Network Adequacy, Provider Directory, and Surprise Bill Requirements Across the States

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The Goal

- **Network Adequacy**: Making sure insurance enrollees can get care from appropriate in-network providers who speak their language, in a timely manner, without traveling too far.

- **Provider Directory Accuracy and Accessibility**: Ensuring that health plans' directories of in-network providers include information that is up-to-date and correct. These directories should provide information that all communities, including those with limited-English proficiency and those with disabilities, need to obtain care.

- **Surprise Medical Bills:** Preventing costs that occur when out-of-network providers deliver care at in-network facilities, usually with the patient unaware of the provider's out-of-network status.

MD SB 929/ HB 1318: Enacted May 2016

- Commissioner shall adopt quantitative and, if appropriate, non-quantitative criteria to evaluate network sufficiency in consultation with interested stakeholders. May take into consideration (non-exhaustive):
  - Geographic accessibility
  - Waiting times for an appointment
  - Provider-to-enrollee ratios
- Commissioner must also consult with stakeholders to establish standards for dental plans

Network Adequacy in Maryland

- Issuers must file access plans that include items such as, but not limited to:
  - The factors used by the issuer to build the network, including the criteria used to select providers for participation in the network and, if applicable, place providers in tiers
  - The issuer's efforts to address the needs of both adults and children with: LEP or illiteracy; diverse cultural or ethnic backgrounds; physical or mental disabilities; serious, chronic, or complex health conditions.

CO Insurance Division Bulletin No. B- 4.90- Mar 2016

- **Service Wait Times**:
  - Primary Care and Mental/ Behavioral Health and Substance Use Care; Prenatal Care (Routine, non-urgent): **Within 7 days**
  - Preventive/ well visits: **within 30 days**
  - Specialty care (non urgent): **within 60 days**
  - All must be met at least 90% of the time
- **Provider-to-Enrollee Ratios** of 1:1000 for primary care; OB/GYN; mental health/ substance use/ behavioral health providers; pediatrics.
- **Maximum distance standards in large metro area:**
  - Primary care: 5 miles
  - Psychiatrist: 10 miles

Provider Directory Accuracy

Georgia

SB302- April 2016

- Insurers must allow the public to report directory inaccuracies by phone and email/web link. Must investigate reports and modify accordingly within 30 days.
- Insurers must review and update entire directories by January 1, 2017. Annually after, must audit reasonable sample of directories and make needed corrections.
- Insurers must contact providers that haven't submitted claims within 12 months or otherwise indicated intention to be in-network. If can't reach providers within 30 days, must remove them.
- Consumers held harmless from excess costs when rely on materially inaccurate directory info and subsequently receive care from out-of-network providers.

Maryland

SB929/HB1318- May 2016

•Insurers must provide customer service phone number and email address link or other electronic way to report directory inaccuracies. Insurers must investigate reports and make corrections, if necessary, within 45 working days.

•Insurers must periodically review at least a reasonable sample of their directories for accuracy and make reviews available to the commissioner upon request.

- •OR, insurers may contact providers who haven't submitted claims in the last 6 months to determine if they intend to remain in-network.

Provider Directory Accuracy

California

SB137- Oct 2015

- Annual directory review
- Outreach to providers every 6 months
- Process for public to report inaccuracies with mandatory corrections
- Hold consumers financially harmless from materially inaccurate info
- Weekly update requirement
- Delay reimbursement to non-compliant providers

Enforcement

- Blue Shield CA and Anthem Blue Cross respectively fined $350K and $250 K for inaccuracies

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Provider Directory Accuracy in Other States

Texas

- Hold consumers harmless if rely on materially inaccurate information(regulatory requirement)
- Process for public to report inaccuracies (HB1624, 2015)

Pennsylvania

- Hold consumers harmless if rely on materially inaccurate information (2015 insurance department guidance)

New Jersey

- Outreach to providers who haven't submitted claims in 12 months (regulator requirement)

Surprise Medical Bill Protections

Florida

HB 221- April 2016

- **Emergency Protection:** Enrollees are liable only for in-network cost-sharing if they receive covered emergency services from out-of-network providers. (No surprise bills permitted in emergencies.)
- **Non-emergency Protection:** No balance bill permitted (insured must only pay in-network cost-sharing) if the insured receives care in an in-network facility and "does not have the ability and opportunity to choose a participating provider at the facility who is available to treat the insured."

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Surprise Medical Bill Protections

Florida

HB 221- April 2016

- **Reimbursement of Out-of-Network Providers** shall be the lesser of:
  - The provider's charges
  - Usual and customary charges for similar services in community where the services were provided
  - Charges mutually agreed on by issuer & provider
- **Statewide provider and health plan claim dispute resolution program:** Established for when agreement is not reached. Law creates certain parameters and orders Commissioner to adopt further rules for the resolution organization that operates process.

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Surprise Medical Bill Protections

Florida

HB 221- April 2016

- **Notice requirement:** Hospitals must post on websites names and links to all issuers for which they are in-network and statement that providers in hospital may not be in-network; and as applicable names of practitioners in hospital and how to contact them to determine network status.
- **Notice Requirement:** Issuers must provide enrollees a prescribed notice that intentionally visiting out-of-network providers will result in higher cost-sharing and balance bills, along with how to obtain information about in-network providers.

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Surprise Medical Bill Protections

- Balance bill protections in the NAIC Act are based on Texas law

- Florida law is based on New York law

Which states have yet to act?

- Approximately 20 states, including DC, do not have quantitative network adequacy standards. Some are in process of adopting now. (Source: Commonwealth data, updated w/ recent legislative activity)

- Many states with standards enacted them on NAIC model as originally adopted in the 1990's, pre-ACA

- Some of states without network adequacy standards have provider directory protections (GA) or limited balance billing protections (MA)

Resources on State Network Adequacy Standards

Standards for Health Insurance Provider Networks: Examples from the States: http://familiesusa.org/product/standards-health-insurance-provider-networks-examples-states

Improving the Accuracy of Health Insurance Plans' Provider Directories: *http://familiesusa.org/product/improving-accuracy-health-insurance-plans-provider-directories*

Improving Private Health Insurance Networks for Communities of Color: *http://familiesusa.org/product/improving-private-health-insurance-networks-communities-color*

How States are Improving Consumers' Access to In-Network Health Care Providers: *http://familiesusa.org/blog/2016/04/how-states-are-improving-consumer-access-network-health-care-providers*

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