



NCQA & Network Adequacy

Tricia Barrett, Vice President of Product Development
Will Robinson, Assistant Director of State Affairs
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Overview

- About NCQA
- Health Plan Accreditation standards on network adequacy
- Narrow networks and new 2015 requirements on transparency and monitoring
- Key lessons and concepts for future accreditation standards

About NCQA

Private, independent non-profit health care quality oversight organization founded in 1990

Our Mission

- To improve the quality of health care

Our Method

- Measurement

We can't improve what we don't measure

- Transparency

We show how we measure so measurement will be accepted

- Accountability

Once we measure, we can expect and track progress



Largest
health plan
accreditor,
171 million
lives in HEDIS

Health Plan Accreditation

Structure & Process

- Quality improvement
- Utilization management
- Credentialing
- Members' rights & responsibilities
- Member connections

HEDIS
Clinical Performance
Measures

+

CAHPS 5.0H
Patient Experience

50%
of
Score

50%
of
Score

Performance-Based Accreditation

Health Plan Network Adequacy Standards

- Availability of Practitioners:
 - Assesses cultural, ethnic and linguist needs of members, adjusts network if necessary
 - Sets standards on number and geographic distribution of PCPs, high-volume specialists and behavioral health providers
 - Assesses performance at least annually
- Accessibility of Services:
 - Sets standards for access to routine appointments, urgent care, after-hours care & members services
 - Behavioral health access standards: 6 hours for emergent care, urgent care within 48 hours, routine office visit with 10 days
 - Assesses performance at least annually

Network Adequacy Standards (Continued...)

- **Continuity of care:**
 - Works to improve coordination of care for members
 - Notifies members of a termination of a practitioner at least 30 days prior and helps them select a new practitioner
 - Allows members under active treatment or in 2nd or 3rd trimester of pregnancy to continue care for 90 days or through the post-partum period, respectively
- **Complaints and Appeals:**
 - Track and analyze complaints and appeals related to access (e.g., requests for out of network coverage)
- **Consumer Survey (CAHPS):**
 - Plans required to collect and report standardized data on consumer experience
 - CAHPS survey includes questions on access: How often did you get appointments/care as soon as you thought you needed?

Narrow Networks: Pro & Con



Some narrow network plans are among top performers

But...



Could harm access & quality if networks are not structured to ensure & improve both

New 2015 Standards for Marketplace Plans

- Transparency of network design:
 - Make available criteria used to pick in network hospitals and practitioners
 - Must be included in provider directory and written in consumer-friendly language
- Member experience monitoring
 - Analyzes complaints and appeals, requests for out of network services
 - Identifies and acts on opportunities to improve



New network transparency requirements apply to marketplace silver plans

Key Lessons

Engaging the delivery system is critical for solving network adequacy problems

- Plan-provider communication to improve accuracy of provider directories
- Short and long-term workforce strategies to address provider shortages, especially in mental health
- Care delivery transformation to promote new models of care that enhance access (NCQA tackling this through ACO, PCMH and PCMH neighbor programs)

Future also involves getting more real-time information from consumers

- CAHPS a start, but annual reporting cycle and sample issues may limit usefulness as regulatory tool
- Designing secret shopper methodology under research project
- Exploring pulse surveys, other innovative approaches

Early Considerations for HPA 2016

Build on existing standards, expand some 2015 requirements to other product lines

Provide members with information about wait time for appointments and where to seek help if they cannot get an appointment

Adopt standardized format for reporting number of denied/approved requests for out of network service

Clearly describe pharmacy coverage in marketing materials, identify if drugs for common or chronic conditions are not available in lowest-cost tier

Questions?

Tricia Barrett

Vice President of Product Development

barrett@ncqa.org

Will Robinson

Assistant Director of State Affairs

robinson@ncqa.org