



Network Access

Standards and Maintenance in Washington State

March 27, 2017



OFFICE of the
**INSURANCE
COMMISSIONER**
WASHINGTON STATE

What networks are subject to the law?

Network access requirements apply to:

1. Health benefit plans:
 - Large group market
 - Small group market
 - Individual market (including Student Health Plans for higher education)
 - Conversion market
2. Stand-alone dental plans offered through the exchange or where a stand-alone dental plan is offered outside of the exchange for the purpose of providing the essential health benefit category of pediatric oral benefits.

General Standards for Network Access

- Networks must include sufficient numbers and types of providers and facilities to assure that, to the extent feasible, all health plan services will be accessible in a timely manner appropriate for the enrollee's condition.
- In any case where a carrier has an absence of or an insufficient number or type of provider or facilities to provide a particular covered service, the carrier must ensure the enrollee can obtain the covered service within *reasonable proximity and at no greater cost* than if the service were obtained from network providers and facilities.

Network Access Reports (WAC 284-170-280)

- Provider Network Form A report
- Provider Directory Certification
 - *Provider Directory Transparency [RCW 48.43.007 and WAC 284-170-260]*
- Network Enrollment Form B report
- Access Plan
- Geographic Network report
- Alternative Access Delivery Request – Form C

Current Provider Network Form A report

- Master list of participating providers and facilities
- Currently 33 field data elements
- Data is reported on the 5th of each month for the prior month
- Available to the public on at OIC "[Consumer Tools](#)"
- .txt file

Provider Network Form A sample data

"A,52633_LifeWise Health Plan of Washington Preferred,,LifeWise Health Plan of Washington,52633,PIMSDATREP@Premera.com,1245447242,MA00006186,WA,,LMP,Ryan,Bonnie,B,,MSG,,N,N,S,,1,,,,1245447242,Fowler Chiropractic,1035 Harvey Rd NE,Auburn,WA,98002,King,(253) 833-0522

A,52633_LifeWise Health Plan of Washington Preferred,,LifeWise Health Plan of Washington,52633,PIMSDATREP@Premera.com,1205004777,MA00012942,WA,,LMP,Yancha,Lyn,F,TA,MSG,,N,N,S,,1,,,,1205004777,Century Sports Massage Team,15 S Grady Way,Renton,WA,98057,King,(425) 228-5217

A,52633_LifeWise Health Plan of Washington Preferred,,LifeWise Health Plan of Washington,52633,PIMSDATREP@Premera.com,1013151844,MA60301099,WA,,LMP,Elliott,Geramiah,C,,MSG,,N,N,S,,1,,,,1013151844,London House Hair Designs,13028 1st Ave S,Burien,WA,98168,KING,(206) 244-3006

A,52633_LifeWise Health Plan of Washington Preferred,,LifeWise Health Plan of Washington,52633,PIMSDATREP@Premera.com,1003002536,LH00003581,WA,,LMHC,Burns,Susan,M,,MHC,,N,N,S,,1,,,1003002536,Susan Burns LMHC,2370 130Th Ave NE,Bellevue,WA,98005,King,(425) 881-9000"

Provider Directory Certification

- A carrier must submit a certification that the provider directory posted on the carrier's website is specific to each plan and accurate as of the last date of the prior month.
- Filed each month with the Provider Network Form A report.

Network Enrollment Form B report

A carrier must report, no later than March 31st, the total covered lives for the prior year by:

- Network
- Lines of business
- County
- Month
- HIOS#
- Exchange or Outside market
- Age range
- Gender (M/F)

Network Enrollment B report continued.

County	HIOS #	Inside/Outside Exchange	January											
			Female Enrollees	Male Enrollees	Female Enrollees	Male Enrollees	Female Enrollees	Male Enrollees	Female Enrollees	Male Enrollees	Female Enrollees	Male Enrollees	Female Enrollees	Male Enrollees
			<18	<18	18-29	18-29	30-34	30-34	35-54	35-54	55-64	55-64	65+	65+
Adams	38498	Inside	-	-	-	1	-	-	2	3	3	-	-	-
Adams	38498	Outside	-	-	-	-	-	-	-	-	-	-	-	-
Asotin	38498	Inside	-	-	2	-	-	-	-	1	4	1	-	-
Asotin	38498	Outside	-	-	-	-	-	-	-	-	-	-	-	-
Benton	38498	Inside	2	5	9	9	8	6	24	17	51	28	1	-
Benton	38498	Outside	-	-	-	-	-	-	-	-	-	-	-	-
Chelan	38498	Inside	3	3	10	5	5	6	39	24	75	69	-	-
Chelan	38498	Outside	-	-	-	-	-	-	-	-	-	-	-	-
Clallam	38498	Inside	-	4	11	13	5	8	41	26	68	46	1	-
Clallam	38498	Outside	-	-	-	-	-	-	-	-	-	-	-	-
Clark	38498	Inside	36	39	151	158	91	64	456	366	507	328	3	5

Access Plan report

- Carriers must file a narrative report for each network that describes strategies, policies, procedures necessary to establishing, maintaining, and administering an adequate network.
- Access Plan reports must be filed for each plan with every Geographic Network report.

Access Plan Narrative Topics

- Enrollees out-of-network referral requirements
- Out-of-network cost share determination standards
- Standards for accessibility (expressed in terms of objectives and minimum levels below which corrective action will be taken)
- Monitoring policies and procedures for network capacity and availability
- Operating hours including after-hours, prior authorization, consumer and provider assistance, and claims adjudication
- Triage and screening arrangements for prior authorization requests
- Enrollee prior authorization processes
- Specific procedures and materials used to address the needs of enrollees with limited-English proficiency and literacy, with diverse cultural and ethnic backgrounds, and with physical and mental disabilities
- Network development strategies including assessment of the health status of the population of enrollees or prospective enrollees
- Notification strategies to enrollees regarding personal health information privacy rights and restrictions, termination of a provider from the network, and maintaining continuity of care for enrollees when there is a material change in the provider network, insolvency of the issuer, or other cessation of operations
- Issuer's process for corrective action for providers related to the provider's licensure, prior authorization, referral and access compliance

Geographic Network report

- Carriers must file a map identifying provider and facility locations with defined time and distance standards by urban and rural areas.
- Washington has both time and distance standards.
 - Hospital and emergency services: Urban 30 minutes/Rural 60 minutes
 - All other services: Urban 30 miles/Rural 60 miles
- For purposes of geomapping "urban area" means:
 - A county with a density of ninety persons per square mile; or
 - An area within a twenty-five mile radius around an incorporated city with a population of more than thirty thousand.
- Approximately 88% of Washington meets the urban area definition.

11 Required Geographic Network reports

1. Hospital and emergency services (only time standard)
2. Primary care providers
3. Mental health and substance use disorder providers

Requires two maps:

- a. General mental health providers
- b. Specialty mental health providers

4. Pediatric services

Requires two maps:

- a. General pediatric services
- b. Specialty pediatric services

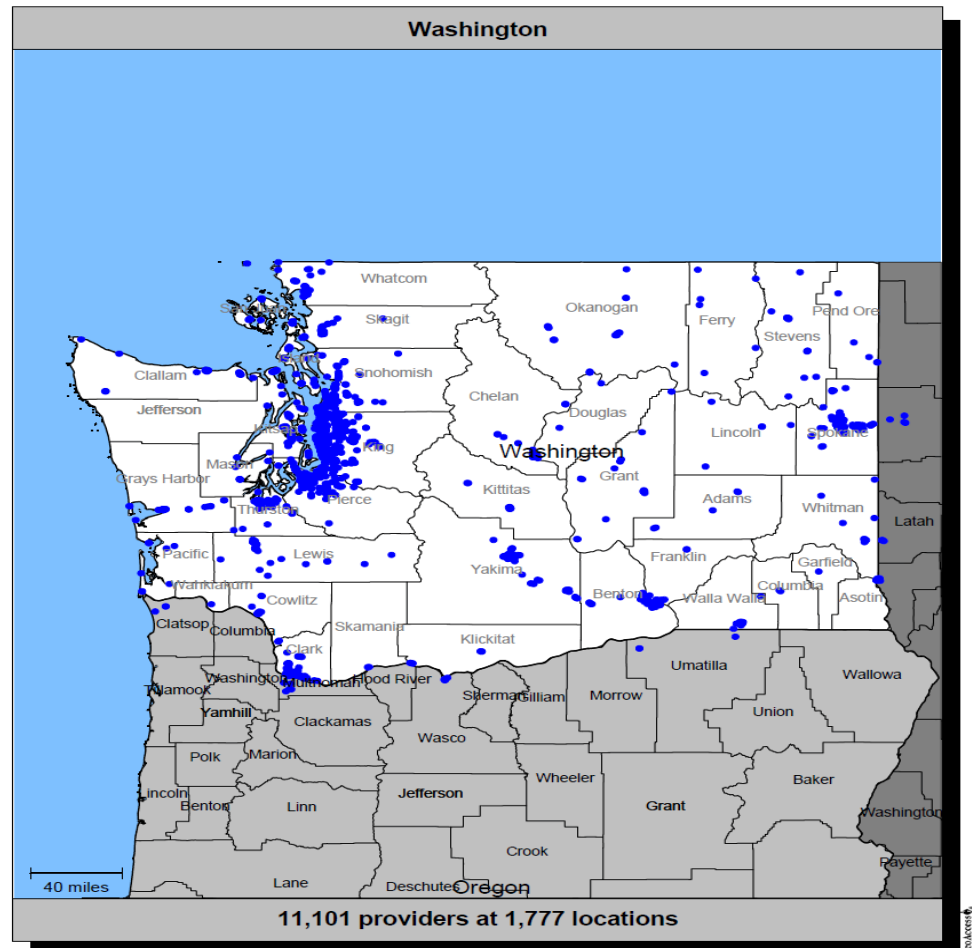
5. Specialty services
6. Therapy services
7. Home health, hospice, vision, and dental providers
8. Covered pharmacy dispensing services
9. Essential community providers

Geographic Network report continued.

The geographic map:

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Primary Care Providers



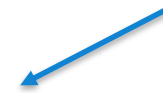
Geographic Network report continued.

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Accessibility summary

Accessibility analysis specifications	
Provider group:	Primary Care Providers 11,101 providers at 1,777 locations (based on 11,101 records)
Enrollee group:	Rural Enrollees 6,409 enrollees
Access standard:	1 Provider within 60 Miles
All enrollees:	6,409 (100.0%) 100.0% with access 0.0% without access

The access statistics tables



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City detail information

**Average distance to a choice of providers
for all enrollees**

Rural Enrollees				
City	Total number of enrollees	All enrollees		
		Pct w	Pct wo	Average distance to a choice of 1 provider
ABERDEEN	168	100.0	0.0	1.9
ADDY	8	100.0	0.0	10.7
ADNA	1	100.0	0.0	6.2
ALLYN	15	100.0	0.0	1.5
ALMIRA	8	100.0	0.0	10.8
AMANDA PARK	1	100.0	0.0	35.0
ANACORTES	119	100.0	0.0	1.8
ANATONE	2	100.0	0.0	19.8
APPLETON	3	100.0	0.0	15.4
ASOTIN	3	100.0	0.0	13.5
BAY CENTER	1	100.0	0.0	6.2
BEAVER	4	100.0	0.0	13.8
BELFAIR	68	100.0	0.0	4.3
BENGE	2	100.0	0.0	26.3
BICKLETON	4	100.0	0.0	27.1
BINGEN	12	100.0	0.0	9.4
BOW	36	100.0	0.0	8.2
BREWSTER	22	100.0	0.0	4.1
BRIDGEPORT	6	100.0	0.0	0.6

Alternative Access Delivery Request – Form C

- A network must meet all the general access standards in WAC 284-170-200.
- If a network doesn't meet these standards an Alternative Access Delivery Request Form C (AADR) must be filed for review and approval.
- An AADR may only be proposed when:
 - (a) There are sufficient numbers and types of providers or facilities in the service area to meet general access standards but the issuer is unable to contract with sufficient providers or facilities to meet the general access standards; or
 - (b) An issuer's provider network has been previously approved, but a provider or facility type subsequently becomes unavailable within a health plan's service area; or
 - (c) A county has a population that is fifty thousand or fewer, and the county is the sole service area for the plan, and the issuer chooses to propose an alternative access delivery system for that county; or
 - (d) A qualified health plan issuer is unable to meet the standards for inclusion of essential community providers, as provided under WAC [284-43-222](#)(3).

Alternative Access Delivery Request – Form C

AADR's must ensure the enrollee obtains all covered services at no greater cost to the enrollee than if the service was obtained from network providers or facilities.

- Copayment and deductible requirements must apply to AADR's at the same level they applied to in-network services.
- Carrier's may not use coinsurance in a AADR request.

Note: coinsurance is a percent of an allowed amount or negotiated charge.

Alternative Access Delivery Request – Form C

- The commissioner will not approve an AADR unless the carrier provides substantial evidence of good faith efforts on its part to contract with providers and facilities.
- Evidence of good faith efforts must be provided as part of the AADR Form C.

Alternative Access Delivery Request – Form C

What is the AADR?

1. Form C request document
2. Provider Network Form A report
 - The Master List as it will appear if the AADR is approved.
3. Network Enrollment Form B report
 - The current enrollment in the network.
4. Access Plan
 - The narrative describing access if AADR approved.
5. Geographic Network Report
 - The geomapping of available providers if AADR approved.

Questions?

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