

<b>Meeting Information:</b>	
<b>Meeting Date &amp; Time:</b>	12/16/2024 10:00 am - 11:10 am (Central)
<b>Meeting Title:</b>	Network Adequacy Data Maintenance Planning
<b>Called by:</b>	Tonmoy Dasgupta, Regulatory Health Link Division
<b>Mode of meeting</b>	Teams
<b>Attendees</b>	
<b>Attachments* (Agenda, Handouts, PPTs, etc.):</b>	Presentation slides and recording.

*\* Attachments can be submitted by copying and pasting in this document or by submitting as separate document.*

<b>Agenda:</b>
<ol style="list-style-type: none"> <li>1) Introductions &amp; housekeeping.</li> <li>2) Recap.</li> <li>3) Timeline Overview.</li> <li>4) Significant Operational Changes.</li> <li>5) PTNP significance will be felt earlier.</li> <li>6) Limitation of 10 provider locations.</li> <li>7) Address quality validation process.</li> <li>8) Justification template.</li> <li>9) Reviewing PTNP changes.</li> <li>10) Questions.</li> </ol>

<b>Meeting Notes</b>
<ul style="list-style-type: none"> <li>• Meeting was convened by Tonmoy Dasgupta at 10:01 am and went over time to 11:10 am.</li> <li>• Meeting went as per script of the slide deck.</li> <li>• Issuers were reminded of the opportunity of another round of PTNP corrections before CCIIO standards become effective in PY2026.</li> <li>• The operational changes for PY2026 review was discussed. <ul style="list-style-type: none"> <li>○ AID will be using the drive distance part of CCIIO's standards. Not the drive time in PY2026.</li> <li>○ AID will start computing NA access on their own.</li> <li>○ Five, not seven data templates needed starting PY2026.</li> <li>○ PTNP used earlier in the regulation review by AID – in the computation stage. Earlier it was used in the analysis phase which comes next.</li> <li>○ Issuers advised on how to handle limitation of 10 address per NPI/Provider type- report locations spread out rather than all cluttered in a few metro areas.</li> <li>○ "Competitive" address review would be attempted as an early data quality check.</li> <li>○ Customized justification template would mimic CCIIO's implementation.</li> </ul> </li> <li>• Observations were made on the latest round of data maintenance. <ul style="list-style-type: none"> <li>○ The size of the PTNP across standards (CCIIO vs AID's older) appears close to each other despite having almost double the number of provider types.</li> <li>○ Attention required on CCIIO notes accompanying their taxonomic definitions. For example use of APRNs is not allowed for certain specialties that AID would allow for similar provider types.</li> </ul> </li> </ul>
<b>Action items</b>
<ul style="list-style-type: none"> <li>• Next deadlines from issuers <ul style="list-style-type: none"> <li>○ <b>Issuers provides suggestions for change. Due on January 15, 2025.</b> <ul style="list-style-type: none"> <li>▪ AID collects these suggestions and posts the consolidated information on NA website on January 31, 2025.</li> </ul> </li> </ul> </li> </ul>

- **Issuers vote their agreement or opposition to suggested changes by others. Due on February 28, 2025.**
  - AID processes votes and updates the PTNPs on NA website on March 14, 2025.

#### Q&A

- 1) Question (paraphrased): Regarding address quality improvement, how is it going to be effected? IS AID going to make phone calls to providers etc? Or are you looking for "outliers"?

Answer: The Department is not going to make any phone calls to issuers but will attempt to use geo analysis to ferret out rare locations of scarce providers for an additional vetting by the issuers.

- 2) Question (paraphrased): Regarding the limit of 10 provider locations per NPI, if we have 10 locations and all are clustered in one area, will issuers be penalized for reporting all clustered in the area?

Answer: Issuers would not be penalized for reporting clusters. There is a max limitation in the template per "NPI+Provider type" of 10 locations. The Department is suggesting that issuers spread their provider locations judiciously when they have more than 10 dispersed locations for the NPI.

- 3) Question (in Chat): Although AID will not factor in time, CCIIO does - will issuers continue to use the CCIIO NA Template to report time as well as distance standards?

Answer: Issuers will continue to use the CCIIO NA template like they have always been. AID will enforce only the drive distance requirement in its calculations for adequacy. Issuers will not need to do anything extra with AID's choice not to use the drive time component in PY2026.

- 4) Question (in Chat):What is the process for categorizing providers who have dual certifications/specialties? (For example OB/GYN and Oncology-Medical/Surgical.)

Answer: Providers who have dual specialties may be listed as both (i.e., OB/GYN and Oncology; Medical & Surgical for example) and each specialty is limited to 10 locations which can be different.

- 5) (Will) the provider-enrollee template will increase in the number (and types) of specialties monitored? (For example, C010 will be replaced with 001, 002, 003, 004, 005, and 006.)

The C Bucket specialties will go away and instead of the grouping C010 we will now monitor provider / enrollee ratio for individual specialties with different conventions, starting with F for facilities and P for individual providers. (For example F001 -Facility- Acute Inpatient Hospitals, P012 -Individual- Allergy and Immunology, P013- Individual- Cardiology etc)

- 6) Question (in Chat): If we have providers added AFTER the PTNP is finalized, can we use them? And if so, do we report this in CCIIO's justification? Or do we wait until AID sends an objection for using a provider who is not in the PTNP?

Answer: If providers have been added after PTNP is finalized, issuer can engage in the PTNP process the next round for inclusion if it is one of the CCIIO provider types being monitored. There is a possibility that the issuer meets NA requirements even before the addition of the providers, in which case there may be no related objection. If however, the issuer receives an objection through the justification template, and if the added providers would have prevented the objection in the first place, or resulted in better coverage even if below 90%, the issuer should mention NPIs being added in the PTNP within the justification template.

# Attendee List

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It is possible that multiple people used a single login. The Department is not resolving the following based on Introductions as people did join after the roll call.

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