

Barriers to Accessing In-Network Providers

National Association of Insurance Commissioners
Special Committee on Race and Insurance Workstream #5
July 26, 2022

Maanasa Kona, J.D.
Assistant Research Professor

Georgetown University Center on Health Insurance Reforms (CHIR)

Nationally recognized team of private insurance experts

- Part of McCourt School of Public Policy
- Legal & policy analysis
 - Federal and state regulation
 - Market trends
- Published reports, studies, blog posts
- Technical assistance

Marketplace Plans Have Narrower Networks

- Several studies establish that networks for marketplace plans are narrower than those for employer large-group plans
- Studies also show that plans with narrower networks carry lower premiums
- Plans offering broader, more traditional networks perform poorly by comparison

Disproportionate Impact of Insufficient Networks

2022 JAMA study - Linde, Sebastian, and Leonard E Egede. “Association of County Race and Ethnicity Characteristics With Number of Insurance Carriers and Insurance Network Breadth.”

- Counties with larger non-Hispanic Black populations tend to have fewer participating insurance carriers
- Marketplace plans in counties with larger non-Hispanic Black populations tend to have narrower networks

The Issue with Narrow Networks

- Insurers use narrow networks to
 - control costs,
 - steer enrollees to high-quality and low-cost providers
 - maintain leverage when negotiating contracts with providers
- But narrow networks can create problems for enrollees
 - Limited choices – particularly for those living in less populated and rural areas
 - Lack of continuity of care
 - Exclusion of specialists and academic health centers

Ensuring Network Adequacy

Evolving Federal Standards for Marketplace Plans

- Ensure sufficient numbers and types of providers and provide services without unreasonable delay
- Recently proposed rules for PY2023
 - Time and distance standards
 - For more than 40 provider specialties and facilities
 - Calculated at county-level
 - Vary by county designation – large, metro, micro, etc.
 - Starting PY2024 - Limits on appointment wait times for
 - Behavioral health services – 10 business days
 - Routine primary care – 15 business days
 - Nonurgent specialty visits - 30 business days

Ensuring Network Adequacy

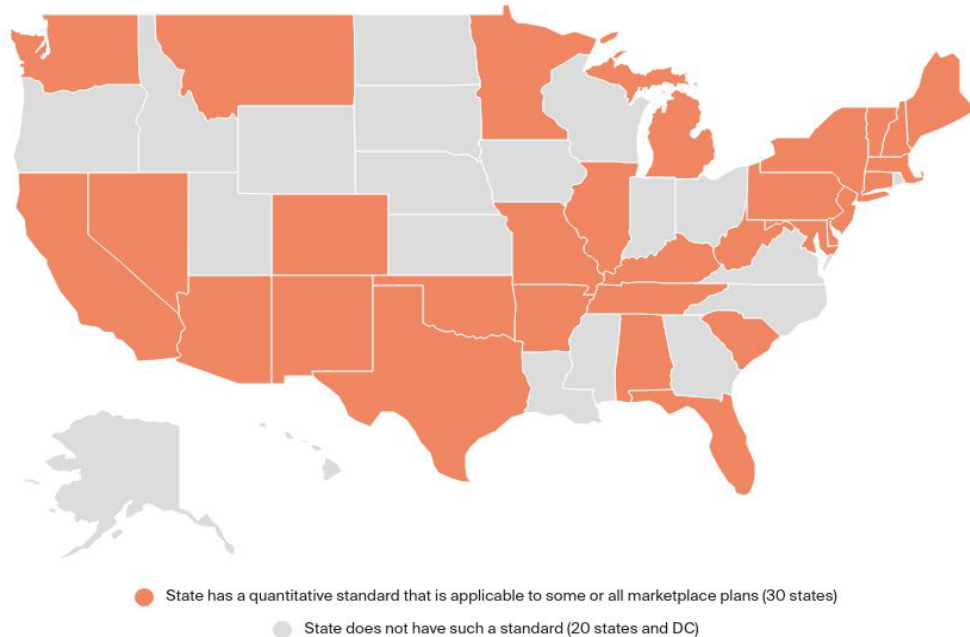
Federal Standards for Essential Community Providers

- Required to include ECPs—such as FQHCs, safety net hospitals, Indian health care providers, family planning clinics—in network, where available
- New federal regulations for PY2023 –
 - require insurers to contract with 35% of available ECPs in a plan service area
 - For tiered networks, ECPs must be on the lowest cost-sharing tier to count towards the threshold

Ensuring Network Adequacy

Variance in State Network Adequacy Standards

States Where Marketplace Plans Are Subject to One or More Quantitative Standards for Network Adequacy, 2021



Notes: Map indicates the states in which health plans sold through the ACA marketplace are subject to one or more of the following quantitative standards for network adequacy: time and distance standards; limits on wait times for an appointment; or provider-to-enrollee ratios. Such standards may apply broadly, to all network plans, or more narrowly, to specified network designs (e.g., HMOs) or plan types (e.g., marketplace plans). The 30 states designated here have a quantitative standard that applies to at least some, but not necessarily all, of the plans sold through their marketplace.

Data: Authors' analysis.

Source: Justin Giovannelli, "Federal Regulators Appear Set to Take a More Active Role to Ensure ACA Marketplace Plan Networks Are Adequate," *To the Point* (blog), Commonwealth Fund, Feb. 15, 2022. <https://doi.org/10.26099/w9w0-3c31>

Wide Variance in Enforcing Network Adequacy Standards

- Some states rely on attestation of the insurer and monitoring for complaints
- Other states require submission of specific network data
- Secret shopper efforts

State Spotlight: New Hampshire

- Leverage the state APCD data to determine number of available providers
 - Helps correct mistakes in provider directories
- Consumers can compare hospital networks of different QHPs on the the NHID website
- Interactive tool allows hospital network comparison across all state-regulated plans

What Can States Do? – Filling Gaps in Federal Standards

- Appointment wait times for other types of care
- Minimum provider to enrollee ratios
- Measuring and setting standards for
 - provider language and cultural competencies
 - accessibility for people with disabilities
 - access to specialized care for patients with chronic health conditions
 - access for underserved communities
- Extending NA standards to non-QHP state-regulated plans

What Can States Do? – Oversight of NA Standards

- Wide variance in oversight of enforcement standards
- Better tools and templates for NA submissions by plans to facilitate easier state review
- Deploying tools like secret shopper surveys when necessary

What Can States Do? – Empowering Consumers

- Helping consumers better understand network breadth
 - CMS Network Breadth Pilot Program
 - Benefits of standardized plans
 - Developing consumer-facing tools for assessing network breadth like New Hampshire
- Robust consumer complaint mechanisms
- Improving accuracy of provider directories

Questions?

CHIR Publications:

www.chir.georgetown.edu

CHIRblog:

www.chirblog.org

Maanasa Kona

Assistant Research Professor

Maanasa.Kona@georgetown.edu

Questions?

CHIR Publications:

www.chir.georgetown.edu

CHIRblog:

www.chirblog.org

First, Last of Presenter

Title of Presenter

(###) ###-####

email@georgetown.edu