

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

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December 8, 2015

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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)

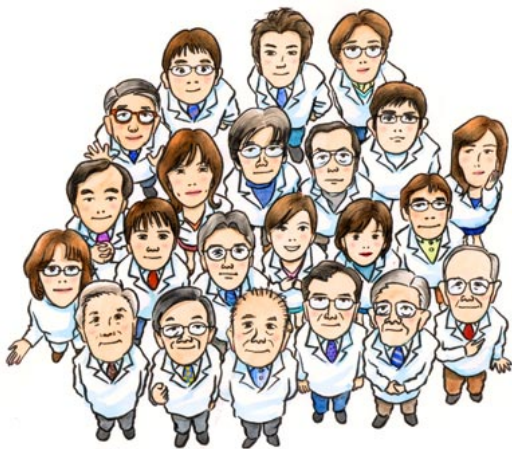
Key Finding #2-3

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

Key Finding #3

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

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Q & A

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