



November 4, 2021

Commissioner David Altmaier, Co-Chair
Director Dean Cameron, Co-Chair
NAIC Special (EX) Committee on Race and Insurance
National Association of Insurance Commissioners
444 North Capitol Street NW, Suite 700
Washington, DC 20001-1512

Submitted via email: Jolie Matthews, jmatthews@NAIC.org

RE: NAIC Special (EX) Committee on Race and Insurance, White Paper on Provider Networks

On behalf of the National Association of Community Health Centers (NACHC), thank you for the opportunity to provide comments on the outline related to the **Special (EX) Committee on Race and Insurance White Paper on Provider Networks**.

NACHC is the national membership organization for federally qualified health centers (also known as FQHCs or health centers). Health centers are federally funded or federally supported nonprofit, community-directed provider clinics serving as the health home for nearly 29 million people, including 1 in 5 Medicaid beneficiaries and 1 in 3 people living in poverty. It is the collective mission and mandate of the 1,400 health centers around the country to provide access to high-quality, cost-effective primary and preventative medical care, as well as dental, behavioral health, pharmacy, and other support services that facilitate access to care to people located in medically underserved areas, regardless of insurance status or ability to pay.

NACHC is pleased to provide the following recommendations to the draft outline below, which will enhance understanding about the unique role and presence of FQHCs in provider networks, their payment structure and how federal and state laws and regulations can continue to ensure their continued role as a core safety-net provider in underserved communities.

We appreciate the opportunity to provide feedback as you consider next steps. Should you have any questions about our comments, please feel free to contact Jeremy Crandall, Director of Federal and State Policy, at jcrandall@nachc.org.

Sincerely,

Joe Dunn
Senior Vice President, Public Policy and Research
National Association of Community Health Centers

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. The role of the 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 these factors and 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. Role of insurance companies
 - i. Provider credentialing
 - ii. Network construction
 - iii. Leveraging provider directories to connect policyholders to diverse and culturally competent care
 - d. Role of insurance regulators
 - i. Network adequacy as a tool
 - ii. Provider directory oversight
2. Network Adequacy
 - a. Background and Legal Landscape
 - i. Affordable Care Act requires adequate networks, including sufficient number of essential community providers (ECP)
 - ii. NAIC network adequacy model – a brief description and history
 - b. Examples/potential strategies for network adequacy review to be a tool for states to increase patient access to diverse, culturally competent care
3. Data collection and provider directories
 - a. Current state of federal and state regulatory oversight of provider directories
 - i. No Surprises Act – impact on provider directories
 - b. Should demographic data and/or information on cultural competency be collected and shared in provider directories? National Plan & Provider Enumeration System (NPPES)
 - i. Background and historical resistance to including demographic data
 - c. Provider hesitancy to publicize widely certain demographic data
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 is the role for FQHCs in an adequate provider network?
- a. Brief history and background of FQHCs, including ~~legal parameters~~ federal laws, regulations and requirements around their federal and state payment structures and operation in medically underserved communities
 - b. Overview of ACA network requirements for safety net providers such as FQHCs, including essential community provider (ECP) requirements, payment requirements and, including discussion of scope of required services and impact
 - c. Potential industry data call for further information on extent of inclusion of FQHCs in provider networks across ACA marketplaces and Medicaid
 - d. Public Policy considerations
 - i. Should networks be required to include FQHCs and reimburse them comparably to Medicaid/Medicare? Are the current ECP requirements sufficient? What potential federal or state policies would ensure improved inclusion of safety-net providers in networks?
 - ~~1. Reimbursement~~
 - 2.ii. Should NAIC further explore FQHC challenges with PBM actions relative to the 340B prescription drug program and its role in protecting safety-net providers?
6. Conclusion and discussion of recommended next steps