

Special Legislative Commission to study the Impact of Insurer Payments on Access to Health Care

Office of the Health Insurance Commissioner

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March 10, 2020

OHIC Authority– “Network Plans”

- R.I. Gen. Laws § 27-18.8-1 et seq., entitled the Health Care Accessibility and Quality Assurance Act; and regulations:

"Network plan" means a health benefit plan or health plan that either requires a beneficiary to use, or creates incentives, including financial incentives, for a beneficiary to use the providers managed, owned, under contract with, or employed by the health care entity.

Network Plan--Adequacy Regulations

A health care entity must submit Network Adequacy policies that evidence:

- Each health care entity shall have an ongoing process in place to monitor and assure that its provider network for each of its network plans are ***sufficient in scope and volume*** to assure address and monitor its population needs that all covered services for beneficiaries, including children, adults and low-income, medically underserved beneficiaries, children and adults with serious chronic and/or complex health conditions or physical and/or mental disabilities and persons with limited English proficiency are accessible in a timely manner without unreasonable delay.
- Beneficiaries have access to emergency services twenty-hours (24) hours a day, seven (7) days a week.

Network Plans Market Conduct Exam

Began September 2019 to review each Health Plan's:

Adequacy of Provider Network

Maintain updated network provider directories

Professional Provider Credentialing within timeframes

“Whether the carriers are complying with their legal obligations to assure beneficiaries have sufficient access and availability to covered services in a timely manner without unreasonable delay.”

Market Conduct Exam (MCE): Network Adequacy

- Must have enough in-network capacity to cover benefits sold under subscriber agreements so as not to create delays of care.
 - Are BH services treated differently?
- In RI, time and distance requirements are not useful.
 - CMS has guidelines. Plans need to self-audit.
- Preliminary– OHIC Guidance to Plans is needed
- OHIC seeks more cost effective means to conduct MCEs