

# Network Adequacy Review and Regulation Planning Meeting

**10:00 am-11:00 am Central  
December 11, 2010  
Regulatory Health Link Division,  
Arkansas Insurance Department**



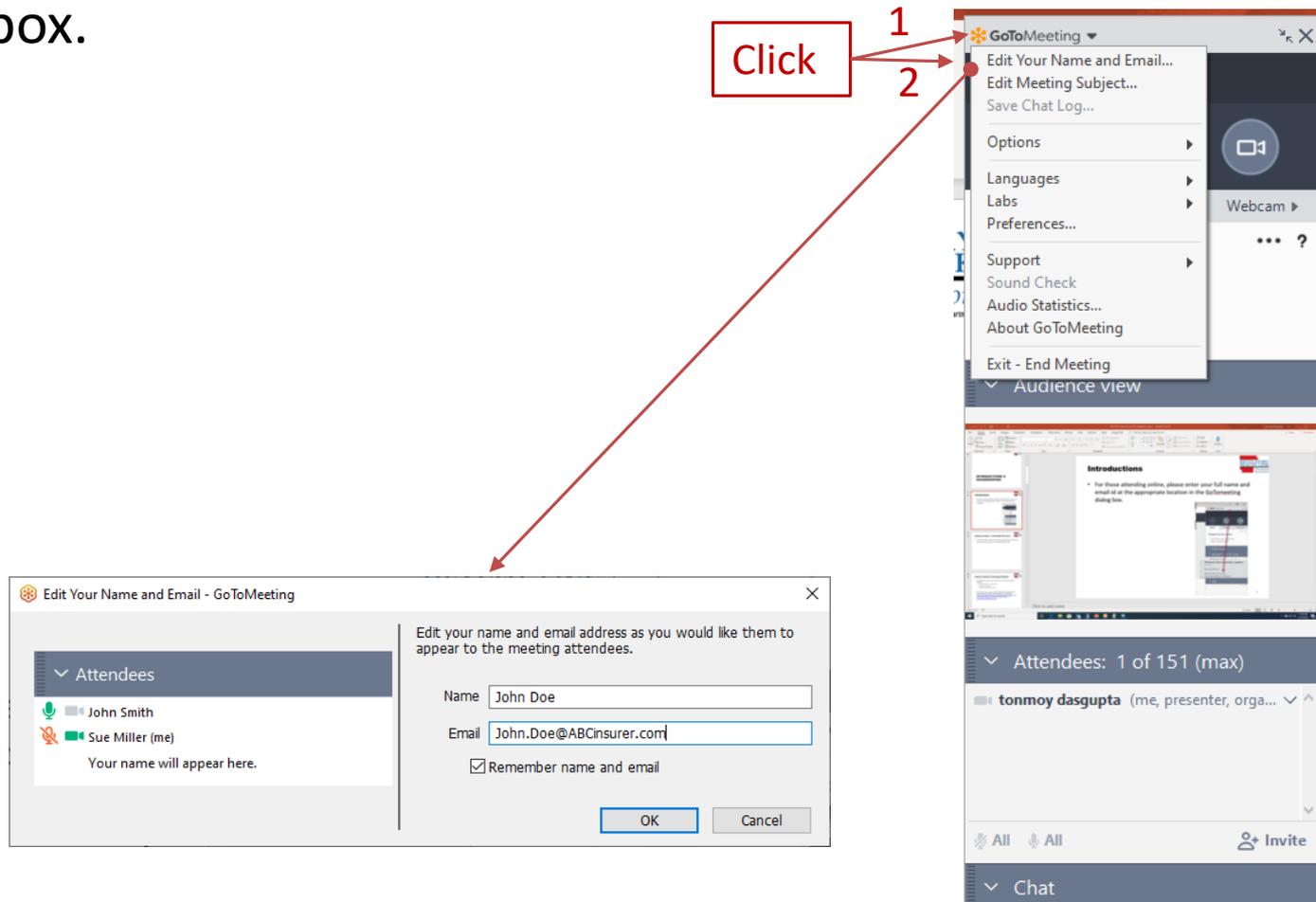
# Agenda

- **Introductions & housekeeping**
- **NA Program Updates**
- **PTNP process review**
- **Expectation from issuers**
- **Errors to avoid**

# **INTRODUCTIONS & HOUSEKEEPING**

# Introductions

- For those attending online, please enter your full name and email-id at the appropriate location in the GoToMeeting dialog box.



# Industry Actors -1 (Intended Carriers)

- These meetings on Network Adequacy apply to all health and dental insurance carriers *covered under Rule 106*.

## Industry Actors-2 (Intended People)

- 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)

# New to Arkansas NA Regulation Program?

- 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*”
- Call/email us for one-on-one meetings!



Arkansas Insurance Department

Rules based data driven  
**Network Adequacy**  
Review and Regulation

Version 1.0  
Last Edited: November 12, 2015

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, based on their actual practice, into “Provider Types” defined by Arkansas.

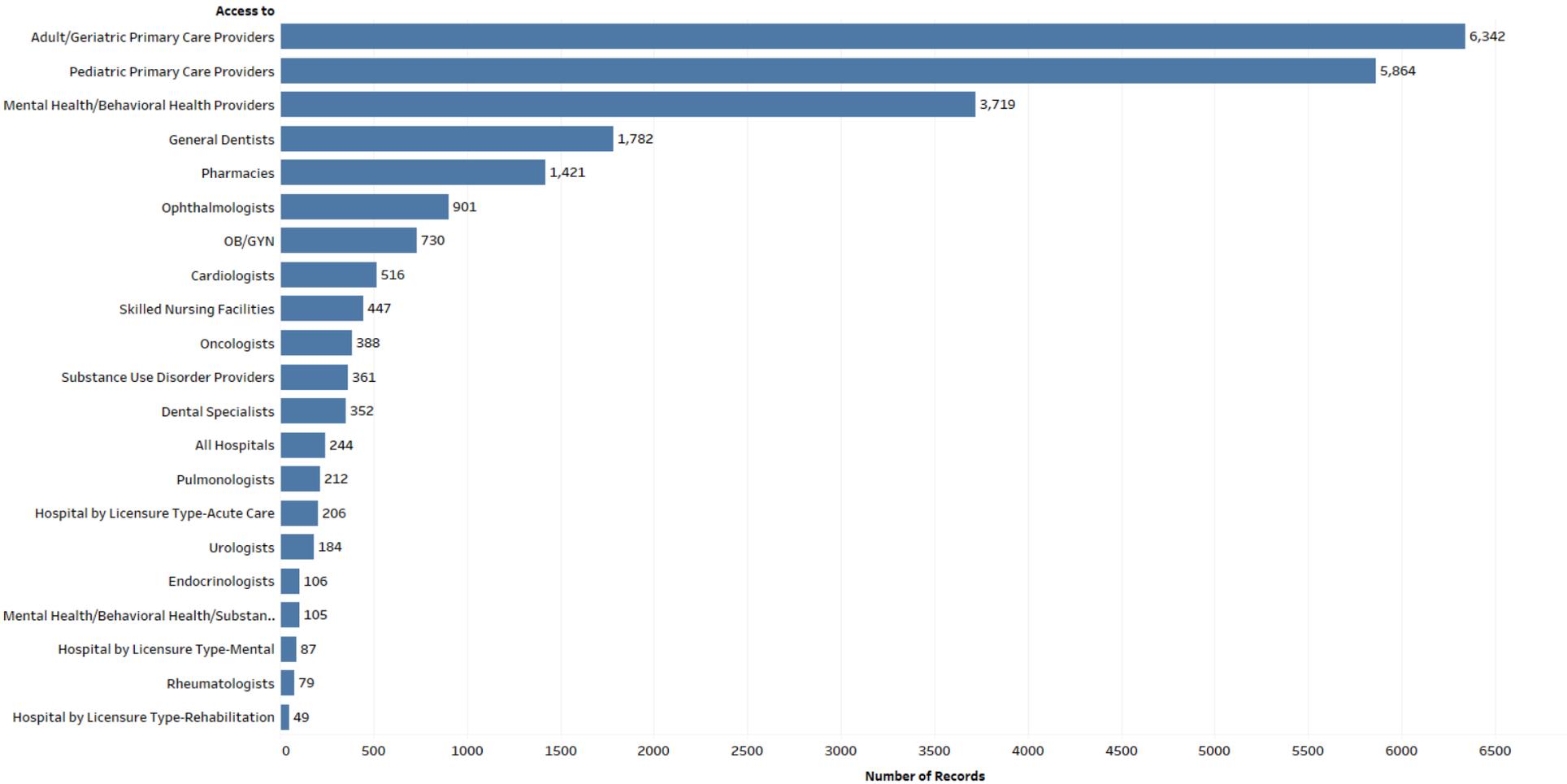
This data maintenance is key to AID’s evidence based Network Adequacy regulation. Besides protecting consumers, it enables AID to be fair and objective with insurance companies.

# **NA PROGRAM UPDATES**

# Calendar Year 2019 PTNP data maintenance - Summary

Criteria	Access to	Round		Change	Percent change
		1	2		
C010	Adult/Geriatric Primary Care Providers	6110	6342	232	3.7%
C020	Pediatric Primary Care Providers	5665	5864	199	3.4%
C030	Mental Health/Behavioral Health/Substance Use Disorder Facility	103	105	2	1.9%
C040	Mental Health/Behavioral Health Providers	3500	3719	219	5.9%
C050	Substance Use Disorder Providers	253	361	108	29.9%
C060	Oncologists	374	388	14	3.6%
C070	Skilled Nursing Facilities	384	447	63	14.1%
C080	Cardiologists	508	516	8	1.6%
C090	OB/GYN	721	730	9	1.2%
C100	Pulmonologists	208	212	4	1.9%
C110	Endocrinologists	105	106	1	0.9%
C160	All Hospitals	242	244	2	0.8%
C180	Hospital by Licensure Type-Acute Care	204	206	2	1.0%
C200	Hospital by Licensure Type-Mental	85	87	2	2.3%
C210	Hospital by Licensure Type-Rehabilitation	50	49	-1	-2.0%
C220	Rheumatologists	77	79	2	2.5%
C230	Ophthalmologists	888	901	13	1.4%
C240	Urologists	179	184	5	2.7%
C250	General Dentists	1823	1782	-41	-2.3%
C260	Dental Specialists	337	352	15	4.3%
C280	Pharmacies	1452	1421	-31	-2.2%

## Current Provider Types Count



# For Calendar Year 2020

- No significant changes anticipated in the NA Review process.
- Provider Type Definitions
  - No new provider types defined or existing removed
  - Change in definition of one provider type: Dental Specialist

Criteria ID	Criteria Reference	Taxonomy Code	Type	Classification	Specialization	Action suggested
C260	Access to Dental Specialists	204E00000X	Allopathic & Osteopathic Physicians	Oral & Maxillofacial Surgery		Add to C260

# Suggested changes to “Substance Use Disorder Providers”: Declined at this time

Taxonomy Code	Type	Classification	Specialization
101Y00000X	Behavioral Health & Social Service Providers	Counselor	
101YM0800X	Behavioral Health & Social Service Providers	Counselor	Mental Health
101YP2500X	Behavioral Health & Social Service Providers	Counselor	Professional
103T00000X	Behavioral Health & Social Service Providers	Psychologist	
103TC0700X	Behavioral Health & Social Service Providers	Psychologist	Clinical
103TC1900X	Behavioral Health & Social Service Providers	Psychologist	Counseling
103TC2200X	Behavioral Health & Social Service Providers	Psychologist	Clinical Child & Adolescent
103TF0000X	Behavioral Health & Social Service Providers	Psychologist	Family
103TP0016X	Behavioral Health & Social Service Providers	Psychologist	Prescribing (Medical)
103TS0200X	Behavioral Health & Social Service Providers	Psychologist	School
104100000X	Behavioral Health & Social Service Providers	Social Worker	
1041C0700X	Behavioral Health & Social Service Providers	Social Worker	Clinical
1041S0200X	Behavioral Health & Social Service Providers	Social Worker	School
2084P0800X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychiatry
2084P0804X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Child & Adolescent Psychiatry
363LP0808X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Psych/Mental Health
364SP0807X	Physician Assistants & Advanced Practice Nursing Providers	Certified Clinical Nurse Specialist	Psychiatric Health, Child & Adolescent
364SP0808X	Physician Assistants & Advanced Practice Nursing Providers	Certified Clinical Nurse Specialist	Psychiatric Health
364SP0809X	Physician Assistants & Advanced Practice Nursing Providers	Certified Clinical Nurse Specialist	Psychiatric Health, Adult
364SP0810X	Physician Assistants & Advanced Practice Nursing Providers	Certified Clinical Nurse Specialist	Psychiatric Health, Child & Family

# Suggested changes to other provider types: Declined at this time

Add to	Taxonomy Code	Type	Classification	Specialization
Dentists-General	1223D0001X	Dental Providers	Dentist	Dental Public Health
Pharmacies	333600000X	Suppliers	Pharmacy	
Pharmacies	3336C0004X	Suppliers	Pharmacy	Compounding Pharmacy
Pharmacies	3336C0002X	Suppliers	Pharmacy	Clinic Pharmacy
Pharmacies	3336I0012X	Suppliers	Pharmacy	Institutional Pharmacy
Pharmacies	3336L0003X	Suppliers	Pharmacy	Long Term Care Pharmacy
Pharmacies	3336M0002X	Suppliers	Pharmacy	Mail Order Pharmacy
Pharmacies	3336S0011X	Suppliers	Pharmacy	Specialty Pharmacy

# **PTNP PROCESS REVIEW**

# Overview

There are two major *types* of processes to the NA review in Arkansas.

- 1) Provider-Type-NPI-Pool (PTNP) data maintenance.
  - 1) Round 1 (Pre-certification-data-submission)
  - 2) Round 2 (“Mid-year”, Post-certification-data-submission)
- 2) NA data reporting and review.

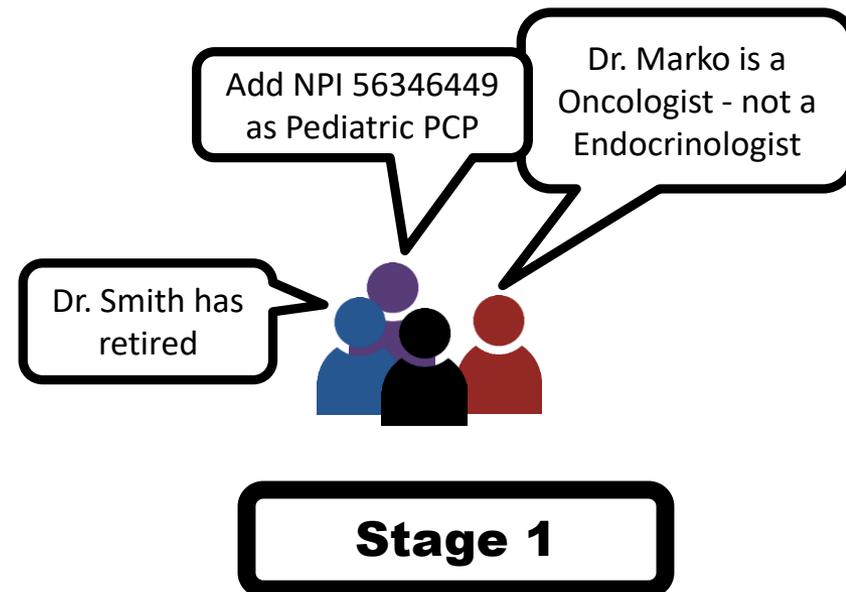
**This meeting is primarily for the Round 1 of the PTNP process needed before PY2021 data reporting in SERFF. This covers our mutual activities till March 15, 2020.**

# 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.

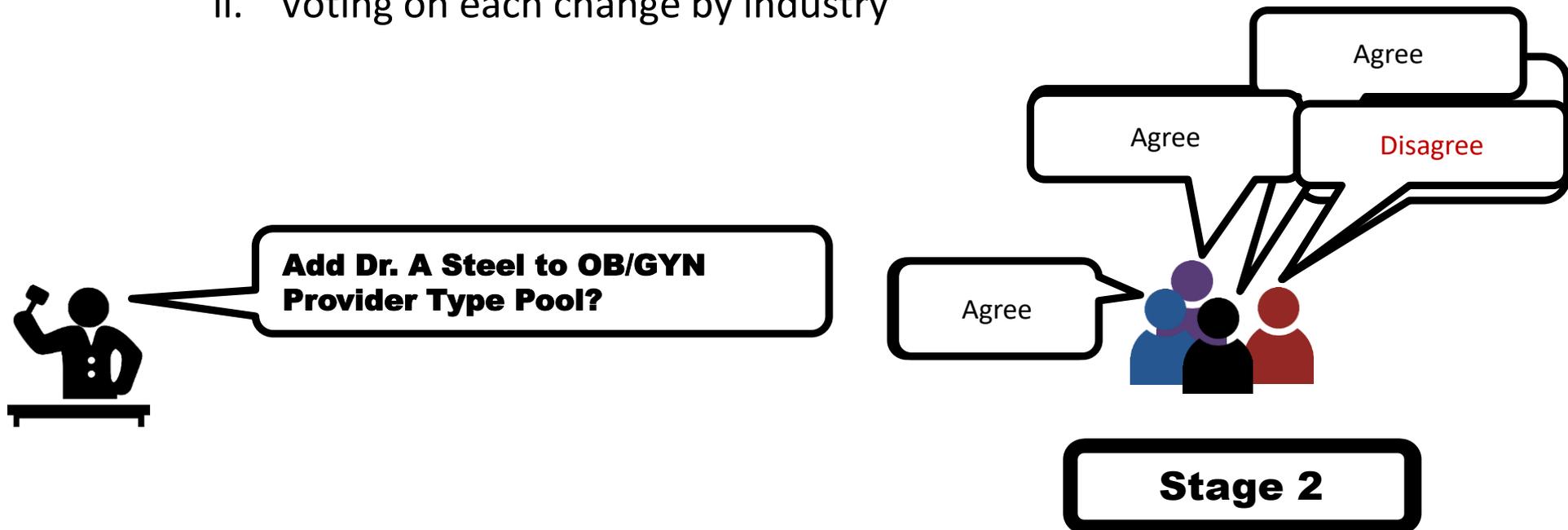
# PTNP Maintenance Process Overview (Provider Classification Maintenance)

- Annual review of Provider-Types
  - Sufficiency
  - Definitions
- Provider-Type pool data maintenance.
  - Two rounds a year
  - Two stage process
    - i. Suggestion for classification changes by industry



# PTNP Maintenance Process Overview (Provider Classification Maintenance)

- Annual review of Provider-Types
  - Sufficiency
  - Definitions
- Provider-Type pool data maintenance.
  - Two rounds a year
  - Two stage process
    - i. Suggestion for classification changes by industry
    - ii. Voting on each change by industry



# PTNP Data Maintenance influences downstream reviews



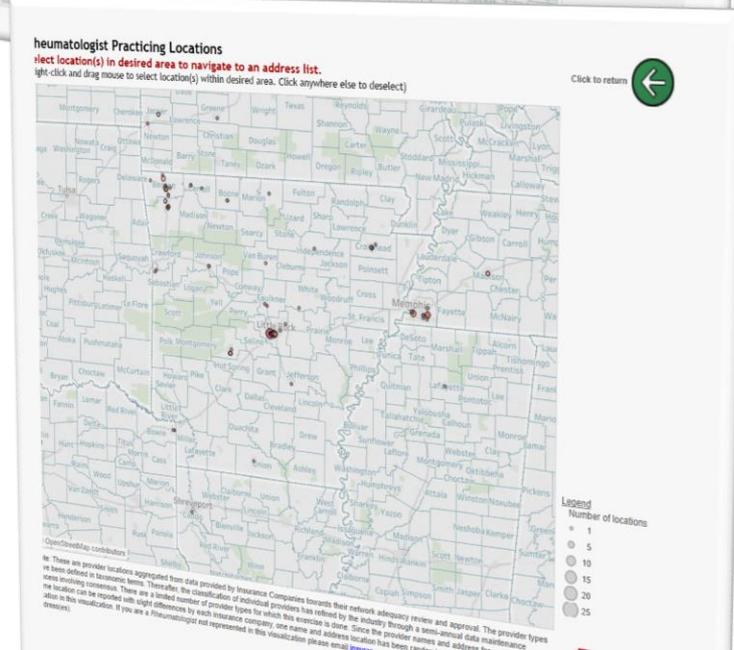
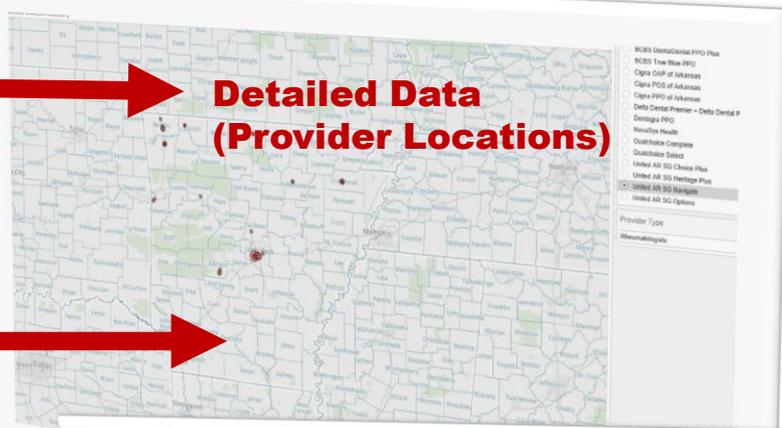
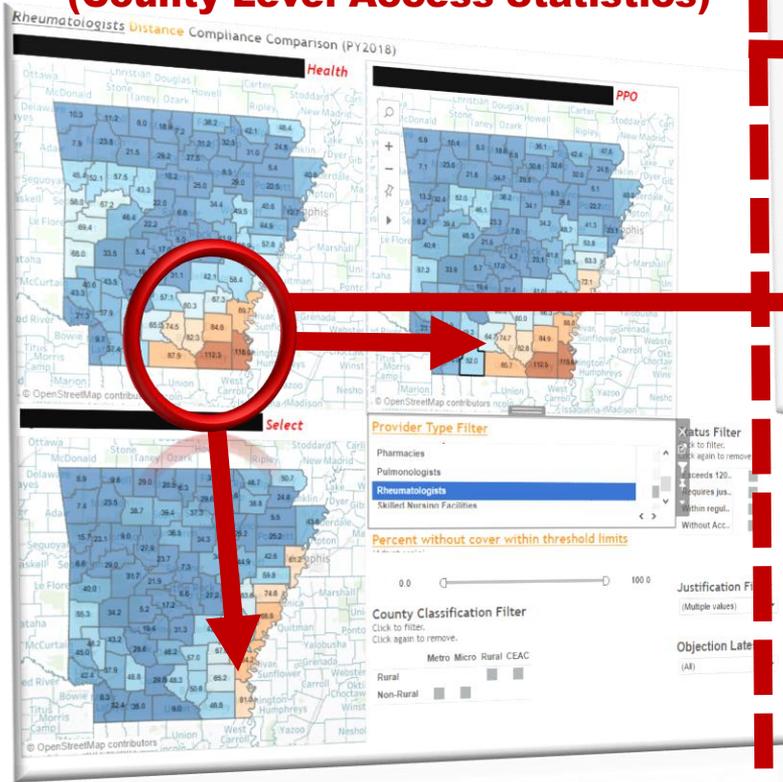
AR Specialty Access Template

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



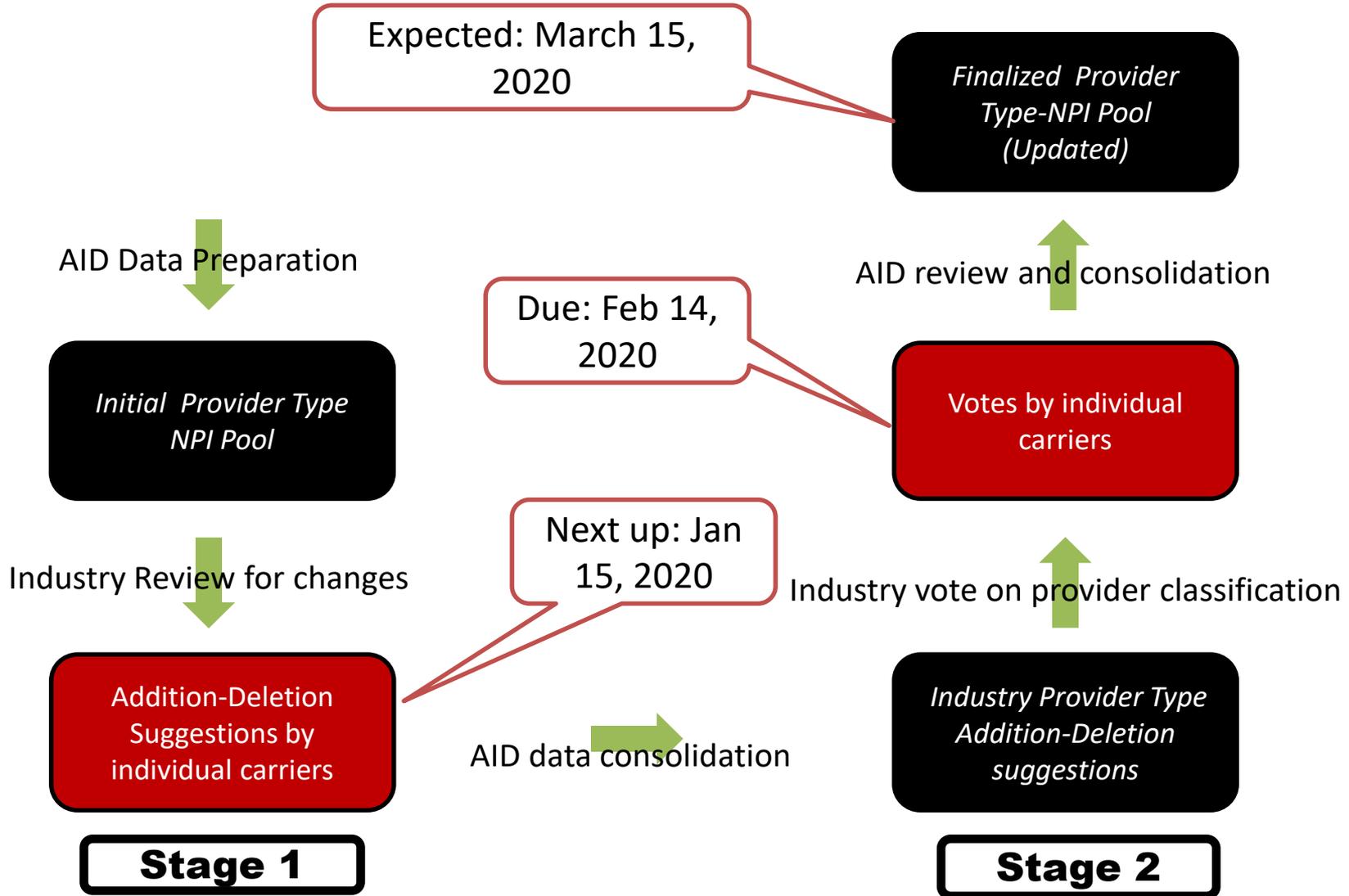
ECP/NA Template

**Detailed Data  
(Provider Locations)**



# PTNP data maintenance Round 1

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



# 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 RHLID" 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.

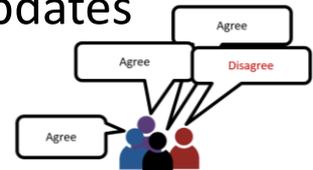
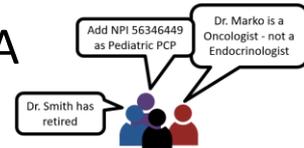
Data submissions from issuers explained with examples in later slides.

# **EXPECTATIONS FROM ISSUERS**

**(ROUND 1 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 January 15, 2020. AID will collect these suggestions and post the consolidated information on NA website on January 31, 2020.
  - **Issuers vote their agreement or opposition to suggested changes by others.** Due on February 14, 2020. AID processes votes and updates the PTNPs on NA website on March 15, 2020.
- **Issuers to use the updated PTNP data published March 15, 2020 to compute average distance for PY2021 reporting in *AR Specialty Access* template.**



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



“Initial Provider Type-NPI Pool”  
(Available since Nov 25, 2019)



Add? Delete?



Blue Cross Experts



AID Secure FTP Server

“20200115\_83470\_BCBS\_Provider\_Type\_NPI\_AddDelete.csv”  
(Due Jan 15, 2020)

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

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



“Industry Provider Type Addition  
Deletion suggestions”  
(Available Jan 31, 2020)



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



Ambetter Experts



AID Secure FTP Server



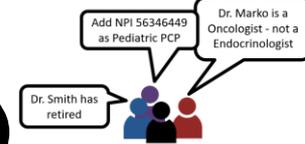
“20190830\_80799\_Ambetter\_ObjectionVote.csv”  
(Due Feb 14, 2020)

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

# **ERRORS TO AVOID**

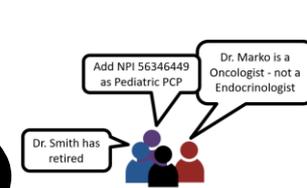
**(DURING “SUGGESTION FOR CHANGE” AND “VOTING” STAGES)**

# Errors to avoid during “Suggestions for change” (1 of 2)



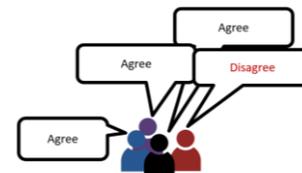
1. Please understand that our PTNP development attempts to focus on actual provider practice rather than academic qualifications. For example an provider who is qualified in “Internal Medicine” but is known to work only in the ER of a hospital, should not be classified as a Primary Care Provider.
2. Use the template "Initial Provider Type-NPI Pool” to suggest changes. Please do not fashion your own spreadsheet.
3. 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”**.
4. 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.
5. In the past, AID would observe 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.**
6. 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 “Suggestions for change” (2 of 2)



6. 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.
  1. For instance the current definition of C250 (Access to Dental – General) does not include Pediatric Dentists, so do not add them to “Dental General”. Similarly if you know an NPI listed in “Dental – General” is an Pediatric Dentist by practice, ask for its removal.
7. 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.
8. 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.
  1. 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”.

# Errors to avoid during “Voting” stage (1 of 1)



1. Please use the recommended template.
2. 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.
3. 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.
  1. 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.
4. 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.
  1. 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”.

# Next steps for industry

- Refer to slide titled “Expectations from Issuers” (Slide 25)
- **AID always welcomes communication** from Issuers on Network Adequacy on any issue
  - Suggestions for improvement
  - Clarifications or questions
  - One-on-one meetings, especially for those new to the program

# Contact

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