

# TELEMEDICINE & NETWORK ADEQUACY

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# Speaking



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**President & Co-Founder,**  
**Quest Analytics**



## Who is Quest Analytics?

We provide the leading solution to measure, manage and monitor **provider networks**

Leading because we provide a single **platform** with **purpose-built analytics** and **reliable data** that is **proven** to enable payers to create **compliant** and **differentiated networks**.



# Legacy of Leadership

Quest Analytics has been the innovator in provider network data management for over 30 years

## ADEQUACY



1<sup>st</sup> to measure,  
monitor, and manage  
network adequacy

## ACCURACY



1<sup>st</sup> to measure, monitor,  
and manage provider  
directory accuracy

## ACCESS



1<sup>st</sup> to measure network  
access, quantify  
disruption, & publish  
online directories



## Who is Quest Analytics?



Our solutions  
are used by

**95%**

of America's  
health plans

**425+  
PAYERS**



# Who is Quest Analytics?



## NEW 5-YEAR AGREEMENT

to measure and monitor adequacy  
brings the relationship to over a decade

[Read more about our agreement.](#)

CMS criteria  
is embedded  
in the Quest  
Analytics  
offering

Plans using  
Quest Analytics  
reduce regulatory  
risk by using  
the same tools  
CMS uses

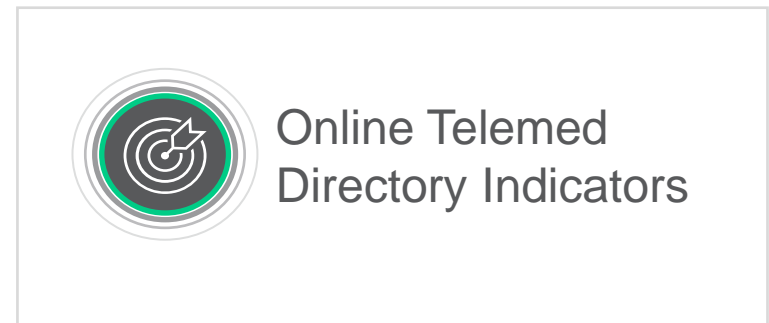
CMS to pilot  
Quest Analytics'  
Accuracy  
technology



# CMS Medicare Advantage Final Rule 2021

- 1. **85% Rural Standard** – must meet time and distance standards in micro, rural, and CEAC counties
- 2. **10% Telehealth Credit** - can be applied across all county types

Dermatology	Allergy and Immunology
Psychiatry	Nephrology
Cardiology	Primary Care
Otolaryngology	Gynecology/Obstetrics
Neurology	Endocrinology
Ophthalmology	Infectious Diseases



Source: <https://www.federalregister.gov/public-inspection/current>

## Outcomes to consider

While some specialties adopt well to telemedicine, many will see telemedicine utilization as a complement to the need for in-person appointments.

Does the use of telemedicine increase or decrease the cost of healthcare?

If too high of a credit is applied to telemedicine, do we dilute network adequacy requirements at the risk of reducing access to care?

