Rules based, data driven Network Adequacy Review and Regulation

9:30 am-10:30 am November 29, 2016 Regulatory Health Link Division, Arkansas Insurance Department







- Introductions & housekeeping
- Data submission details
- Observations on "Initial PY2018 Provider Type NPI List"
- 2018 Letter to the Issuer Draft
- Next step in the process
- Other discussions



Introductions

- If you are not on the original invitation list but need to be added for future events, please email Compliance Officer Jim.Gonzalez@arkansas.gov
- Conversely, if you need to be removed, please email him accordingly.

Industry Actors -1



- These meetings on Network Adequacy apply to all health and dental insurance carriers *covered under Rule 106*.
- These meetings do not apply to Dental Plans that are
 - Not in the Marketplace or not seeking certification.

Industry Actors -2



- Network Adequacy Industry Contact List published on our website <u>http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy</u>
- List will have the contacts known to AID and grouped by organizations using the same network that need to have an independent communication stream.
- AID will attempt to list the NA Subject Matter Experts as well as associated IT and Compliance personnel.
- The contact person for maintenance of this list is <u>Jim.Gonzalez@arkansas.gov</u>

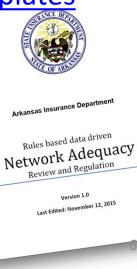
New to Arkansas NA Regulation Program?

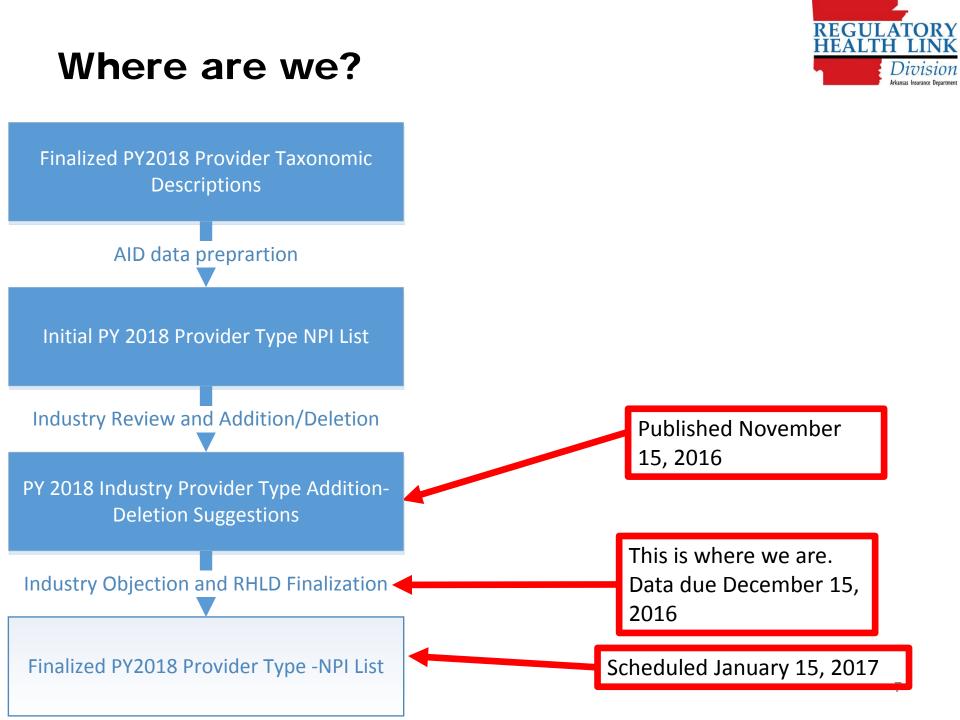


• Program details available at

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

- A good document to start with is "Arkansas Network Adequacy Architecture"
- Past meeting slides and notes are relevant and maintained in chronological order
- Data specifications & templates available at <u>http://rhld.insurance.arkansas.gov/Info/Public/Templates</u>







Reminder on why are we doing this

- These Provider Type NPI lists is an input for the average distance calculation programs that generate the reports required for submission to AID.
- AID has observed justifications that come later in the process stating that provider(s) has been mis-classified with the argument that the access statistics is actually better than it appears.
 - This is your chance to avoid the need for such justifications.

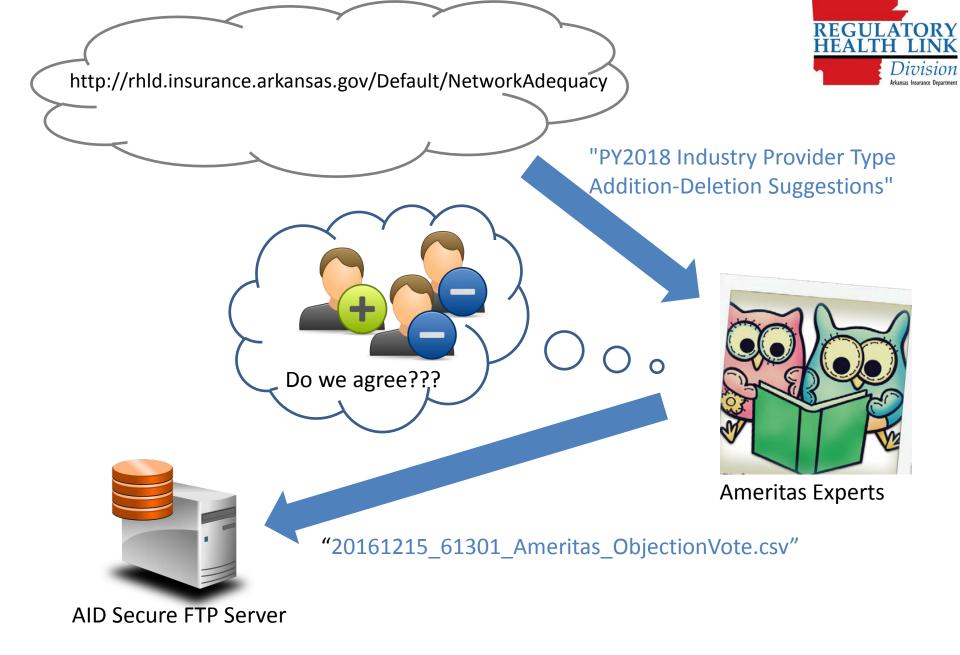


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Data submission details



- Industry to work on this spreadsheet and submit feedback to AID's secure FTP server.
 - Use document "General Data Submission Process to RHLD" within http://rhld.insurance.arkansas.gov/Info/Public/Templates for FTP Server details.
 - Use document "PY2018 NA Review Process" within <u>http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy</u> for filenames
- Feedback due by December 15, 2016



A recap of what is needed now using Ameritas as an example



- Introductions & housekeeping
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Sample of industry initiated changes



	PY2018 Initial NPI List and Feedback Totals								
Provider Group ID		Starting Total	Suggested Additions	Suggested Removals	Ending Total	Change			
C010	Adult/Geriatric Primary Care Providers	10548	479	5415	5612	-47%			
C020	Pediatric Primary Care Providers	2428	275	1582	1121	-54%			
C030	Mental Health/Behavioral Health/Substance Use Disorder Facility	216	10	147	79	-63%			
C040	Mental Health/Behavioral Health Providers	5920	129	3136	2913	-51%			
C050	Substance Use Disorder Providers	119	1	62	58	-51%			

13

Observations



- Provider-Type-NPI-Pools appear to be undergoing aggressive reductions except for the Dental Provider Types
- The PY2017 finalized list included NPI's from issuers who may not be active participants in the ongoing Provider-Type-NPI-Pool data maintenance. It is possible that they may find their contracted NPI's disappearing from the agreed upon list.
- Large majority of removals are in agreement with at least two issuers
- Large majority of removals appear to be of non-Arkansan provider locations

Issuers communication on Additions & Removals

(using "PY2018 Industry Provider Type Addition-Deletion Suggestions" template)

Provider Type Description 👘 💌	Taxonomy 🖛	Taxonomy Description 🛛 🗧	NPL	Action -	🗧 Requesti 😁	Reasons 📑	In AR PY20 -	NAIC	Objection
			NP of provider	Proposed action		Reasons supplied by the issuer(s)	Y' if the NPI was	Issuer's NAIC	Brief objection
		Type : Classification : Specialization			1 ' '	requesting the proposed action		1 .	reason, if any.
					proposed action				Blank indicate.
	provider type						1 1	1	assent to
							any issuer		proposed actio
									Text mandatory objecting.
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Access to Adul@Geriatric Primary Care Provid	207R00000X	Allopathic & Osteopathic Physicians:Internal Med	003044702	Remove	2	Not in cont cnty, Out of Service Area			
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Access to Adul@Geriatric Primary Care Provid	207R00000X	Allopathic & Osteopathic Physicians:Internal Med	003090952	Remove	2	Not in cont cnty, Out of Service Area			
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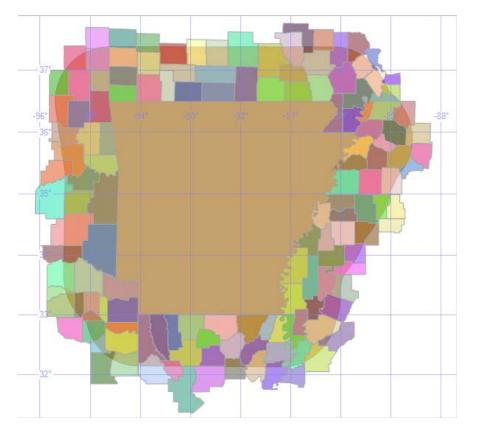
NPI	Action	🔽 # Requesting	Reasons	🖵 In AR PY2017	-	NAIC 🚽 Objection	-
1013152461	Remove	2	Not in cont cnty, Out of Service Area	1		- H and	
1013159383	Add	1	New provider			har NAIC # arres	
1013167352	Remove	2	Not in cont cnty, Out of Service Area	1	E	nter NAIC # and Objection reason If objecting.	
1013181601	Remove	2	Not in cont cnty, Out of Service Area	1		hiection	
1013207836	Remove	2	Not in cont cnty, Out of Service Area	1	Y	, secting.	
1013209188	Remove	2	Not in cont cnty, Out of Service Area	1	i	fobjecting	
1013222983	Remove	2	Not in cont cnty, Out of Service Area	1			
1013229251	Remove	2	Not in cont cnty, Out of Service Area	1		reaso)U
1013229863	Remove	2	Not in cont cnty, Out of Service Area	1		ohiection	
1013245000	Remove	1	Out of Service Area	Y		Objection reason mandatory.	
1013248004	Remove	2	Not in cont cnty, Out of Service Area	1		manuato	1





Neighboring counties





Neighboring Counties 60 Miles from the border

Contiguous Counties to the border



- Introductions & housekeeping
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2018 Letter to the Issuer- CMS Draft



	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>	<u>29-Feb-16</u>
PY 2018 Letters to Issuers	<u>10-Nov-16</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>	<u>29-Feb-16</u>
PY 2018 Payment Parameters	<u>09-Sep-16</u>	N/A



2018 Letter to the Issuer- Topics

- Section 3 Network Adequacy
 - i. Network Adequacy Standard and Certification Review
 - ii. Provider Transitions
 - iii. Out-of-Network Cost Sharing for In-NetworkSettings
 - iv. Network Transparency
 - v. Specialty Access

Distance Standards (CMS/CCIIO vs Arkansas)



	Maximum Time and Distance Standards (Minutes/Miles)							
Specialty Area	Large	Metro	ro Micro		Rural	Counties with Extreme Access Considerations (CEAC)		
Primary Care	10/5	15/10	30/	20	40/30	76/60		
Dental	30/15	45/30	80/	60	90/75	125/110		
Endocrinology	30/15	60/40	100)/75	110/00	0 145/130		
Infectious Diseases	30/15	60/40	100/75		110/90	0 145/130		
	Non-r	ural	R	lura	I	110/100		
	(Miles)		(Miles)		es)) 145/130		
PCP & General Dentists	30		0	36				
Hospitals (various)	30		0	36		110/100		
Specialists	60				72			

20

So what changed in Arkansas NA Program for PY2018?



- Dental Providers data agreement through Provider-Type NPI pools
- Introducing Pharmacy Provider Type NPI Pool
- Adding Hospital Bed to the Provider-Enrollee ratios (details to follow)



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- Other discussions

Next steps for industry



- Review "PY2018 Industry Provider Type Addition-Deletion Suggestions" posted in <u>http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy</u>
- Objections (if any) on above data due to AID on Thursday, 12/15/2016
- Review "Finalized PY2018 Provider Type-NPI list" to be posted in <u>http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy</u> on January 15, 2017

Next meeting on NA tentatively on Thursday January 19, 2017, 9:30am – 11:00 am (unless AID calls for an earlier meeting due to problematic data submissions). AID expects to communicate it's PY2018 NA data submission requirements in that meeting.

Contact



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