

# Network Adequacy

## Data Maintenance Planning

### Round 2 of 2021

**10:00 am-11:00 am Central**  
**June 24, 2021**  
**Regulatory Health Link Division,**  
**Arkansas Insurance Dept., Dept. of Commerce**



# Agenda

- **Introductions & housekeeping**
- **Overview**
- **PTNP – Process & Timelines**
- **Errors to avoid**
- **Appendix – Onboarding reference material**

# **INTRODUCTIONS & HOUSEKEEPING**

# Introductions

- If you can, please enter your name(s) in the appropriate Zoom location. We try to capture attendee & organization names for the meeting notes – it is sometimes difficult for us to get the names right over the phone.

# Intended Audience-1

- These meetings on Network Adequacy apply to all health and dental insurance carriers *covered under Rule 106*.

## Intended Audience-2

- AID attempts to communicate with three roles involved in Network Adequacy
  - NA Subject Matter Expert (NA SME).
  - Associated IT personnel.
  - Associated compliance personnel.
- NA contacts known to AID are listed and grouped by organizations in *Network Adequacy Industry Contact List.pdf* on our NA website <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>. Addition or removal of contacts in list can be emailed to [RHLD.DataOversight@arkansas.gov](mailto:RHLD.DataOversight@arkansas.gov)



PTNP

# **OVERVIEW**

# PTNP Data Maintenance

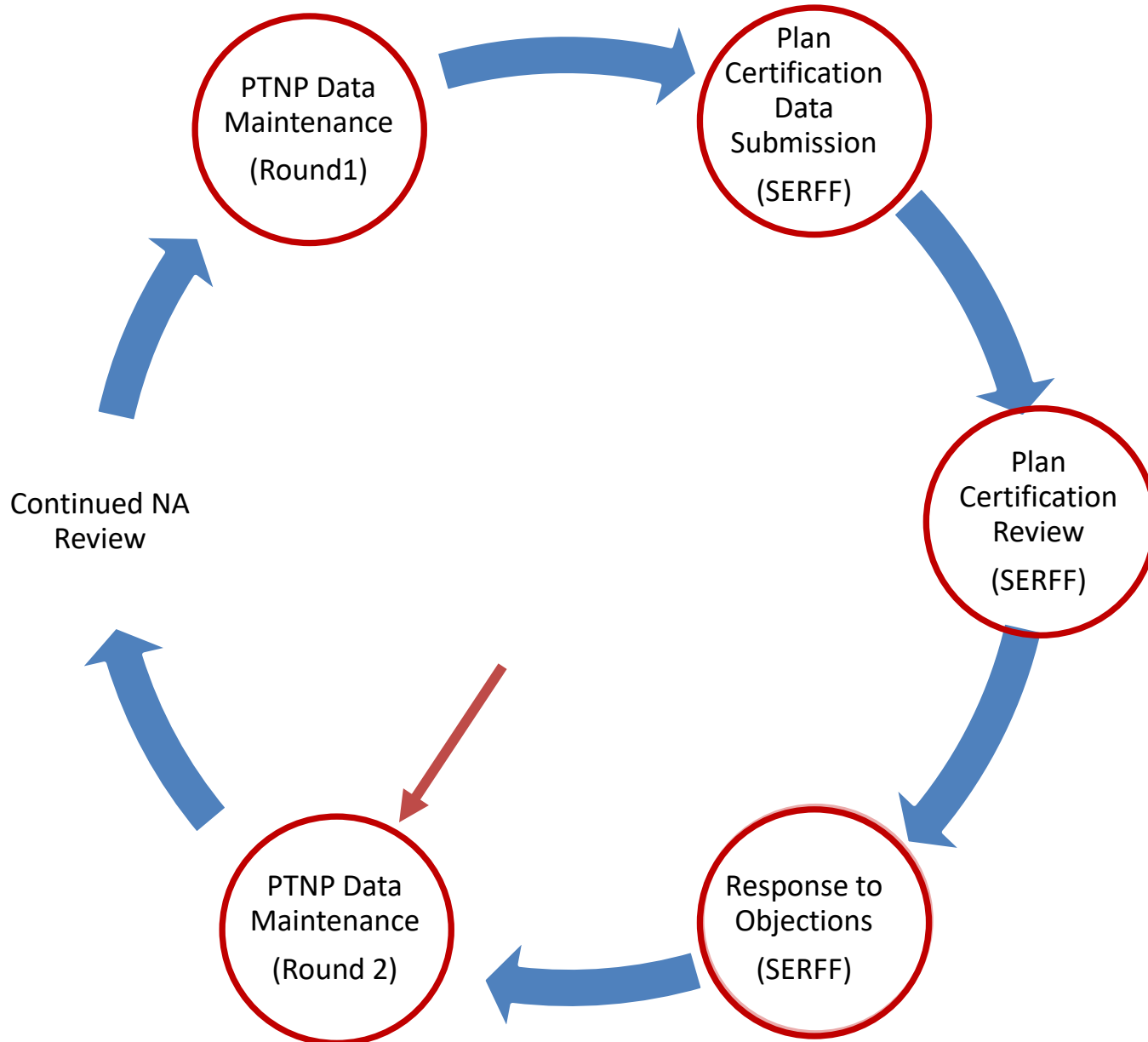
## Why do it?

The goal of the Provider Type NPI Pool (PTNP) Data Maintenance process is for the industry to agree on the classification of individual providers and facilities, who treat Arkansans, into “Provider Types” defined by Arkansas.

This data maintenance is **key** to AID’s evidence-based Network Adequacy regulation. Besides protecting consumers, it enables AID to be fair and objective with insurance companies.



# Arkansas Network Adequacy Regulation Cycle



# Striving for harmony between templates & the PTNP



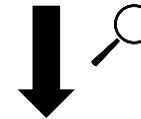
**AR Specialty Access Template**  
(County Level-Provider Type  
Statistics Reported by Issuer)



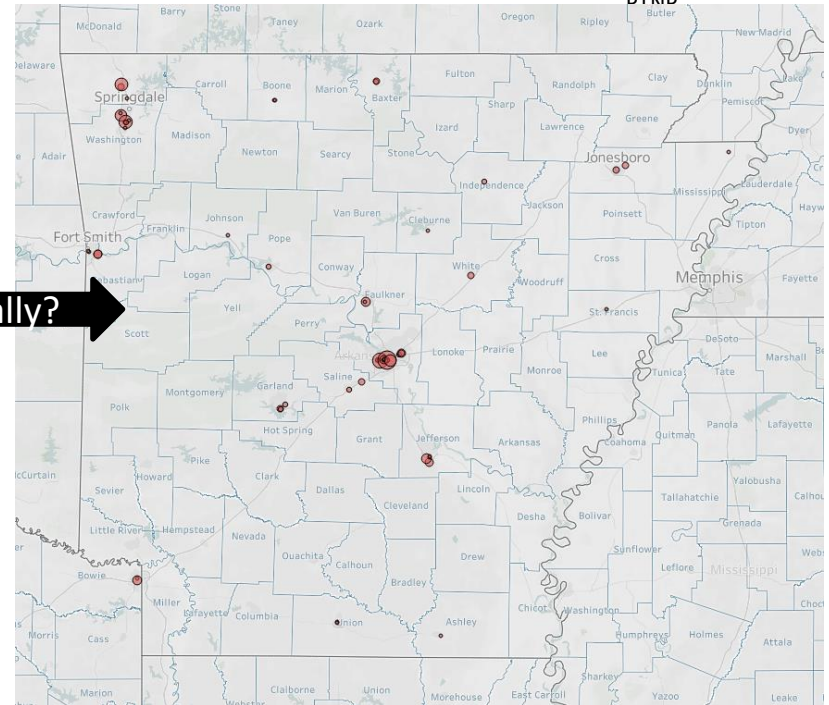
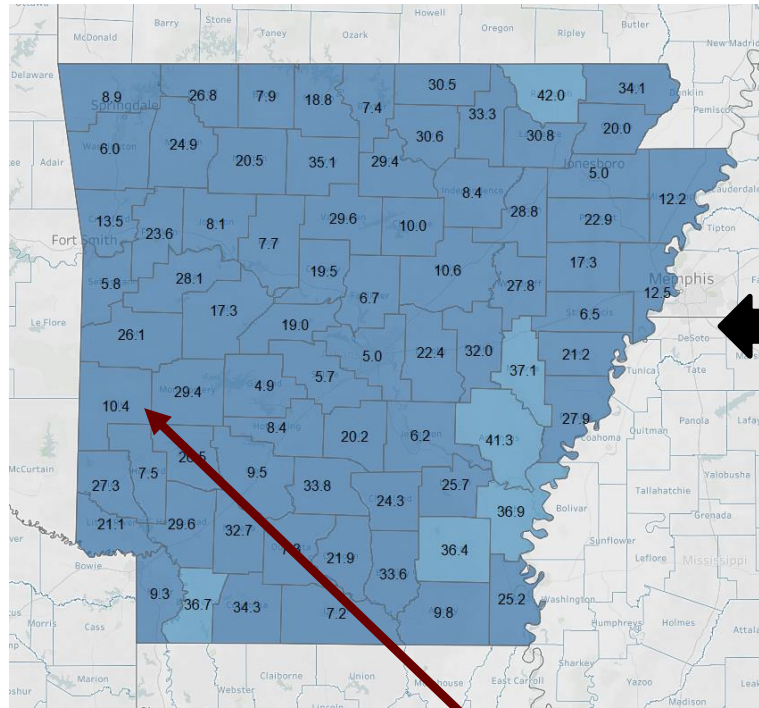
**ECP/NA Template**  
(Detailed Data. NPI & Practicing locations)



**Current Finalized PTNP**  
(Industry agreed-to NPI  
classifications)



Filter by agreed  
classifications in the  
**PTNP**



Do these two tally?

**Objection issued (Unsupported Statistics)**

PTNP

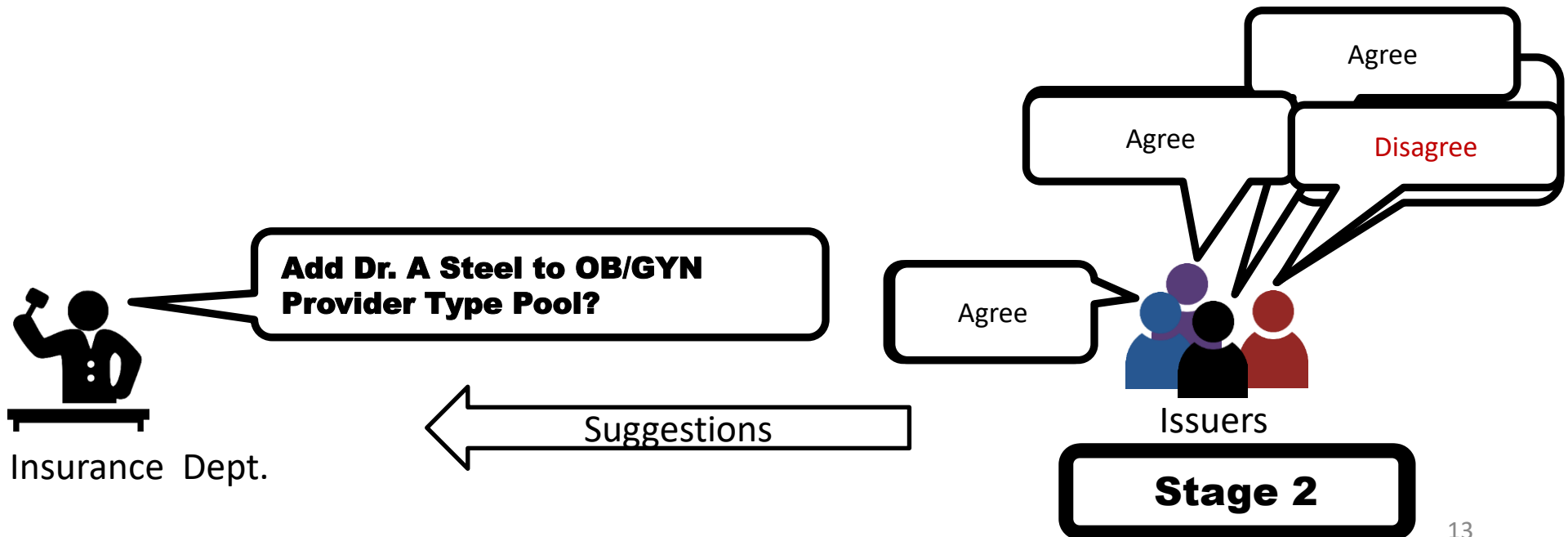
# PROCESS & TIMELINES

# Rule 106

- Rule 106 is being amended
  - Expect to be available for public comment by late summer
  - Primary change is articulation of the PTNP data maintenance process as it is done in recent years.
    - It is not optional for any carrier with over 5000 lives covered.

# PTNP Maintenance Process Overview (Provider Classification Maintenance)

- Two rounds a year (Round 1 & 2)
- Each round has a two stage process
  - Stage 1: Suggestion for classification changes by industry
  - Stage 2: Voting on each change by industry




# Stage 1 problems during Round 1

## Suggestion for classification changes by industry (Add/Remove)

- No removals were suggested. Accurate PTNP data maintenance cannot only have additions.

Network Adequacy Data Maintenance inputs



Tonmoy Dasgupta

To: [Redacted]

Cc: Alan McClain; Jimmy Harris; Chantel Allbritton; Donna Lambert; John Robinson

↩ Reply
↩ Reply All
→ Forward
⋮

Fri 1/22/2021 11:08 AM

📘 You replied to this message on 1/22/2021 11:08 AM.

As you are aware, we have two rounds of Provider-Type-NPI classification data maintenance every year. This is to bring your attention towards the need for accuracy in the Provider-Type-NPI Pool (PTNP) data maintenance and the suggestions provided by your company on January 15, 2021 towards this effort. Please review *Table 1* in this email that summarizes the suggestions for different provider types. What is concerning is that in this round, there has been an inclination towards only **adding** providers to the provider-type pools by the health insurance carriers. An attempt towards accurate classification is very likely to have some **removals** from the provider types as well. The dental-only issuers have exhibited this diligence towards accuracy through their suggestions as indicated in the table below.

We cannot overstate the importance of accurate PTNP data maintenance towards enabling objective, data-driven Network Adequacy review in Arkansas. We recognize that the data maintenance is not a trivial task and do not want to rush you towards a correction for this round time risking further inaccuracies with limited time. We however request you to begin reviewing the pools to enable better data maintenance in future rounds. The next opportunity to provide data maintenance suggestions is scheduled for July 30, 2021.

Table 1: Data Maintenance on Provider Type NPI Pools  
(Based on issuer suggestions on January 15, 2021)

Provider Type Description	Action	
Access to Adult/Geriatric Primary Care Providers	ADD	121
Access to Pediatric Primary Care Providers	ADD	142
Access to Mental Health/Behavioral Health/Substance Use Disorder Facility	Add	4
Access to Mental Health/Behavioral Health Providers	ADD	201
Access to Substance Use Disorder Providers	ADD	3
Access to Oncologists	ADD	11
Access to Skilled Nursing Facilities	Add	5
Access to Cardiologists	ADD	16
Access to OB/GYN	ADD	12
Access to Pulmonologists	ADD	11

# Stage 1 problems during Round 1

## Suggestion for classification changes by industry (Add/Remove)

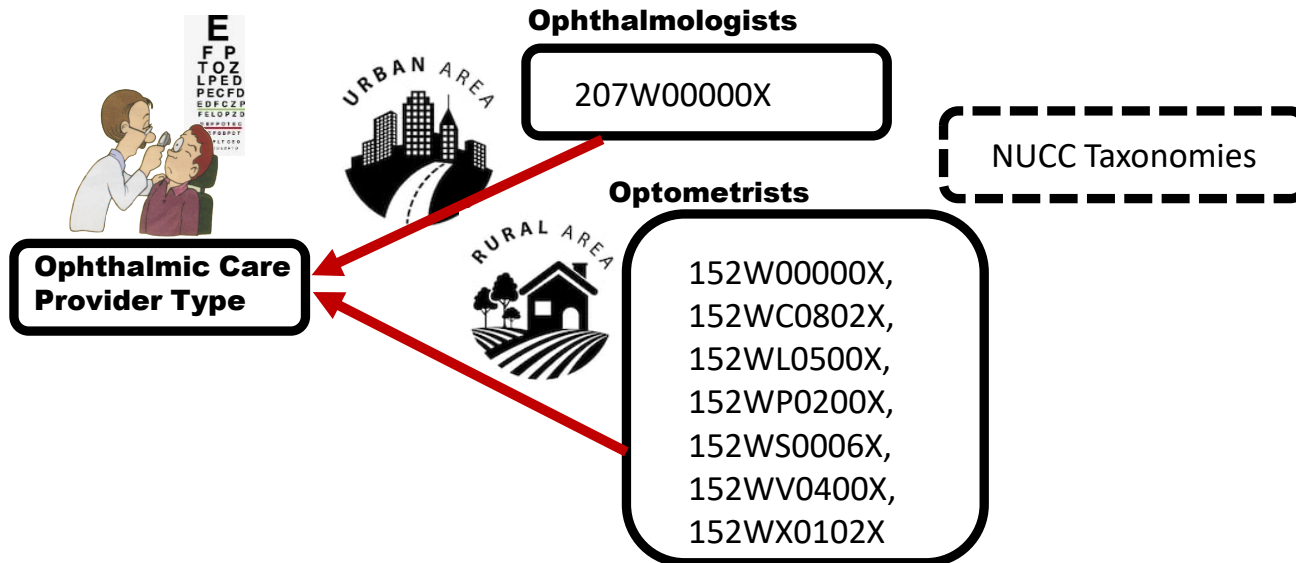
- No removals were suggested. Accurate PTNP data maintenance cannot only have additions.
- Correcting a mis-categorization always involves a removal.
- Provider and facility information is never static. Providers may relocate to another part of the country, retire, decease, change practice, go back to school etc. Facilities brought over by new management requires removal of the NPI associated with the old owners.
- Exercise care over removals. Unintended removals from appropriate Provider Type had happened in the past. Also remember, we allow bordering state providers in the PTNP.





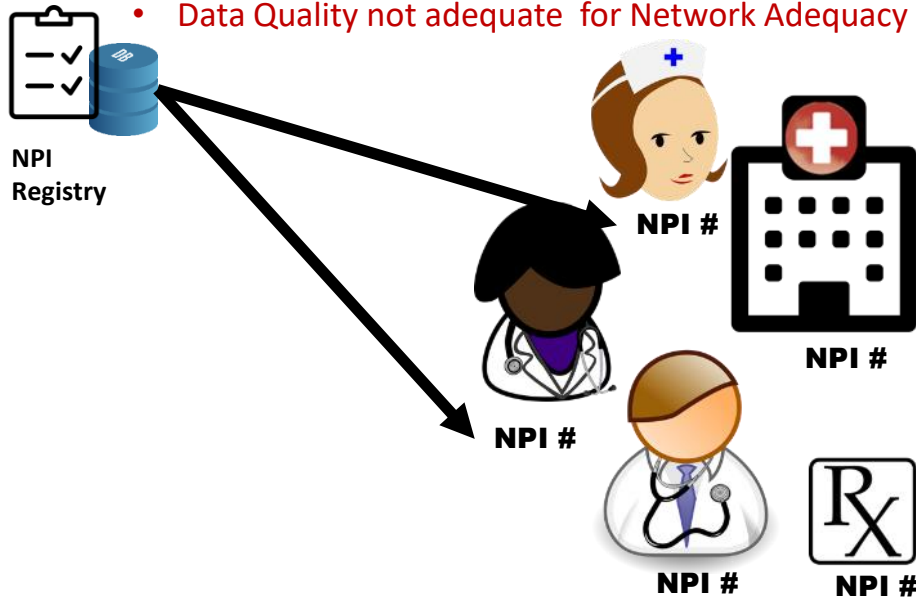
# Provider Types defined using NUCC Taxonomies

- Done in collaboration with Department of Health, Academia & Industry
  - Definition from a consumer perspective.

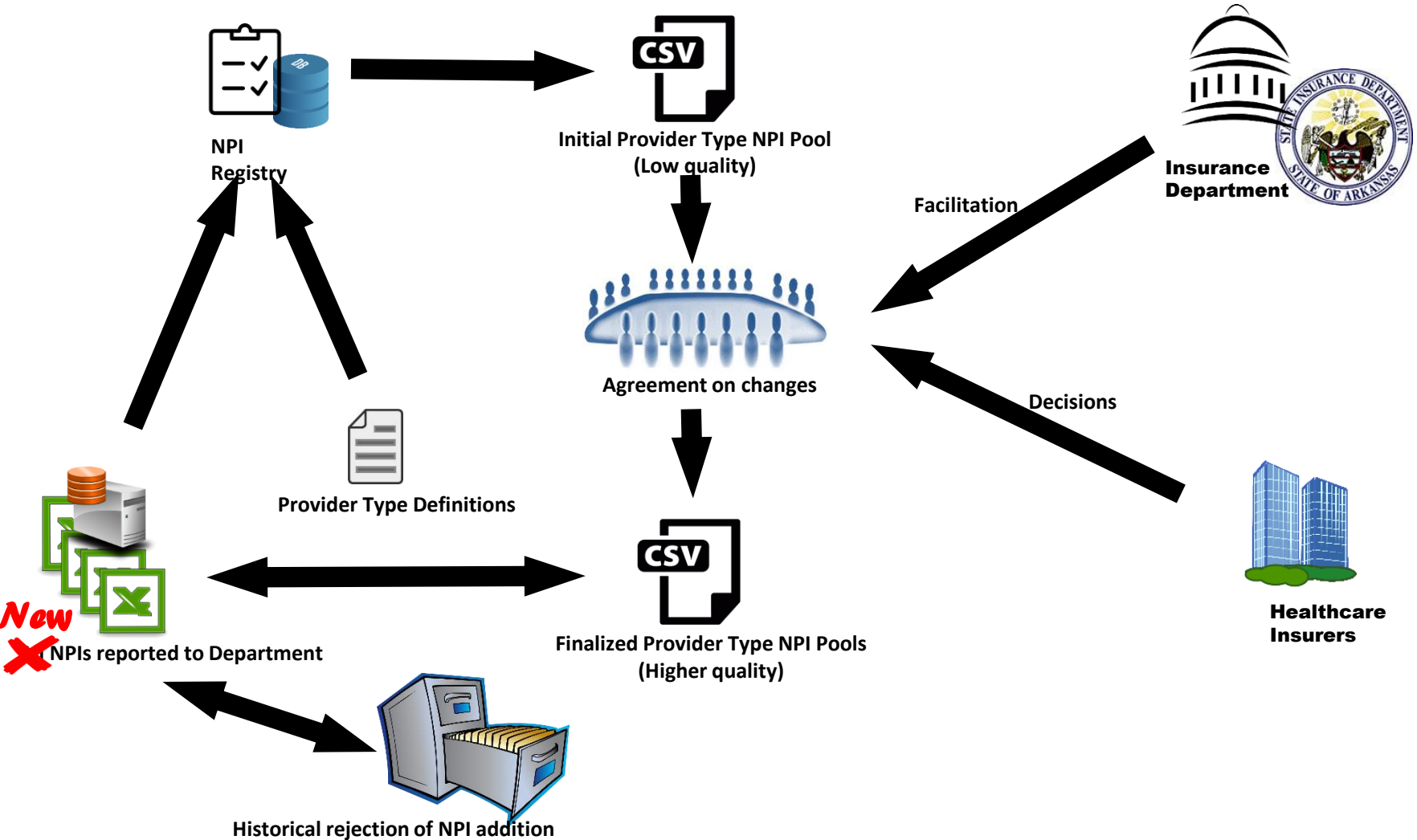


**Secondary function: Describing the provider.**

- 15 NUCC taxonomy slots for each provider.
- Self Reported classification (taxonomy).
- **Data Quality not adequate for Network Adequacy regulation.**



## Subsequent years ....

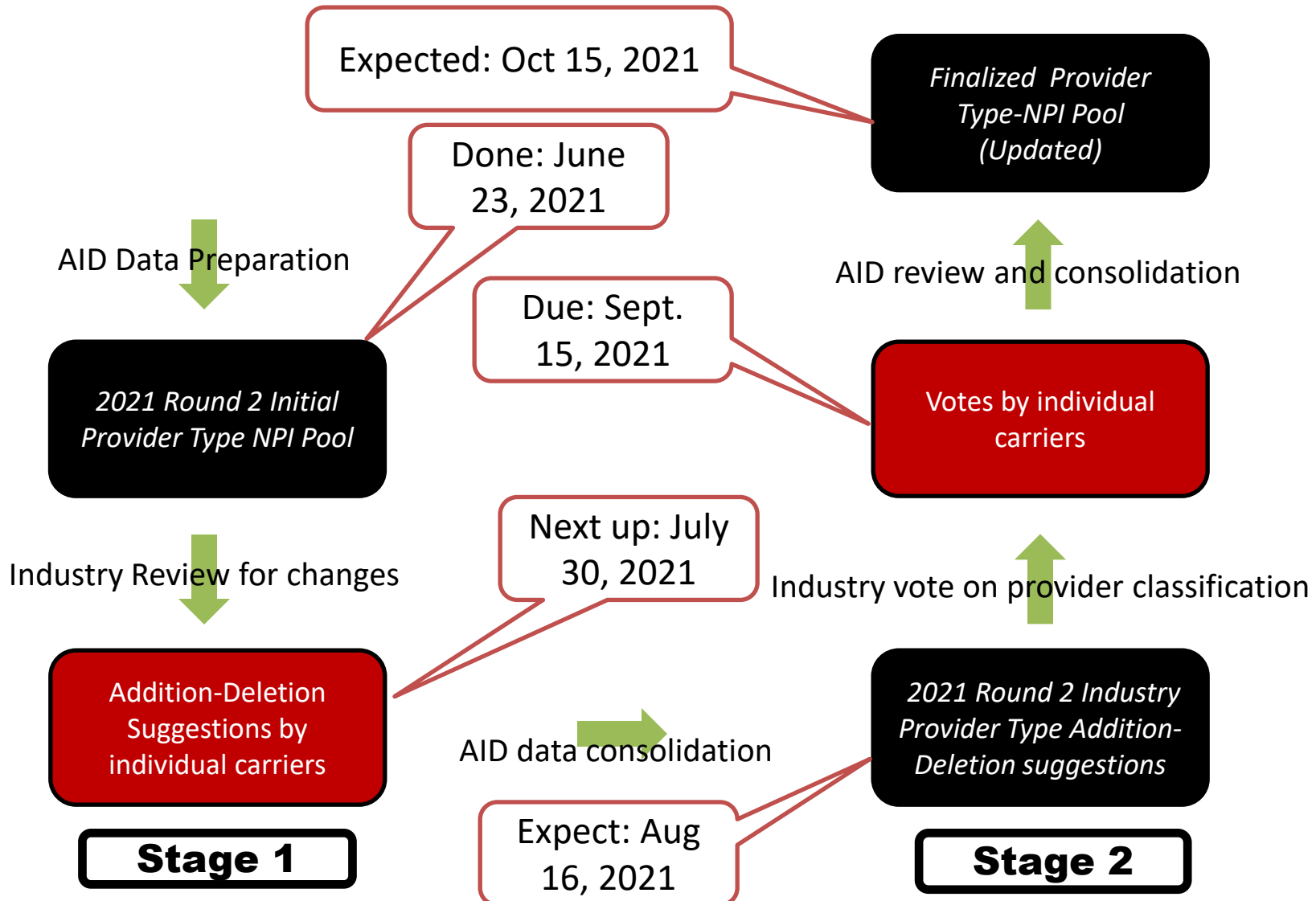


# New from ECP/NA templates

- 617 new NPIs added.
- At least one taxonomy associated with these NPIs in the NPI Registry made it qualify within one (or more) of Arkansas Provider types.
- These classifications are only as good as self-reported taxonomies in the NPI Registry.

# PTNP data maintenance Round 1

Details available in [NA Review Process.pdf](#)



<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>



2021 Round 2 Initial Provider Type-NPI Pool  
(Available since June 23, 2021)



Add? Delete?



Blue Cross Experts



AID Secure FTP Server

“20210730\_83470\_BCBS\_Provider\_Type\_NPI\_AddDelete.csv”  
(Due July 30, 2021)

**Stage 1: “Suggestion for changes” stage using BCBS as an example**

<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>



"2021 Round 2 Industry Provider Type  
Addition-Deletion suggestions"  
(Available Aug 16, 2021)



To agree or not to  
agree on this  
addition and that  
removal?



Ambetter Experts





AID Secure FTP Server



"20210915\_80799\_Ambetter\_ObjectionVote.csv"  
(Due Sept. 15, 2021)

## Stage 2: "Voting" stage using Ambetter as an example

# Expectations from Issuers

- Refer pdf document *NA Review Process* located in <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy> (NA website)
  -  – **Issuers provides suggestions for change.** Due on Jan 15, 2021.
  - AID collects these suggestions and posts the consolidated information on NA website on July 30, 2021.
  -  – **Issuers vote their agreement or opposition to suggested changes by others.** Due on Sept. 15, 2021.
  - AID processes votes and updates the PTNPs on NA website on October 15, 2021.
- **AID will use this updated PTNP data to review NA data submitted through SERFF for certification.**



PTNP Data Maintenance

# **ERRORS TO AVOID**

**(DURING “SUGGESTION FOR CHANGE” AND “VOTING” STAGES)**

# Errors to avoid during Stage 1: “Suggestions for change” (1 of 2)

- Please understand that our PTNP development attempts to focus on actual provider practice rather than academic qualifications. For example a provider who is qualified in “Internal Medicine” but is known to work only in the ER of a hospital, should not be classified as a Primary Care Provider.
- Please remember we are communicating about correcting classifications of NPIs (i.e. Providers). Not whether a NPI (i.e. Provider) exists or is valid. Each line communicates either **addition of an NPI to a “C-bucket” –OR- removal of an NPI from a “C-bucket”**.
- A misclassified NPI **\*may\*** require two or more suggestions. One would be a **removal** from the incorrect “C-bucket” **and if not already assigned to the applicable “C-bucket(s)”**, **addition(s)** to the correct “C-bucket(s)”. Sometimes a misclassification may require only one suggestion- a removal from a “C-bucket” with no concomitant addition suggestions, since an appropriate “C-bucket” does not exist for the NPI.
- Try not to approach the PTNP data maintenance with an inclination towards one type of action (say an inclination towards either addition or deletion). AID tends to compare competitor networks before issuing an objection. Just focusing on say additions and not on removal of inaccurate NPI classifications may not help you in AID’s comparative analysis. Please approach the PTNP data maintenance as an effort towards accurate classification.
- While adding bordering state providers, please remember that AID does not have any “contiguous county” requirement. But bear in mind though that adding providers very far from the borders may not help with your average distance calculations. Add providers in bordering states that Arkansans do avail – because your consumers are probably the best judge.

# Errors to avoid during Stage 1: “Suggestions for change” (2 of 2)

- While removing a misclassification for a provider be careful not to remove other classification for the same NPI that may be correct.
  - For instance while cleaning up misclassified Endocrinologist NPIs, AID observed issuers removing correct association of those NPIs with Oncology.
- While adding a NPI to a “C-bucket”, please pay heed to the taxonomic definition of the “C-bucket”. Same consideration applies when looking for removals.
  - For instance the current definition of C250 (Access to Dental – General) does not include Pediatric Dentists, so do not add them to “Dental General”. Conversely if you know an NPI listed in “Dental – General” is an Pediatric Dentist by practice, ask for its removal.
- **Do** provide your most compelling reason for an addition or deletion. Each issuer’s reasons behind an addition or removal is shown to all issuers during the voting round and may influence their feedback. During vote processing AID may overrule the direction of a vote based on the strength of an issuer’s reason.
  - An example of a compelling reason for removal of a PCP can be a brief “Works only in emergency medicine in our 2016 claims data”.
- Download and use the correct template to suggest changes. Please do not fashion your own spreadsheet.
- AID had observed significant feedback in the voting stage (that comes later) saying that a particular NPI should belong to some other bucket. Please understand that the “Suggestions for change” stage is the stage to add or remove from an classification. **The voting stage that comes later, is not the place to make addition or removal suggestions.**

# Errors to avoid during Stage 2: “Voting” stage (1 of 1)

- Please use the recommended template.
- Please remember that this stage is only to communicate your agreement or rejection of a suggested change of provider classification. It is not about communicating whether a NPI (i.e. Provider) exists – or – that the provider is miss-classified and should belong to a different bucket. While rejecting an addition suggestion, if you realize that the NPI belongs to a different C-bucket, your opportunity for suggesting the addition to the appropriate C-bucket(s) will be in future PTNP data maintenance rounds. Suggestion to add to a different C-bucket cannot be handled at this stage.
- Most network data considerations during the “add-remove” stage also apply to the “Voting” stage; Taxonomic definitions, Out-of-state provider distance considerations, etc. should be considered.
  - For example, before objecting to some other issuer’s removal of an apparently valid NPI-“C bucket” combination, consider if the provider is out of state, and if all practicing locations are far from the border.
- Do provide your most compelling reason behind rejecting an addition or deletion. AID may use the strength of your reason to settle a tie, or even reverse the direction of a vote.
  - An example of a compelling reason for rejecting addition of a NPI as a PCP can be a terse “Works only in emergency rooms per claims data”.

# Next steps for industry

- Refer to slide titled “Expectations from Issuers”
- AID welcomes communication from Issuers on Network Adequacy on any issue
  - Clarifications or questions
  - One-on-one meetings for those new to the program
  - Suggestions for improvement

# Questions?

Email

[RHLD.DataOversight@arkansas.gov](mailto:RHLD.DataOversight@arkansas.gov)

Or call

Tonmoy Dasgupta (501-773-0420) Cell



Reference slides for new issuer personnel

# **APPENDIX**

Arkansas Network Adequacy Regulation

# **NEW TO THE PROGRAM?**



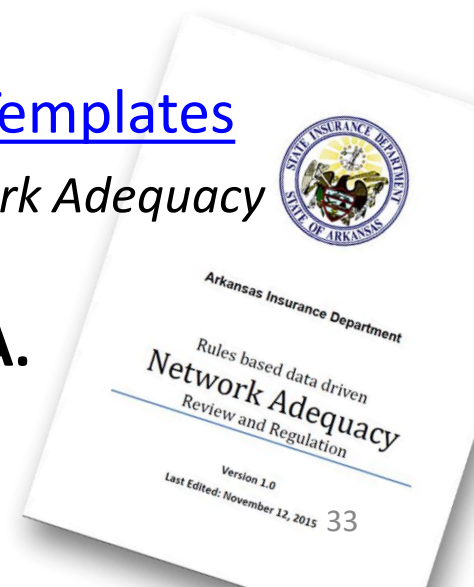
# New to Arkansas NA Regulation Program?

Two important documents to read

- Program details available at <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>
  - “NA Review Process”

This document lays out NA activities for the coming plan year
  - Meeting slides and notes maintained in chronological order
- Data specifications & templates updated at <http://rhld.insurance.arkansas.gov/Info/Public/Templates>
  - For data submission requirements refer “*SERFF Network Adequacy Data Submission Instructions*”

**New issuers can call AID for an overview with Q&A.**



# Network Adequacy Overview

There are two major *types* of processes within the NA review in Arkansas.

- 1) Provider-Type-NPI-Pool (PTNP) data maintenance .
- 2) NA data reporting and review.

# PTNP Data Maintenance versus NA Data Reporting & Review

PTNP Data Maintenance	NA Data Submission & Review in SERFF
Twice yearly	Once yearly
Regulatory data pre-planning. Not regulatory data by itself.	Regulatory Data.
Not mandatory. But is highly recommended because it has direct bearing on the regulatory data submitted (Arkansas templates) and on analysis done by AID (on Federal ECP/NA templates).	Mandatory.
SERFF not used for data interactions. Data exchanges through AID public website and Issuer data submissions to AID's secure FTP server.	Only SERFF used.
Industry information drives outcomes.	Regulatory requirements drives outcomes.

# How is data exchanged in the PTNP process?

- **From AID to issuers:**

AID's Network Adequacy (NA) webpage

(<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>)

For file names refer *Network Adequacy Review Process.pdf* located in the same webpage.

- **From issuers to AID:**

Delivery to AID's secure FTP servers following instructions in "General Data Submission Process to RHLD" located at <http://rhld.insurance.arkansas.gov/Info/Public/Templates>.

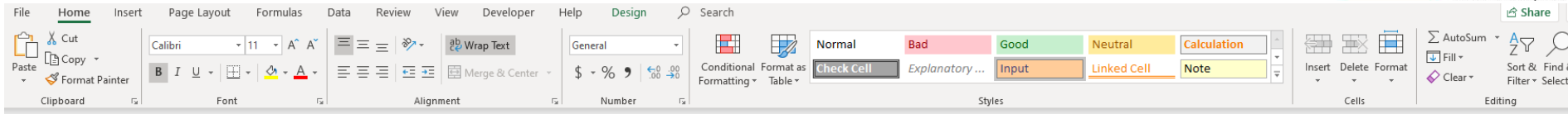
For file naming conventions during the two stages of issuer feedback refer *Network Adequacy Review Process.pdf* located in AID's NA webpage.

Data submissions from issuers explained with examples in later slides.

# AID Disposition Details

- AID provides detailed information on the outcome of the voting stage.
- This makes available cases where AID had to
  - wade in to settle tie breakers OR
  - reverse a popular vote based on a strong(er) reason provided by the minority (few cases)

# Initial Provider Type NPI pool template



Count for Action

(Note: This sheet has been provided for *informational purposes only*. The **ORANGE** columns show AID's disposition processing for PTNP change requests during the last round.)

Criteria	Description	NPI	Action	CountRequesting	CountNewAction	CountAffirm	CountObject	CountContradictory	Feedback Reason	Agree Reason	Object Reason	Count for Action	Accept Action?	Reason behind AID disposition
1909	CD10	Access to Adult/Geriatric Primary Care Provi	1114974086	Add	1	1	1	1	O Not previously listed	NULL	Practices in Humboldt, TN - Out of Area,		O N	Dr Arinze practices out of Humboldt, TN
1977	CD10	Access to Adult/Geriatric Primary Care Provi	1033405824	Remove	1	1	1	1	O Not a PCP, hospitalist	NULL	Works for PC Clinic,		O N	A hospitalist can also act as PCP - as the objection
1057														
1058														
1059														
1060														
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2 of 5054 records found

Prior Round Dispositions

Accept Action?	Reason behind AID disposition
O N	Dr Arinze practic