



NETWORK ADEQUACY

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BLUE CROSS BLUE SHIELD OF MINNESOTA'S 80+ YEAR HISTORY



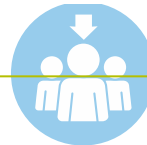
- Blue Cross and Blue Shield of Minnesota was the first health plan in the nation – established in 1933
- Serving nearly 2.7 million members in all market segments – individual, group, Medicare and Medicaid
- Providing consumers access to a broad choice coverage options from traditional open access to value-based and ACO options
- Mission focused to support member choice and leverage reform as a vehicle for quality and health improvement

IMPORTANT CONSIDERATIONS



Access

- Ensuring access to appropriate care at the appropriate time and place



Choice

- Permit consumers to decide based on individual needs



Affordability

- Network has a large impact on premium



Flexibility

- Exception process necessary for rural areas and shortages



Quality

- Drive improved outcomes and member health

VALUE BASED PROVIDER AGREEMENTS

Blue Cross' Aligned Incentive and PCMH Contracts are accountable care models designed to achieve the "Triple Aim"¹ by creating a return on investment for providers



Broad improvements across the set of measures

TREATMENT OF CONDITIONS	Optimal diabetes care
	Optimal vascular care
	Hypertension control
	Depression remission
PREVENTION AND WELLNESS	Breast cancer screening
	Colorectal cancer screening
	Body mass index (BMI) action plan
	Tobacco cessation counseling
CARE INTEGRATION	Potentially preventable readmission
	Potentially preventable admissions
	Potentially preventable IP complications
SAFETY AND APPROPRIATE CARE	Reduce elective deliveries
	Reduce primary C-sections
	Imaging for low back pain
	Advanced care directives



Confidential and proprietary.

¹ Donald M. Berwick, Thomas W. Nolan and John Whittington, "The Triple Aim: Care Health and Cost," *Health Affairs*, 27, no. 3 (2008): 759-769

STATE ROLE OF NETWORK ADEQUACY

- Minnesota applied HMO network adequacy requirements to QHP certification and beginning in 2015 also off-exchange
 - ✓ Requires primary care, mental health, and hospital services within 30 minutes or 30 miles
 - ✓ Requires all other services within 60 minutes or 60 miles
 - ✓ Essential Community Providers – health plans must offer a contract to ECPs
- Minnesota law addresses contract issues separately and not as a part of network adequacy
 - ✓ For example, prompt payment and balanced billing provisions are addressed elsewhere in state law

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THANK YOU.