

Addressing Network Adequacy in Private Insurance and Medicaid MCOs

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September 12, 2014

Key Consumer Issues

- Provider directory inaccuracies
- Network inadequacies
 - Too few providers taking new patients
 - Too few geographically accessible providers
 - Specialists that meet consumer needs aren't available in network

Networks must hold down costs but protect consumers

- Plans should be price competitive
- Networks can help
- Networks must not be crafted based on price alone: must consider quality
- Need basic consumer protections to ensure sufficient number, variety, and appropriate geographic distribution of providers

Getting there in New Mexico

- Current network adequacy regulations
- Recommendations for improving monitoring and enforcement
- Recommendations for strengthening Essential Community Provider inclusion

New Mexico's Network Adequacy Regulations: Private Plans

- Section 13.10.22 NM Administrative Code: Managed Health Care Plan Compliance (HMOs, PPOs, etc.)
 - In areas of 50,000 or more: 2 PCPs available within no more than 20 miles or 20 minutes average driving time for 90% of enrollees
 - Provider directories that indicate which providers are not currently accepting new patients

New Mexico's Network Adequacy Regulations: Medicaid MCOs

- Section 8.308.2 NM Administrative Code: “Provider Network” for Medicaid Managed Care Organizations
 - Outpatient appointments for non-urgent primary medical and dental care and non-urgent behavioral health care: request-to-appointment time shall be no more than 14 calendar days, unless the member requests a later time.
 - For specialist appointments, the request-to-appointment time shall generally be consistent with clinical urgency, but no more than 21 days, unless the member requests a later time.
 - Members can use out-of-network providers at no extra cost if the MCO is unable to provide an in-network provider to deliver covered benefits “in an adequate and timely manner.”

Ways to Strengthen New Mexico's Rules for Private Plans

- Implement specific standards for access to specialists
- Implement stronger standards to hold insurers accountable for accuracy of provider directory information
- Strengthen appointment wait-time standards
- Create rights for consumers to go out-of-network at no extra cost when no in-network providers are available

Monitoring and Enforcement Should Be Strengthened

- Assess and enhance regulatory agency capacity
- Strengthen network adequacy monitoring
- Improve enforcement
 - Notify plans of non-compliance
 - Impose monetary penalties
 - Restrict service areas or new enrollment
 - If compliance proves impossible, suspend, revoke, or refuse to continue certificate of authority or license *in egregious situations*

Stronger Essential Community Provider Rules Could Improve Networks

- ACA requires inclusion of Essential Community Providers (ECPs) in marketplace plan networks
- Serve predominately low-income, medically underserved populations. Examples:
 - Federally Qualified Health Centers (FQHCs) and “look-alikes”
 - Ryan White HIV/AIDS providers
 - Disproportionate Share Hospitals (DSH)
 - Sole Community Hospitals
 - Title X family planning clinics
 - Hemophilia treatment centers

Improving New Mexico's ECP Standards

- New Mexico deferred to a federal standard
 - 30% of ECPs in a plan's service area must be in-network
 - Other states have declared this insufficient
- **Connecticut:** 90% of FQHCs in state and 75% of non-FQHC ECPs in state must be in each plan's network.
- **Montana:** 80% of all ECPs in state must be each plan's network.
- **Washington:** Plans must include access to 100% of Indian health care providers in their service area in their network (among other ECP standards).

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