

*Network Adequacy:
Advancing the Consumer Perspective*
November 4, 2016

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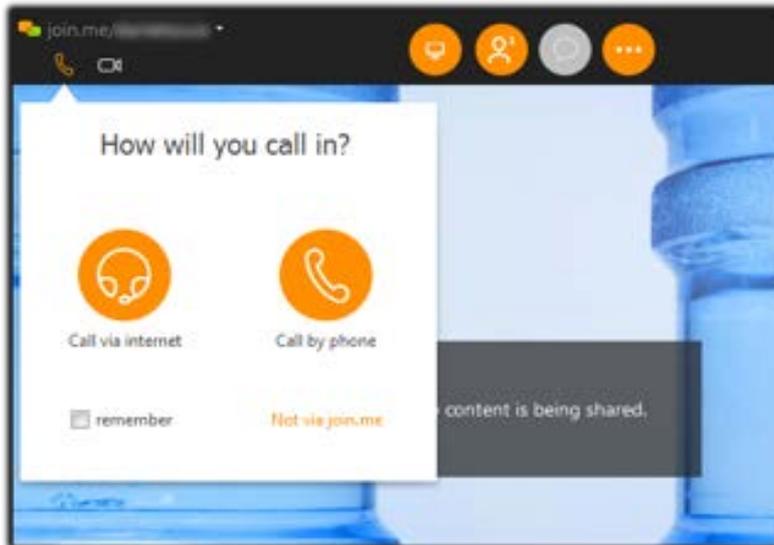
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jsciabarra@consumerhealthfirst.org

Network Adequacy: Advancing the Consumer Perspective

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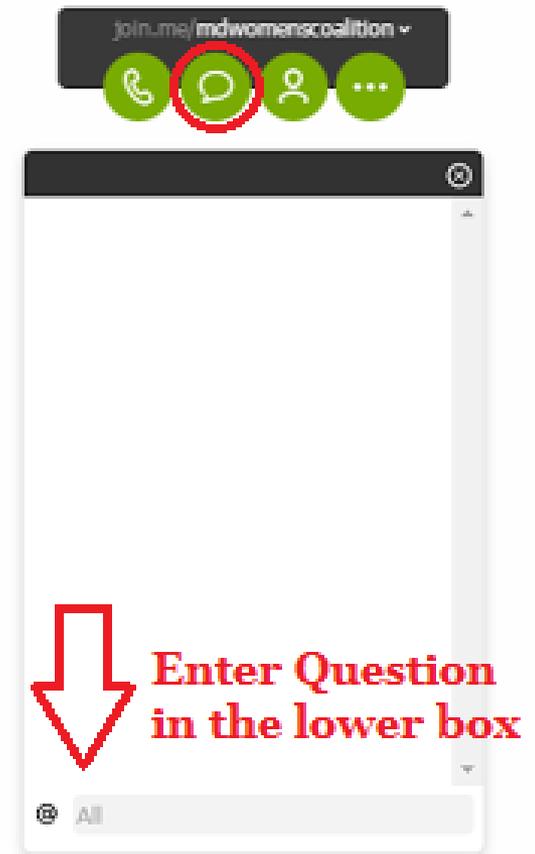
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Moderator



Jeananne Sciabarra, MPP, MS
Executive Director
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Our Mission:

To seek solutions & advance reforms that promote health equity through access to comprehensive, high quality, & affordable health care for all Marylanders.

Who We Are!

- Formed in 2006 as the Maryland Women's Coalition for Health Care Reform
- Nonprofit & nonpartisan alliance of individuals & 100 state-wide organizations
- Work collaboratively to ensure all Marylanders have the health care they need & deserve
- Develop & advance policies & legislation; educate, reach out & engage; advocate & take action
- Primary Funders: Open Society Institute- Baltimore and Raising Women's Voices for the Health Care We Need

Today's Agenda

- **Background**
 - Network Adequacy & Quantitative Standards - What are they and why are they important?
 - Legislation and Regulation
- **Research-based Approach**
- **Overarching Recommendations - Consumer Health First**
- **Mental Health and Substance Abuse Disorders - Specific Recommendations**
- **Action Steps**
 - Timeline for Submission
 - Request for Signatory Organizations
- **Q&A**
- **Wrap-Up**

Presenters



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Presenters



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Network Adequacy: Advancing the Consumer Perspective

Network Adequacy: Background



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Network Adequacy: Advancing the Consumer Perspective

What Does Network Adequacy Mean?

- Network Adequacy: Affordable Care Act & State Statute
- Carriers' provider networks must assure consumers of the:
 - Right care
 - Right provider
 - Right time
 - Right location

Network Adequacy: Advancing the Consumer Perspective

Quantitative Standards: What Are They?

Subjective standard:

- "sufficient without unreasonable delay or travel"

VS.

Enforceable standards that include:

- Travel time/Distance
- Proportion of providers to population
- Appointment wait times

Quantitative Standards: An Important Tool

- Consumers => assurance that the insurance plans they select have the in-network providers they need when they need them
- Regulators => specific standards/tools to measure carriers' networks and enforce network adequacy requirements

Statute Required

- Maryland one of 22 states, and DC, with no quantitative standards
- Reports by Mental Health Association of Maryland and Consumer Health First detailed a problem
- Fall 2015 – National Association of Insurance Commissioners Model Act

HB 1318: Network Access Standards & Provider Network Directories

- Championed by Consumer Health First and the Mental Health Association of Maryland
- Collaborative process with other stakeholders, including insurance carriers
- Final bill included two key elements designed to address:
 - Adequacy of provider networks
 - Accuracy of provider directories

HB1318:

Key Network Adequacy Requirements

Maryland Insurance Administration:

- Enforcement authority for network access plan reviews
- Develop network adequacy regulations - MUST include quantitative standards
- Determine what parts of insurer network access plans can be made public

http://mgaleg.maryland.gov/2016RS/chapters_noln/Ch_309_hb1318E.pdf

Public Hearing Process

Series of 9 public meetings:

- June - November => Specific quantitative standards
- December => Carrier confidentiality & additional testimony
- January => Dental & additional testimony
- February => TBD

<http://insurance.maryland.gov/>

Key Quantitative Standards

MIA is considering:

- Geographic time and distance standards
- Appointment wait time standards
- Provider to enrollee ratios - both primary & specialty care
- Specific standards for certain specialties
- Use of telehealth to meet standards

Considerations for MIA

- Standards adopted by CMS, including Medicare Advantage
- Standards adopted for Federally Facilitated Marketplaces
- Standards adopted by other States
- Stakeholder Comments

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A Research-Based Approach



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A Research-Based Approach

- 50-State survey of quantitative standards
 - Appointment wait times
 - Geographic standards: distance and travel time
 - Provider/Enrollee ratios
- Medicare Advantage plans
- Federally Facilitated Marketplace
- NCQA and other accreditation metrics

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A Research-Based Approach

- **Key Findings** (research current through Aug. 2016)
 - 23 States + Medicare Advantage have adopted 1 or more metric. 5 others require compliance with NCQA or other national accreditation standard
 - 12 States have wait time standards
 - 21 States + Medicare Advantage have geographic standards
 - 11 States have both wait time and geographic standards
 - 9 States + Medicare Advantage have provider/enrollee ratios. 4 others require compliance with NCQA/other accreditation standard

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Consumer Health First Recommendations



Beth Sammis, PhD

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Consumer Health First Recommendations

- Evaluated 'best practices' in light of consumer health care needs

Consumer Health First Recommendations

- Right time

Recommended Appointment Wait Time Standards for Maryland	
All urgent care	24 hours
Routine primary care	7 calendar days
Preventive visit/well visit	30 calendar days
Non-urgent specialty care	30 calendar days
Non-urgent ancillary care	30 calendar days
Non-urgent mental health and substance use	7 calendar days

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Consumer Health First Recommendations

- Right provider

Specialty	Large Metro		Metro		Micro	
	Max	Max	Max	Max	Max	Max
	Time	Dist.	Time	Dist.	Time	Dist.
Primary Care/OB/GYN	10	5	15	10	30	20
Dermatology	20	10	45	30	60	45
Gastroenterology	20	10	45	30	60	45
Alcohol & Drug Counselors/Licensed Clinical Social Worker, Therapists & Counselors	10	5	15	10	30	20
Orthopedic Surgery	20	10	30	20	50	35
Psychiatry/Psychology	20	10	30	20	50	35
Pulmonology	20	10	45	30	60	45
Rheumatology	30	15	60	40	100	75
PT/ST/OT/Chiro.	20	10	45	30	80	60

Consumer Health First Recommendations

Right Location

- 
- Essential community providers
 - Telehealth

Consumer Health First Recommendations

- Transparency
- Annual reporting
 - Publicly available
 - Public reporting

Network Adequacy: Advancing the Consumer Perspective Mental Health & Substance Use Disorder Recommendations



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Network Adequacy: Advancing the Consumer Perspective
Mental Health & Substance Use Disorder
Recommendations

- Goal and Principles
 - Respond to Maryland’s opioid overdose crisis and mental health service need
 - Source of health care for persons with mental health and substance use disorders
 - Comply with Mental Health Parity and Addiction Equity Act
- NCQA Behavioral Health Standard
- Other State Standards
 - Wait times - 5 States have standards for MH/SUD providers; 5 States require compliance with NCQA
 - Geographic standards - 10 States and Medicare Advantage have standards for MH/SUD providers

Network Adequacy: Advancing the Consumer Perspective
Mental Health & Substance Use Disorder
Recommendations

- Wait Time
 - Urgent care - 24 hours
 - Non-urgent care - 7 calendar days
- Geographic
 - Designate prescribers and non-prescribers consistent with Maryland's provider community
 - Counseling services (non-prescribers) consistent with primary care metrics
 - Track outpatient clinics and opioid treatment programs

Network Adequacy: Advancing the Consumer Perspective
Mental Health & Substance Use Disorder
Recommendations

- Essential Community Providers
 - Outpatient mental health and substance use disorder programs designated ECP
 - Offer contracts to 30% of available mental health and substance use disorder programs

Moderator



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Action Step

Raise The Volume - Add Your Voice!

– Sign on to our recommendations at:

<http://www.consumerhealthfirst.org/comments-on-network-adequacy>

– You can also submit your own comments to:

networkadequacy.mia@maryland.gov

Resources

1. HB 1318:
http://mgaleg.maryland.gov/2016RS/chapters_noln/Ch_309_hb1318E.pdf
2. Maryland Insurance Administration Network Adequacy
Website:<http://insurance.maryland.gov/Consumer/Pages/Network-Adequacy-Regulations-Information.aspx>
3. Consumer Health First Network Adequacy Web Page, including our Network Adequacy Report: <http://www.consumerhealthfirst.org/network-adequacy/>
4. Mental Health Association of Maryland Report - *Access to Psychiatrists in 2014 Qualified Health Plans*: <https://mhamd.org/wp-content/uploads/2014/01/2014-QHP-Psychiatric-Network-Adequacy-Report.pdf>
5. Network Adequacy 101: An Explainer
<http://familiesusa.org/product/network-adequacy-101-explainer>
6. Health Benefit Plan Network Access and Adequacy Model Act:
<http://www.naic.org/store/free/MDL-74.pdf>

Q & A

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SUPPORT OUR WORK

Get *engaged...* **and Give.**

Giving Tuesday
November 29, 2016

November 29



December 9

SUPPORT OUR COMMENTS

Sign our recommendations: <http://www.consumerhealthfirst.org/comments-on-network-adequacy>

Questions: Contact Jeananne Sciabarra - jsciabarra@consumerhealthfirst.org

Get Engaged:

www.ConsumerHealthFirst.org

www.facebook.com/ConsumerHealthFirst

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