Access to Care Program
Exchange Board Recommendations
December 11, 2012

A service of Maryland Health Benefit Exchange
The Maryland Health Connection will offer plans to consumers that provide meaningful access to a full range of critical health services, including primary care, reproductive health care, care for patients with HIV/AIDS, and behavioral health care.

Services will be made available via:
- Traditional network providers
- Essential Community Providers

The Maryland Health Benefit Exchange (MHBE) plans to closely monitor both access to care within qualified health plans and the adequacy of provider networks, including engagement with essential community providers.
Carriers will be allowed to self-define network composition but will be required to include a diverse array of providers to ensure access to care is available.

### Traditional Network Providers
- HHS requires that a qualified health plan must maintain “a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be accessible without unreasonable delay.” 45 CFR 156.230

### Essential Community Providers
- HHS requires that issuers contract with “a sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the QHP’s service area.” 45 CFR 156.235
MHBE staff has consulted with a variety of stakeholders to identify key elements that should be considered for evaluating access to healthcare services.

**Consumer Advocates**
- Public Health
- Behavioral Health
- Reproductive services

**State Agencies**
- DHMH Office of Health Care Quality
- DHMH Office of Public Health
- DHMH Medicaid
- Maryland Community Health Resources Commission
- Maryland Health Care Commission
- Maryland Insurance Administration
- State Health Improvement Process

**Providers**
- Public Health
- Private

**Industry Sources**
- Agency for Healthcare Research & Quality
- National Committee for Quality Assurance
- URAC
- Veteran’s Administration

**Carriers**
- Implementation Advisory Committee
- Carrier Plan Management Workshop

**Other States & CCIIO**
- Massachusetts
- Oregon
- Rhode Island
- Minnesota
- CCIIO Federally Facilitated Exchange
Ensuring Access to Care – Planning & Oversight

Plan Certification Preparation
- Q1 2013
- Supply & Demand Data
- Access to Care Consultation Sessions
- NCQA/URAC Accreditation Data
- Network Availability Plan Templates

Essential Community Provider Planning
- Q1 – Q3 2013
- “Meet & Greet” Sessions
- Essential Community Provider Readiness

Ongoing Oversight & Monitoring
- 2014
- Consumer Advisory Committee
- Provider Advisory Committee
- Quarterly and Annual Reporting
Plan Certification Preparation

Estimated Supply & Demand Data Collection
- Data will be compiled by Maryland Health Benefit Exchange (MHBE), Maryland Community Health Resource Commission (CHRC) and the Maryland Department of Health and Mental Hygiene (DHMH) to assist carriers in planning of network composition
  - Supply – Safety Net Providers in their service areas
    - HRSA has a reporting tool that lists approved 340(B) providers
  - Demand – Uninsured population in their service areas
    - U.S. Census Bureau data that provides data on the uninsured
    - Survey data provided from Maryland’s safety net providers

Access to Care Consultation Sessions
- Consultation sessions will be set up with carriers to share supply and demand data for their respective service areas

NCQA/URAC Accreditation Data
- Accredited carriers will have measures that assess the number of primary care and specialist providers for current network composition
Plan Certification Preparation

Network Availability Plan Templates

- Templates will be provided to carriers to detail their network adequacy plans including Essential Community Providers

- Federal templates will be used as the basis of Maryland’s network availability templates to reduce redundancy. Federal templates are expected to include:
  - Quantifiable standards for network composition – protocols to ensure the # and types of providers are sufficient
  - Referral Policy – in and out of network referral procedures
  - Process for Monitoring – changes in network composition
  - Procedures for Addressing Special Populations - limited English proficiency, diversity, mental/physical disabilities, etc.
  - Health Needs Assessment - methods to assess needs of members and satisfaction with services
  - Communication with Enrollees – how enrollees are informed about plan services and complaint procedures
Essential Community Provider Planning

**Meet & Greet Sessions**
- MHBE will partner with the DHMH and CHRC to host regional “meet and greet” sessions to allow participating carriers and Essential Community Providers to begin discussions on contracting.

**Essential Community Provider Readiness Services**
- DHMH and CHRC will provide support to ensure administrative readiness for Essential Community Providers
  - Technical Assistance
  - Strategic Planning
  - Potential Grant Funding
Oversight & Monitoring

Advisory Committees
- MHBE will form advisory committees to receive experiential input for those involved with accessing care or providing care
  - Consumers
  - Providers

Quarterly & Annual Reporting
- Beginning in 2014, a quarterly and annual reporting on access to care will be provided to the Exchange Board.
- Access to care reporting for Maryland Health Connection enrollees will require data to be collected on
  - Provider Network Data
  - Enrollment Data
  - Claims Data
## Examples of Reporting Categories

<table>
<thead>
<tr>
<th>Category of Reporting</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Primary Care Access</td>
<td>Availability of Internal Medicine, Family Medicine, Pediatric Services in a clinic, physician’s office, hospital outpatient</td>
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<tr>
<td>Specialty Care Access</td>
<td>Availability of Specialists including reproductive health, HIV/AIDS, behavioral health providers etc. for children, adolescents, adults enrollees.</td>
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<tr>
<td>Essential Community Provider (ECP) Services</td>
<td>Availability of ECPs by 340(B) categories.</td>
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<tr>
<td>Dentist Services</td>
<td>Availability of General Dentists and Specialists for children.</td>
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<tr>
<td>Utilization Data</td>
<td>Services being received by patients.</td>
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<tr>
<td>Complaint Data</td>
<td>Complaints filed about access to services.</td>
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<tr>
<td>Experiential Data</td>
<td>Consumer and provider input via Advisory Committees and CAHPS</td>
</tr>
<tr>
<td>Emergency Room Trending</td>
<td>ER visit data increases/decreases.</td>
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Thank you!

For questions on the information contained in this presentation, please contact:

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