

Comments from Quest Analytics on the Draft Out-Of-Network Balance Billing Transparency Model Act

VIA ELECTRONIC SUBMISSION

August 30, 2017

The Honorable Kevin Cahill
The Honorable James Seward
Health, Long-Term Care & Retirement Issues Committee
National Conference of Insurance Legislators

Dear Assemblymember Cahill and Senator Seward,

We appreciate the opportunity to comment on the draft Out-Of-Network Balance Billing Transparency Model.

In response to NCOIL's request, Quest Analytics respectfully submits the following comments.

For over a decade, Quest Analytics and CMS have worked together to qualify, monitor and approve managed care plans for Network Adequacy for Medicare Advantage, Medicare-Medicaid plan (MMP), and plans who want to participate in the Marketplace.

As such, we understand that provider networks frequently change, even daily. As the industry experts in Network Adequacy and Compliance Monitoring, we have observed network trends across all programs - both on the Federal and State level - that demonstrate the need to monitor compliance of provider networks more frequently than every three years or only upon an application for a service area expansion. To help ensure consumer protections to prevent against adverse selection and narrow network concerns, balanced with allowing the states to track network trends and adjust the standards based on the current patterns of care, we recommend reviewing the health care provider networks on a quarterly basis.

Two State Examples:

The State of New Jersey is an example of a state-based program designed in partnership with Quest Analytics where plans submit their networks for review on a quarterly basis. As an early adopter of Network Adequacy, their data trends have demonstrated how significant a health plan's provider network changes from one-quarter to the next. *State references available upon request.*

The State of New York takes this approach a step further and leverages the quarterly review for ongoing communication with the issuers in the State. This allows the State to monitor trends in network adequacy across various points in time and exposes visibility to quality challenges of the provider data accuracy. The ability to monitor this quarterly also allows for the incorporation of deficiency tracking and notifications for a corrective action plan and/or a waiver request by the issuers in the State.
State references available upon request.

Regarding Provider Directory regulations, we'd like to suggest that the term "periodic" leaves this mandate to a carrier's interpretation. To help ensure the accuracy of a carrier's provider directory, we recommend establishing an actual review period. As such, due to the constant fluctuations within a carrier's network, we suggest this review occur at least quarterly, and that directories are updated by the plans on a weekly basis.

Please also consider the addition of a Provider Directory downloadable PDF, display of distance from an enrollee to provider/facility, facility hours of operation and provider's website address.

Sincerely,



John Weis
CEO
Quest Analytics