Number Added

2. This Network has fewer providers than the DOH or NYSOH approved Network in some counties.

Check this box if the insurer is using the network identified above as approved by DOH or NYSOH, but the network has fewer providers in some counties. List the counties that have fewer providers than the approved network. For each county, identify the type(s) of provider and how many of each provider type were removed, and submit the provider network information for these counties for DFS review.

County	Provider Type	Number Removed

3. This Network is the same as the DOH or NYSOH approved Network but has additional counties.

Check this box if the insurer is using the network identified above as approved by DOH or NYSOH, but the insurer would like to add additional counties that have not been approved by DOH or NYSOH.

Identify the additional counties that have not been approved by DOH or NYSOH and submit the provider network information for these counties for DFS review.

