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NAIC

NAIC Model

- *Managed Care Plan Network Adequacy Model Act (#74).*
- Developed in 1996.
- Applies to health carriers that offer “managed care plans.”
- Section 5 of the model includes a requirement that carriers maintain a network that is sufficient in numbers and types of providers to assure that all services to covered persons will be accessible without unreasonable delay.
- Carriers must also file an access plan with the commissioner prior to offering a new managed care plan. Must update plan whenever material changes are made to the existing managed care plan.

NAIC Model

- Approximately 10 states have adopted the model and about the same number have adopted something similar.
- Copy of current NAIC Model can be viewed or downloaded from this link:
<http://www.naic.org/store/free/>.
- Network Adequacy Guidance White Paper was developed based on the NAIC model and state best practices related to review of network adequacy access plans. Can be viewed or downloaded from this link: http://www.naic.org/committees_b.htm.

ISSUES

- **Flexibility to reflect differences in populations and health care marketplaces among the states.**
- **Balancing the need among competing interests to ensure networks are adequate and consumers and providers are properly informed of the differences in the networks among the many plans being offered and cost.**

ISSUES

- **Tiered networks and narrow networks.**
- **Provider directories, updates.**
- **Consumer information/education.**
- **“Surprise bills” – out-of-network hospital-based providers.**
- **Same standards for QHPs?**

NAIC Model Revisions

- In April, Network Adequacy Model Review (B) Subgroup established to review and consider revisions to model to update to reflect the ACA provisions, such as ECPs, and make other revisions necessary since the model was adopted in 1996.
- Weekly conference calls as the Subgroup begins to consider revisions. Open to all stakeholders.
- Completion by Nov. /Dec. 2014.
- Link to Subgroup webpage on NAIC website:
http://www.naic.org/committees_b_rftf_namr_sg.htm

NAIC Model Revisions

- Requested comments by July 3 on suggested revisions to NAIC model.
- Received over 30 comment letters from various stakeholders, including industry, providers, accrediting organizations, and consumers.
- Subgroup began discussion of comments and possible revisions by conference call July 31.
- Calls continuing with review section-by-section, comment-by-comment.

Other state activities

- **Quantitative/specific standards vs. subjective/general standards.**
- **For example, CA adopted more quantitative standards with minimum/maximum distance, waiting times and provider-enrollee ratio requirements. TX has similar requirements.**
- **WA and CO have adopted more subjective/general standards (so-called “reasonableness standard”) to provide more flexibility. Similar to current NAIC model.**

Questions?

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