Network Adequacy
Data Maintenance Planning
Round 1 of 2022

10:00 am-11:00 am Central
December 9, 2020
Regulatory Health Link Division,
Arkansas Insurance Dept., Dept. of Commerce

REGULATORY
HEALTH LINK
Division
Arkansas Insurance Department

STATE INSURANCE DEPARTMENT
STATE OF ARKANSAS

Agenda

- **Introductions & housekeeping**
- **Overview of phases and miscellaneous process topics.**

  - **Need to monitor a new provider type**

  - **Impact of Rule 106 amendment**

  - **PTNP process and dates**

- **Errors to avoid**

- **Appendix – Onboarding reference material**

INTRODUCTIONS & HOUSEKEEPING

Introductions

- If you can, please enter your name(s) in the appropriate Zoom location. We try to capture attendee & organization names for the meeting notes.

Intended Audience-1

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

Intended Audience-2

- 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. Addition or removal of contacts in list can be emailed to RHLD.DataOversight@arkansas.gov

PTNP Data Maintenance

Why?

Industry agreement on the classification of individual providers and facilities, who treat Arkansans, into "Provider Types" defined by Arkansas.
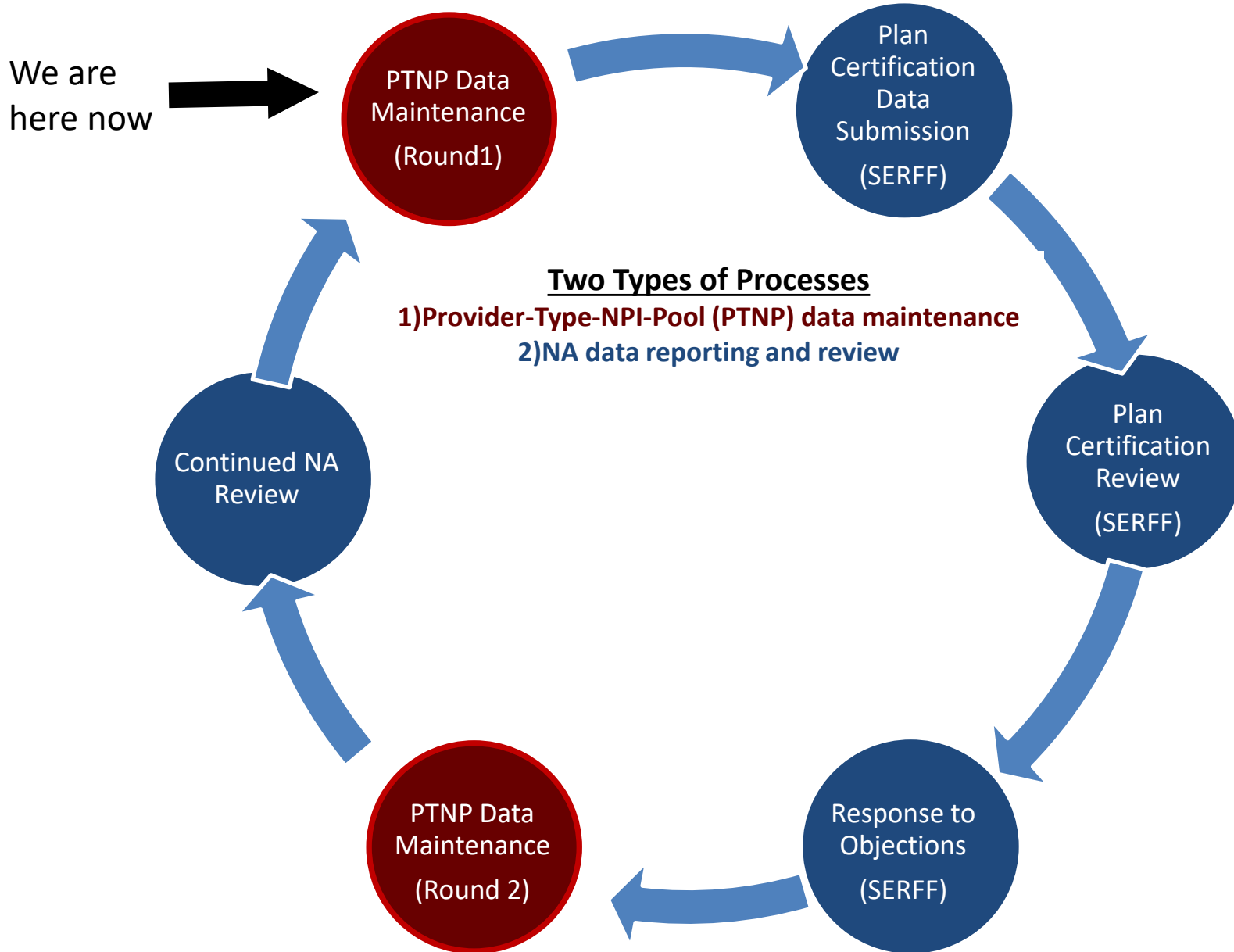
This **agreement** is key to AID's evidence-based Network Adequacy regulation.

Network Adequacy Review

OVERVIEW OF PHASES

Arkansas Network Adequacy Regulation Cycle

We are here now →

PTNP Data Maintenance (Round1)

Plan Certification Data Submission (SERFF)

Plan Certification Review (SERFF)

Response to Objections (SERFF)

PTNP Data Maintenance (Round 2)

Continued NA Review

Two Types of Processes
1)Provider-Type-NPI-Pool (PTNP) data maintenance
2)NA data reporting and review

PTNP

MISCELLANEOUS PROCESS TOPICS

Provider Types & Definitions

- This is always done before Round 1 PTNP data maintenance.

- Recently the Department felt the need to monitor a new provider type – Facilities for maternity delivery & Pre and Post Natal Care. Essentially OB facilities.

- NUCC does not have separate codes for OB. It clubs OB-GYN together.

- AID intends to start mining the All Payers Claim Database and participate in the PTNP data maintenance process to improve the PTNP data quality.

Rule 106 Amendment

- Will be effective for Plan Year 2022
  - Provider address quality in ECP/NA is expected to improve as it leverages *No Surprises Act* requirement to verify the accuracy of provider or facility information at least every 90 days.

  "…(5)   Health carriers shall verify practice addresses at least once every ninety (90) days in accordance to requirements of federal law, and the practice addresses reported to the Department for plan review should reflect the latest round of such verification…"

# PTNP Maintenance Process Overview
(Provider Classification Maintenance)

- Two rounds a year (Round 1 & 2)
- Each round has a two stage process
    - Stage 1: Suggestion for classification changes by industry
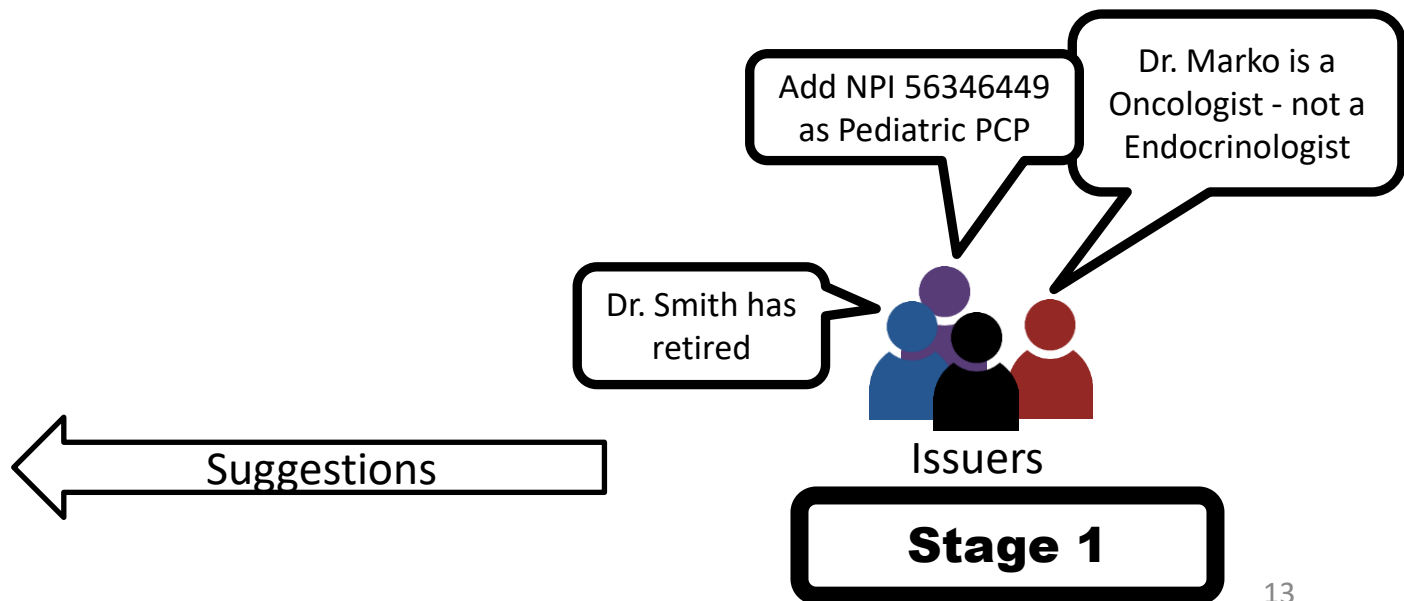
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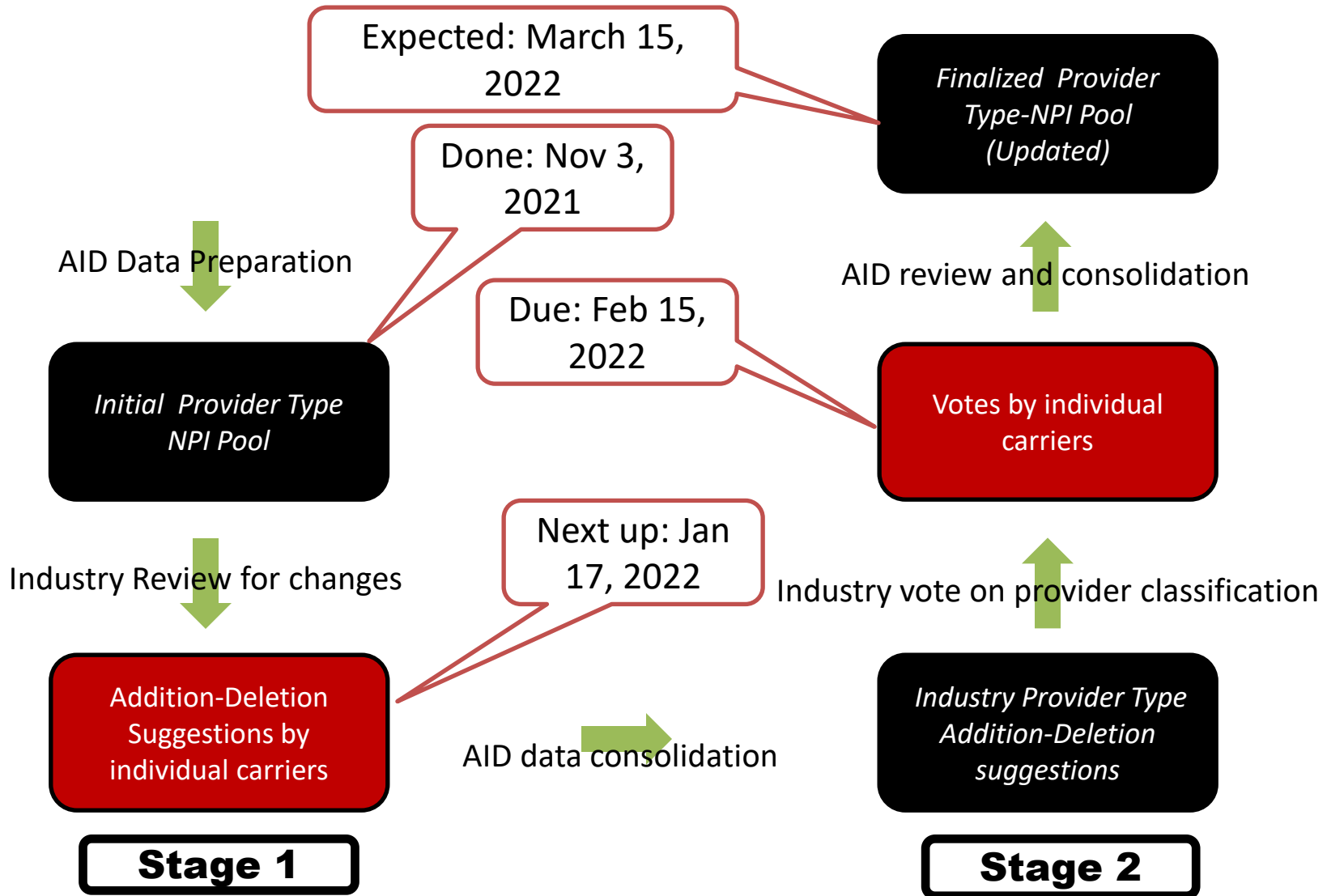   - Stage 2: Voting on each change by industry
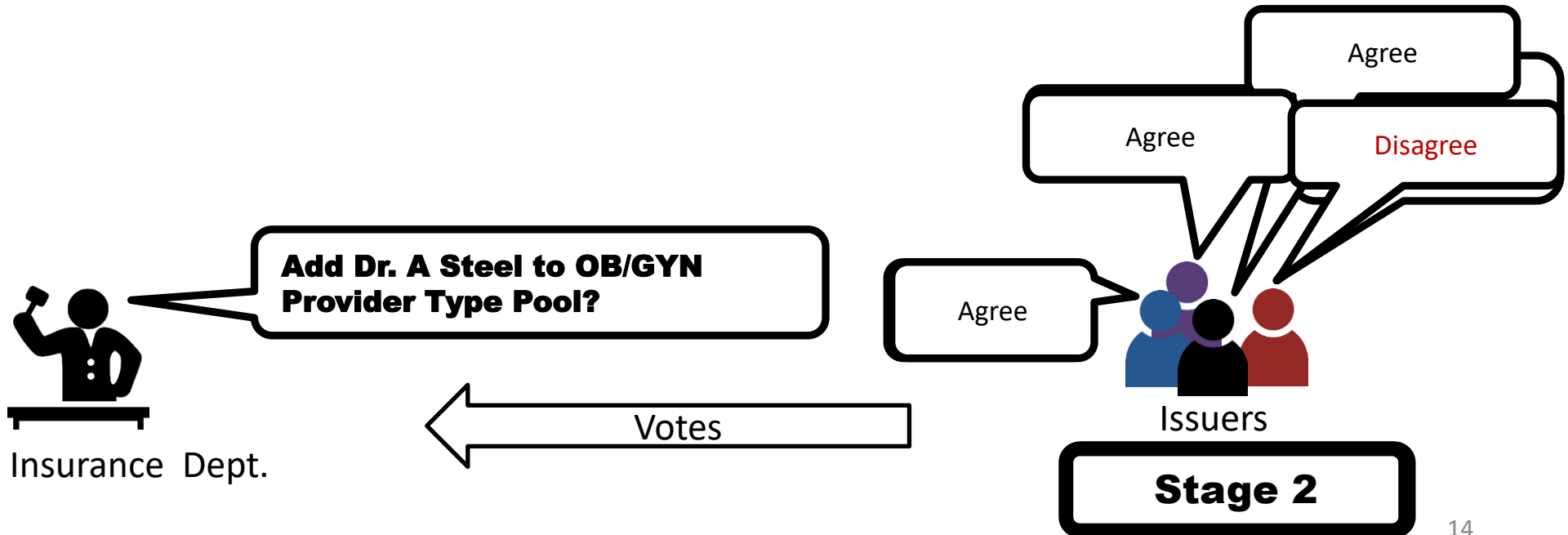
Change Summary of prior round (Round 2 of 2021)

Criteria	Description	Current	Prior	Change	Change %
C010	Access to Adult/Geriatric Primary Care Providers	7711	7407	304	4.1%
C020	Access to Pediatric Primary Care Providers	6862	6687	175	2.6%
C030	Access to Mental Health/Behavioral Health/Substance Use Disorder Facility	116	111	5	4.5%
C040	Access to Mental Health/Behavioral Health Providers	4466	4226	240	5.7%
C050	Access to Substance Use Disorder Providers	430	361	69	19.1%
C060	Access to Oncologists	448	448	0	0.0%
C070	Access to Skilled Nursing Facilities	479	473	6	1.3%
C080	Access to Cardiologists	537	532	5	0.9%
C090	Access to OB/GYN	814	818	-4	-0.5%
C100	Access to Pulmonologists	254	251	3	1.2%
C110	Access to Endocrinologists	112	110	2	1.8%
C160	Access to All Hospitals	254	242	12	5.0%
C180	Access to Hospital by Licensure Type-Acute Care	213	206	7	3.4%
C200	Access to Hospital by Licensure Type-Mental	111	92	19	20.7%
C210	Access to Hospital by Licensure Type-Rehabilitation	53	49	4	8.2%
C220	Access to Rheumatologists	99	96	3	3.1%
C230	Access to Ophthalmologists	982	994	-12	-1.2%
C240	Access to Urologists	202	205	-3	-1.5%
C250	Access to General Dentists	1531	1517	14	0.9%
C260	Access to Dental Specialists	312	313	-1	-0.3%
C280	Access to Pharmacies	1432	1423	9	0.6%

PTNP data maintenance <u>Round 1</u>

Details available in <u>*NA Review Process.pdf*</u>

REGULATORY HEALTH LINK *Division* Arkansas Insurance Department

Expected: March 15, 2022

Done: Nov 3, 2021

Due: Feb 15, 2022

Next up: Jan 17, 2022

AID Data Preparation

Initial Provider Type NPI Pool

Industry Review for changes

Finalized Provider Type-NPI Pool (Updated)

AID review and consolidation

Votes by individual carriers

Industry vote on provider classification

Industry Provider Type Addition-Deletion suggestions

AID data consolidation

Addition-Deletion Suggestions by individual carriers

Stage 1

Stage 2

16

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

REGULATORY HEALTH LINK *Division* Arkansas Insurance Department

2022 Round 1 Initial Provider Type-NPI Pool
(Available since Nov 3, 2021)

STAGE 1

Add? Delete?

Blue Cross Experts

"20220117_83470_BCBS_Provider_Type_NPI_AddDelete.csv"
(Due Jan 17, 2022)

AID Secure FTP Server

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, 2022)

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

Ambetter Experts

"20220215_80799_Ambetter_ObjectionVote.csv"
(Due Feb 15, 2022)

AID Secure FTP Server

Stage 2: "Voting" stage using Ambetter as an example

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 Jan 17, 2022.
    - AID collects these suggestions and posts the consolidated information on NA website on Jan 31, 2022.
    - **Issuers vote their agreement or opposition to suggested changes by others**. Due on Feb 15, 2022.
    - AID processes votes and updates the PTNPs on NA website on March 15, 2022.

- **AID will use this updated PTNP data to review NA data submitted through SERFF for certification.**

PTNP Data Maintenance

ERRORS TO AVOID
(DURING "SUGGESTION FOR CHANGE" AND "VOTING" STAGES)

Errors to avoid during Stage 1: "Suggestions for change" (1 of 3)

- Please understand that our PTNP development attempts to focus on actual provider practice rather than academic qualifications. For example a 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.

- Please remember we are communicating about correcting classifications of NPIs (i.e. Providers). Not whether a NPI (i.e. Provider) exists. Each line communicates either **addition of an NPI to a "C-bucket"** –OR– **removal of an NPI from a "C-bucket".**

- 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.

- 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.

- 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.

- While removing a misclassification for a provider be careful not to remove other classification for the same NPI that may be correct.
  - For instance while cleaning up misclassified Endocrinologist NPIs, AID observed issuers removing correct association of those NPIs with Oncology.
- 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.
  - For instance the current definition of C250 (Access to Dental – General) does not include Pediatric Dentists, so do not add them to "Dental General". Conversely if you know an NPI listed in "Dental – General" is an Pediatric Dentist by practice, ask for its removal.
- **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.
  - 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".
- Download and use the correct template to suggest changes. Please do not fashion your own spreadsheet.
- AID had observed 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.**

Errors to avoid during Stage 1: "Suggestions for change" (3 of 3)

- When a facility changes ownership, it gets a new NPI. When adding this NPI remember to delete the NPI associated with the previous owner.

- Remember – we are doing this data maintenance because the NPI Registry does not have the adequate data quality for provider classifications. Therefore, do not be quick to re-classify a provider existing in the PTNP final list **solely based on the taxonomy in the NPI Registry**

Errors to avoid during Stage 2: "Voting" stage (1 of 1)

- 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.
  - 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.

- Please use the recommended template.

- 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.

- 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.
  - 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".

Discussing some common reasons observed recently

Reason provided with 1) suggestion for a "remove" –OR- 2) during the voting stage, opposition to other issuer's suggestion for an "add"

- "Left clinic"
- "Termed" or "Terminated"

AID confusion: How has the **classification** of the provider been impacted? Were you thinking of your **network**?

Next steps for industry

- Refer to slide titled "Expectations from Issuers"
- AID welcomes communication from Issuers on Network Adequacy on any issue
  - Clarifications or questions
  - One-on-one meetings for those new to the program
  - Suggestions for improvement

Questions?

Email

RHLD.DataOversight@arkansas.gov

Or call

Tonmoy Dasgupta (501-773-0420) Cell

Reference slides for new issuer personnel

APPENDIX

Arkansas Network Adequacy Regulation

NEW TO THE PROGRAM?

New to Arkansas NA Regulation Program?

Two important documents to read

- 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"*

New issuers can call AID for an overview with Q&A.
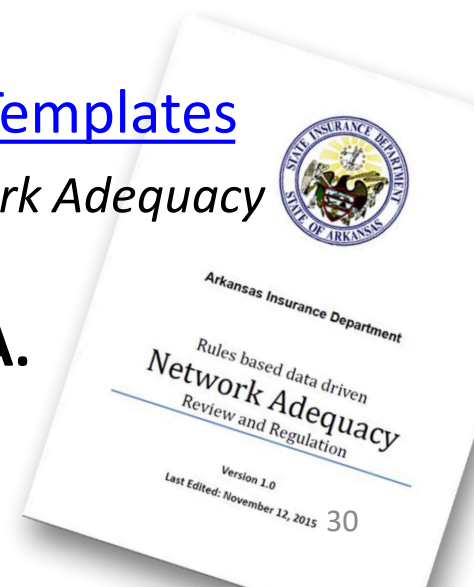
Network Adequacy Overview

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

1) Provider-Type-NPI-Pool (PTNP) data maintenance .
2) NA data reporting and review.

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.

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 RHLD" 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.

AID Disposition Details

- AID provides detailed information on the outcome of the voting stage.
- This makes available cases where AID had to
  - wade in to settle tie breakers OR
  - reverse a popular vote based on a strong(er) reason provided by the minority (few cases)

Initial Provider Type NPI pool template