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Network Adequacy Advisory Council

June 20, 2017

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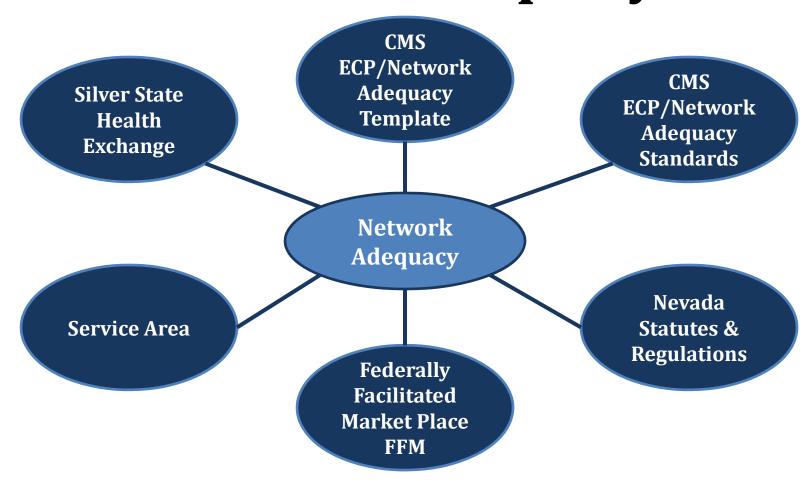


Network Adequacy Overview & Plan Year 2018 Standards

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2018 Network Adequacy Standards

	Specialty	Metro		Micro		Rural		CEAC	
Туре		Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)
Provider	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
	Mental Health	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
Facility	Hospitals	45	30	80	60	75	60	110	100
	Outpatient Dialysis	45	30	80	60	90	75	125	110

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STANDARDS

Primary Care
Endocrinology
Infectious Diseases

Mental Health

Oncology – Medical/Surgery

Oncology – Radiation/Radiation

Pediatrics

Rheumatology

Hospitals

Outpatient Dialysis

SPECIALTY CODES

001 General Practice

002 Family Medicine

003 Internal Medicine

005 Primary Care - Physician Assistant

006 Primary Care – Nurse Practitioner

012 Endocrinology

017 Infectious Diseases

029 Psychiatry

102 Licensed Clinical Social Workers

103 Psychology

021 Medical & Surgical Oncology

022 Radiation Oncology

101 Pediatrics - Routine/Primary Care

031 Rheumatology

040 General Acute Care Hospital

043 Critical Services - ICU

044 Outpatient Dialysis



METRICS

Time

Distance



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2018 Essential Community Provider Standards

A carrier must:

- Contract with at least 30% of available Essential Community Providers (ECP) in each plan's service area
- ➤ Offer contracts in good faith to all available Indian health care providers in the **service area**
- ➤ Offer contracts in good faith to at least one ECP in each category in each **county** in the service area

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Essential Community Provider (ECP) Categories

Major ECP Category	ECP Provider Types				
Family Planning Providers	Title X Family Planning Clinics and Title X "Look-Alike" Family Planning Clinics				
Federally Qualified Health Center (FQHC)	FQHC and FQHC "Look-Alike" Clinics, Outpatient health programs/facilities operated by Indian tribes, tribal organizations, programs operated by Urban Indian Organizations				
Hospitals	Disproportionate Share Hospital (DSH) and DSH-eligible Hospitals, Children's Hospitals, Rural Referral Centers, Sole Community Hospitals, Free-standing Cancer Centers, Critical Access Hospitals				
Indian Health Care Providers	Indian Health Service (IHS providers), Indian Tribes, Tribal organizations, and urban Indian Organizations				
Ryan White Providers	Ryan White HIV/AIDS Program Providers				
Other ECP Providers	STD Clinics, TB Clinics, Hemophilia Treatment Centers, Black Lung Clinics, Community Mental Health Centers, Rural Health Clinics, and other entities that serve predominantly low-income, medically underserved individuals				

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Overview Federal & State Regulatory Developments

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Market Stabilization Rule

- Impacts the standards related to network adequacy and essential community providers.
 - Network adequacy review process
 - States with sufficient Network Adequacy Review Process
 - CMS will rely on the State's review
 - States without a sufficient review process
 - Issuer's will submit an issuer's accreditation.
 - Unaccredited issuers required to submit an access plan
 - Essential Community Providers (ECP's)
 - Lower ECP standard to 20% (rather than 30%)

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NV Legislative Impact

(Network Adequacy Related)

- AB 83 Sections 66-84
 - Requirements related to carrier contracts with providers
- SB 233 Section 12, Subsection 2
 - Bill pertaining to benefits relating to reproductive health care, hormone replacement therapy and preventative health care;
 - Bill includes **provider requirements** that a health plan's network must include providers to facilitate the benefits required in SB 233.

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AB 83 Sections 66-84

Section 66: Contract must describe mechanism by which a provider will be notified which services are covered and for which the provider will be responsible, including any restrictions or conditions on the health care services

- Section 67: Contract must include provision substantially similar to provision of this section
- Section 68: Contract must prohibit provider from collecting money from covered person owed by insolvent carrier
- Section 70: Contract must require carrier to notify providers of insolvency
- Section 71: Carrier required to inform providers of applicable administrative policies and programs
- Section 72: Carrier shall not incent providers to deliver health care services less than those which are medically necessary
- Section 73: Carrier shall not prohibit providers from discussing treatment options or advocating on behalf of a covered person
- Section 74: Contract must require providers to make health records available to appropriate state and federal authorities
- Section 77: Contract must prohibit assignment or delegation of rights and responsibilities without prior written consent
- Section 78: Providers must furnish covered services without regard to a covered person's participation in a publicly financed program of health care services
- Section 79: Carrier must notify providers of obligation to collect applicable cost share from a covered person, or notify covered person of the financial obligations for health care services that are not covered
- Section 80: Carrier shall not penalize providers for reporting to state or federal authorities
- Section 81: Carrier shall establish a mechanism by which providers may, in a timely manner at the time health care services are to be provided, determine whether a covered person is within a grace period for the payment of premium during which the carrier may hold a claim for health care services pending receipt of premium payment
- Section 82: Carrier shall establish procedures for the resolution of administrative, payment or other disputes between a provider and the carrier
- Section 83: Carrier must, in a timely manner, notify providers of any changes to provisions of the contract that would result in a material change in the contract. The contract must define what is to be considered timely notice and what is to be considered a material change
- Section 84: Carrier must notify providers of the status and inclusion on any list of providers maintained by the carrier

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Network Adequacy Complaint Summary

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Consumer Complaint Summary

		Compla		
Policy Type Policy Type Detail		Network Adequacy	Provider Directory Errors	Total
Group Policy	Not Specified	1	1	2
Individual Policy	On Exchange	4	5	9
	Off Exchange	1	1	2
	Not Specified	3	3	6
Unknown		1	0	1
Total		10	10	20

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Questions

