

Network Adequacy

Data Maintenance Planning

Round 1 of 2021

10:00 am-11:00 am Central
December 9, 2020
Regulatory Health Link Division,
Arkansas Insurance Dept., Dept. of Commerce



Agenda

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

INTRODUCTIONS & HOUSEKEEPING

Introductions

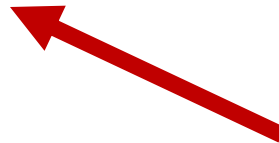
- If you can, please enter your name(s) in the appropriate Zoom location. We try to capture attendee & organization names for the meeting notes.

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



PTNP Data Maintenance

Why do it?

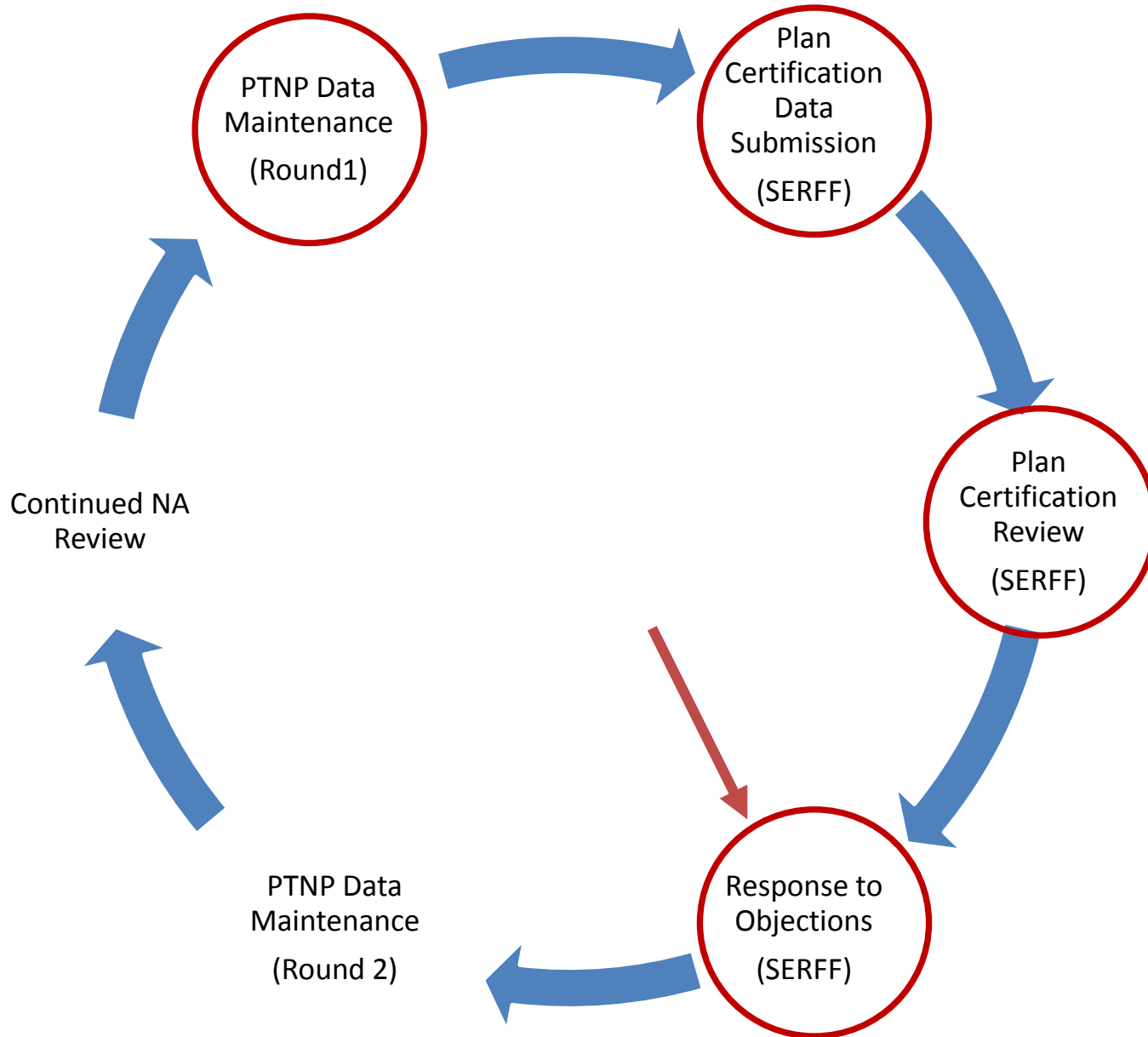
The goal of the Provider Type NPI Pool (PTNP) Data Maintenance process is for the industry to agree on the classification of individual providers and facilities, who treat Arkansans, into “Provider Types” defined by Arkansas.

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.

Network Adequacy Review Overview

REACTING TO COMMON OBJECTIONS

Arkansas Network Adequacy Regulation Cycle





AR Specialty Access Template

(County Level-Provider Type
Statistics Reported by Issuer)



ECP/NA Template

(Detailed Data. NPI & Practicing locations)



AR Provider-Enrollee Ratio Template

(State Level Provider-Enrollee ratios for
various provider types)



Network ID Template

(Identifies unique networks used by issuer.)



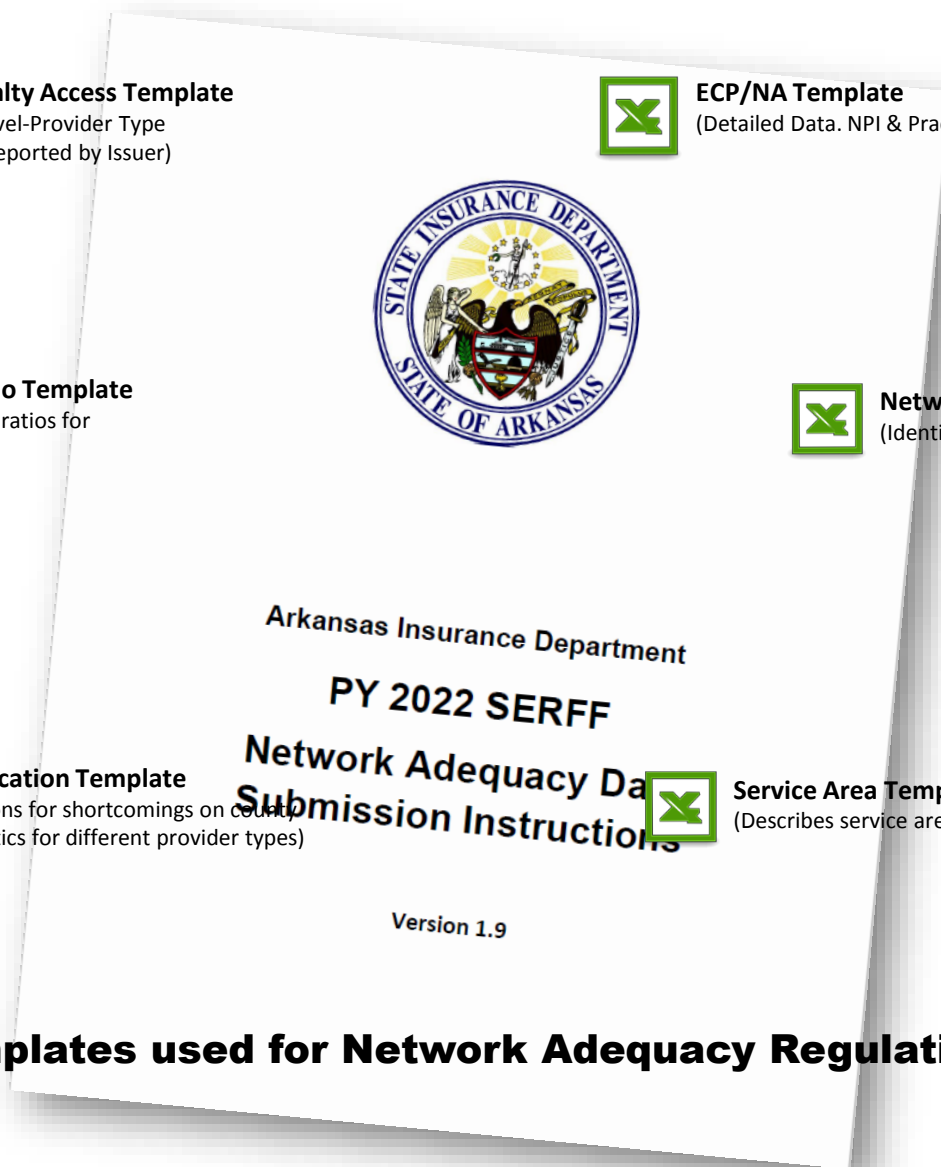
AR Justification Template

(Justifications for shortcomings on county
level statistics for different provider types)



Service Area Template

(Describes service area(s) covered by plans)



Various data templates used for Network Adequacy Regulation in Arkansas



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



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



AR Provider-Enrollee Ratio Template
(State Level Provider-Enrollee ratios for
various provider types)



Network ID Template
(Identifies unique networks used by issuer.)



AR Justification Template
(Justifications for shortcomings on county
level statistics for different provider types)



Service Area Template
(Describes service area(s) covered by plans)

Arroundation of files also used for Ar Networks State priority Regulation in Arkansas.



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



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



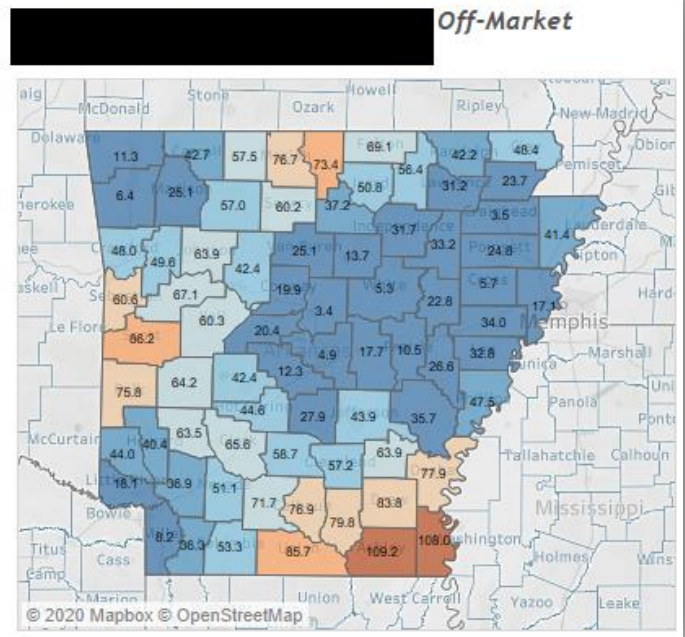
Current Finalized PTNP
(Industry agreed-to NPI
classifications)

Example:
Review of Substance Use Disorder Providers



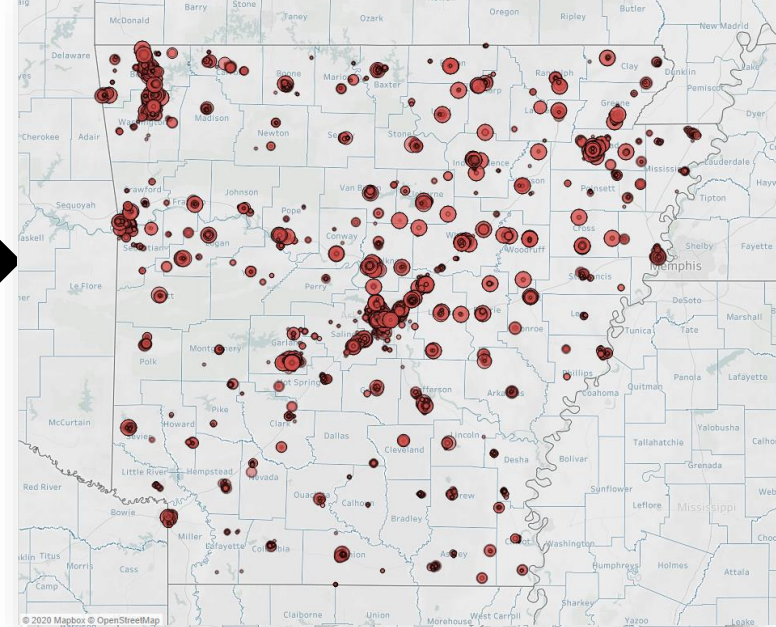
Filter by agreed
classifications in the
PTNP

Substance Use Disorder Providers Distance Compliance



Do these two tally?

PY2021 Provider Locations for Category: *Adult/Geriatric Primary Care Providers, All Hospitals, Cardio*
(Arkansas Classification)





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



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



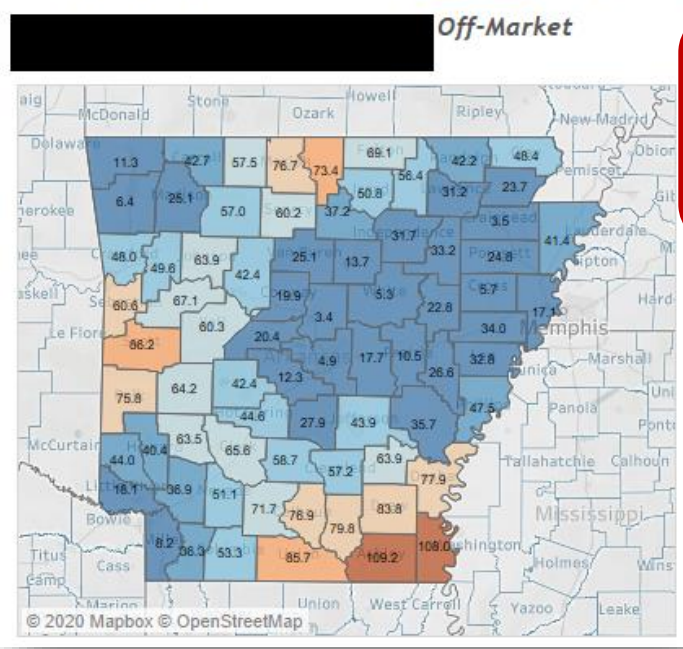
Current Finalized PTNP
 (Industry agreed-to NPI classifications)



Filter by agreed classifications in the PTNP



Substance Use Disorder Providers Distance Compliance



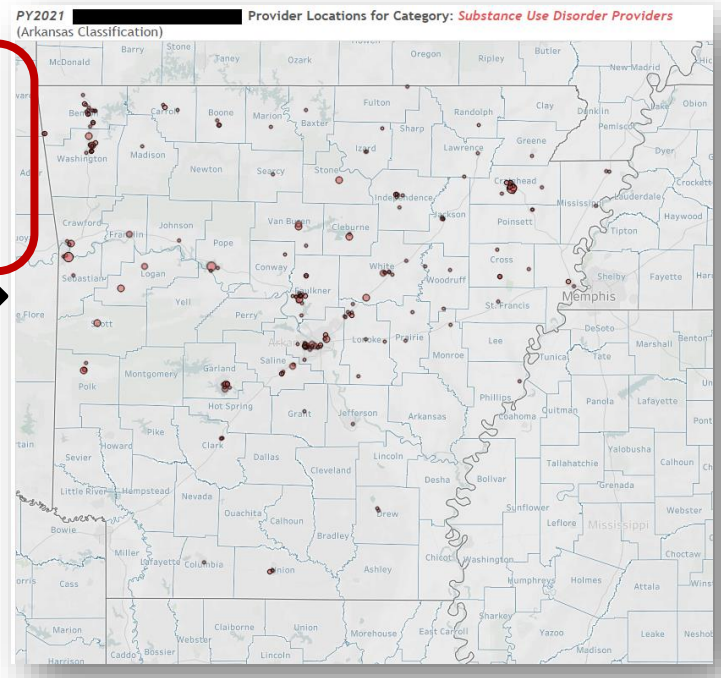
If not tallying, AID issues OBJECTIONS and any combination of these three templates could need a change



Do these two tally?



AR Justification Template
 (Do use this to communicate actions that will show up as future changes in the other templates)



CORRECTION



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



CORRECTION



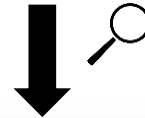
ECP/NA Template
(Detailed Data, NPI & Practicing locations)



CORRECTION



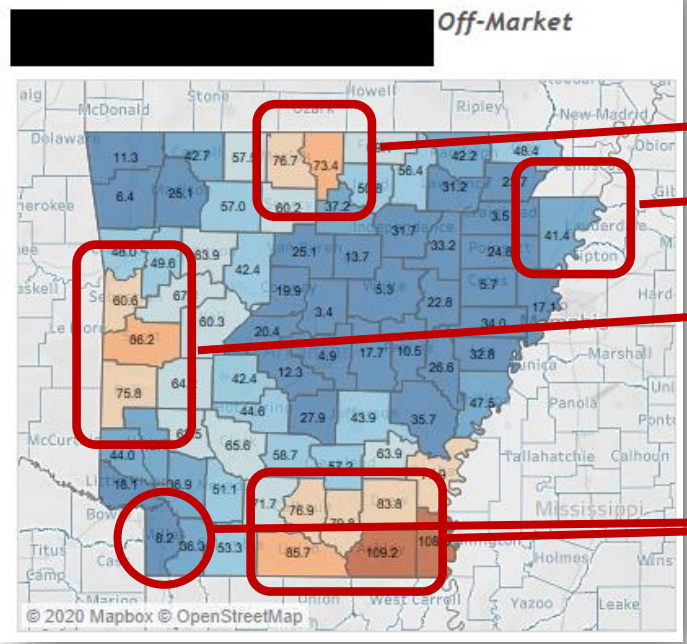
Current Finalized PTNP
(Industry agreed-to NPI classifications)



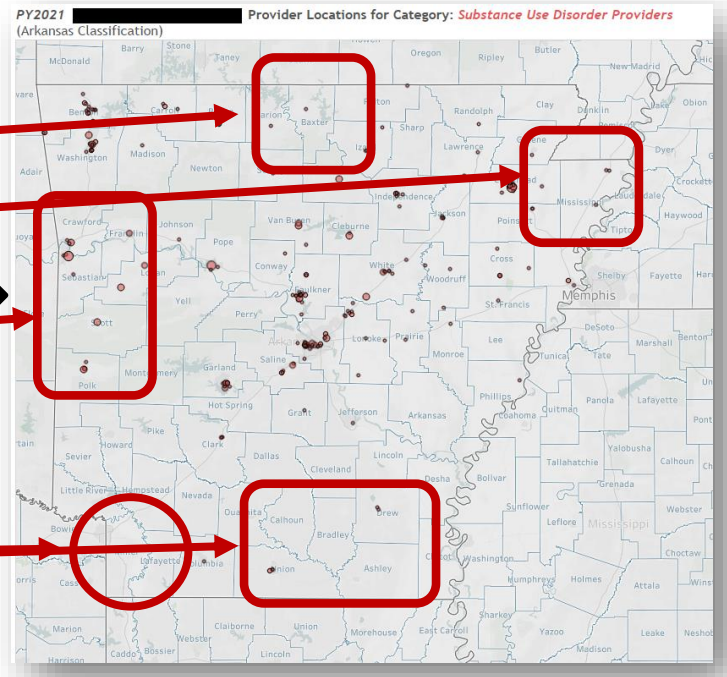
Filter by agreed classifications in the PTNP

Case B: Unsupported claim?

Substance Use Disorder Providers Distance Compliance



Do these two tally?



Hospital by Licensure Type-Acute Care Practicing Locations

Select location(s) in desired area to navigate to an address list.
(Right-click and drag mouse to select location(s) within desired area. Click anywhere else to deselect)

<https://tinyurl.com/y6jg4wgr>

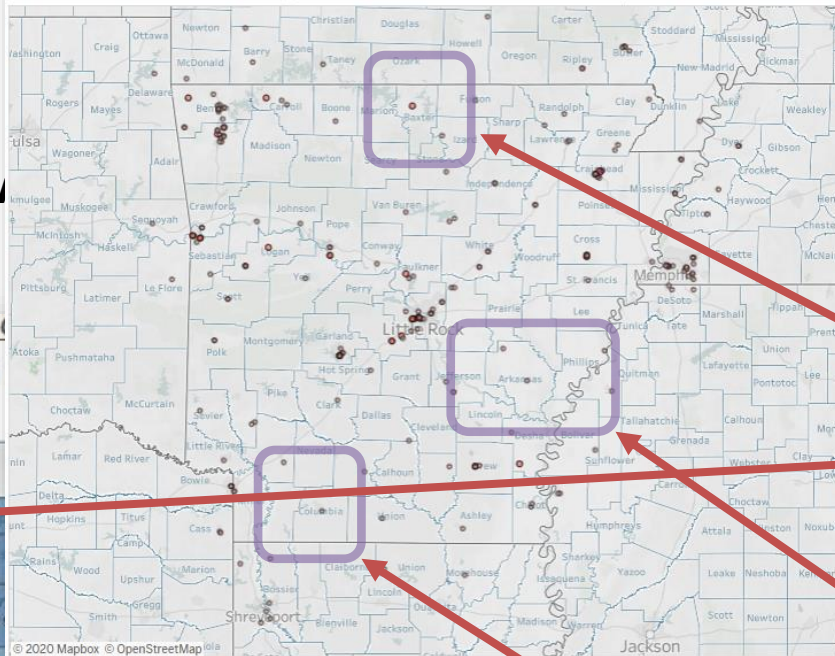
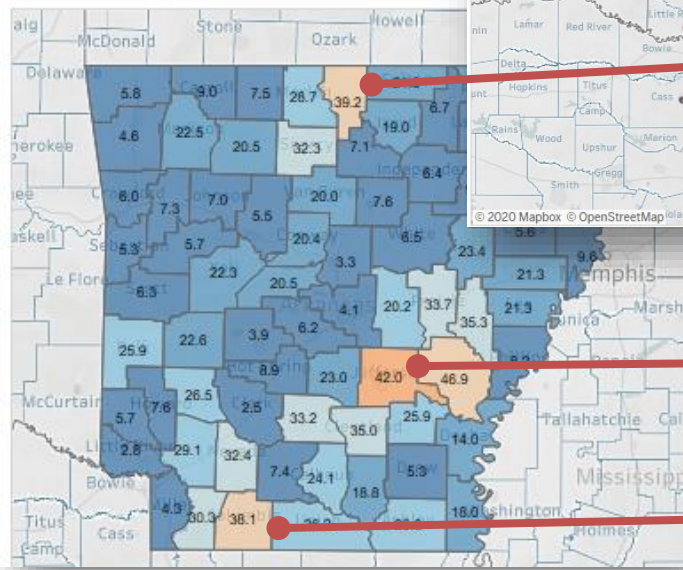
Rev

Hospitals

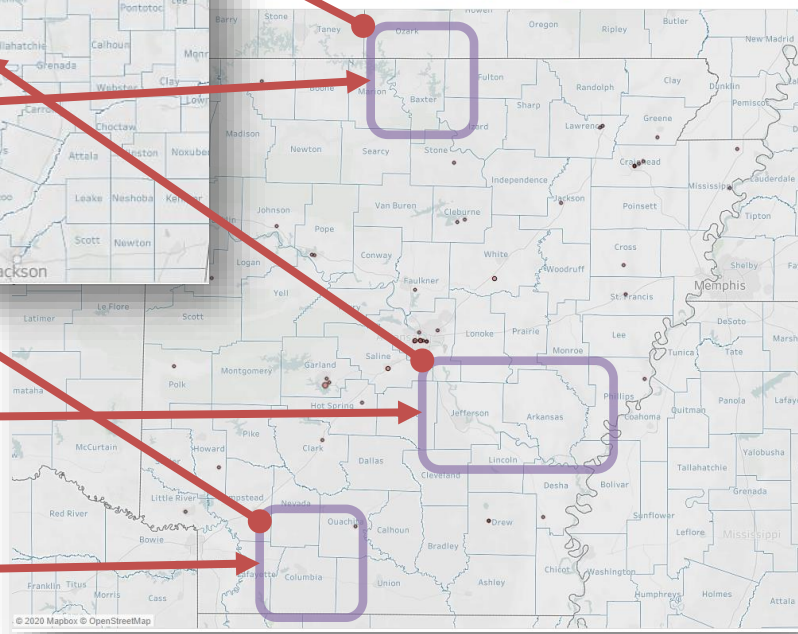
Case C: Lacking contracts ?

Hospital by Licensure Type-Acute Care

2021



Provider locations for Category: Hospital by Licensure Type-Acute Care



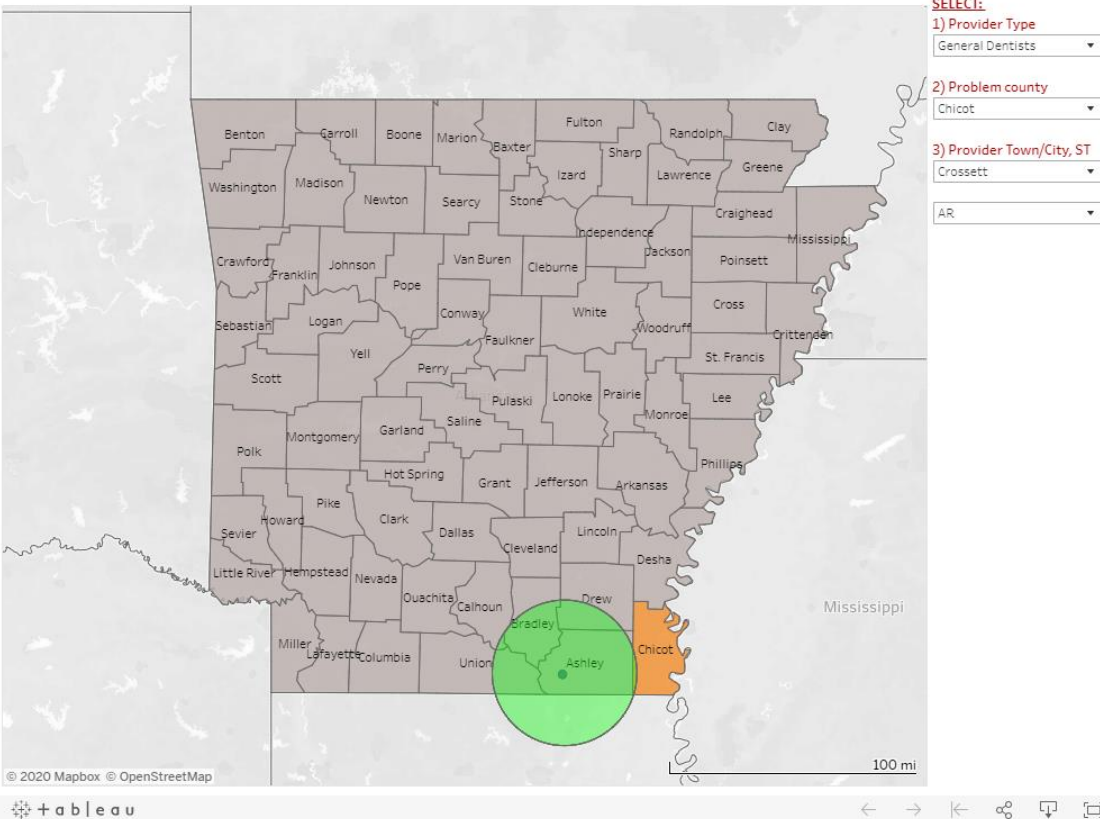
Issuer actions expected for common objections.

- **Case A: Overly modest?** The issuer has better access statistics than reported in the AR Specialty Access template. The issuer should take advantage of providers reported in the ECP/NA template but apparently ignored in the calculation of county access statistics for the counties referred to. They should make corrections as required and resubmit the AR Specialty Access template.
- **Case B: Unsupported claim?** The average distance access statistics furnished in the AR Specialty Access template for the “provider type- County” combination is not supported by detailed data (provider NPI & practicing Address) in the ECP/NA template. In other words the statistic appears too rosy. There are two likely possibilities why this may have happened – A)The issuer has used providers within its network in its access calculations, who *do* exist in the PTNP, but have not been reported in the ECP/NA template – In that case the issuer has to update the ECP/NA template to include those providers and resubmit to AID -OR- B) The issuer has used some providers that do not exist in the PTNP – In that case the company will need to engage in the PTNP process and argue for their inclusion in the provider type category leading to the eventual change in PTNP, if their industry peers agree with the PTNP change.
- **Case C: Lacking contracts?** Other issuers have providers in or around this county (may be in bordering state counties) who could be contracted with to improve network access. NPI, name and addresses can be obtained from the provider-type practicing location visualization created by using data aggregated from all issuers (refer <https://tinyurl.com/y6jg4wgr>). The company should determine if providers in or close to these areas are incorrectly classified and take either of two actions A) if they are determined to be incorrectly classified, the issuer should argue for their removal from the provider type classification through the next round of the PTNP process -OR- B) if the providers are determined to be correctly classified, the company should attempt to contract with the providers.

Challenged with Arkansas geography?

Network Adequacy Coverage:

Do General Dentists in Crossett, AR cover problematic Chicot County (FIPS Code-5017) within 30 nautical miles radius?



<https://tinyurl.com/y6ehdq66>

Use new visualization tool to see if provider town/city covers a problem county. Radius adjusts to provider type average distance requirement.

PTNP

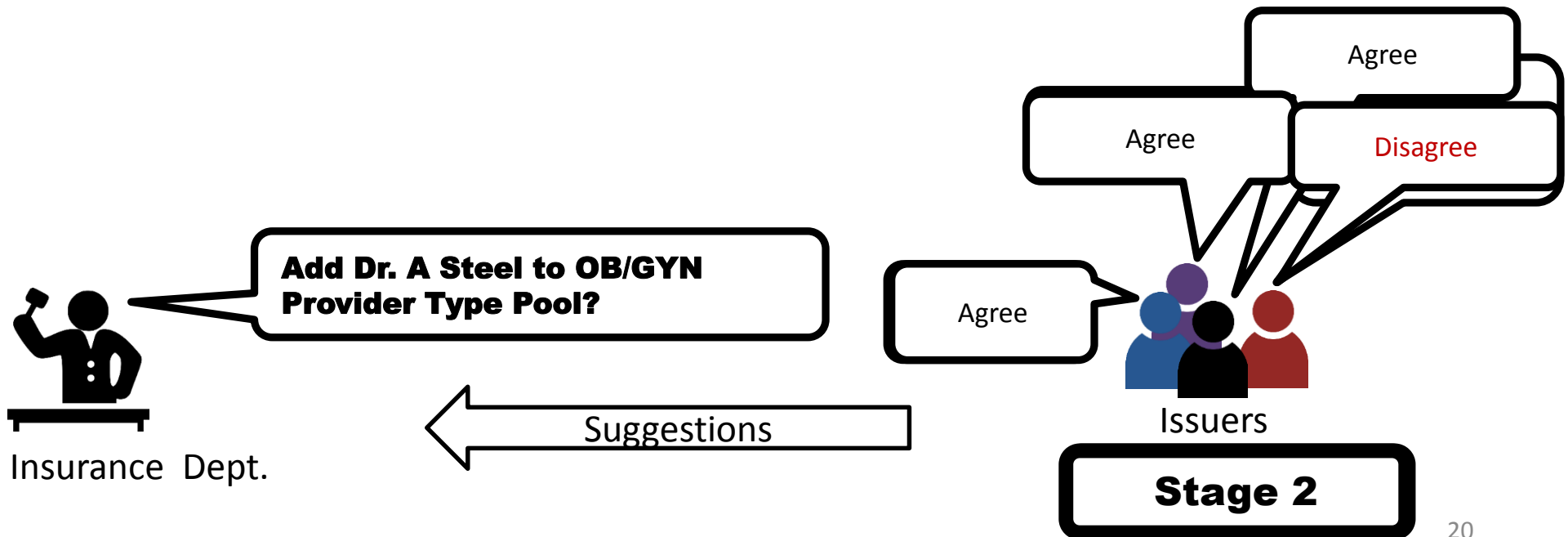
PROCESS & TIMELINES

Change Summary of prior round (Round 2 of 2020)

Criteria	Description	Version		Change
		Current	Prior	
C010	Access to Adult/Geriatric Primary Care Providers	7303	7121	2.6%
C020	Access to Pediatric Primary Care Providers	6562	6595	-0.5%
C030	Access to Mental Health/Behavioral Health/Substance Use Disorder Facility	107	108	-0.9%
C040	Access to Mental Health/Behavioral Health Providers	4074	3951	3.1%
C050	Access to Substance Use Disorder Providers	358	359	-0.3%
C060	Access to Oncologists	438	437	0.2%
C070	Access to Skilled Nursing Facilities	468	455	2.9%
C080	Access to Cardiologists	516	512	0.8%
C090	Access to OB/GYN	806	806	0.0%
C100	Access to Pulmonologists	240	240	0.0%
C110	Access to Endocrinologists	111	112	-0.9%
C160	Access to All Hospitals	241	245	-1.6%
C180	Access to Hospital by Licensure Type-Acute Care	206	208	-1.0%
C200	Access to Hospital by Licensure Type-Mental	89	89	0.0%
C210	Access to Hospital by Licensure Type-Rehabilitation	49	49	0.0%
C220	Access to Rheumatologists	95	94	1.1%
C230	Access to Ophthalmologists	979	983	-0.4%
C240	Access to Urologists	200	200	0.0%
C250	Access to General Dentists	1531	1664	-8.0%
C260	Access to Dental Specialists	313	328	-4.6%
C280	Access to Pharmacies	1429	1443	-1.0%

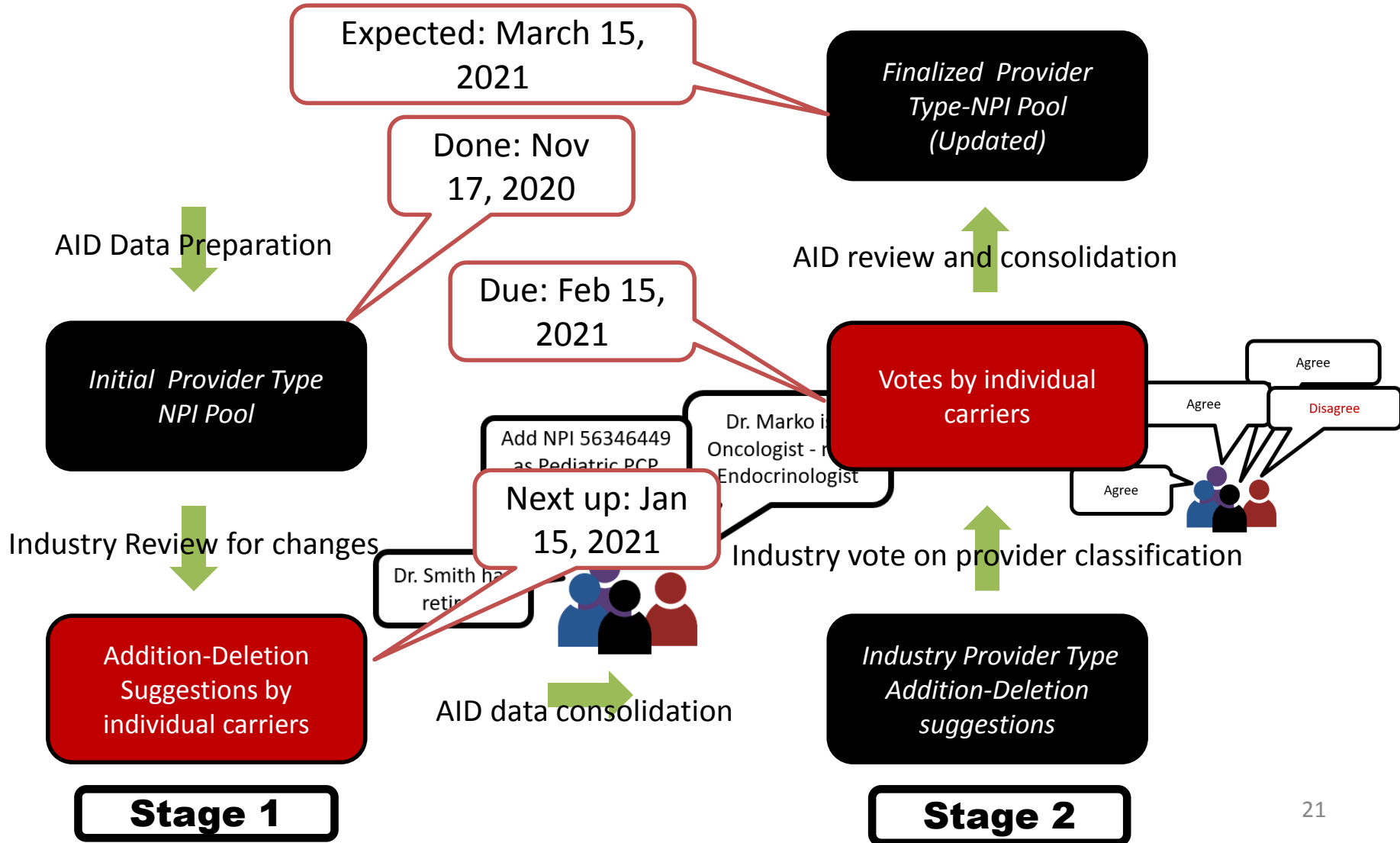
PTNP Maintenance Process Overview (Provider Classification Maintenance)

- 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



PTNP data maintenance Round 1

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



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



2021 Round 1 Initial Provider Type-NPI Pool
(Available since Nov 17, 2020)



Add? Delete?



Blue Cross Experts



AID Secure FTP Server

"20210115_83470_BCBS_Provider_Type_NPI_AddDelete.csv"
(Due Jan 15, 2021)

Stage 1: "Suggestion for changes" stage using BCBS as an example

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



"Industry Provider Type Addition-Deletion suggestions" (Available Jan 29, 2021)



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



Ambetter Experts



AID Secure FTP Server



"20210215_80799_Ambetter_ObjectionVote.csv"
(Due Feb 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 Jan 29, 2021.



- **Issuers vote their agreement or opposition to suggested changes by others.** Due on Feb 15, 2021.

- AID processes votes and updates the PTNPs on NA website on March 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

Or call

Tonmoy Dasgupta (501-773-0420) Cell



Reference slides for new issuer personnel

APPENDIX

Arkansas Network Adequacy Regulation

NEW TO THE PROGRAM?

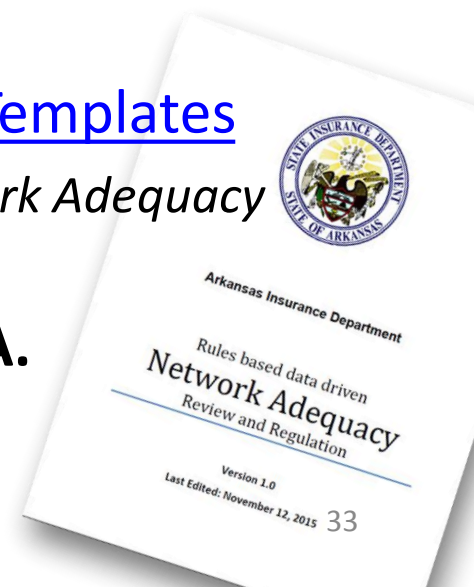
New to Arkansas NA Regulation Program?

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 RHLID" 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

File Home Insert Page Layout Formulas Data Review View Developer Help Design Search

Clipboard Font Alignment Number Styles Cells Editing

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	0	Not previously listed	NULL	Practices in Humboldt, TN - Out of Area,			
1977	CD10 Access to Adult/Geriatric Primary Care Provi	1033405824	Remove	1	1	1	1	0	Not a PCP, hospitalist	NULL	Works for PC Clinic,			
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Overview Provider Classifications Removals TaxonomyMap **Prior Round Dispositions**

2 of 5054 records found

Accept Action?

Reason behind AID disposition

Dr Arinze practic