

Networks at the Nexus: Revisiting NY's Network Adequacy Standards and Rules in an Evolving Health Care Landscape

United Hospital Fund Roundtable
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Introduction

- Welcome
- Today's agenda
- Follow up to UHF's 2013 publication *Networks in New York and the Affordable Care Act* (<https://www.uhfnyc.org/publications/880911>) . Since then, NY policymakers have “checked some boxes:”
 - ✓ Upgrading PNDS
 - ✓ External Appeals expansion
 - ✓ Network determinations across agencies and products
 - ✓ Strong alignment
- But, in an evolving health care landscape, good time to revisit standards

Network Adequacy: Current standards and process

- State and federal statutes, regulations, contractual provisions; built on general standard
- PNDP filings on core providers submitted to regulators, scrubbed and evaluated for adequacy
- Availability and Choice, (1 or 2 providers) with some exceptions (e.g., PCP, Hosp)
- Standards in play on edge of plan's service area, rural areas, scarce supply
- Rarely an "either or" decision, but lots of give and take between regulators and plans
- "Letters of Agreement" govern OON access at no additional cost to close gaps in networks
- In many respects, a market-driven standard:
 - Health plans far exceed minimums in most cases
 - Rates for a market or program can influence provider participation
 - In a competitive environment, health plans address employer concerns, and recruit providers with high volumes of patients

Network Adequacy: Comparing standards

	MMC/CHP	NYSOH	Commercial	FFM	MA
Area	County	County	County	Urban/Rural	Urban/Rural
Time/Distance	Yes	Primary Care	Primary Care	10 Provider types	Yes
Appt. Standards	Yes	No	No	No	No
Ratios	Primary Care	Primary Care	Primary Care	No	Yes (42 provider types)
Network Breadth	No	No	No	Pilot Program	No

Network Adequacy: Consumer protections and disclosure

- OON at no additional cost
- Disclosure of payment methodology and financial incentives
- Hold harmless provisions
- Continuity of care provisions
- Specialty care centers
- Financial protection against Surprise Bills, and Independent Dispute Resolution
- Hospital and provider disclosure of “insurances accepted”
- External Appeal for OON services and providers

Questions to consider

- How will the new PNDS system and vendor help address current issues, and what refinements going forward would improve the system for patients, providers and plans?
- Are New York's network adequacy standards adequate?
- Should existing network-related consumer protections be enhanced or strengthened?
- Should existing network-related disclosure/transparency provisions be enhanced?

1. How will new PNDS address current issues, meet future goals?

- Accuracy
- Operational ease
- Open/Closed Panels
- Plans and products
- Providers at multiple sites
- Plan-specific adequacy requirements when provider participates in multiple networks
- Board certification (NCQA) vs. what a provider actually does
- Provider look-up tools
- PNDS provider types vs. federal provider taxonomy
- Connection between network gaps and policy to close those gaps system-wide

2. Are New York's network adequacy standards adequate?

- Access to specialty care
- Broader provider ratios, time and distance standards, appointment waits, etc.
- Gov't/independent designations of expertise in network assessments (eg., NCI, NYS burn, stroke centers)
- Quality and state network assessments
- Network adequacy and state policy goals, such as integration, enhanced primary care
- Broad networks and adverse selection
- Balancing benefits of broad networks with affordable premiums
- Compliance
- Alignment across markets

3. Should New York consumer protections be revisited?

- Gaps in Surprise Bills protections
 - Consumer who “did the right thing”
 - out of state plans
 - self-funded plans
- OON External Appeal process
 - 12 eligible appeals as of 7/1/16, and 16 eligible appeals CY 2015
- Independent Dispute Resolution

4. Should consumer disclosure/transparency be enhanced?

- Disclosure of network gaps to consumers
- Existing “financial incentives” disclosure and new arrangements (ACOs, PPSs, employed physicians, etc.)
- Consumer knowledge of in-network hospital implications
- Quantitative description of a plan’s network (eg., CMS “network breadth” or t-shirt size, % of providers accepting new patients)
- Making quality information available when evaluating networks (QARR, NYSOH, NYS Profiles, cardiac care/PCI) or a cue for those interested
- Best source of quality info for consumers (plan, gov’t, independent entity)
- Choosing a network vs. choosing a plan; choosing a network vs. using a network after enrollment

Wrap-up

- Thank you!
- For questions or comments:
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