

Understanding Network Adequacy

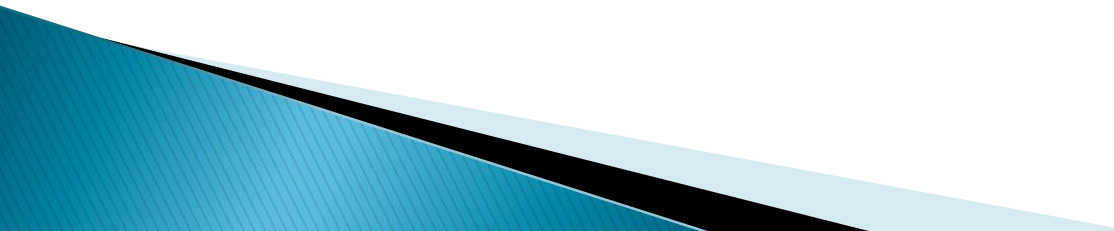
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Current NAIC Model

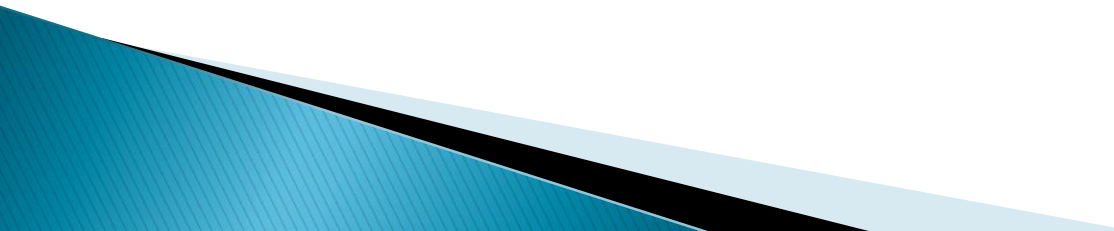
The current NAIC model

- Adopted in 1996
- Very flexible model
 - Single approach
 - Narrowly focused on networks
- Not modernized
 - Does not reflect the way consumers digest information
 - No ACA component

Goals for the Revision

- Modernize the existing model
 - Expand consumer protections
 - Create a model that can pass in the states
 - Create a model that can reflect the differences between the individual state regulatory structures and goals
 - Do not take sides in contracts between medical providers and insurers
 - Almost everything can relate to “network adequacy,” stay focused.
 - Understand what we have the power to regulate as insurance regulators.
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Understanding the Key Issues

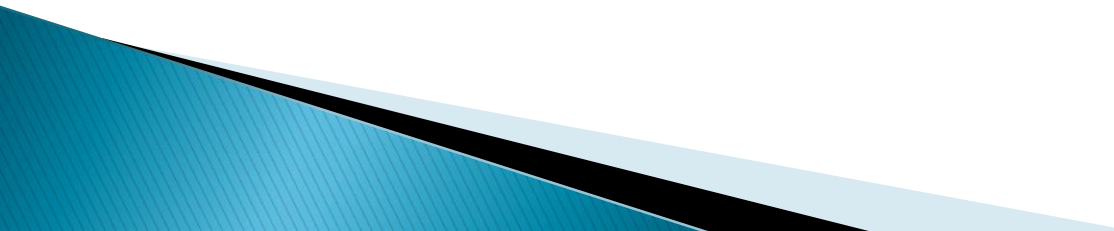
1. “Narrow” / “High Quality” Networks
 2. Tiered Networks
 3. Telehealth
 4. Hospital-based physicians
 5. Continuity of Care
 6. Balance billing
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Revising the Model

Network Adequacy Subgroup

- Created as a subgroup to Regulatory Framework Task Force
- Chaired by Wisconsin
- Reviewed existing model
- Comments from interested parties
 - Provider Panel
 - Consumer Panel
 - Accreditation panel
 - Insurer panel
 - Regulator Panel
- Written comments received
 - Received 26 comment letters from interested parties
 - Committee will review the comments and begin working on the model

Revising the Model

- 1st Draft now complete
 - Reviewed by subgroup
 - NAIC will be accepting written comments on the new language
 - Go over entire model a 2nd time
 - Once work is complete, the Regulatory Framework Task Force will review, then the Health Insurance Committee
 - For model to be adopted, must pass by 2/3 majority at plenary.
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Key Changes

- Numerous options included in the model
 - Access plan filed or filed for approval
 - Special enrollment
 - Drafting notes offer additional regulatory options
 - New appeals procedure for consumers
 - More disclosures
 - Hospital based physicians
 - Provider directories
 - Access plans
 - Additional continuity of care provisions
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