



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

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

Thank you!

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

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