

Next Steps: Network Adequacy and Essential Community Providers

October 19, 2015



- Review – Workgroup Report
- Work To Date – MHBE Follow Up Actions since Report
- Next Steps – Report Updates and Plan Certification Standards

- Workgroup Policy options were divided into five categories:
 - Data Collection and Reporting
 - Provider Directory
 - Essential Community Providers (ECPs)
 - Quantitative Standards
 - Informing Consumers
- Report results:
 - Workgroup reached consensus on 7 policy options. These options were also endorsed by the SAC.
 - Workgroup did not prioritize these options.
 - Workgroup was unable to reach consensus on 9 options.
 - Several of the non-consensus options require additional work and time to address, and perhaps even a new workgroup process.

Work to Date - Data Collection and Reporting

1A. (Consensus) MHBE Should work with MHCC to help analyze network adequacy using claims and encounter data.

- Next Steps: MHBE is collaborating with MHCC to analyze the data

1B. (Consensus) MHBE should work with the licensure boards, providers, carriers, MHCC, and consumer groups to expand licensure data collection in order to better assess the number of active providers and other data, such as provider specialty.

- Next Steps: MHBE is collaborating with stakeholders to better understand feasibility and options; MHBE is collaborating with MHCC to review provider workforce analysis already conducted.

1C. (Consensus) Work with DHMH to assess the number, capacity, and types of providers in the state, especially mental health and substance use disorder providers, provider organizations, and programs, in order to identify potential provider shortages and identify willing providers.

- Next Steps: MHBE is collaborating with DHMH to review and analyze the data

1D. (Without Consensus) Work with MHCC, providers, payers, carriers, and consumer groups to expand the consumer satisfaction data collected and made accessible, and determine specific ways to make the data more transparent to the public (e.g., consumer report cards).

- Next Steps:
 - MHBE is collaborating with MHCC to review and analyze MHCC data and federal QRS and QHP Enrollee Survey data for Maryland
 - MHBE will collaborate with stakeholders regarding next steps on data accessibility

2A. (Consensus) Work with the MIA, carriers, providers, and consumer groups to improve the accuracy of provider directories.

- Next Steps: MHBE will collaborate with MIA, carriers, providers and consumers groups to address this item.

2B. (Without Consensus) Expand on the types of providers that are included in provider directories, including mental health and substance use disorder programs, in addition to individual practitioners.

- Next Steps:
 - MHBE will continue to collaborate with stakeholders as the proposal could require a multi-faceted approach involving legislation, carrier contracts and carrier billing.
 - In the meantime, to respond to the issues identified in this workgroup item, MHBE will look for opportunities to provide more information to consumers about available treatment programs. However, MHBE cannot tie the program to a plan.

2C. (Consensus) Consider whether there should be portals through which providers and consumers can communicate information about the accuracy of provider directories.

- Next Steps:
 - MHBE suggests that it immediately implement a consumer-driven complaint approach similar to the DC Exchange.
 - This process requires that:
 - MHBE set up an email box to receive consumer information about provider director accuracy.
 - MHBE would then provide the consumer reported information to the carrier and MIA and allow the carrier to investigate the issue with the provider and update the directory, as appropriate, within a specified time period.

2D. (Without Consensus) Assess the feasibility of developing a standard taxonomy for provider types.

- Next Steps: MHBE will continue to discuss this item with stakeholders and review current taxonomy with CRISP data.

3A. (Without Consensus) Expand definition of ECPs beyond federal definition to include local health departments, mental health and substance use disorder providers licensed by DHMH as programs or facilities, and school-based health centers.

- Next Steps: MHBE is considering proposing that an expanded definition be included in plan certification standards starting with the 2017 benefit year.

3B. (Consensus) Work with state partners to create an ongoing process, using Maryland data sources, to ensure that the CMS list of Maryland ECPs is accurate and complete.

- Next Steps:
 - DHMH has already begun to compare its data to the CMS list.
 - MHBE will propose to supplement the list as needed with community health providers who might be 340B eligible but not already captured on lists.

3C. (Without Consensus) Use FFM threshold for ECP participation and FFM alternate standard for qualifying carriers.

- Next Steps: MHBE is considering proposing that the federal standards be included in plan certification standards starting with the 2017 benefit year.

Work To Date - Quantitative Standards

- **4A. (Without Consensus)** Collect data regarding network adequacy and consider developing quantitative standards in the future (either wait for the NAIC Model Network Adequacy Act or set a specific deadline – *e.g., 2018*).
 - **4B. (Without Consensus)** Work with the MIA, consumer groups, and carriers to define the current unreasonable delay standard so that consumers will better understand when they can see an out-of-network provider with in-network cost-sharing.
 - **4C. (Without Consensus)** Work with the MIA to make the quantitative standards used and reported by carriers in their availability plans submitted to MIA and access plans submitted to the MHBE publicly accessible.
 - **4D. (Without Consensus)** Work with the MIA to standardize the format for reporting quantitative standards in availability plans the MIA requires, and with DHMH to standardize the format for reporting quantitative standards in availability plans DHMH requires.
- Next Steps:
 - MHBE is working with MIA to review current unreasonable delay standard
 - MHBE is working with MIA and DHMH to review current information reported by carriers
 - MHBE is working with MIA and other stakeholders to assess what information a carrier could provide publically that it currently reports to MIA

5A. (Consensus) The MHBE should work with the MIA, carriers, consumer stakeholders, providers, and the Health Education and Advocacy Unit (HEAU) to develop messaging and a reasonable process to inform consumers on how to find a provider and obtain relief when they cannot find a provider pursuant to Ins. Art. §15-830(d).

- Next Steps:
 - MHBE proposes this item be implemented immediately.
 - MHBE is currently assessing what avenues should be used to accomplish this item, such as the Maryland Health Connection website.

Follow Up to NA/ECP Workgroup Report:

- Update of MHBE actions at Nov. meeting

2017 Plan Certification Standards:

- Present draft plan certification standards at Nov. meeting
 - Potential plan certification standards related to NA/ECPs that MHBE staff are considering proposing include:
 - Requiring carriers to address accuracy of provider directory through a 2-step process:
 - Year 1: Carrier provides baseline data regarding accuracy of provider directory
 - Year 2: Carrier must improve accuracy of provider directory to a certain MHBE-specified minimum standard or improve accuracy by a certain MHBE-specified percent, if the carrier met the minimum standard in year 1
 - Including an expanded definition of ECPs
 - Adopting the federal standards for ECPs
 - Requiring carriers to report certain network adequacy information that MHBE will publish, such as physician/specialist to member ratios and time and distance metrics
- Publish draft issuer letter after Nov. meeting
- Present final plan certification standards at Jan. meeting
- Publish final issuer letter after Jan. meeting

QUESTIONS?