Network Adequacy Review of Comments

Revision of INS 2701 – Informal Working Group December 9, 2014

NHID Goals in Revising Network Adequacy Rules

- Ensure consumer protection consistent with the statute: "access without unreasonable delay"
- Allow for networks based on cost effective health care, including from non-traditional providers and settings
- Increase carrier and provider competition in order to facilitate greater consumer choice, reduced health care costs, and lower insurance premiums
- Improve local access to primary care, mental health, and substance abuse services

NHID Process/Timeline

- Last meeting: present model
- This meeting: present comments and preliminary NHID responses to comments
- Future steps:
  - Contract to analyze data around frequency with which particular services are accessed
  - Discussion of appropriate categorization of services within model
  - Presentation and discussion of draft rule language
- Make rules changes for products offered in 2017

Summary of Model

- Classify services based on access levels
  - **Core services -** available within the community (primary care, mental health)
  - **Common services -** moderate travel may be necessary (surgery)
  - **Specialized services –** potential centers of excellence (cardiovascular treatment, neurological services)
  - **Highly specialized services -** available regionally (transplants, specialized burn treatment)

When Network Adequacy Is Not Met

- Why?
  - Only one provider entity?
  - Appointment time requirements?
- Competitive contract proposed?
- What alternatives exist to ensure reasonable access to care?
- Additional disclosure requirements?
- Should there be carrier marketing restrictions?

Comment Review: Narrow Networks

- **Comment:** Select networks have great value and should be permitted, with appropriate disclosure to the members
- **Related comment:** research shows high-value networks reduce premiums by 5-20%
- **Response:** Select or narrow networks will be permitted

Comment Review: Telemedicine

- **Comment:** We express strong support for use of telemedicine to satisfy network adequacy requirements for MH/SA
- **Response:** The commenter recognizes the favorable opportunity to treat specific patients remotely – something the new NA model will permit

Comment Review: Community Focus

- **Comment:** We support a community focus instead of restrictive member-specific travel times. There is increasing recognition that such standards are difficult to administer.
- **Response:** We agree

Comment Review: Appointments

- **Comment:** We encourage the use of NCQA/URAC standards (for access to services), but caution against length of time until 3rd open appointment.
- **Response:** We agree

Comment Review: CON Board

- **Comment:** NA rule development could be coordinated and informed by the CON effort to develop a state health plan
- **Response:** The NHID is represented on the CON board and will coordinate efforts as appropriate

Comment Review: Standards

- **Comment:** We recognize the changing delivery system, but we believe structured standards may remain appropriate
- **Response:** Structured standards will remain, but will differ from the current distance/travel times

Comment Review: NAIC Model

- **Comment:** If NH differs from the NAIC model, an analysis of care delivery patterns should be performed, including the use of new primary care settings – retail clinics and urgent care centers
- **Response:** NHID considers this type of analysis necessary, but the NAIC model is primarily for states without a NA requirement

Comment Review: Specialty Data

- **Comment:** Please clarify whether the 2012 physician specialty data book is NH specific
- **Response:** The data are national, and used to inform the process, but no decision is going to be made solely on these data

Comment Review: Service Classification

- **Comment:** We encourage the NHID to convene a work group to focus solely on the classification of services
- **Response:** We agree

Comment Review: Service Classification

- **Comment:** While we agree with the approach of classifying services, we suggest the following:
  - Diagnostic radiology, gastroenterology, vision care, general surgery, and OP rehab should be core
  - Oncology/hematology – common
  - IP rehab, radiation oncology/therapeutic radiology – within NH or near state border
- **Response:** Good feedback

Comment Review: Service Classification

- **Comment:** Where would infectious disease, bariatric surgery, and NICU services be categorized? We recommend “within NH or near state border”
- **Response**: These services are not addressed at this point, but the feedback is appreciated

Comment Review: Service Classification/Data

- **Comment:** We recommend the NHID use physician to population ratios for establishing community needs
- **Response:** The NHID will consider recommendations for health care provider ratios

Comment Review: Home Health

- **Comment:** It would be important to assure that insurers have skilled nursing/rehab home health care agencies in their networks
- **Response:** The NA rules will focus on services, not providers specifically, and include many of the common services patients use

Comment Review: Physical Therapy

- **Comment:** We applaud the effort to look for duplicate services through NA. A patient with back pain may receive treatment from an osteopath or PT, but we request caution when looking at rehabilitation where multiple providers are involved
- **Response:** The NA rules will specifically focus on access to services

Comment Review: Physical Therapy

- **Comment:** We believe PT should be a core service and separate from OT and ST
- **Response:** The NA requirement will be specific by procedure, and will most likely include PT services that should be available locally

Comment Review: OP v. IP

- **Comment:** There needs to be more specificity regarding IP and OP services
- **Response:** IP and OP specificity may be inconsistent with current OP trends and other evolving standards of care

Comment Review: Independent Providers

- **Comment:** Please clarify reference to “at least 30% of independent providers”
- **Response:** “Independent” means independent from one another, such as CMC, Elliot, and Dartmouth Hitchcock

Comment Review: Core Provider %

- **Comment:** A network that must include 30% of core providers may undermine the performance of a select network
- **Response:** A community with several core providers suggests there is high demand for that service. The carrier may still choose among those providers.

Comment Review: Core Provider Percentage

- **Comment:** The 30% threshold for providers is a great concept, but we believe a 50% threshold would heighten competition and consumer choices
- **Response:** The NHID is considering 50% in some cases, but if the community has 3 providers, the carrier would need to contract with 2

Comment Review: Credentialing

- **Comment:** NA standards should include carriers utilizing current data to verify admitting privileges and overall credentialing
- **Response:** Current data should be used, but developing NA standards for admitting privileges and provider credentialing may not be appropriate

Comment Review: Community Classification

- **Comment:** Does every town or city qualify as a community or does the NHID contemplate a more refined/complex definition?
- **Response:** Not every town will be considered a community

Comment Review: Service Area

- **Comment:** Use health/hospital service area (HSA) for NA standards – already defined in RSA 151-C and used by HSPR
- **Response**: The results may be the same, but a fresh approach may allow for improvements from historical hospital planning

Comment Review: Hospital-Affiliated PCPs

- **Comment:** Given that high numbers of primary care physicians are employed by hospitals, it appears an insurer could be required to contract with all hospitals
- **Response:** A contract with a specific hospital will not be required

Comment Review: Cross-Border Providers

- **Comment:** Upfront requirements to include providers in border states creates contracting expense and complexity, seemingly inconsistent with the NHID's interest in access to services not providers
- **Response:** The NHID encourages carriers to use NH providers, but will allow flexibility when that is not practical

Comment Review: Access to Care

- **Comment:** There exist certain economic, disability and transportation issues for people accessing health care not in close proximity to work or home
- **Response:** While some of the transportation issues are beyond the scope of NA, ensuring local access to core services should help many people

Comment Review: Quality

- **Comment:** We strongly encourage the Department to use quality standards for network adequacy
- **Response:** Quality standards would be great to use, but given the low sophistication of publicly available data, may be impractical at this point in time

Comment Review: Quality

- **Comment:** Unfavorable experience with local hospital – better care available over the state border
- **Response:** NA will not directly address inferior care, but allow carriers to select among different providers in meeting NA standards

Comment Review: Consumer Experience

- **Comment:** The patient experience should be closely monitored, possibly using the *CAHPS survey
- **Response:** NA rules need to include clear standards, measurable on a prospective basis – the NHID monitors consumer complaints and can initiate market conduct exams

*Consumer Assessment of Healthcare Providers and Systems

Comment Review: Transparency

- **Comment:** When consumers seek care, they should know upfront which providers are OON, charges, and benefits for insurance coverage
- **Response:** Agreed, but these challenges may be best addressed separately from the NA rules

Comment Review: Transparency

- **Comment:** We believe the following need broader delineation/discussion:
  - Network authorizations, balance billing
  - Telemedicine patterns/barriers
  - Clearer recognition of broader access to primary care through allied providers
  - Elements for assuring consumer transparency
  - Regulatory monitoring
  - Ensuring consistency between state and URAC/NCQA standards
- **Response:** Although important, many of these issues may be best addressed separately from NA

Comment Review: ECPs

- **Comment:** Do not include the ECP requirement for off exchange products – reasonable driving distance better choice
- **Related Comment:** extending federal requirements will result in the exclusion of lower priced products
- **Response:** the NHID is considering this request

Next Steps

- Obtain additional feedback from workgroup
- Flush out further details of the conceptual model
- Gather additional publicly available data
- Perform analysis of current service patterns
- Define community structures for the purpose of the model and requirements
- Identify specific procedures by CPT code that fall into the proximity categories

Discussion

Thank you.

Send us your feedback. Please email additional comments to Danielle.Barrick@ins.nh.gov