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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
   1. Discussion of the goal of more diverse and culturally competent networks
      1. Discussion of key populations to consider
      2. Discussion of research that shows connection between these factors and outcomes, maternal health as an example
      3. Define/explain cultural competency
   2. Recognition that others have key roles, but insurance sector can contribute significantly to this goal
      1. Provider education, recruitment, etc
      2. Role of state licensing boards
   3. Role of insurance companies
      1. Provider credentialing
      2. Network construction
      3. Leveraging provider directories to connect policyholders to diverse and culturally competent care
   4. Role of insurance regulators
      1. Network adequacy as a tool
      2. Provider directory oversight
2. Network Adequacy
   1. Background and Legal Landscape
      1. Affordable Care Act requires adequate networks
      2. NAIC network adequacy model – a brief description and history
   2. 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
   1. Current state of regulatory oversight of provider directories
      1. No Surprises Act – impact on provider directories
   2. Should demographic data and/or information on cultural competency be collected and shared in provider directories? National Plan & Provider Enumeration System (NPPES)
      1. Background and historical resistance to including demographic data
   3. Provider hesitancy to publicize widely certain demographic data
4. How can Telehealth opportunities improve provider access?
   1. Brief description of telehealth
   2. Telehealth data
      1. Discussion of federal and state telehealth flexibility initiatives during COVID
      2. Literature review of telehealth usage during COVID; focus on race and demographic information
      3. Potential industry data call for further information on insurer implementation of telehealth policies
      4. *(Note for consideration: perhaps CIPR could be helpful)*
   3. Public Policy considerations
      1. Reimbursement
      2. Audio-only versus Audio-Visual
      3. Telehealth-only or gatekeeper networks
      4. 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?
   1. Brief history of FQHCs, including legal parameters around their operation
   2. Overview of ACA essential community provider (ECP) requirements, including discussion of scope and impact
   3. Potential industry data call for further information on FQHCs in provider networks
   4. Public Policy considerations
      1. Should networks be required to include FQHCs? Are the current ECP requirements sufficient?
         1. Reimbursement
         2. Should NAIC further explore FQHC challenges with PBM actions relative to the 340B program?
6. Conclusion and discussion of recommended next steps