November 4, 2021

Commissioner Jessica Altman, Co-Chair
Commissioner Richardo Lara, Co-Chair
NAIC Special (EX) Committee on Race and Insurance
Workstream 5
Delivered via email: Jolie Matthews (JMatthews@naic.org)

Dear Commissioners Altman and Lara,

On behalf of AHIP and our members, we appreciate the opportunity to submit red-line comments to the NAIC Special (EX) Committee on Race and Insurance Workstream 5 Draft Provider Networks White Paper outline.

AHIP recognizes the very important goals of the work stream and appreciates the opportunity to comment on the draft White Paper Outline. We support the broad goal of using provider demographic data and innovative network development strategies to ensure Americans have access to equitable, culturally competent, and patient-centered care. In order to achieve these goals, regulators and industry alike must fully recognize and describe the long-standing, underlying challenges of:

- The limitations to accessing diverse and culturally competent providers due to provider shortages;
- Collecting provider demographic data; and
- Ensuring that information from providers is accurate and updated.

Only once there is concurrence regarding the issues that we, as a healthcare ecosystem, face in achieving this objective can we then turn to understanding how health insurers can do our part to help mitigate them.

To that end, AHIP's redline respectfully reorganizes the structure of the White Paper as follows:

- Discussion on the Underlying Problem: Shortage of Diverse, Culturally Competent Care Providers.
- Discussion of Ways to Utilize the Health Insurance System – insurers, insurance regulators, and provider licensing – can help to mitigate the impact of the underlying problem including:
    - Leveraging high quality services and providers to help mitigate shortages
    - Collecting provider demographic data by professional and licensing boards to help mitigate accurate and timely reporting challenges
    - Leveraging provider licensure and training requirements to incorporate cultural competency

Again, thank you for the opportunity to provide red-line comments. AHIP and our members believe every American deserves access to comprehensive coverage that allows them affordable, equitable, high-quality care. Achieving health equity is a priority for AHIP and our members, and health plans stand ready to assist regulators in this critically important work.

Sincerely,

Miranda Creviston Motter
AHIP Senior Vice President, State Affairs and Policy

Draft: 10/6/21

Comments are being requested on this draft document on or before Nov. 4, 2021. Comments should be sent by email only to Jolie Matthews at jmatthews@naic.org.

National Association of Insurance Commissioners (NAIC)
Special Committee on Race and Insurance – Workstream 5 (Health)
White Paper on Provider Networks

1. History and status of provider shortages in US – shortages in pipeline, in workforce, due to burnout, and in diverse care.
2. The impact of shortages on access to diverse and culturally competent health care services.
3. Define/explain cultural competency, diversity, and cultural humility.
~~1.~~4. The role of the health insurance sector in increasing diversity and cultural competency in networks
    a. Discussion of the goal of more diverse and culturally competent networks
        i. Discussion of key populations to consider
        ii. Discussion of research that shows connection between diversity and cultural competency ~~these factors~~ and health outcomes, maternal health as an example
        ~~iii. Define/explain cultural competency~~
    ~~b. Recognition that others have key roles, but insurance sector can contribute significantly to this goal~~
        ~~i. Provider education, recruitment, etc~~
        ~~ii. Role of state licensing boards~~
    ~~c.~~b. Role of insurance companies
        i. Provider credentialing
        ii. Innovation in Network construction/development
        iii. Leveraging technology to establish nationally interoperable provider directories based on content and exchange standards to connect policyholders to diverse and culturally competent care and/or state professional/licensing boards for centralized collection of standardized provider demographic data.
        ~~iii.~~iv. Accreditation standards
    ~~d.~~c. Role of insurance regulators
        i. Network construction/development ~~adequacy as a tool~~
        ii. Provider directory oversight – insurer and provider shared responsibility
    d. Role of state professional/licensing boards – cultural competency training as part of licensure and/or credentialing, best practices, scope of practice, etc.
~~2.~~5. Networks ~~Adequacy~~
    a. Background and Legal Landscape
        i. Affordable Care Act requires adequate networks; CMS review in PY 2023 of FFM QHP networks
        ii. NAIC network adequacy model – a brief description, ~~and~~ history, stakeholder engagement
    b. Examples/potential strategies for network development ~~adequacy review~~ to be a tool for states to increase patient access to diverse, culturally competent care
        i. Telehealth – description, flexibilities, utilization, digital divide, and broadband access barriers, using telehealth to determine network sufficiency, value/outcome-based

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models, telehealth services and provider types, needed technology investments, other permitted resources. (CIPR assistance).

~~b.~~ii. Providers serving underserved and rural communities – including but not limited to FQHCs, ECPs, etc.

c. Balancing provider diversity, universal cultural competency, choice and affordability in network development

~~3.~~6. Provider Data collection and provider directories

a. Current state of regulatory oversight of provider directories

i. No Surprises Act – impact on provider directories

~~i.~~ii. HHS Interoperability Rules – standardized provider directory APIs

b. Overview of challenging in accurate, up-to-date provider directory information – provider role and provider enforcement.

~~b.~~c. Should demographic data and/or information on cultural competency be collected and shared in provider directories? Are there alternative frameworks such as National Plan & Provider Enumeration System (NPPES), state professional/licensing boards?

i. Background and historical resistance to including demographic data, including direct feedback from providers

d. Provider hesitancy to publicize widely certain demographic data

e. The need for standardized provider demographic data protocols, including uniform definitions.

~~c.~~f. Experiences of states with mandatory and voluntary uniform provider directory pilots/programs.

~~4. How can Telehealth opportunities improve provider access?~~

~~a. Brief description of telehealth~~

~~b. Telehealth data~~

~~i. Discussion of federal and state telehealth flexibility initiatives during COVID~~

~~ii. Literature review of telehealth usage during COVID; focus on race and demographic information~~

~~iii. Potential industry data call for further information on insurer implementation of telehealth policies~~

~~iv. *(Note for consideration: perhaps CIPR could be helpful)*~~

~~c. Public Policy considerations~~

~~i. Reimbursement~~

~~ii. Audio-only versus Audio-Visual~~

~~iii. Telehealth-only or gatekeeper networks~~

~~iv. What role can insurers play in providing resources to members for telehealth accessibility, i.e. are providing phones risk-based or an inappropriate rebate?~~

~~5. What role for FQHCs in an adequate network?~~

~~a. Brief history of FQHCs, including legal parameters around their operation~~

~~b. Overview of ACA essential community provider (ECP) requirements, including discussion of scope and impact~~

~~c. Potential industry data call for further information on FQHCs in provider networks~~

~~d. Public Policy considerations~~

~~i. Should networks be required to include FQHCs? Are the current ECP requirements sufficient?~~

~~1. Reimbursement~~

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~~2. Should NAIC further explore FQHC challenges with PBM actions relative to the 340B program?~~

~~6.~~7. Conclusion and discussion of recommended next steps