

# Network Adequacy DOI Presentation July 23, 2019

Department of Business & Industry



## **DOI Consumer Complaints**

Complaint Category	Policy Type	Policy Type Detail	2014	2015	2016	2017	2018	2019
Network Adequacy	Group Not Specified		0	1	0	0	0	0
	Individual	On Exchange	2	0	2	0	1	0
		Off Exchange	0	1	0	0	0	0
		Not Specified	0	2	1	1	2	1
Network Adequacy Total				4	3	1	3	1
		1	1	·				
Provider Directory Errors	Group	Not Specified	1	0	0	0	0	0
	Individual	On Exchange	1	0	4	2	7	0
		Off Exchange	0	0	1	0	0	0
		Not Specified	0	1	1	1	0	1
Provider Directory Errors Total				1	6	3	7	1

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## Adequacy Standards Utah

#### ► Bulletin 2019-1

- ➢ Federal Standards
  - Refers to CMS Letter to Issuer as it pertains to ECPs and network adequacy requirements
- ➢ State Standards
  - Requires carrier to attest to having an adequate network and evidence that it has accreditation from an HHS approved accrediting organization
  - ≻Requires compliance with Utah Code 31A-45-501

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## Adequacy Standards New Mexico

- Network Access Plan Minimum Requirements
  - Initial visit to PCP within 30 days
  - Routine care to PCP within 15 days
  - > Non-urgent specialty provider within 45 days

### ➢ Geographic Accessibility

- Similar county designations based on CMS guidance (Metro, Micro, Rural, CEAC)
- Similar time and distance standards
- Provider Ratios

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### **New Mexico Standards**

Specialty	Metro		Micro		Rural		CEAC	
	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)
Primary Care	20	10	70	35	60	30	90	60
Specialty Care	40	20	90	50	100	60	120	100
In-Patient Acute Care	40	20	90	50	100	60	120	100

#### **Provider to Enrollee Ratios**

- PCP: 1 to 1,000
- ➢ OB/GYN: 1 to 1,000
- ➢ General Surgeon: 1 to 2,000
- Orthopedic Surgeon 1 to 7,000
- Neurologist 1 to 10,000
- Cardiologist 1 to 2,000
- Psychiatrist 1 to 2,000

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### Adequacy Standards Idaho ≻ Plan Year 2020 Guidance

- Carriers must demonstrate that each network associated with QHPs meets or exceeds the Health Plan network adequacy related accreditation standard of the National Committee for Quality Assurance (NCQA), the Accreditation Association for Ambulatory Health Care (AAAHC) or URAC
- Detailed narrative related to network specifications and access plan along with the network adequacy template submitted for review
- Narrative must explain how carrier will comply with Idaho's any willing provider law

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## Adequacy Standards Colorado

#### ➢ Wait Time Standards

- PCP, OB/GYN, Mental Health Non-urgent 7 days
- Emergency Care 24 hours, 7 days a week
- Urgent Care Within 24 hours
- Prenatal Care 7 days
- Primary Care Preventative/Well Visits 30 days
- Specialty Care Non-Urgent 60 Days



## **Colorado Standards**

#### **Provider to Enrollee Ratios**

- PCP: 1 to 1,000
- ➢ OB/GYN: 1 to 1,000
- Pediatrics: 1 to 1,000
- Mental Health: 1 to 1,000

#### **Geographic Access Standards**

35 different provider types and facilities with similar time and distance metrics to what is used in Nevada based on area designation (Metro, Micro, Rural, CEAC)

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## Questions



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### Appendix



### **2020 Network Adequacy Standards**

	Metro		Micro		Rural		CEAC	
Specialty	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)
Primary Care	15	10	30	20	40	30	70	60
Endocrinology	60	40	100	75	110	90	145	130
Infectious Diseases	60	40	100	75	110	90	145	130
Psychiatrist	45	30	60	45	75	60	110	100
Psychologist	45	30	60	45	75	60	110	100
Licensed Clinical Social Worker (LCSW)	45	30	60	45	75	60	110	100
Oncology - Medical/Surgical	45	30	60	45	75	60	110	100
Oncology - Radiation/Radiology	60	40	100	75	110	90	145	130
Pediatrics	25	15	30	20	40	30	105	90
Rheumatology	60	40	100	75	110	90	145	130
Hospitals	45	30	80	60	75	60	110	100
Outpatient Dialysis	45	30	80	60	90	75	125	110 <sup>11</sup>