

Network Adequacy: Consumer Perspectives

Mark Scherzer, Esq.

Legislative Counsel

New Yorkers for Accessible Health
Coverage

Acknowledgment

- The “must read” on network adequacy in New York was prepared by the very person who organized this forum, Peter Newell: “Networks in New York and the Affordable Care Act” (UHF, 2013)
- Useful not only for the history of regulation of network adequacy standards and the administration of standards, but also for prescient predictions on the development of networks and the issues we face today

The Good News

- New York does have a history of regulating network adequacy
- Recent changes such as the surprise bill law showed our public consensus that all networks must be adequate, and that there must be individual remedies when networks are not
- The organized consumer groups appreciate these efforts and the results. Never identified networks so inadequate that shouldn't be marketed

Is Everything Perfect?

- No. Neither at primary or specialty care level, as identified by consumer advocacy groups.
- Don't be fooled by relatively light usage of new independent review rights under the Financial Services Law.

Problems identified

- Plan enrollees routinely have trouble finding primary care providers. A major category of navigational complaint at CHA. Illustration, my farmhand Kyle. (10 tries)
- At specialty level, issues for transgender care, mental health needs, language and cultural competence for various constituencies, access to centers of excellence

Suggested approaches

- Work groups and advisory committees on network adequacy that bring diverse voices to the regulatory discussion, and can address issues as they are identified
- Looking to examples of other states that impose formal standards in the network adequacy evaluation for such features as inclusion of essential community providers and language and cultural competence. We would add to that affiliation with centers of excellence

Quantitative concerns

- Consumers have not critiqued the provider/enrollee ratios used in existing evaluations (provided they take into account all a provider's patients, not just those in the particular plan)
- Want to add evaluations that focus on whether providers are accepting new patients, what the waiting times are for appointments (specific standards required) and for services at appointments, with market conduct checks through such mechanisms as secret shoppers. Also assessments of geographic concentration and accessibility within service areas

What about narrow networks?

- Increasingly common, and often shrinking during the plan year, frustrating the plans of consumers who signed up for access to particular providers and requiring additional consumer protections
- Are they necessarily lower in quality? Maybe not
- Is narrowness of network an issue nevertheless relevant for consumers choosing plans?
Absolutely.

Why is T-Shirt Size Important

- Though we are dealing with a market model, there is a fundamental difference between choosing single products (Ford vs. Subaru) and choosing health plans.
- Choosing a health plan is more like committing in advance to shopping in a particular store for an entire year, without necessarily knowing what products you might need. Especially when no Out-of-Network component
- Uncertainty regarding specific needs means it is prudent to commit to shopping at the store with the broadest range of products, so that your odds of being covered are better.

Is T-shirt size everything?

- No, it's just the starting point, but it's available and far easier to generate than some of the other elusive quality measures
- Other relatively easy to generate parameters include provider/patient ratios, ratio of providers board certified or board eligible, reported quality standards
- Less easy but important parameters: utilization review practices (how often reversed), phone inquiry waiting times, etc.

Is there a model we can use?

- The Scherzer proposal: Barron's College Guide (as I remember it)
- In a world of somewhat standardized benefits, shopping for a health plan is essentially shopping for a network, much like shopping for a college is essentially shopping for a faculty, a set of potential services
- Faculty student ratios, percentage of faculty with PhD's, class size, stricter or more liberal administration, all issues for colleges that have close analogies with health plans

An entrepreneurial opportunity?

But it will require public cooperation to ensure that relevant information is generated, reported and made public