Requirements for Medicare Advantage Plan Provider Networks

September 26, 2014

Alliance for Health Reform

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Exhibit 1

Seniors say plans' provider networks are important

I had to check with my cardiologist. I had to check with St. Joe's. I had to check with all these different people and doctors all along the way to see who could refer me to this, that, or the other thing.
– Medicare Advantage enrollee (Tampa, FL)

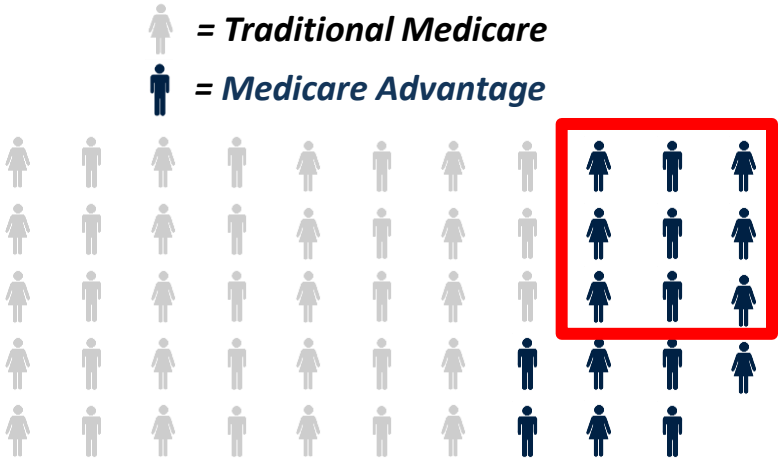
Examples of providers included in plan networks:

SOURCE: Kaiser Family Foundation, "How Are Seniors Choosing and Changing Health Insurance Plans? Findings from Focus Groups with Medicare Beneficiaries," May 2014.

Exhibit 2

CMS has a process for determining minimum providers

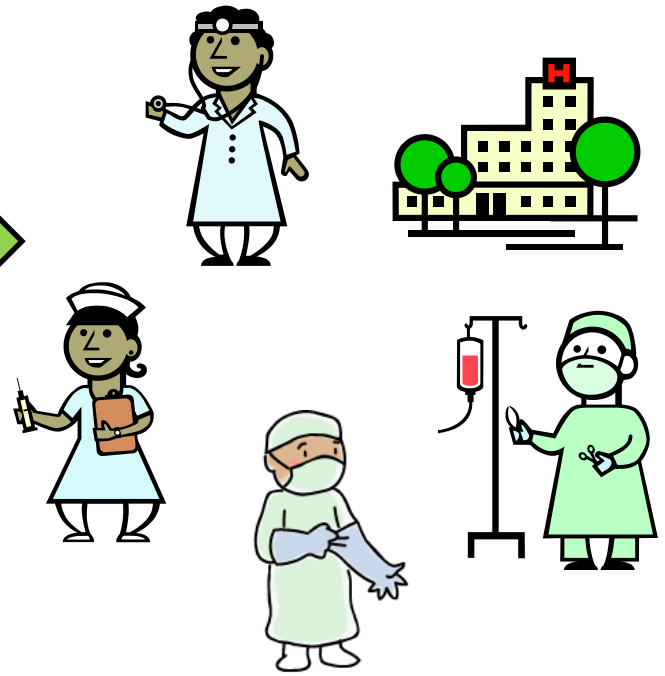
of Enrollees plans need to be prepared to cover



95 percentile of each Medicare Advantage plan's market penetration

CMS Algorithm Produces

Minimum # of each type of provider needed



SOURCE: Centers for Medicare and Medicaid Services (CMS) CY2015 MA HSD Provider and Facility Specialties and Network Adequacy Criteria Guidance; number of minimum providers, and time and distance requirements, by county and provider type available at http://cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/

Exhibit 3

CMS sets networks' maximum time and distance from patient to provider – requirements vary by county

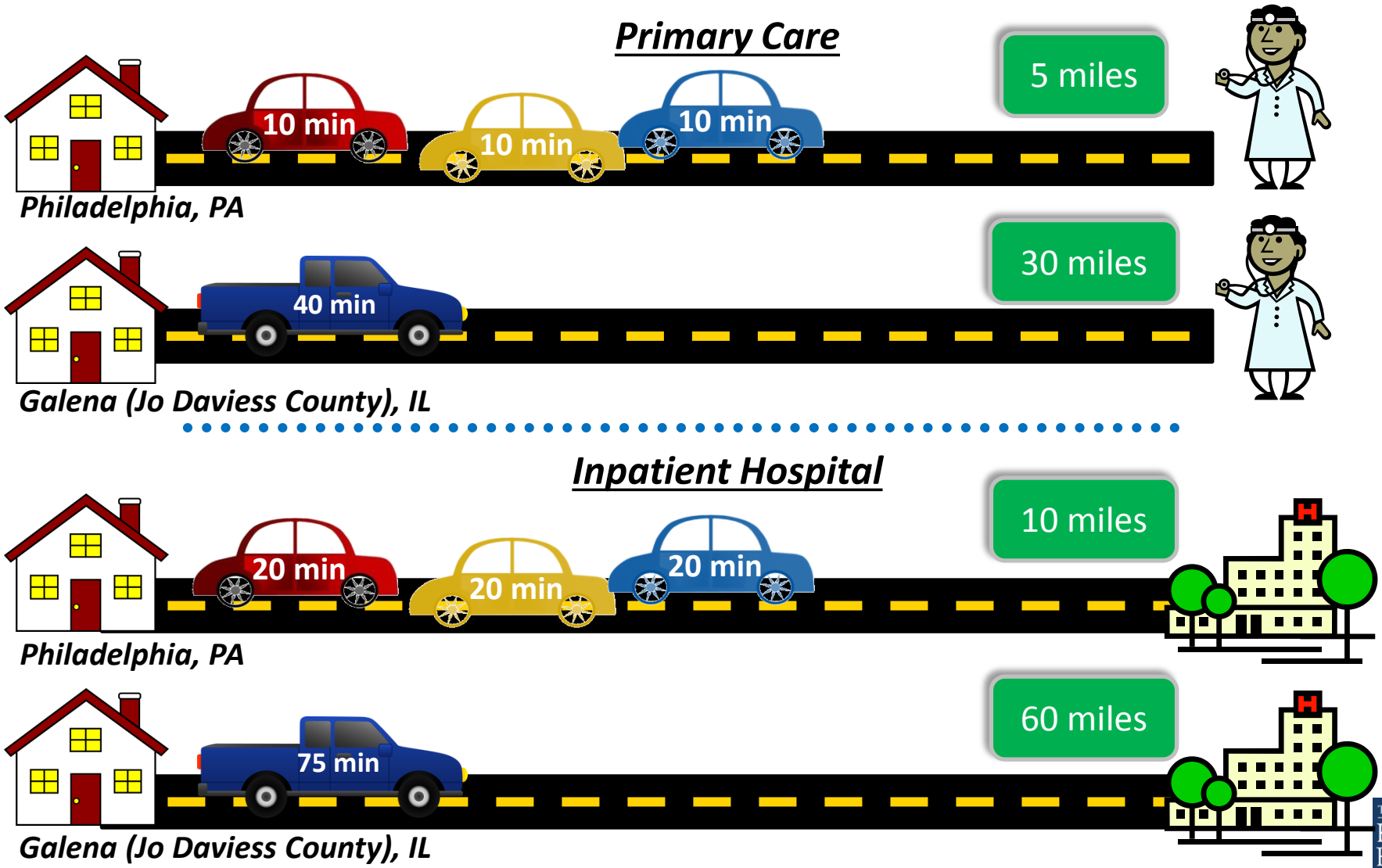


Exhibit 4

CMS oversight of plan network adequacy

Initial contract application (and service area expansions)

- CMS reviews networks through an automated process
  - Approval is for a contract and areas covered by plans under the contract
  - Same network requirements for all plan types (e.g., SNPs, HMOs, PPOs)

Annual plan renewals

- Plans attest to meeting network requirements
  - CMS reviews network if they receive many consumer complaints
  - Plans required to notify all enrollees of network changes for the following plan year

Mid-year changes in networks

- If plans change networks mid-year, they must notify CMS (90+ days in advance), providers (60+ days), and enrollees (30+ days)

SOURCE: Centers for Medicare and Medicaid Services (CMS) CY2015 MA HSD Provider and Facility Specialties and Network Adequacy Criteria Guidance; and CMS Announcement of CY 2015 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter, April 2014.

Exhibit 5

Many facets of plan provider networks are not known

- How easy is it for enrollees or prospective enrollees to review plans' provider networks prior to enrollment?
- How frequently do plans change providers in their networks?
- How often do enrollees go out-of-network to receive their care?
- Do many plans inform enrollees which network physicians accept new patients?
- To what extent do plans tend to include/exclude the same providers?
- Do plans favor higher quality providers in the area?
- Do plans favor providers that use electronic communication with patients?
- How often do plans update their provider directories during the plan year?

It would be lovely if all these plans would put down these are the doctors, these are the hospitals, and then you could look at them side-by-side because I had a heck of a time when I had to switch.
– Medicare Advantage enrollee (Tampa, FL)

SOURCE: Kaiser Family Foundation, "How Are Seniors Choosing and Changing Health Insurance Plans? Findings from Focus Groups with Medicare Beneficiaries," May 2014.

Exhibit 6

Medicare Resources on kff.org

THE HENRY J. KAISER FAMILY FOUNDATION

- ✓ How Are Seniors Choosing and Changing Health Insurance Plans? Findings from Focus Groups with Medicare Beneficiaries
- ✓ KFF/JAMA Infographic: The Role of Medicare Advantage
- ✓ Kaiser Health Tracking Poll: February 2014
- ✓ Medicare Advantage Fact Sheet
- ✓ Medicare at a Glance
- ✓ The Story of Medicare: A Timeline
- ✓ Medicare Advantage: Take Another Look

For more information, visit kff.org/Medicare

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