EVOLVING NETWORK ADEQUACY REQUIREMENTS TO CLOSE HEALTH EQUITY GAPS

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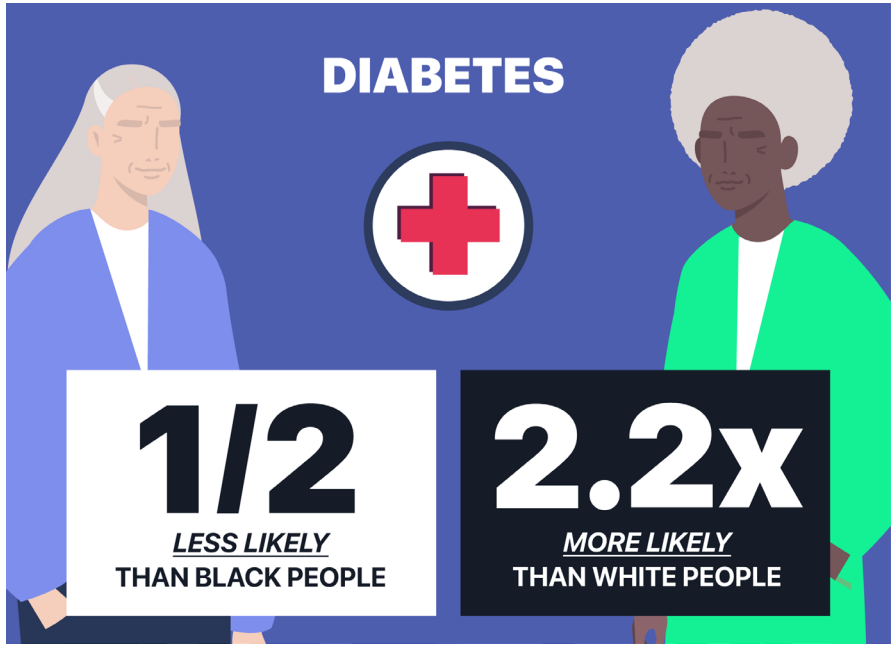
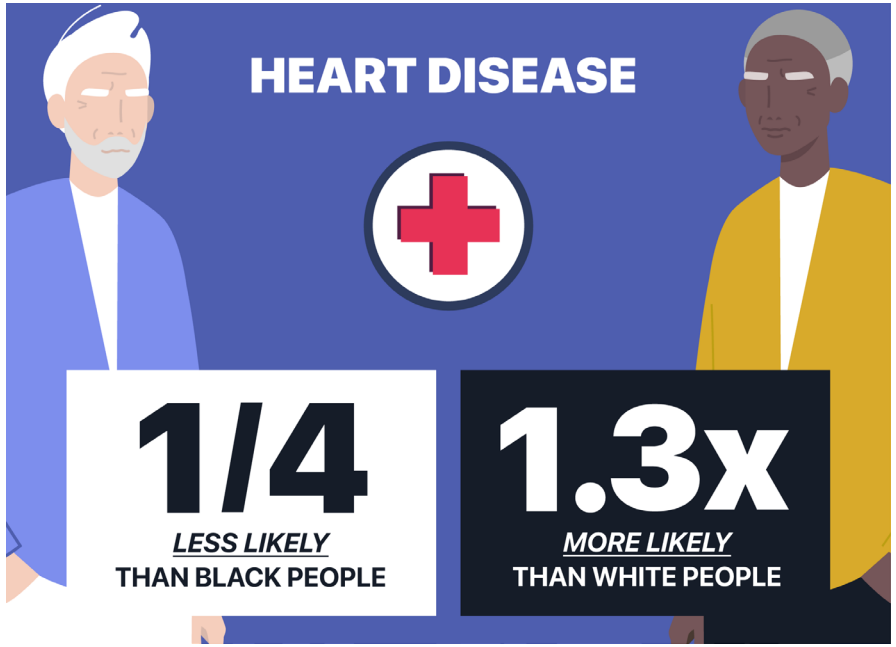
Prepared for NAIC, R&I Workstream #5

QUEST ANALYTICS
Provider Network Management

There are enormous differences in health outcomes between White and Black Americans.





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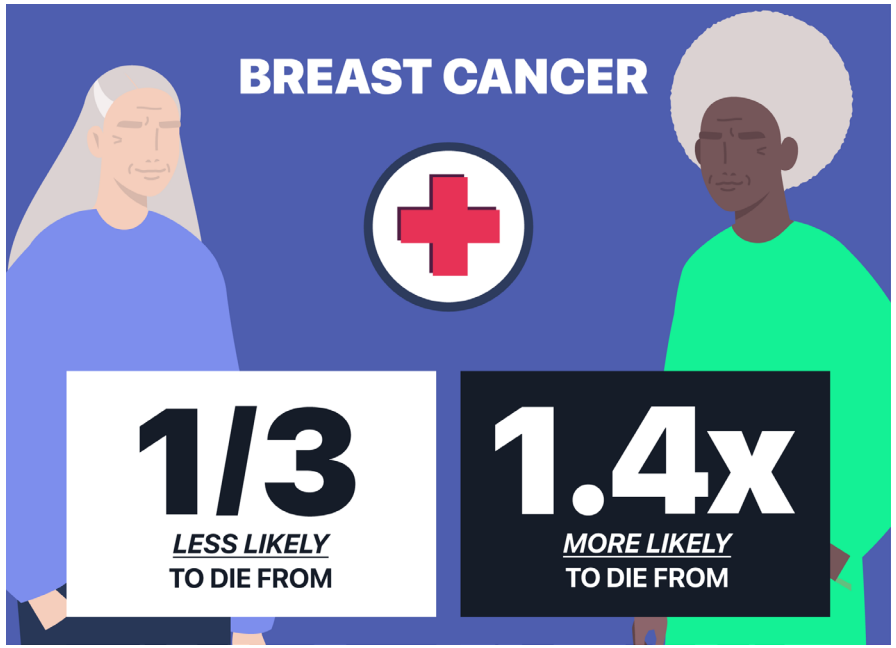

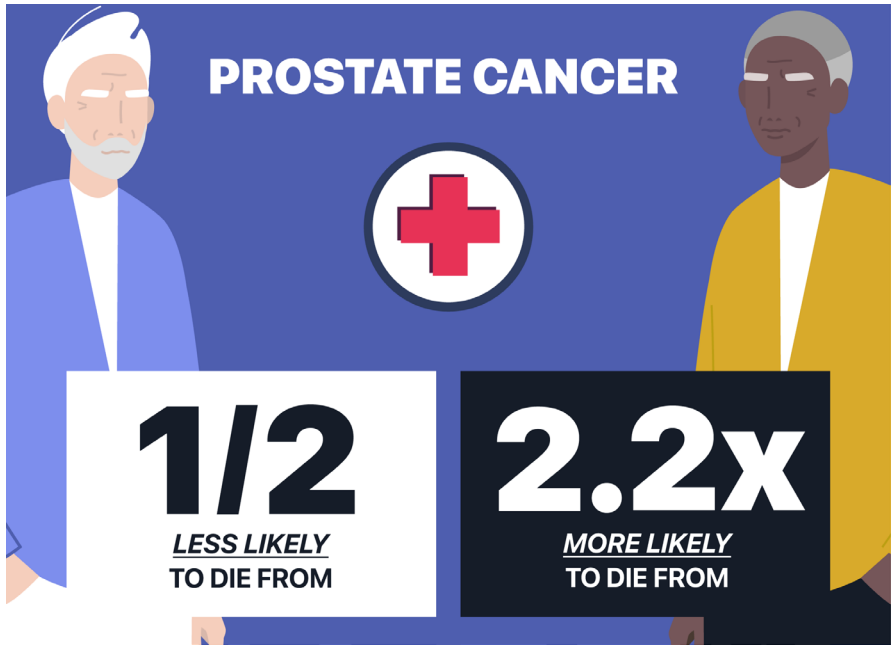

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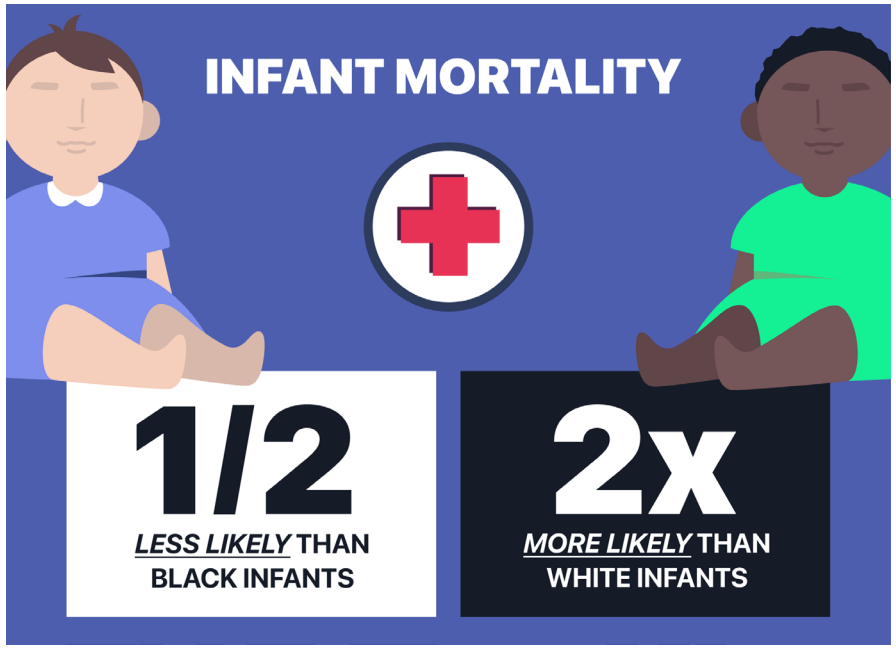
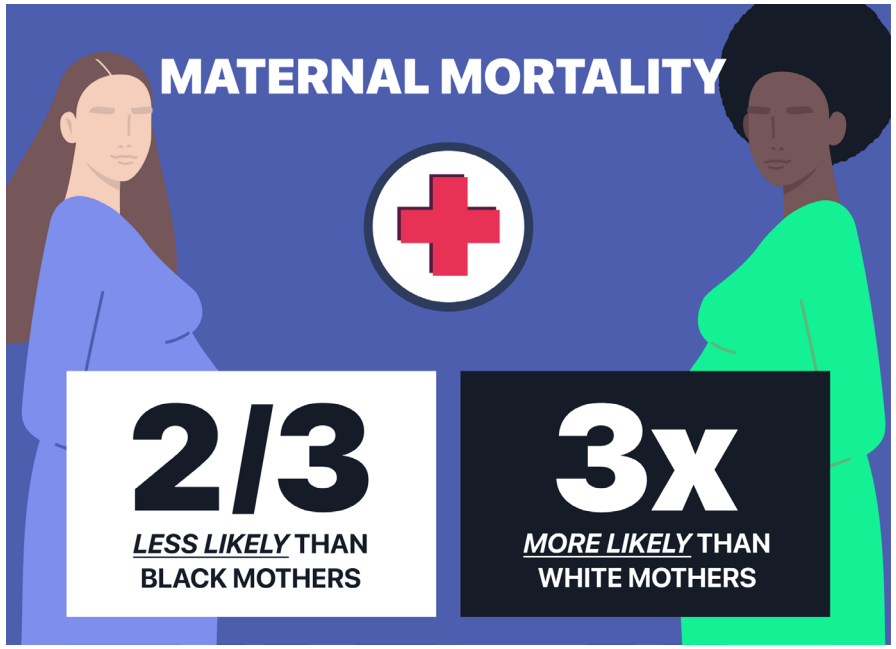




Health Equity Network Adequacy

- Quest Analytics is developing a framework to measure and monitor progress toward improving the health equity standing of health plan beneficiaries
- New standards will help to ensure issuers offer provider networks that meet the critical health equity needs of the population
- The framework has two pillars: (1) A **health equity** county type designation and (2) **provider characteristic types**, including race, that are critical to meeting the health equity needs of the community served
- The framework builds off existing concepts around network adequacy requirements utilized by CMS

Adding a Health Equity Lens to Network Adequacy

Population and Density County Type Designation

Provider Types Critical to Meet Health Care Needs

Time & Distance Standards

Health Equity County Type Designation

Provider Characteristic Types Critical to Meet Health Equity Needs

Time & Distance Standards

Today

- Many requirements to ensure consumers have access to provider and facility types within time and distance metrics
- Based on a population/density county type designation

Tomorrow

- Network standards ensure consumers have access to provider and facility health equity characteristic types within time and distance metrics
- Vary based on a health equity designation

County Type Designations

County	Population	Density
Large Metro	≥ 1,000,000	≥ 1,000/mi2
Metro	≥ 1,000,000	10-999.9/mi2
Micro	50k-199,999	10-99.9 /mi2
Rural	10k-49,999	10-49.9/mi2
CEAC	Any	<10/mi2

County	Foreign Language % of Population*	% of Providers within 1 mile of public transportation*
HE 1	10%	50%+
HE 2	20%	40%
HE 3	30%	30%
HE 4	40%	20%
HE 5	50%+	10%

Today

- Network adequacy is assessed at the county level, and counties are classified into five county type designations based on population and density parameters

Tomorrow

- Health equity assessed at the county level with counties being classified into various county type designations
- Beneficiary files configured to direct health equity access measures based on need rather than population density

Establish Provider Types to Measure

Provider Types
001 – General Practice
002 – Family Practice
003 – Internal Medicine
004 – Geriatrics
005 – Primary Care – Physician Assistants

Provider and Facility Characteristics
001 – Provider Language
002 – Provider Proximity to Public Transit
003 – Facility Mortality Score
004 – In-home Services Provided by Provider
005 – Provider Ethnicity

Today

- Typical standards measure provider specialty types and facility specialty types that critical to meeting the **health care** needs of the population

Tomorrow

- Network standards measure provider and specialty characteristic types that are critical to meeting the **health equity** needs of the population

Time and Distance Measurements

Primary Care/Large Metro	
Time	Distance
10 minutes	5 miles

Provider Language/County Ranking 1	
Time	Distance
10 minutes	5 miles
Facility Attributes	
75% contracted	High performing facilities

Today

- Many standards demonstrate networks do not unduly burden consumers in terms of travel time and distance to the provider types

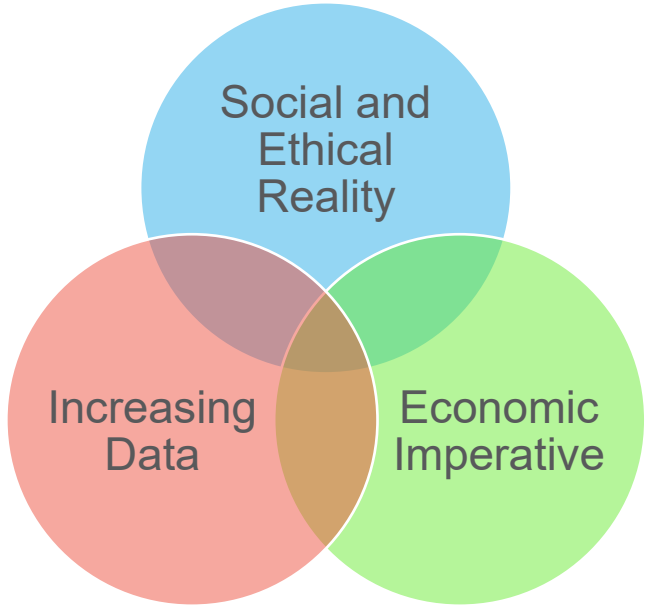
Tomorrow

- Standards designed to demonstrate networks do not unduly burden consumers in terms of travel time and distance to the provider characteristic types
- Requiring contracting percentages against supply builds of precedent (e.g.: ECP on Exchange)

We can’t do that!

- We don’t have the data
- Clinicians aren’t available
- Providers won’t contract
- Special interests are too strong
- The data is too sensitive

But We Must



What standards would address deficiencies in provider networks, and improve access to INN benefits, for plan enrollees of color?