

# Network Adequacy

## Data Maintenance Planning

### Round 2 of 2020

**10:00 am-11:00 am Central**  
**June 25, 2020**  
**Regulatory Health Link Division,**  
**Arkansas Insurance Dept., Dept. of Commerce**



# Agenda

- **Introductions & housekeeping**
- **PTNP data maintenance**
  - **Why do it?**
- **How does it work?**
- **Mutual Expectations**
- **Errors to avoid**

# **INTRODUCTIONS & HOUSEKEEPING**

# Introductions

- For those attending online, please attempt to 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>. Please communicate addition or removal of contacts in list to [RHLD.DataOversight@arkansas.gov](mailto:RHLD.DataOversight@arkansas.gov)



# Change Summary (Round 1 of 2020)

Criteria	Description	PTNP		% Change
		Current	Prior	
C010	Adult/Geriatric Primary Care Providers	7121	6342	12.3%
C020	Pediatric Primary Care Providers	6595	5864	12.5%
C030	Mental Health/Behavioral Health/Substance Use Disorder Facility	108	105	2.9%
C040	Mental Health/Behavioral Health Providers	3951	3719	6.2%
C050	Substance Use Disorder Providers	359	361	-0.6%
C060	Oncologists	437	388	12.6%
C070	Skilled Nursing Facilities	455	447	1.8%
C080	Cardiologists	512	516	-0.8%
C090	OB/GYN	806	730	10.4%
C100	Pulmonologists	240	212	13.2%
C110	Endocrinologists	112	106	5.7%
C160	All Hospitals	245	244	0.4%
C180	Hospital by Licensure Type-Acute Care	208	206	1.0%
C200	Hospital by Licensure Type-Mental	89	87	2.3%
C210	Hospital by Licensure Type-Rehabilitation	49	49	0.0%
C220	Rheumatologists	94	79	19.0%
C230	Ophthalmologists	983	901	9.1%
C240	Urologists	200	184	8.7%
C250	General Dentists	1664	1782	-6.6%
C260	Dental Specialists	328	352	-6.8%
C280	Pharmacies	1443	1421	1.5%

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.

## **PTNP Data Maintenance**

# **What's in it for me?**

Providers in your network may not get counted as belonging to a particular provider type if they are not agreed to by industry. AID is blind to such providers in its reviews.

For instance;

- if your organization has certain Cardiologists that do not exist in the PTNP, those providers will not get included in AID's main review of Cardiologist Adequacy.

# Rapid triangulation for problems

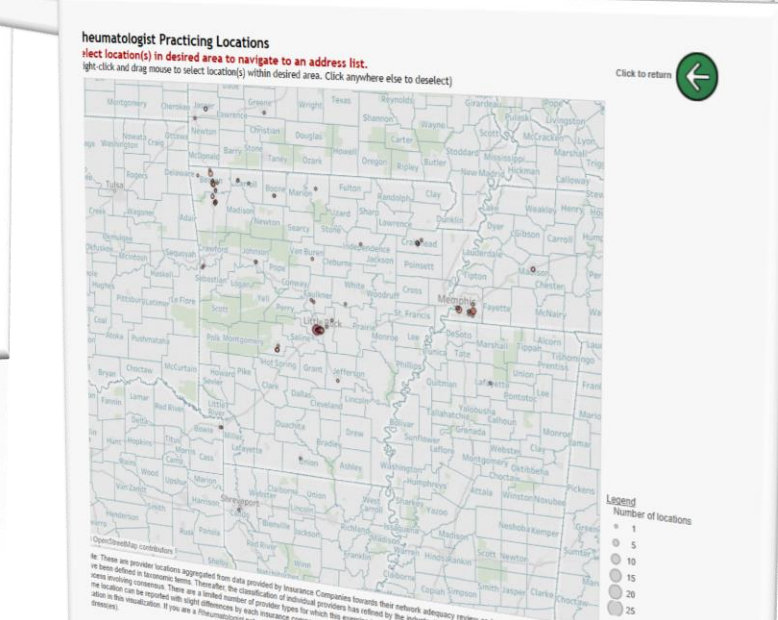
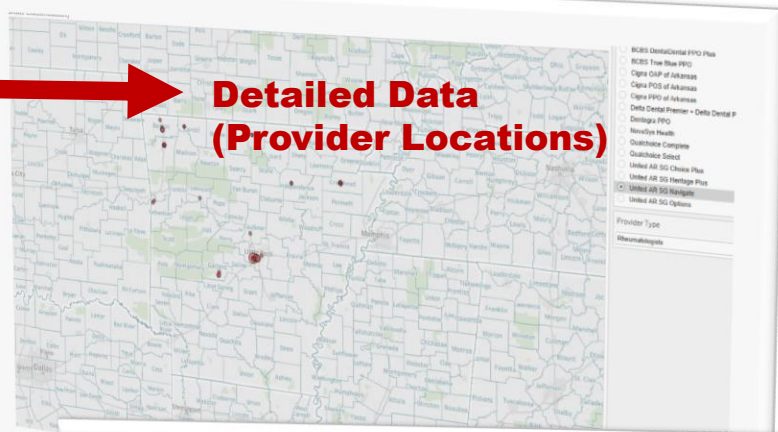
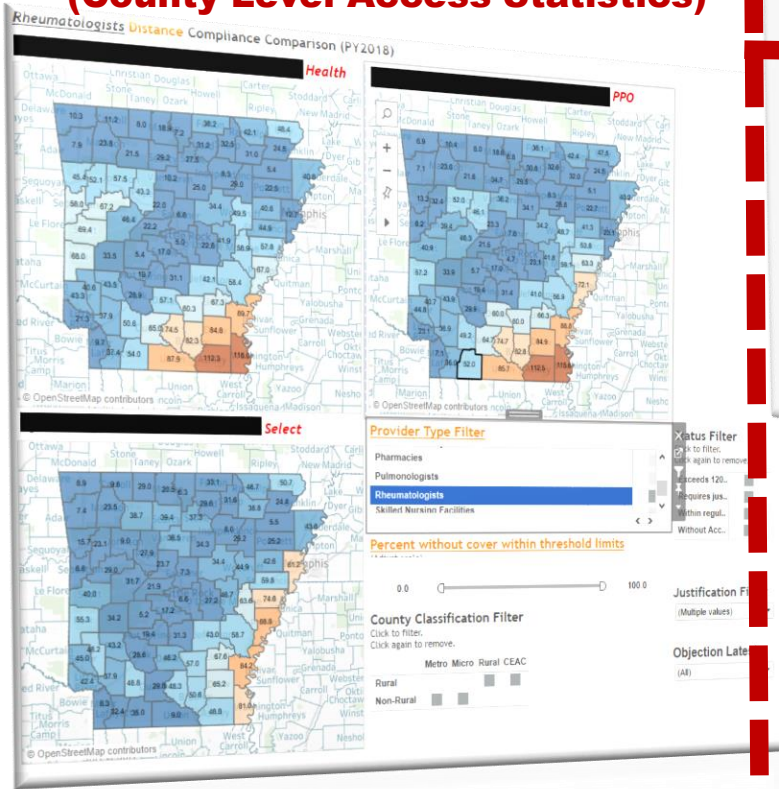


AR Specialty Access Template

ECP/NA Template

**Summary Data  
(County Level Access Statistics)**

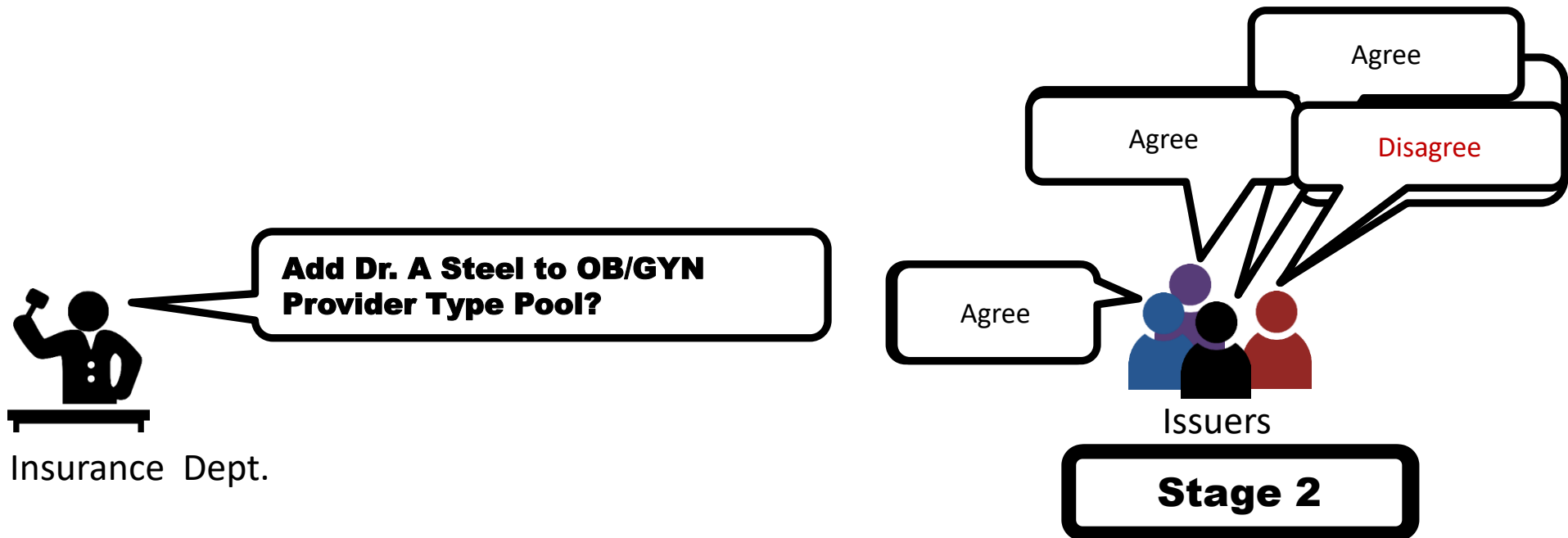
**Detailed Data  
(Provider Locations)**



# PTNP Maintenance Process Overview

## (Provider Classification Maintenance)

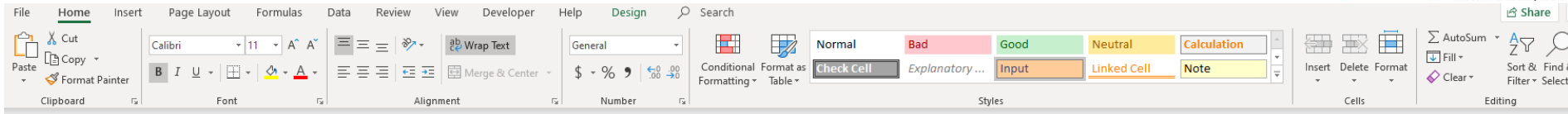
- Two rounds a year (Round 1 & 2)
- Each round has a two stage process
  - Stage 1: Suggestion for classification changes by industry
  - Stage 2: Voting on each change by industry



# AID Disposition Details

- AID will start providing detailed information on the outcome of the voting stage starting with this data maintenance round.
- This would make available to issuers 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)
- This information will be available as an addition spreadsheet within the template *(Mid-Year) Initial Provider Type NPI pool*.

# 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
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Overview | Provider Classifications | Removals | TaxonomyMap | **Prior Round Dispositions**

2 of 5054 records found

# Example of a tie-breaker



**Bhakta, Rupal, M.D.**

Cardiology  
Critical Care Medicine  
General Pediatrics  
Privileges - Sedation  
Privileges-ECMO

Arkansas Children's Hospital  
Primary Care Appointments: 501-364-1202  
Specialty Care Appointments: 501-364-4000

Share



Patient ratings not available for this provider. [Why not?](#)

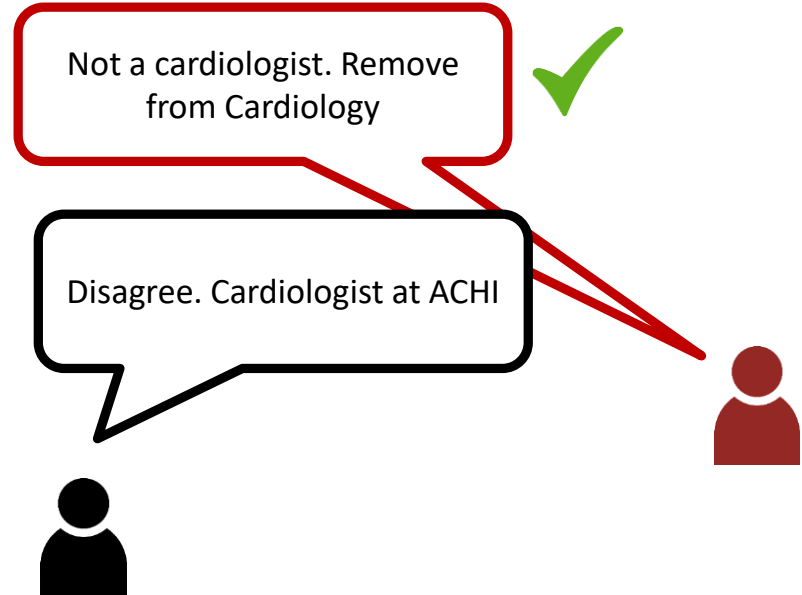
Overview

Education

Locations

Rupal T. Bhakta-Grammer, M.D. is an Assistant Professor of Pediatrics in the Division of Cardiology and Critical Care in the College of Medicine at the University of Arkansas for Medical Sciences.

Dr. Bhakta-Grammer received her M.D. from the University of Arkansas for Medical Sciences. She completed her internship and residency in Pediatrics from Arkansas Children's Hospital. Her fellowship in critical care was completed at Children's National Medical Center/The George Washington University in Washington, DC followed by a year of cardiac critical care training at Arkansas Children's Hospital.



**This doctor does not really fit into Cardiology Provider Type (nor Pediatric PCP). When in doubt use Provider Type definitions and as a guide.**

**Be mindful of super specialized doctors.**

# 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>.

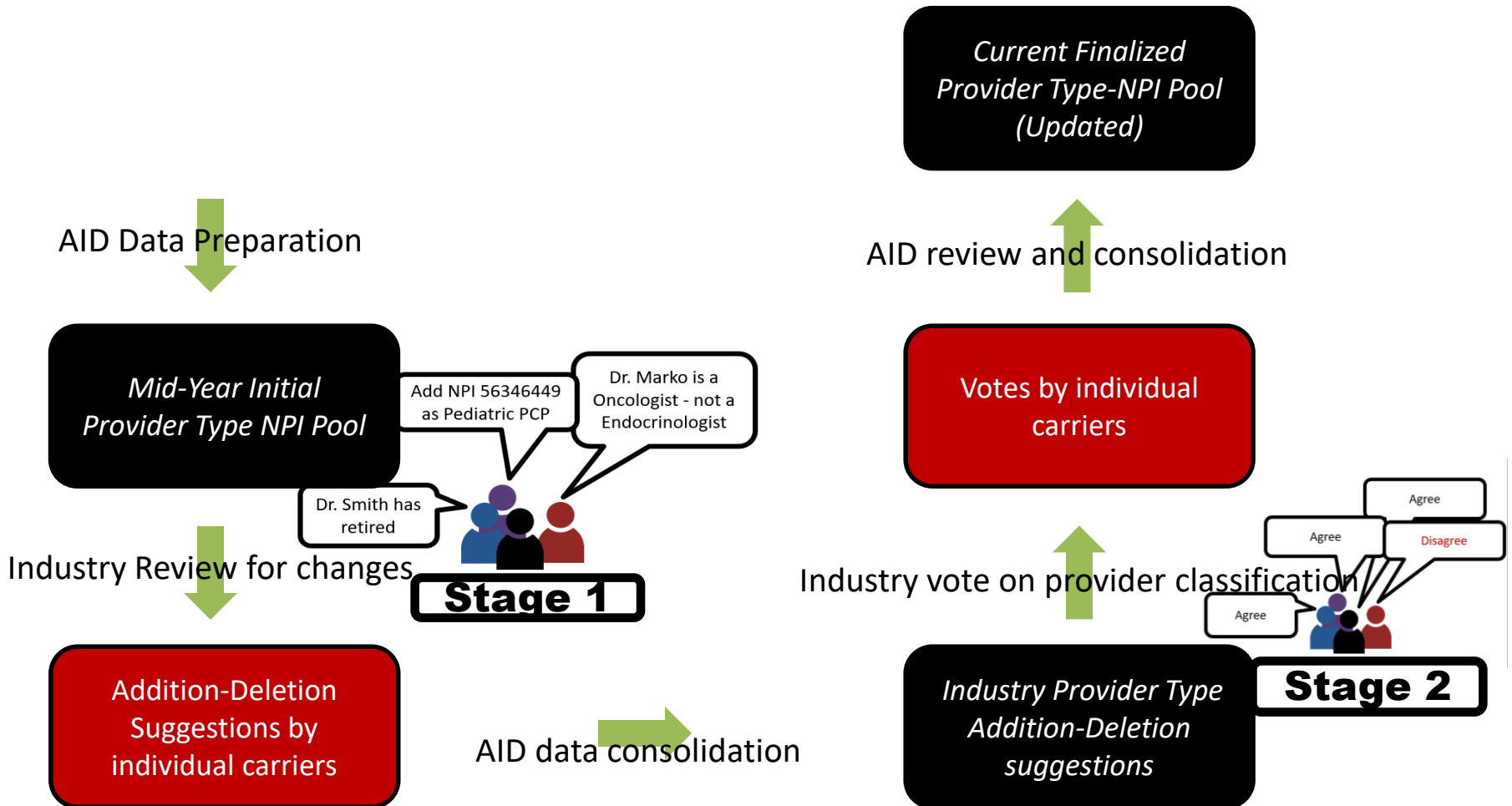
For file naming conventions during the two stages of issuer feedback refer *Network Adequacy Review Process.pdf* located in AID's NA webpage.

Data submissions from issuers explained with examples in later slides.



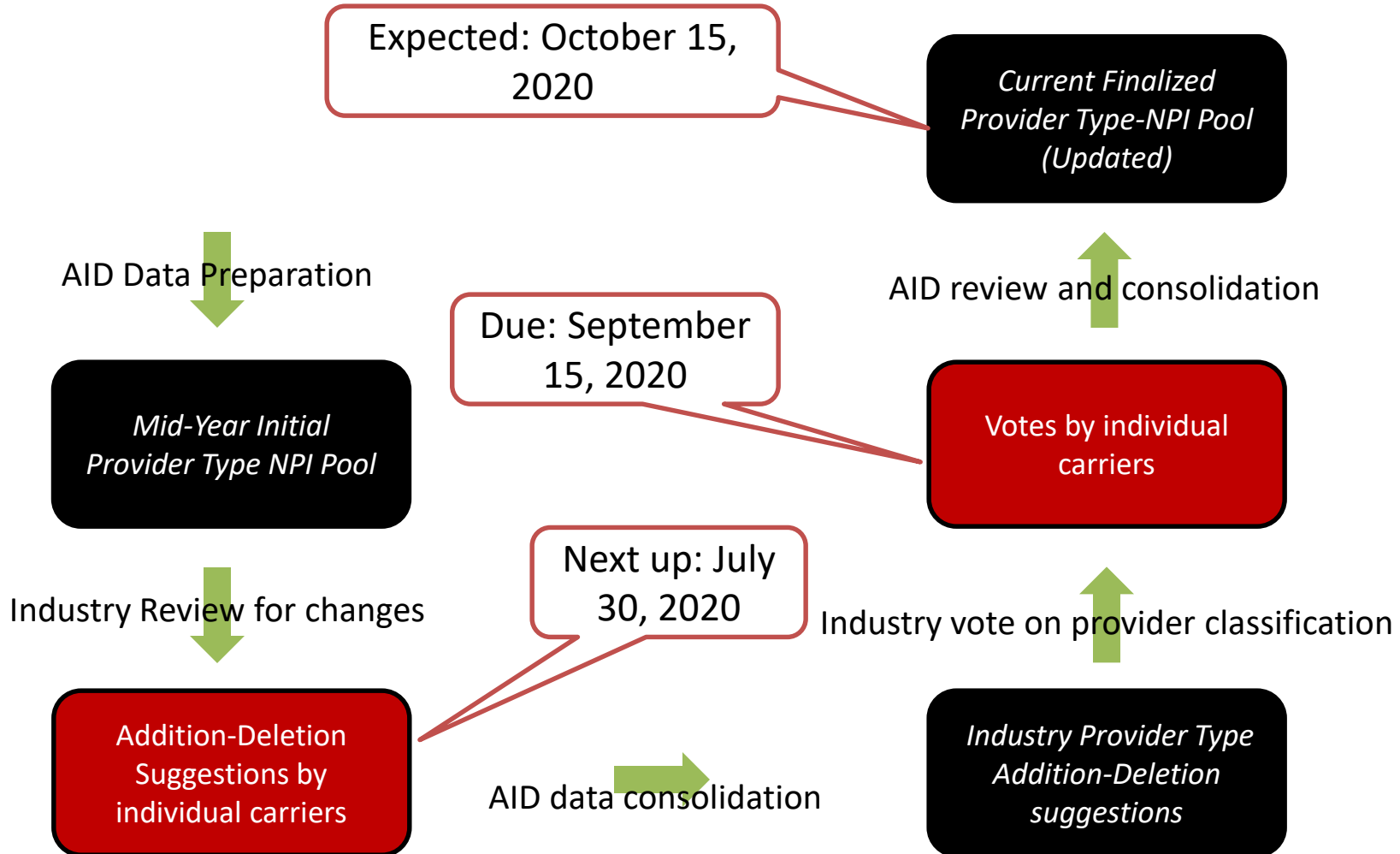
# PTNP data maintenance Round 2

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



# PTNP data maintenance Round 2

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



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



“Mid-Year Initial Provider Type-NPI Pool”  
(Available since June 19, 2020)



Add? Delete?



Blue Cross Experts



AID Secure FTP Server

“20200720\_83470\_BCBS\_Provider\_Type\_NPI\_AddDelete.csv”  
(Due July 30, 2020)

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

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



“Mid-Year Industry Provider Type  
Addition Deletion suggestions”  
(Available August 14, 2020)



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



Ambetter Experts



AID Secure FTP Server



“20200915\_80799\_Ambetter\_ObjectionVote.csv”  
(Due September 15, 2020)

## Stage 2: “Voting” stage using Ambetter as an example

# **MUTUAL EXPECTATIONS**

## **(ROUND 2 PTNP DATA MAINTENANCE)**

# 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 July 30, 2020.
- AID collects these suggestions and posts the consolidated information on NA website on August 14, 2020.



- **Issuers vote their agreement or opposition to suggested changes by others.** Due on September 15, 2020.
- AID processes votes and updates the PTNPs on NA website on October 15, 2020.

- For Round 2, issuers are not expected to report on anything further using the updated PTNP that will be published October 15, 2020. **AID will however use this updated data to review previously submitted NA detailed data through SERFF.**

# **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 an 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.
- Download and use the correct template to suggest changes. Please do not fashion your own spreadsheet.
- 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.
- 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.**
- 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.



# 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”.
- 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 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”.

# Importance Of Reasons Provided

Criteria	Description	NPI	Action	Feedback Reason	Object Reason	Accept Action?	Reason behind AID disposition	
0946	C070	Access to Skilled Nursing Facilities	1003280454	Remove	Bought out, Now Community Compassion Nashville	,	Y	Feedback reason & research. New Owners with new NPI
0947	C070	Access to Skilled Nursing Facilities	1013905561	Remove	New Owners, Community Comp Of Magnolia	,	Y	Feedback reason & research. New Owners with new NPI
0948	C070	Access to Skilled Nursing Facilities	1023360526	Remove	New Owners, See Community Cmpassion of Yellville	,	Y	Feedback reason & research. New Owners with new NPI
0949	C070	Access to Skilled Nursing Facilities	1033107610	Remove	New Owners, See NPI 1396129060	,	Y	Feedback reason & research. New Owners with new NPI
0950	C070	Access to Skilled Nursing Facilities	1043206360	Remove	New Owners, See CHC Hertiage Square Nursing Center LLC	,	Y	Feedback reason & research. New Owners with new NPI
0951	C070	Access to Skilled Nursing Facilities	1093778854	Remove	New Owner, See Mountain Meadows Health and Rehabilitation	,	Y	Feedback reason & research. New Owners with new NPI
0952	C070	Access to Skilled Nursing Facilities	1164493912	Remove	Termed 1/31/15, Closed	,	Y	Strong reason
0953	C070	Access to Skilled Nursing Facilities	1164840260	Remove	See, Somerset Senior Living At Mount Vista	,	N	Appears to be in Harrison AR
0954	C070	Access to Skilled Nursing Facilities	1164855581	Remove	See, The Pines Nursing and Rehabilitation Center	,	N	Appears to be in Hot Springs
0956	C070	Access to Skilled Nursing Facilities	1255764676	Remove	See, Sheridan Healthcare and Rehabilitation Center	,	N	Appears to be in Sheridan, AR
0958	C070	Access to Skilled Nursing Facilities	1275777096	Remove	See, Rogers Health and Rehabilitation Center	,	N	Appears to be in Rogers AR
0961	C070	Access to Skilled Nursing Facilities	1336273812	Remove	Out of Area	in Cass county,	N	Close enough to border
0967	C070	Access to Skilled Nursing Facilities	1457312274	Remove	Out of Area	in Cass county,	N	Close enough to border
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These reasons were initially leading us to the incorrect dispositions

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**Big no!** These clues us on why an issuer was asking for removals of the NPI

**These reasons were initially leading us to the incorrect dispositions**

# Program Principles

(Behaviors we encourage)

- 1) Align with available Federal/National standards or efforts when feasible
- 2) Build collaboratively – across organizations & disciplines
- 3) Perfection should not be the enemy of the good.**
- 4) Build incrementally.
- 5) Apply Pareto's 80-20 principle for every phase.
- 6) Seek lessons learned – from others and within.

# 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

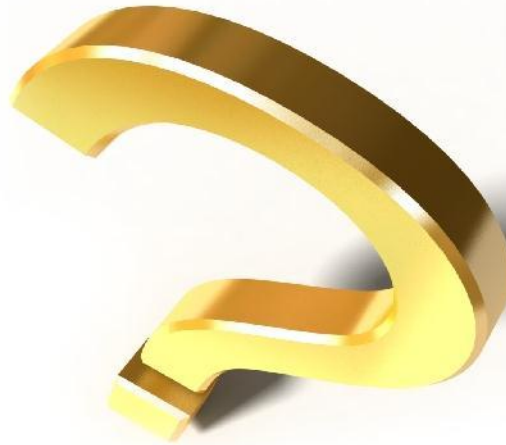
# Questions?

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**



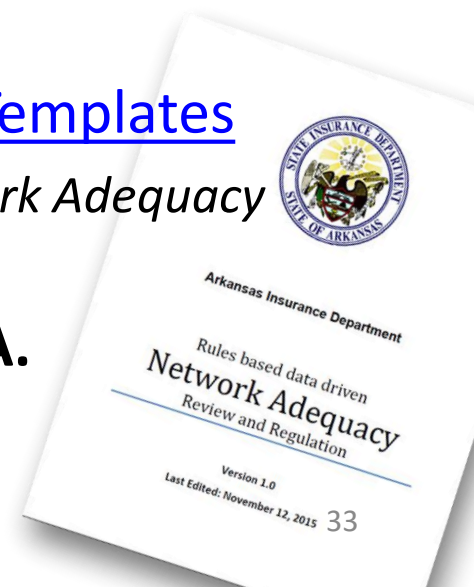
# New to Arkansas NA Regulation Program?

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.