

Provider Network Adequacy

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What is Provider Network Adequacy?

“Network adequacy” describes whether a consumer’s health plan includes a sufficient number of providers and if the proximity of medical and facility providers is sufficient to address the health care needs of all the carrier’s members or enrollees in a timely manner.

Federal and State Laws and Regulations:

Federal Regulations issued under the Affordable Care Act require that health carriers issuing Qualified Health Plans offer provider networks that are sufficient in number and types of providers -- including essential community providers -- so that all services are accessible without unreasonable delay (45 C.F.R. § 156.230).

Federal and State Laws and Regulations:

Individual and small group insurance market for products offered on and off of the health insurance exchange:

Under Minnesota state law, “provider network[s] must include a sufficient number and type of providers, including providers that specialize in mental health and substance use disorder services, to ensure covered services are available to all enrollees without unreasonable delay” (Minnesota Statutes 62K.10, Subdivision 4)

Federal and State Laws and Regulations:

Minnesota state law requires that networks be evaluated annually against geographic access standards:

- The maximum travel distance for primary care (including pediatric primary care), mental health and general hospital services shall be 30 miles or 30 minutes from all parts of a service area.
- The maximum travel distance for specialty physician services, ancillary services, specialized hospital services and all other health services shall be 60 miles or 60 minutes from all parts of a service area.

(Minnesota Statutes 62K.10, Subdivision 2 and 3)

MDH Annual Reviews:

The Minnesota Department of Health (MDH) conducts annual reviews of carriers' proposed provider networks to:

- Evaluate the geographic adequacy of the provider networks by reviewing provider lists and “geographic access maps” and other documents submitted by insurers.
- Confirm that networks meet a 30 mile/30 minute geographic access standard for:
 - Primary Care Providers,
 - Pediatric Primary Care,
 - Mental Health Providers, and
 - General Hospitals

MDH Annual Reviews:

- **Ensure access to a range of providers that specialize in specific types of practice, such as:**
 - Pediatric Specialty Providers
 - Cardiovascular Disease and Cardiac Surgery
 - Endocrinology
 - Gastroenterology
 - Neurology and Neurological Surgery
 - Ob/Gyn Physicians and Nurse Practitioners
 - Oncology
 - Pulmonary
 - Urology
 - Surgeons (General, Cardiac, Neurologic, Orthopedic, Reconstructive, Thoracic and Vascular)
 - Dental Providers, and other provider specialties

Networks Must Also Include:

- Organ Transplant Specialty Centers
- Pediatric Specialty Hospitals
- Chemical Dependency Providers - Outpatient and Inpatient
- Physical Therapy, Occupational and Speech Therapy
- Chiropractic Services
- Home Health Care Services
- Lactation Consultants
- Essential Community Providers designated as Family Planning, Primary Care, Mental Health, Chemical Dependency, and Indian Health ECPs.

(Based on Federal guidelines and essential health benefits established in the state benchmark plan)

Network Adequacy Waivers:

In certain situations when a provider network is not be able to meet the geographic access requirement, a carrier may apply for a waiver if:

- Carrier has conducted a good faith search for providers and there are no providers physically present in the service area;
- Carrier has identified providers that meet the geographic access standard but they do not meet insurer's credentialing requirements; or
- Carrier has made a good faith effort to contract with one or more provider(s) who have refused to contract.

(Minnesota Statutes 62K.10, Subdivision 5)

Have the networks shrunk?

- **Slightly fewer network options available in the Individual/Family insurance market.**
 - 2015: 15 Networks offered on MNsure
 - 2016: 14 Networks offered on MNsure
 - 2017: 12 Networks offered on MNsure
- **ACO networks have been consistently offered since MNsure's inception.**

What Changed In The Networks Available In 2017?

- **Blue Cross Blue Shield's withdrawal from Individual Market means the loss of the most comprehensive, and only, statewide network**
- **GroupHealth/Health Partners reduces Service Area for Individual Network to 11 greater metro counties.**

Essential Community Providers

- **Essential Community Providers are designated under Minnesota Statutes, 62Q.19**
- **ECPs:**
 - Serve communities that are underserved with regard to health care services including, uninsured, high risk, special needs populations.
 - ECPs provide supportive and stabilizing services

Essential Community Providers

- **Essential Community Providers may request contracts from health plans on terms equivalent or better to other providers who provide the same or similar services in the same service area.**

Essential Community Providers

- **Requirements for including ECPs in provider networks:**
 - Minnesota requires that health plans include ECPs in their provider networks offered in the individual and small group market.

Essential Community Providers

- **Under Minnesota's provider network requirements:**
 - Health Plans must offer a contract in good faith to all ECPs designated as Indian Health Providers in their network service area.

Essential Community Providers

- **Minnesota provider network requirements:**
 - Each network must include at least one ECP per county (if available) in each of the following categories:
 - Primary Care ECP
 - Family Planning ECP
 - Mental Health ECP
 - Chemical Dependency ECP

County Based Purchasers

- **County Based Purchasers are entities established by a county or group of counties to provide health care services to their residents who are enrolled in Medical Assistance and MinnesotaCare.**

County Based Purchasers

- CBPs are authorized by [Minnesota Statutes, section 256B.692.](#)
- Regulated like Health Maintenance Organizations in Minnesota and must meet similar standards for access, quality and financial solvency

County Based Purchasers

- **Can County Based Purchasers offer insurance in the private individual insurance market?**
 - Nothing legally precludes this.

County Based Purchasers (CBPs)

CBPs have been established to serve enrollees in public insurance programs, and there are likely some barriers to their immediate entry into the individual insurance market, including:

- Additional financial reserve requirements
- Potential enhancements to provider networks
- Marketing and customer service infrastructure necessary to offer insurance in a private market.

Thank you!

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