



# New Hampshire Insurance Department



Network Adequacy  
Working Group



July 15, 2016

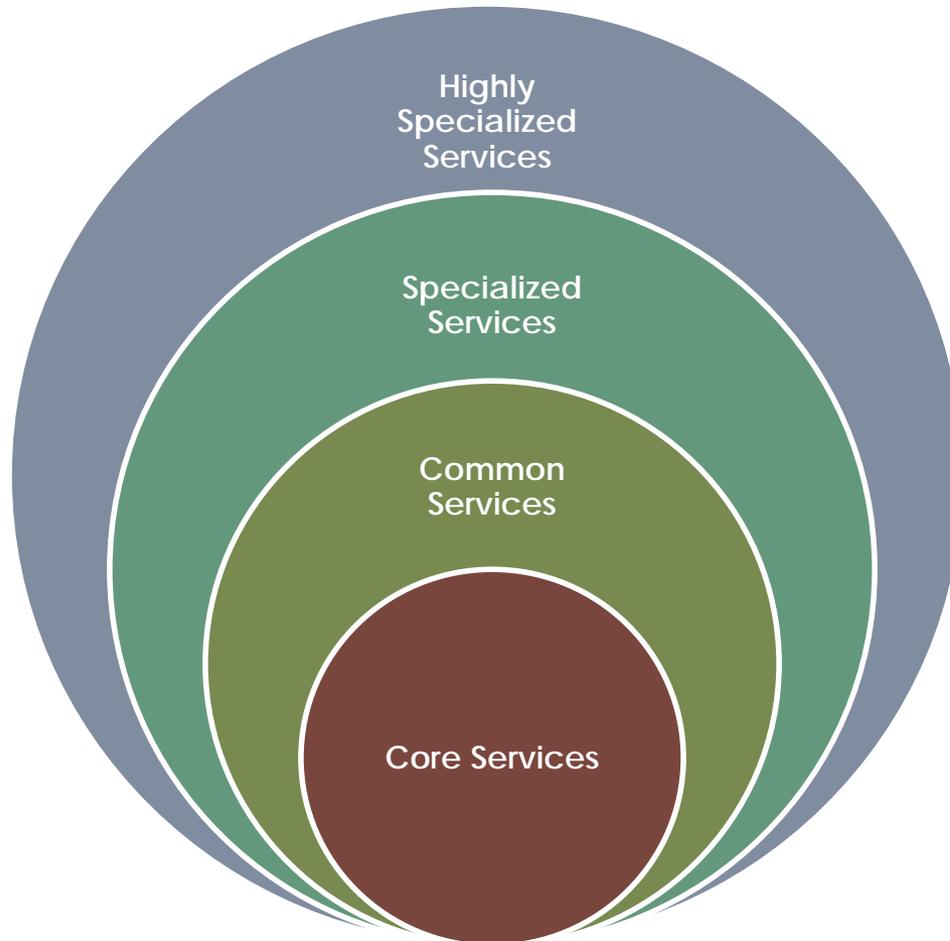
# Agenda

- Project overview and status
- Review of approach under new model
- Draft rule language
- Key sections of the rule
- Questions/discussion
- Wrap up & next steps

# Background

- Current network adequacy rules
- Informal workgroup
- Conceptual model development – service based approach
- CMS/exchange limitations
- Current status and time line

# Classify Services Based on Urgency/Frequency of Use



# Access to Services

- Integration of existing rules and new model
  - Core services
  - Common services or provider specialty
    - Provider specialty requirement mirrors existing rules
  - Specialized and highly specialized services
- Network adequacy determinations by county
  - Use of census data
  - CMS Metro, micro, and rural standards

# Appointment Times

- Removal of NCQA references
- Measured from the initial request for an appointment
  - Behavioral health services - obtain an initial appointment in-network within:
    - Six hours for a non-life-threatening emergency
    - Forty-eight hours for urgent care
    - Ten calendar days for an initial (evaluation) visit
  - Other services:
    - One day for urgent care
    - Thirty days for routine care, including an initial (evaluation) visit

# Integral Services

- The network must include all providers whose services are integral to providing a service, even if the integral service is not performed in every circumstance
- The carrier will be required to verify that in-network providers of the integrated service will provide the service without requiring additional travel by the member, and within a timeframe that complies with an acceptable standard of care

# Use of Multiple Tiers/Select Networks

- Network adequacy measured on participating providers associated with the lowest level of cost sharing
- NAIC model

# Reporting

- Carrier reporting requirements
  - NHID “template”
    - Network and provider information
      - Provider information can be obtained from NPI or NHCHIS
    - Geo-access software
    - Use of CPT codes associated with services in the rules
    - Identification of required services through telemedicine/telehealth
  - Timetable and quarterly submissions

# Provider Directories

- Available electronically to the public
- Updated at least monthly
- Carrier must provide a description of the criteria used to build its provider network and tier providers
- Must be clear what provider directory applies to which network plan
- NAIC model

# Discussion

# FEEDBACK

- **Send your feedback.** Please email comments to [Danielle.Barrick@ins.nh.gov](mailto:Danielle.Barrick@ins.nh.gov) by July 29.