

## **For Consideration by Standing Advisory Board**

**July 26, 2016**

### **Recommendation for District of Columbia Network Adequacy Standards**

The Standing Advisory Board recommends that the HBX Executive Board adopt the following recommendation.

#### **RECOMMENDATION DESCRIPTION:**

The District of Columbia shall enact network adequacy standards built on the foundation of the National Association of Insurance Commissioners Health Benefit Plan Network Access and Adequacy Model Act and network adequacy provisions enacted in other states. These protections are critical to the entire health insurance market, not only the individual and small group markets offered through DC Health Link.

The District shall ensure that consumers in private insurance health plans have sufficient and timely access to providers. District residents shall have accurate, easily accessible, and comprehensive information about participating providers in DC-licensed insurance plans. District residents in active treatment shall have continuity of care rights for a certain period of time if their providers are terminated from their networks but are still safe to deliver care. District residents shall be protected from surprise medical bills from out-of-network providers in in-network facilities.

#### **RECOMMENDATION LANGUAGE:**

The District of Columbia shall enact all sections of the NAIC Network Access and Adequacy Model Act, including network sufficiency, continuity of care, provider directory, and surprise out-of-network bill protections, modified as necessary to meet the unique needs of the District. Below we provide further detail on how three of these provisions should be implemented to meet the specific needs of the District; for the continuity of care provision please refer to the NAIC Model Act.

#### **I. Network Sufficiency**

- 1) Consistent with Maryland HB1318, enacted May 2016, the District of Columbia shall adopt quantitative and, if appropriate, non-quantitative criteria to evaluate the network sufficiency of health benefit plans. Maryland HB 1318 requires the Commissioner, in consultation with stakeholders, to adopt regulations that may take the following into consideration:
  - a. Geographic accessibility of primary care and specialty providers, including mental health and substance use disorder providers;
  - b. Waiting times for an appointment with participating primary care and specialty providers, including mental health and substance use disorder providers;
  - c. Primary care provider- to-enrollee ratios;
  - d. Provider-to-enrollee ratios, by specialty;
  - e. Geographic variation and population dispersion;
  - f. Hours of operation;
  - g. The ability of the network to meet the needs of enrollees, which may include:
    - i. Low-income individuals

- ii. Adults and children with:
  - 1. Serious, chronic, or complex health conditions or;
  - 2. Physical or mental disabilities; and
  - 3. Individuals with limited English proficiency or illiteracy;
- h. Other health care service delivery system options, including telemedicine, telehealth, mobile clinics, and centers of excellence;
- i. The volume of technological and specialty care services available to serve the needs of enrollees requiring technologically advanced or specialty care services;
- j. Any standards adopted by the federal Centers for Medicare and Medicaid Services or used by the Federally Facilitated Marketplace; and
- k. Any standards adopted by another state.

## II. **Provider Directory Accuracy**

- 1) As is required currently for plans sold on DC Health Link under a resolution of the Executive Board enacted January 1, 2015, all District-licensed carriers shall be required to prominently post a phone number or email address on their online and print provider directories (not necessarily a dedicated phone number or email address) for consumers to report inaccurate provider directory information. Carriers will be required, within 30 days, to validate reports that directories are inaccurate or incomplete and, when appropriate, to correct the provider information. The carrier will be required to maintain a log of consumer reported provider directory complaints that would be accessible to DISB or HBX upon request.
- 2) The Commissioner shall review the NAIC Model Act, including drafting notes, and requirements implemented in other states, and adopt policies to ensure that carriers' provider directories are accurate and easily accessible for District residents.

## III. **Surprise Medical Bills**

**Emergency Protection:** As included in the NAIC Model Act, the District of Columbia should protect insurance enrollees from any costs beyond in-network cost-sharing in emergency situations, including if they receive services from out-of-network providers. Consumers should never face surprise bills in emergencies.

**Non-Emergency Protection:** The District of Columbia should protect insurance enrollees for any costs beyond in-network cost-sharing when the enrollee receives care in an in-network facility and does not have the ability and opportunity to choose an in-network provider at the facility who is available to treat the enrollee.

Other states, such as Florida and New York, have implemented laws that may provide instruction to the District in implementing these protections.