Provider Network Adequacy Monitoring:
Findings and Recommendations from the 2015 Robert Wood Johnson Foundation-Funded Survey of States and Health Plans

Speakers:
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# Today’s Speakers

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<tr>
<th>Karen Brodsky, Principal New York office</th>
<th>Barbara Markham Smith, Principal Washington, D.C. office</th>
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[Image of Karen Brodsky]

[Image of Barbara Markham Smith]
Acknowledgements

• Research was conducted with support from the State Health Access Reform Evaluation (SHARE) program of the Robert Wood Johnson Foundation
• State Medicaid agencies, state insurance agencies, Medicaid MCOs and qualified health plans
• Medicaid Health Plans of America (MHPA) and the Association of Affiliated Health Plans (ACAP)
• HMA team: Jennifer Edwards, Jessica Foster, Andy Griggs, Danielle Lundstrom, Lisa Maiuro, Chad Perman, Melissa Sanchez
Background

• Anecdotal evidence suggests that access to providers has varied considerably across state Medicaid programs’ contracted Medicaid MCOs (MMCO)

• Raises concerns among policymakers, advocates, and other stakeholders about the degree to which access to providers is adequate in:
  – MMCO networks for the Medicaid expansion population
  – Qualified Health Plan (QHP) networks
Project Goals

• Position states and health plans to ensure meaningful coverage for the most vulnerable people in response to the ACA and growth of enrollment in public programs

• Identify greatest challenges and best practices for achieving reliable network access
Project Methodology

• Develop survey tools (4 versions)
• Field online survey to 4 target groups:
  – Medicaid agencies (39 states + D.C.)
  – MMCOs (30)
  – Dept. of Insurance/Marketplace agencies (43 states + D.C.)
  – QHP carriers (30)
• Telephone interviews with subset of each group (3 per target group)
Target Group Considerations

• Medicaid agencies with managed care contracts
• Dept. of Insurance with provider network monitoring responsibilities
• Geographic representation
• State alignment across the 4 target groups
• Mix of health plan types by enrollment, age, pure play/multi-line commercial/publicly traded/community-affiliated
Key Finding #1

Network standards differ significantly between state insurance regulators and Medicaid agencies
Key Finding #2

Health plans report (not validated) that they are exceeding state network standards
Key Finding #2-1

Health plans’ most credible examples for exceeding state network standards:

• QHPs and MMCOs meet accreditation standards
• Continuity of care for members in transition
• Align QHP networks with MMCOs
Key Finding #2-2

Health plans exceeding state network standards - findings which remain unexplained:

• Provide unplanned out-of-network coverage when an OON provider inadvertently served them

• Cover OON care when a provider is listed in directory in error

• Update online provider directories whenever changes occur to the network

• Require that a minimum % of PCPs accept new patients (QHPs)
Key Finding #2-3

Other example from the research for which health plans report they exceed state network standards:

- After hours office-based care is not required – plans use urgent care centers
PCPs are defined broadly by states and health plans
Key Finding #4

Provider to enrollee ratios and geo-access standards vary widely
Key Finding #5

Few states track provider network overlap across plans
Key Finding #6

Essential Community Providers (ECP) are an increasing option
Key Finding #7

After-hours appointment availability is still rare
Key Finding #8

Many plans report covering out-of-network care provided by clinicians working at in-network facilities
Key Finding #9

Member complaints are the most frequent but not the most reliable indicator of systemic network deficiencies.
Key Finding #10

Regulators are hampered by insufficient IT to monitor networks
Key Finding #11

State insurance regulators report substantially increased oversight activity since the passage of ACA
Key Recommendations

1. Monitor program-wide provider capacity
2. Invest in developing standard approaches in network monitoring, including network metrics
3. Increase after hours access
4. Deploy/enhance data analytics
5. Increase the state insurance regulator’s role in network oversight
Q & A

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