

Rules based, data driven

Network Adequacy

Review and Regulation

9:00 am-11:00 am
January 12, 2016
Regulatory Health Link Division,
Arkansas Insurance Department



Architectural Principles

- *Align with available Federal/National standards or efforts if feasible*
- *Build collaboratively – across organizations, disciplines*
- *Perfection should not be the enemy of the good*
- *Build incrementally - Over years and scope*
- *Apply Pareto's 80-20 principle for every phase*
- *Seek lessons learned – from others and within.*

Objectives of Last Meeting

- Propose *uniform* understanding on
 - Description of Provider Groups and
 - Description of a Provider
- Provide opportunity to industry to counter, improve or accept AID's proposal on achieving uniform "Description of a Provider"
- Propose a governance structure for continuous improvement of Network Adequacy regulation

Changes to Provider Groups

Summary of changes suggested by industry

Criteria D	Description	No Change	Additions	Deletions	Old totals	New Total	Change	Net Change %	Comment
C010	Access to Adult/Geriatric Primary Care Providers	11	8	0	11	19	8	73%	
C020	Access to Pediatric Primary Care Providers	3	8	4	7	11	4	57%	
C030	Access to Mental Health/Behavioral Health/Substance Use Disorder Facility	8	0	6	14	8	-6	-43%	
C040	Access to Mental Health/Behavioral Health Providers	23	21	3	26	44	18	69%	
C050	Access to Substance Use Disorder Providers	4	4	0	4	8	4	100%	
C060	Access to Oncologists	6	2	0	6	8	2	33%	
C070	Access to Skilled Nursing Facilities	2	2	0	2	4	2	100%	
C080	Access to Cardiologists	5	2	0	5	7	2	40%	
C090	Access to OB/GYN	8	3	3	11	11	0	0%	
C100	Access to Pulmonologists	2	0	0	2	2	0	0%	No Change
C110	Access to Endocrinologists	2	0	1	3	2	-1	-33%	
C160	Access to All Hospitals	12	0	6	18	12	-6	-33%	
C180	Access to Hospital by Licensure Type-Acute Care	1	5	1	2	6	4	200%	
C200	Access to Hospital by Licensure Type-Mental	2	5	12	14	7	-7	-50%	
C210	Access to Hospital by Licensure Type-Rehabilitation	3	0	9	12	3	-9	-75%	
C220	Access to Rheumatologists	2	0	0	2	2	0	0%	No Change
C230	Access to Ophthalmologists	1	7	0	1	8	7	700%	
C240	Access to Urologists	2	0	1	3	2	-1	-33%	
	Total			46	143		21	15%	

Employer NPI-Provider NPI relationship

Ouachita County Medical Center

Psychiatric Unit NPI – 1538107776

Swing Bed NPI – 1972543627

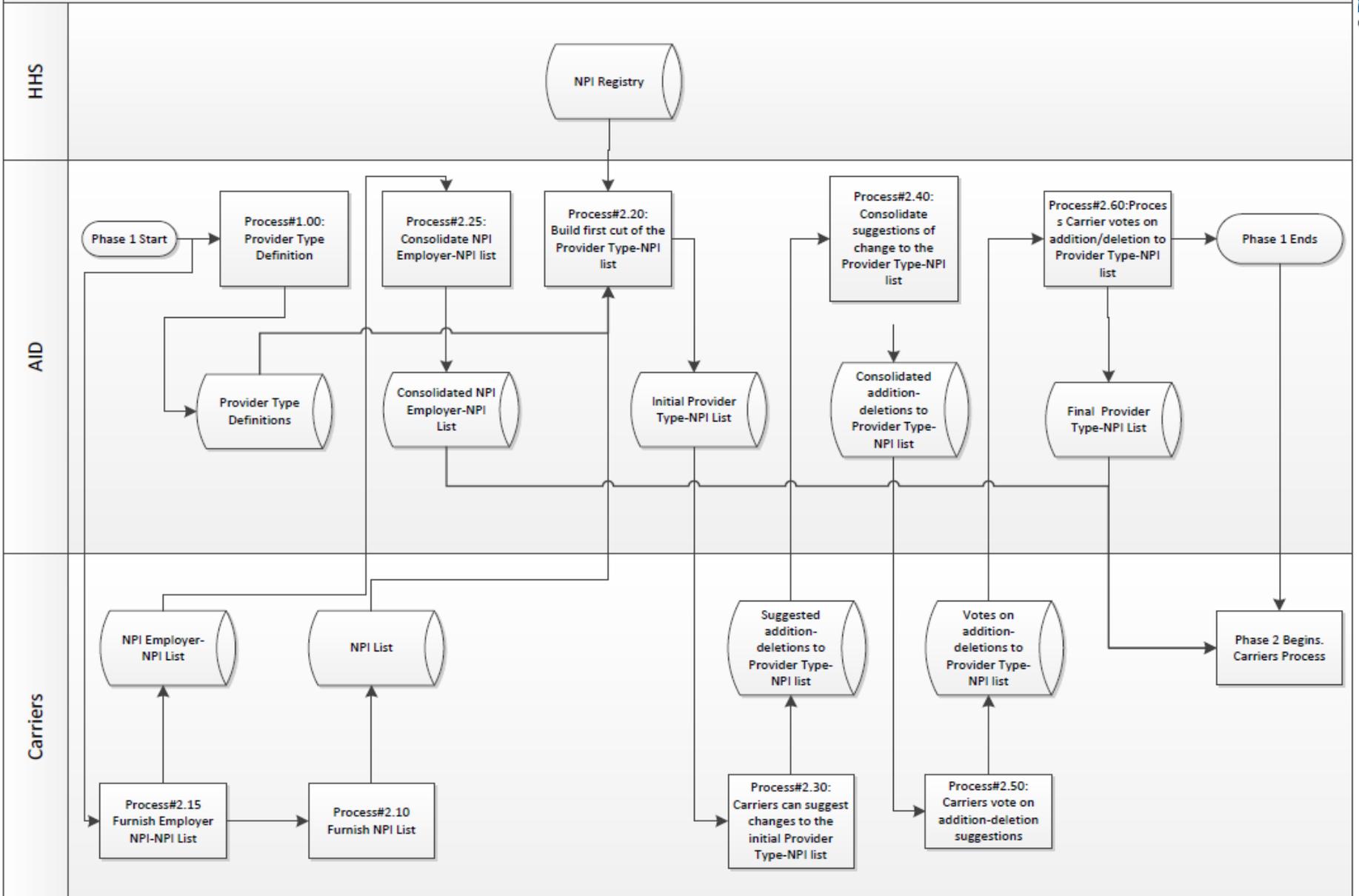
Acute Care NPI – 1518296037

General Acute Care Rural NPI – 1245284769

Annual NA Process Diagram

Process #	Actor	Process	Input(s)	Output(s)
Phase 1: Groundwork for Uniform Provider Type Definitions & Provider Descriptions				
1.00	AID	<p><u>Uniform Provider Type Definition</u></p> <p>AID creates the Provider Types list that will be monitored for Network Adequacy along with NUCC Taxonomic components. The initial list is prepared in consultation with with Arkansas Department of Health, Arkansas Center for Health Improvement etc. and later provided to the carriers for comment.</p>	1) NUCC Taxonomy	1) <i>Provider Type Definitions</i>
2.00		<p><u>Uniform Provider Description</u></p> <p>This is a collaborative attempt to create a uniform view of healthcare providers who administer services to Arkansans, starting with the NPI Registry and carrier's NPI lists.</p>		
2.10	Individual Carriers	Carriers furnish an NPI list of Providers, who serve Arkansans, via template provided by AID.	Individual carrier's claims and/or contract data	1) Individual carrier's <i>Provider NPI list</i>

Arkansas NA Review Process (Phase 1: Groundwork for Uniform Provider Type Definitions & Provider Descriptions)



Federal Communications

	Draft	Final
PY 2014 Letters to Issuers	<u>01-Mar-13</u>	<u>05-Apr-13</u>
PY 2015 Letters to Issuers	<u>04-Feb-14</u>	<u>14-Mar-14</u>
PY 2016 Letters to Issuers	<u>19-Dec-14</u>	<u>20-Feb-15</u>
PY 2017 Letters to Issuers	<u>23-Dec-15</u>	N/A
PY 2014 Payment Parameters	<u>07-Dec-12</u>	<u>11-Mar-13</u>
PY 2015 Payment Parameters	<u>02-Dec-13</u>	<u>11-Mar-14</u>
PY 2016 Payment Parameters	<u>26-Nov-14</u>	<u>27-Feb-15</u>
PY 2017 Payment Parameters	<u>02-Dec-15</u>	N/A

Document	Estimated Date
QHP Bulletin	March 1, 2016
Data submission for review	April 1, 2016
Recommendation for approval/rejection	May 11, 2016

CMS/CCIIO Recommendations

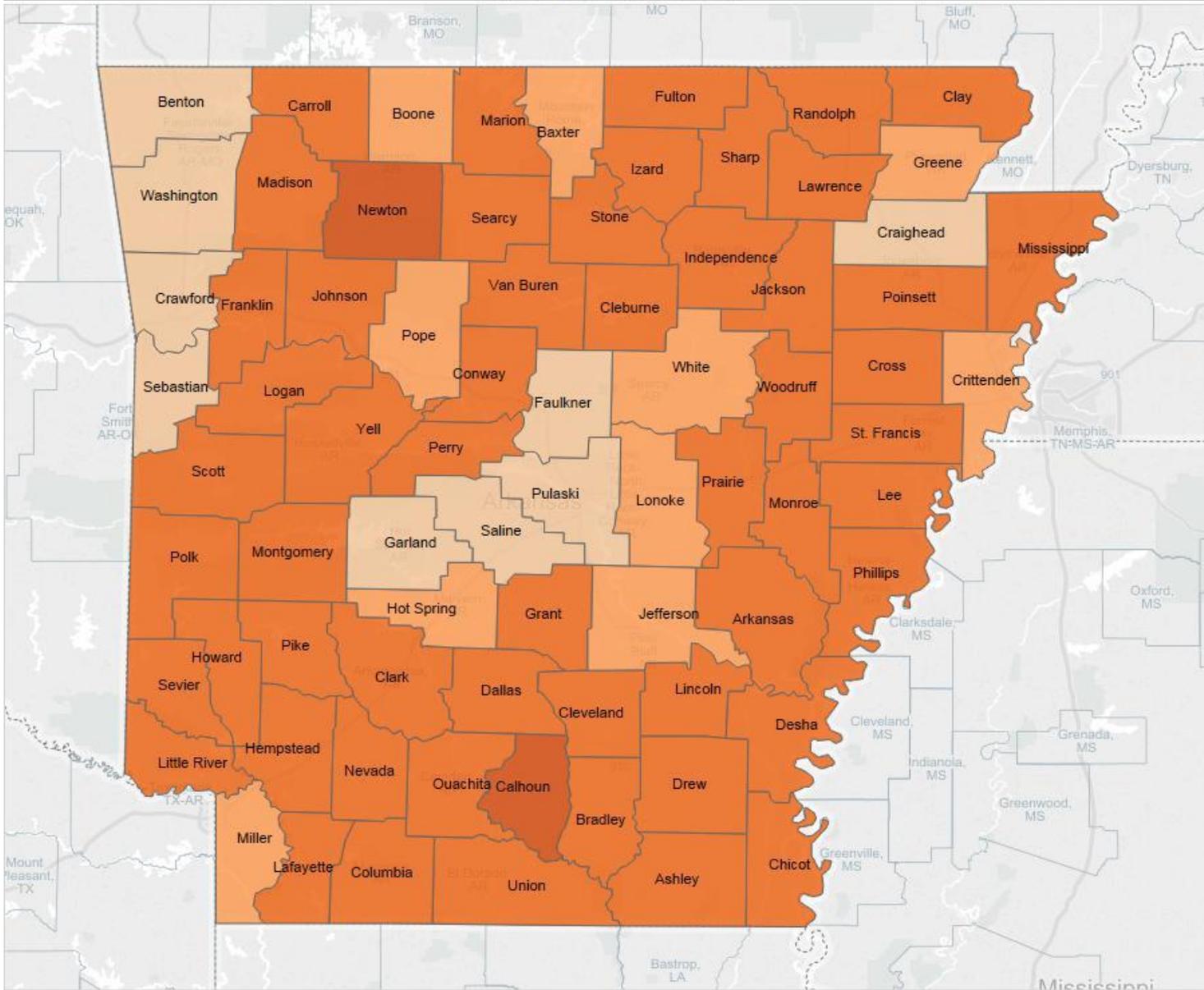
- The State prospectively enforces time and distance standards at least as stringent as the FFM standard
- The State prospectively verifies a minimum provider to covered person ratio for the specialties with the highest utilization rate for its State.

Arkansas County Designation

(Medicare Classifications)

County Designation

- Metro
- Micro
- Rural
- CEAC



Map based on Longitude (generated) and Latitude (generated). Color shows details about County Designation. The marks are labeled by County Name. Details are shown for County Name and Rating Area Name.

AID Proposals

	Large, Metro & Micro county threshold	Rural & CEAC county threshold
Average distance to 1 st provider	Standards set in Rule 106 for different provider types (generally 30 miles for non-specialists and 60 miles for specialists)	120% of the standards set in Rule 106 for different provider types
Percentage of enrollees within distance standard	80%	80%

Review Change to “Provider to Enrollee ratio”



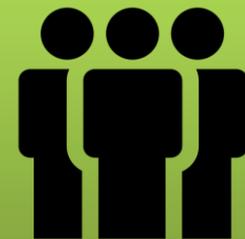
Geographical Analysis

How far is the Doctor or Specialist? (Miles)



Specialty/Facility coverage

Have you included enough Specialists or Facilities? (Percent)



Consumer information

Is the Provider Directory useful? Accurate?





New Data Templates to start off

Field Name	Description
NAIC_Carrier_ID	Enter the five digit NAIC (National Association of Insurance Commissioners) code assigned to the carrier. This data element in association with the NPI will not be shared externally.
NPI	Enter the Provider's National Provider Identifier (NPI) of the provider. This may be an individual provider or a facility. This provider must provide medical care service to Arkansans even if located out of state. If this provider does not provide services to Arkansans, please do not report this NPI. Carriers are required to encourage their contracting providers to register in the NPI registry.
Participating_Indicator	Y/N indicator for provider contracting with the carrier
Practice_Type	P = Primary Care Provider, S = Specialist, B = Both, X=Information not available with the carrier.

Field Name	Description
NAIC_Carrier_ID	Enter the five digit NAIC (National Association of Insurance Commissioners) code assigned to the carrier
Business_NPI	Enter the National Provider Identifier (NPI) that is known by the carrier to employ provider(s). This is usually a facility or a group practice. This data may be available in the carrier's contract data.
NPI	Enter the National Provider Identifier (NPI) of the provider employed by the Business NPI. This may be an individual provider, a facility or a group. This provider must provide medical care service to Arkansans even if located out of state. If this provider does not provide services to Arkansans, please do not report this NPI. Carriers are required to encourage their contracting providers to register in the NPI registry.
Business_Name	Business name of the Business_NPI (SL#2). This data element is requested to make it easier for the carrier to relate what the Business_NPI refers to. Please note that if AID finds many variations of the business name for the same Business_NPI, the department will randomly choose one name from among the carrier data in the consolidated relationship data listing.
Business_Address	Address related to Business_NPI (SL#2). This data element is requested to make it easier for the carrier to relate what the Business_NPI refers to. Please note that if AID finds many variations of the business address for the same Business_NPI, the department will randomly choose one address from among the carrier data in the consolidated relationship data listing.



Problem Log Published

Arkansas Network Adequacy Issue Log

(Maintained by Arkansas Insurance Department. If you wish to add or comment on this log please email RHLD.DataOversight@arkansas.gov)

SI#	Limitations in Arkansas NA Review & Regulation	Status	AID Comment	Date logged	WIP Start Date	Resolved Date
1	Lack of uniformity in the interpretation of Provider type	in-progress		1/4/2016	9/15/2015	
2	Lack of uniformity in the description of individual Providers (Individual or Facility). Is the provider a Pediatrician? Pediatrician gastroentrologist? Or both?	in-progress		1/4/2016	9/15/2015	
3	The distance standards in Arkansas is required at a county level but does not take into account inevitable geographic variation. Work is needed here otherwise it leads to unnecassry justification dialog overhead. Also transperancy and predictibility diminishes.		AID feels that the geographic variation data needs to be studied before thresholds and algorithms are applied. The Department feels that the NA data gathering for PY2017 would be more accurate for study. The algorithm for thesholds may be based on county urban/rural/metro classification or other factors such as proximity to metro areas etc. There may need to be a county by county classification based on the data.	1/4/2016		



Robert Wood Johnson Foundation funded research

Health Management Associates paper

- A relevant and informative webinar on network adequacy was hosted by Health Management Associates on December 8, 2015. This webinar is a presentation based on Robert Wood Johnson Foundation funded research on “Provider Network Adequacy Monitoring”. It can be accessed at <https://www.healthmanagement.com/news-and-calendar/article/497>. This is being provided as information for those interested.
- Health Management Associates have published the full report (88 pages) and can be downloaded at <file:///C:/Users/tDasgupta/Documents/HBE%20project/Network%20Adequacy/HMA%20Research/HMA-Final-Report-RWJF-Project-Provider-Network-Monitoring-Compliance-Survey-Oct-2015.pdf> .

What Next?

- By January 19, 2015, Industry needs to
 - Provide NPI List and NPI Relationship data
 - Recommendations on “Provider to Enrollee Ratios”

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