



# New Hampshire Insurance Department



Network Adequacy  
Working Group



Public Comments and  
Responses

June 5, 2015

# Agenda

- Project overview and status
- Response to feedback received from 5/8 meeting
- Presentation of proposed network adequacy model
- Topics for work group discussion
  - How to characterize levels of chemotherapy
  - What types of providers offer dialysis
  - Definition of community
- Wrap up & next steps
- Questions & answers

# ER as Core Service

- **Comment:** Requiring ER as core service would force contracts with every hospital.
- **NHID Response:** Requirement will be based on urgent care services. A hospital ER would satisfy the requirement, but so would an array of urgent care clinics. A NA requirement for true emergency service providers is unnecessary, because carriers are required to hold the member harmless for out-of-network care.

# Dartmouth Atlas HSAs

- **Comment:** Dartmouth Atlas HSAs are defined on the Medicare population and may not reflect commercial population use.
- **NHID Response:** HSAs are used to assist in the classification of communities, but the NHCHIS is used to evaluate current health care service use patterns. Compass compared the Dartmouth Atlas HSAs with the NH-defined HSAs, which are based on the uniform hospital discharge dataset, and found good concordance.

# HSA and Narrow Networks

- **Comment:** Use of the HSA undermines narrow networks.
- **NHID Response:** No services exclusive to a hospital are in the core service category, so carriers are not required to contract with every hospital. It is important to have local access to core services, even within a narrow network offering.

# Neighboring States

- **Comment:** Please include neighboring states in “Core” and “Common”
- **NHID Response:** Common services must be available in the same or adjacent HSA/community. If an HSA/community in a neighboring state is adjacent to a NH HSA/community, services available there satisfy the “Common” requirement. Are there large numbers of people living in a community where reasonable access to “Core” services is only across the state border?

# Combine HSA/Travel Time

- **Comment:** Please combine HSA /community and travel time in the standard.
- **NHID Response:** The use of explicit travel times/distances will be considered only if necessary.

# Build New Service Areas

- **Comment:** NHID should build its own service areas around “Core” services
- **NHID Response:** If so, how would they differ from the HSA/communities proposed?

# Highly Specialized Services

- **Comment:** Highly specialized services should not be confined to New England, as long as travel is covered.
- **NHID Response:** Should there be any exceptions to framing the requirement this way? Are the cost/quality advantages worth going outside New England? How should potential costs to the consumer be handled?

# Carriers/Providers

- **Comment:** The new methodology will cost both carriers and providers, to the extent that providers will not want to contract with carriers.
- **NHID Response:** Unclear why providers would not want to contract with carriers. Negotiating leverage may increase for some providers and be weaker for others. The standards would apply to all carriers equally.

# Family Practice

- **Comment:** Would family practice satisfy the pediatric requirements?
- **NHID Response:** One reason to shift from specialty to services is that any provider who can deliver the specified service will satisfy the requirement, including NPs, PAs, naturopaths, etc.

# Rural members

- **Comment:** Rural members might have to travel longer distances using the HSA criteria.
- **NHID Response:** The model recognizes that resident expectations for traveling differ among different regions of the state. Are there additional recommendations for rural areas of the state?

# HSA vs. Distance

- **Comment:** In the long-term, using HSA rather than distance will affect where providers locate.
- **NHID Response:** If this improves competition and patient choice, that would be a favorable development.

# Federal Requirements

- **Comment:** How does the new standard conform to the federal requirements for “without unreasonable delay,” “sufficient number and geographic distribution,” and “reasonable and timely access”?
- **NHID Response:** Current NH statute says, “A health carrier shall maintain a network that is sufficient in numbers, types, and geographic location of providers to ensure that all services to covered persons will be accessible without unreasonable delay.”

# 'Not Consistent'

- **Comment:** The new methodology is not consistent with either Medicare or the NAIC model, which is confusing and costly.
- **NHID Response:** The Medicare/NAIC model does not conflict with the NH statute and is general enough to be implemented throughout the country. The revised NH network model is consistent with the NH statute and will reflect to the unique characteristics of New Hampshire.

# ‘Favors Hospital-Employed Physicians’

- **Comment:** The HSA structure favors hospital-employed physicians.
- **NHID Response:** The network adequacy concept does not eliminate the negotiating leverage that comes with provider consolidation, but carriers will not be required to contract with a monopoly provider. Is there something about the HSA approach that favors hospital employed providers more than another community defined structure would?

# ‘Consider Capacity’

- **Comment:** Consider capacity (how many members can be served by the network).
- **NHID Response:** The requirement for sufficient capacity will focus on wait times for appointments. Is there another measure that would be appropriate?

# Out-of-Network Providers

- **Comment:** The new rules should require payers to have an effective and transparent process around granting access to out-of-network providers.
- **NHID Response:** Network adequacy rules should remain as distinct as possible from benefit coverage determinations. The NHID seeks to ensure member protections, including holding the member harmless in special cases when the NA requirement is not met:
  - Major change in the provider network due to a contract termination
  - Non-contracting anesthesiologist, pathologist, radiologist during surgery

# FEEDBACK

- **Send your feedback.** Please email comments to [Danielle.Barrick@ins.nh.gov](mailto:Danielle.Barrick@ins.nh.gov) by June 30.