

Network Adequacy Review and Regulation Planning Meeting

**10:00 am-11:30 am Central
October 27, 2017
Regulatory Health Link Division,
Arkansas Insurance Department**



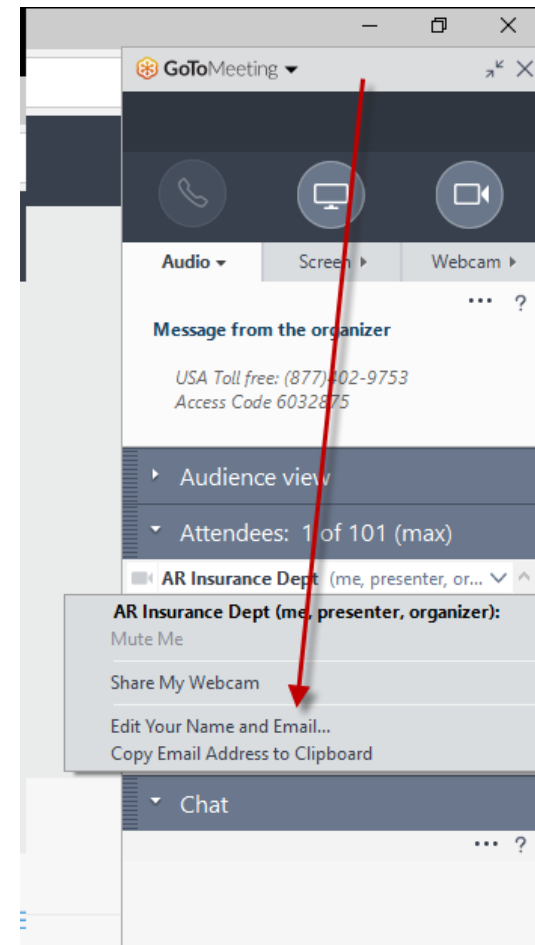
Agenda

- **Introductions & housekeeping**
- **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

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*”



Arkansas Insurance Department

Rules based data driven
Network Adequacy
Review and Regulation

Version 1.0
Last Edited: November 12, 2015

UPDATES

2017 mid-year PTNP data maintenance - Summary

Provider Type-NPI Pool Mid-Year Changes (August, 2017)

Criteria	Description	New NPI Count	Action		Net Change from previous NPI List	% Change from previous NPI List
			Add	Remove		
	General cleanup with significant increases in three Provider Types					
C010	Access to Adult/Geriatric Primary Care Providers	5898	672	1099	-427	-7%
C020	Access to Pediatric Primary Care Providers	1550	480	218	262	20%
C030	Access to Mental Health/Behavioral Health/Substance Use Disorder Facility	95	15	72	-57	-38%
C040	Access to Mental Health/Behavioral Health Providers	2958	355	677	-322	-10%
C050	Access to Substance Use Disorder Providers	266	216	19	197	286%
C060	Access to Oncologists	371	52	115	-63	-15%
C070	Access to Skilled Nursing Facilities	334	11	45	-34	-9%
C080	Access to Cardiologists	517	55	169	-114	-18%
C090	Access to OB/GYN	652	38	161	-123	-16%
C100	Access to Pulmonologists	192	14	48	-34	-15%
C110	Access to Endocrinologists	124	10	31	-21	-14%
C120	Access to FQHC	68	68	0	68 na	
C130	Access to Ryan White	1	1	0	1 na	
C160	Access to All Hospitals	251	10	216	-206	-45%
C170	Access to School-Based Providers	7	7	0	7 na	
C180	Access to Hospital by Licensure Type-Acute Care	210	6	199	-193	-48%
C200	Access to Hospital by Licensure Type-Mental	86	8	71	-63	-42%
C210	Access to Hospital by Licensure Type-Rehabilitation	50	5	27	-22	-31%
C220	Access to Rheumatologists	78	5	10	-5	-6%
C230	Access to Ophthalmologists	849	59	173	-114	-12%
C240	Access to Urologists	175	15	59	-44	-20%
C250	Access to General Dentists	1961	942	108	834	74%
C260	Access to Dental Specialists	223	121	6	115	106%
C280	Access to Pharmacies	1434	11	13	-2	0%
	Totals		3176	3536	-360	

Some provider types buckets dropped in PY2018

AID is limiting oversight on some Provider Types to Federal Requirements. AID will defer to the Federal data maintenance on these provider types, thereby minimizing duplicative efforts

Dropped Criteria ID	Criteria Reference
C120	Access to FQHC
C130	Access to Ryan White
C140	Access to Family Planning
C150	Access to Indian Provider

AID does not require **distance reporting** on the above provider types in the Arkansas Specialty Access template. Information on them is however required in the Federal ECP/NA template for medical plans seeking certification.

Change in Dental Provider Type definitions

Criteria ID	Criteria Reference	Change
C250	Access to Dentists-General	Removed Pediatric Dentistry (1223P0221X)
C260	Access to Dental Specialists	Added Pediatric Dentistry (1223P0221X) and Oral and Maxillofacial Surgery (1223S0112X)

Plan Year no longer tied to PTNP data



Process and Requirements Documentation

Documents defining the process used for network adequacy evaluation and regulation.

[Arkansas Network Adequacy Architecture](#) (PDF)

[NA Review Process](#) (PDF)

Published: 10/25/2017

[Network Adequacy Industry Contact List](#) (PDF)

Published: 10/24/2017

[Network Adequacy Problem Log](#) (PDF)

Published: 9/28/2017

Naming convention change

Provider Type NPI Pool (PTNP) Process Data Artifacts

Current PTNP Cycle Artifacts

[Initial Provider Type-NPI Pool](#) (Excel)

Initial list for the cycle beginning November, 2017

Published: 10/25/2017

[Provider Type Taxonomic Descriptions](#) (Excel)

Published: 9/28/2017

Consolidated Provider Location Visualization

[Visualization of practicing locations of different provider types](#) (Map)

Published: 6/15/2017

PTNP published data naming convention

- AID is no longer associating PTNP data artifact names with the plan year.
 - For instance “PY2019 Finalized Provider Type-NPI Pool” will be called “Finalized Provider Type-NPI Pool”. The published date will however always be shown.
- Why this naming convention change?
 - To avoid misunderstanding on what the PTNP really is. Conceptually, the PTNP is not really associated with a Plan Year data submission. It is the latest available agreement on provider classification used to view detailed provider data.
 - For instance the PTNP finalized in calendar year 2018, could be used to review PY2018 data submitted in calendar year 2017

Increased geo-analysis

1. AID is increasingly validating county level summaries for different provider types contained in the *AR Specialty Access* template against the detailed provider location data in the *Federal Essential Community Provider/Network Adequacy (ECP/NA)* template.
2. AID is now internally scoring and comparing networks at county level using provider location information in the *ECP/NA* template and US Census block information for Arkansas.
3. AID now publishes aggregated provider type location visualization after the completion of each PTNP data maintenance round. (See “Visualization of practicing locations of different provider types” within AID’s NA homepage <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>)

Template data validation: County level summarized statistics against detailed provider location data

Pulmonologist Practicing Locations

Select location(s) in desired area to navigate to an address list.

(Right-click and drag mouse to select location(s) within desired area. Click anywhere else to deselect)

Issuer "A" states 75 miles avg. distance to Pulmonologists for **Baxter county**

Issuer "A" may not get a distance compliance objection in **Baxter county** if a pulmonologist is found in the detailed data practicing in the county

EXAMPLES OF VALIDATION

Issuer "B" may get objection **Chicot county** despite stating compliance

Issuer "B" states 45 miles avg. distance to Pulmonologists for **Chicot county**

Importance of participating in the PTNP process

Providers in your network may not get counted as belonging to a particular provider type if they are not agreed to by industry.

- For instance if your organization has certain Pulmonologists that do not exist in the PTNP, those providers will not get included in AID's review of Pulmonologists Adequacy.
- **So what happens when an issuer recruits a new Pulmonologist?** They would request for inclusion in the PTNP in either of the two PTNP data maintenance rounds in a year.
- **What about a new issuer entering Arkansas?** Participate in the PTNP data maintenance rounds if some of your Pulmonologists are not in the PTNP

PTNP PROCESS REVIEW

Overview

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

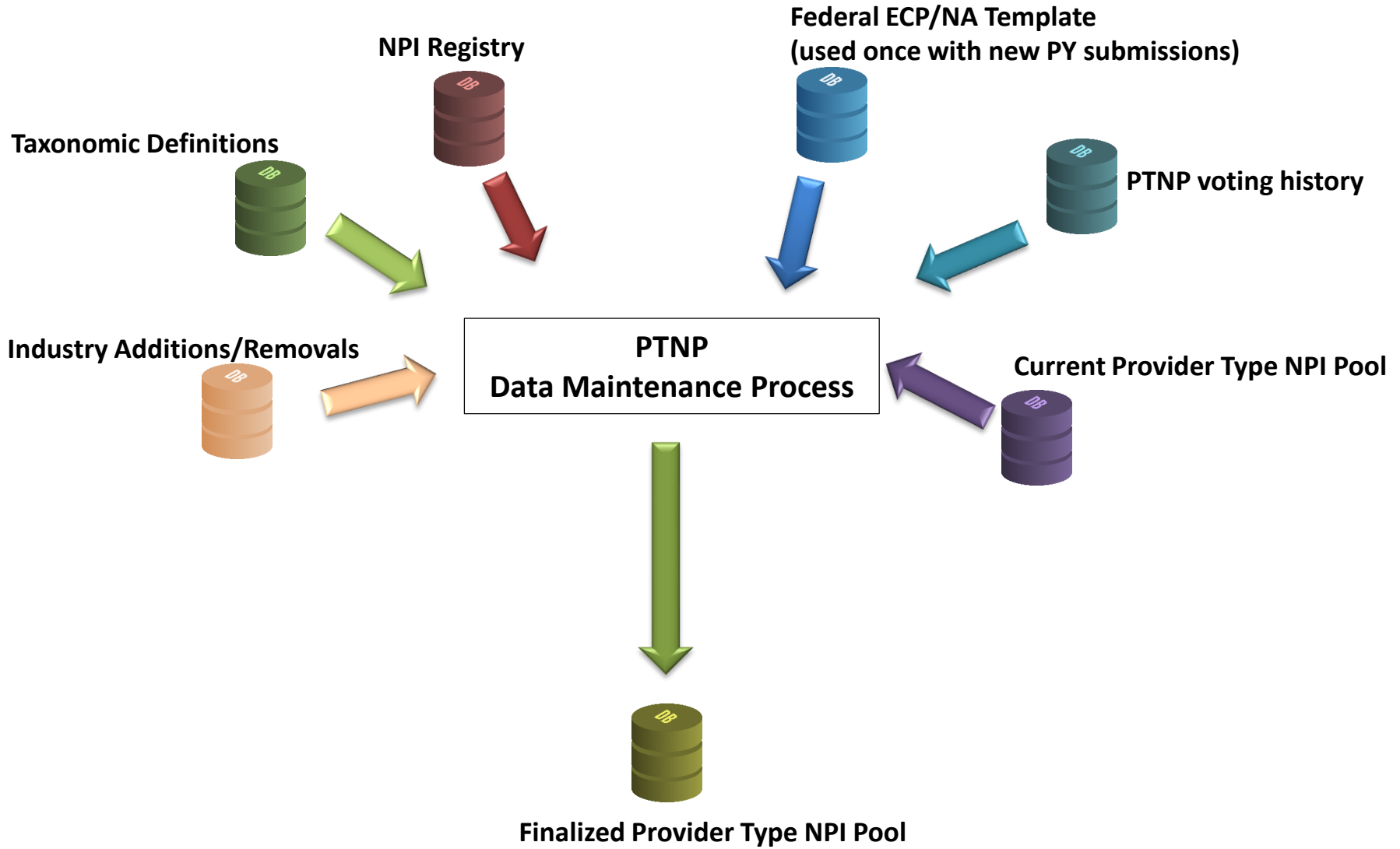
- 1) Provider-Type-NPI-Pool (PTNP) data maintenance (Round 1 & 2).
- 2) NA data reporting and review.

This meeting is primarily for the Round 1 of the PTNP process needed before PY2019 data reporting in SERFF

PTNP Data Maintenance versus NA Data Reporting & Review

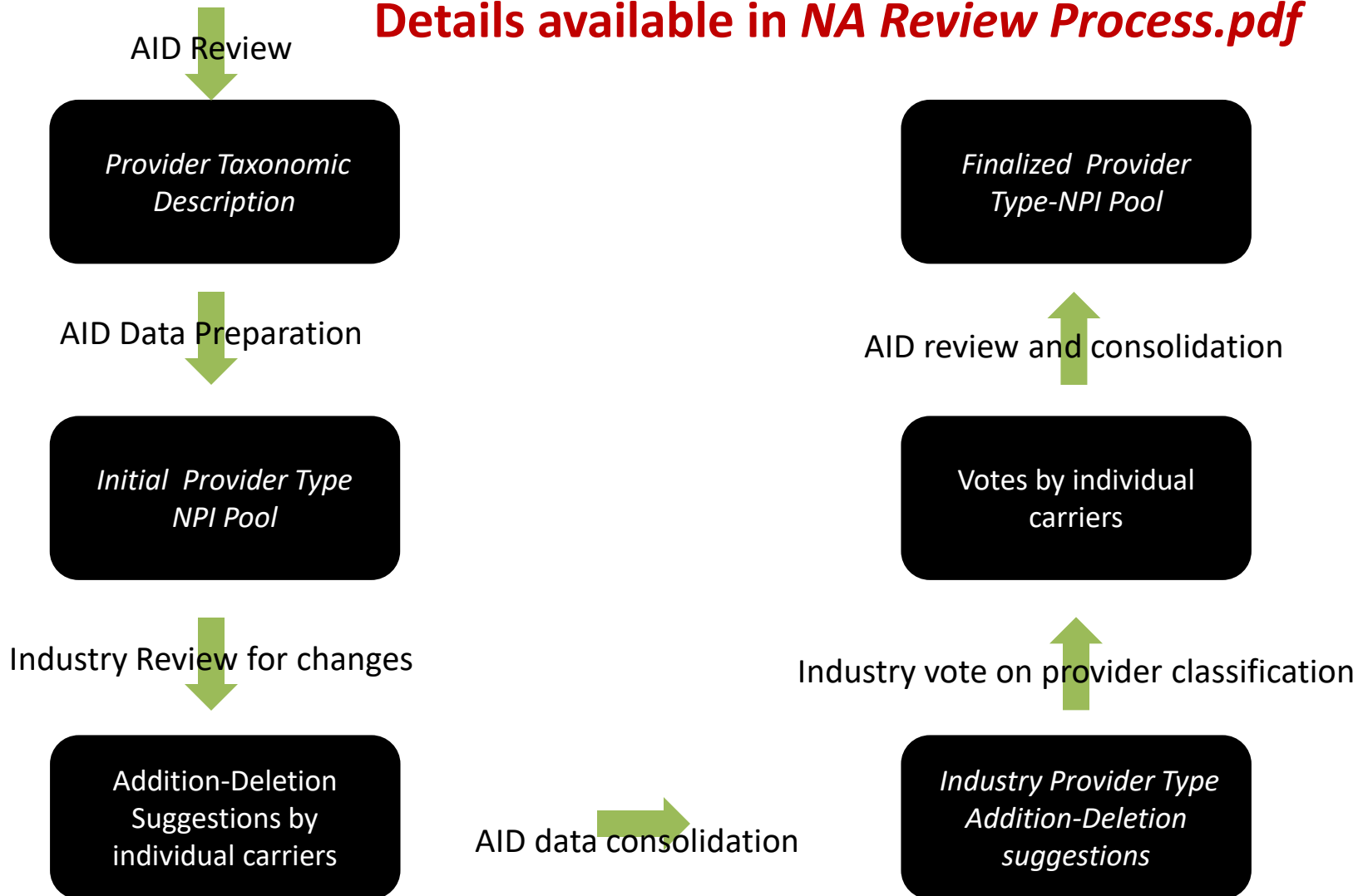
PTNP Data Maintenance	NA Data Submission & Review in SERFF
Twice yearly	Once yearly
Regulatory data pre-planning. Not regulatory data by itself.	Regulatory Data.
Not mandatory. But is highly recommended because it has direct bearing on the regulatory data submitted (Arkansas templates) and on analysis 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 data maintenance

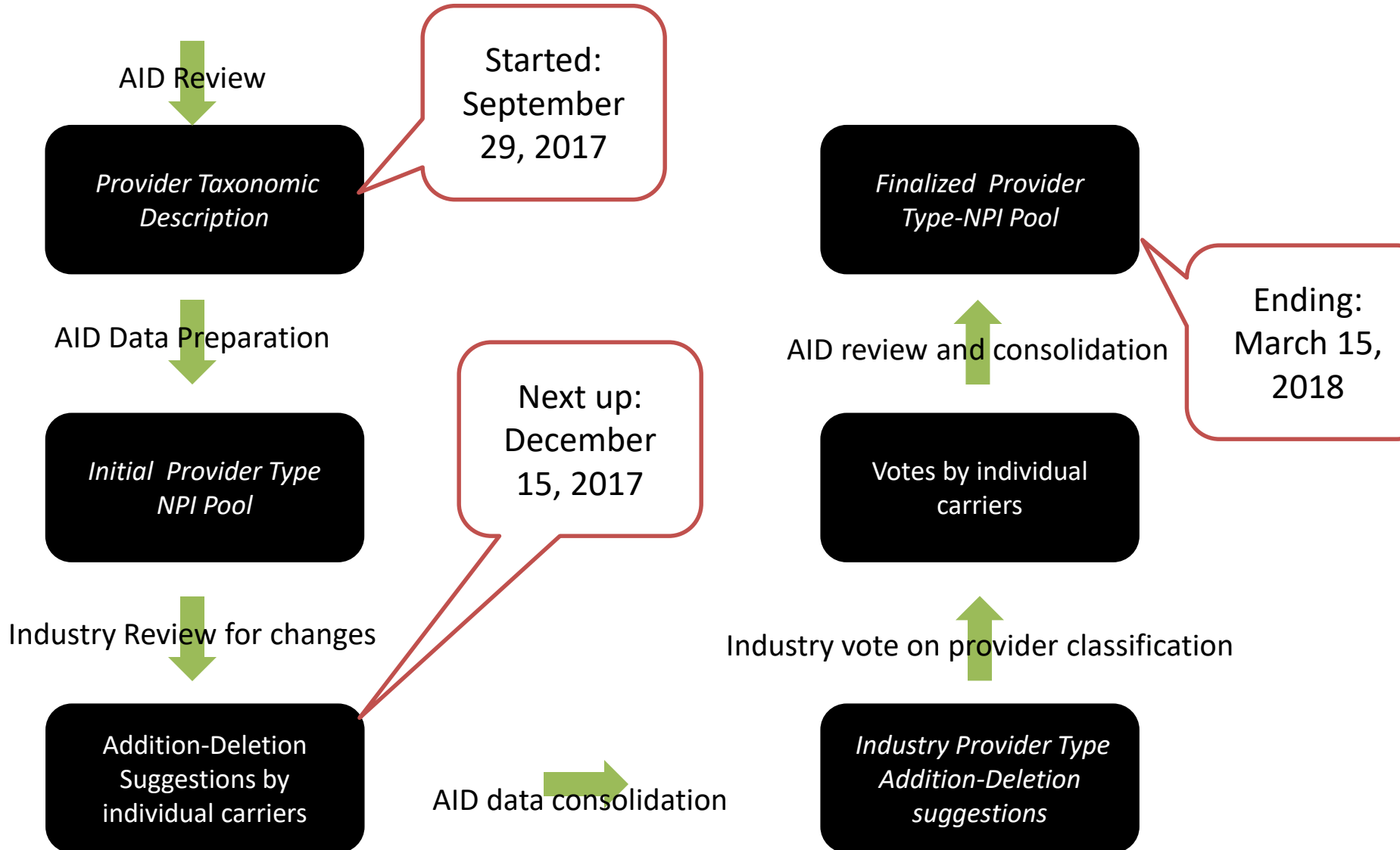


PTNP data maintenance Round 1

Details available in *NA Review Process.pdf*



PTNP data maintenance Round 1



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:**

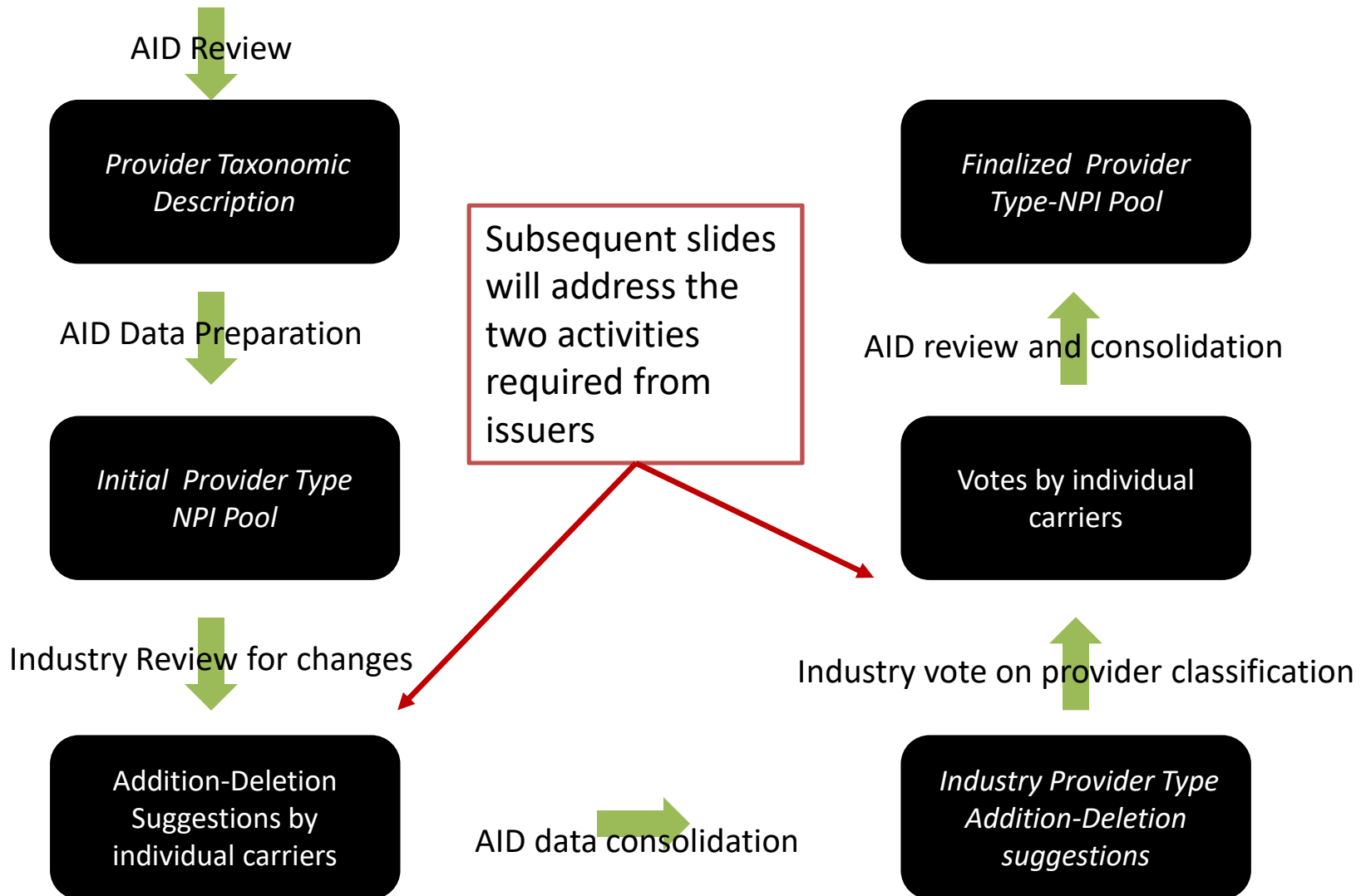
Delivery to AID's secure FTP servers following instructions in "General Data Submission Process to RHLD" located at <http://rhld.insurance.arkansas.gov/Info/Public/Templates>.

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.

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 December 15, 2017. AID collects these suggestions and posts the consolidated information on NA website on January 15, 2018.
 - **Issuers vote their agreement or opposition to suggested changes by others.** Due on February 15, 2018. AID processes votes and updates the PTNPs on NA website on March 15, 2018.
- **Issuers use the updated PTNP published March 15, 2018 to generate data for statistical reporting. Tentative due date May 10, 2018**

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



"Initial Provider Type-NPI Pool"
(Available 10/25/2017)



Add? Delete?



Blue Cross Experts



AID Secure FTP Server

"20171215_83470_BCBS_Provider_Type_NPI_AddDelete.csv"
(Due December 15, 2017)

"Suggestion for changes" stage using BCBS as an example

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



"Industry Provider Type Addition
Deletion suggestions"
(Available 1/15/2018)

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



Ambetter Experts



"20180215_80799_Ambetter_ObjectionVote.csv"
(Due 2/15/2018)



AID Secure FTP Server

"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)

- 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.
- Use the template "Initial Provider Type-NPI Pool" to suggest changes. Please do not fashion your own spreadsheet.
- 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”**.
- 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.
- AID has 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.**
- 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)

- 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”. Similarly 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”.
- 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.

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

- 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.
- 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.
- 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”.

Next steps for industry

- Refer to slide titled “Expectations from Issuers” (Slide 26)
- 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

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