Access Health CT
Consumer Experience and Outreach and
Health Plan Benefits & Qualifications
Advisory Committee Meeting
DRAFT MEETING MINUTES

Location: Hilton Hotel
315 Trumbull Street, Hartford, CT
Date: Tuesday, May 21, 2013
Time: 4:00 p.m.

Members Present
Tanya Barrett; Arlene Murphy; Claudia Epright; Gerard O'Sullivan; Sheldon Toubman; Sara Frankel; Alta Lash; Deb Polun; Kevin Galvin; Anne Melissa Dowling; Robert Tessier; Glorial Powell; Tim Meyers (for Deidre Hardrick)

Members Absent
Cheryl Forbes; John Erlingheuser; Bob Scalettar; Shawn Lang; Jason Madrak, Mark Espinosa;Mary Fox; Bonnie B. Roswig; Deirdre Hardrick

Members By Phone
Vicki Veltri; Cee Cee Woods; Robert M. McLean; Joseph Treadwell; Marcia Petrillo; Margherita Giuliano; Maria Diaz; Stephen A. Frayne; Thomas Marchozzi; Mary Ellen Breault

Other Participants
Access Health CT Staff: Julie Lyons, Anne Lopes, Virginia Lamb, Peter Van Loon

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I. Call to Order and Introductions

Julie Lyons, AHCT, Director of Policy and Plan Management opened the meeting at 4:10 p.m. Members and staff introduced themselves.

II. Network Adequacy

Originally information was provided to committee members on ACA network adequacy's requirements earlier this month and last week. After a conference call it was decided to have a face to face Advisory Meeting.

Adequacy Requirements
Ms. Lyons provided a brief overview of the adequacy requirements.

- Specific guidance is required for maintaining a network for the enrollees. QHP issuer must ensure that the provider network of each of its QHP's is available to all enrollees and must meet

specific standards. There should be enough providers accessible to enrollees. There should also be mental health providers available.

- A QHP must make sure a provider directory is made available online or in hardcopy and must have an indicator for providers not accepting new patients as well as information about their accreditation status.

- Each insurer, health care center, managed care organization or other entity that contracts with a healthcare provider shall maintain a network of such providers that is consistent with the National Committee for Quality Assurance's (NCQA) network adequacy requirements or URAC's provider network access and availability standards.

- NCQA accredited plans must develop standards for the number and geographic distribution of providers and must annually measure against standards using statistically valid methodology. The carriers must also set standards on the ability of members to get care, assess cultural, ethnic, racial and linguistic needs of their members and to ask enrollees directly whether they have adequate access to care using a CAHPS survey. The carriers must share the information gathered with the providers.

- The contracting process could take 9-12 months depending on type of arrangement (primary, specialty, hospital, etc.).

- The credentialing process for providers not already credentialed could take 60-90 days.

III. Essential Community Providers (ECP)

- The number of providers already credentialed is not available. Each carrier received a listing of providers to perform a cross-walk to determine which providers are already in each of their networks. Each network has multiple specialists; the proposal included mental health providers, cardiologists, school-based health centers and a veteran home (there is only one veteran home).

- Each carrier has a network of providers in a variety of specialties. That network is standard; the ECP is in addition to the standard network providers listing.

- Mr. Van Loon indicated the need to get better at engaging AC and its members – The staff should consult with AC before making recommendations - if staff and committee members don't agree, staff will advise that they had a difference of opinion but advise board the direction they are heading. Mr. Van Loon recommended an agreement or different suggestions, then presentation to the Board of Directors.

- At this time carriers are waiting to see how many providers they need to contract with. It's a big undertaking. Ms. Lyons was asked how long ago the provider list was distributed to the carriers and when the results would be back – no estimated completion date and they have had the list since the beginning of May.

- There was a strong concern that the plan providers are in businesses and accepting patients. Members expressed concern over how this was going to be checked for accuracy. It was suggested that the group should talk about this more, as well as strategies that are going to work. Members inquired as to how the CAHPS surveys by the NCQA are going to be used and how these NCQA surveys actual enrollees, what happens to the survey results, and how will the Exchange get the results of these surveys in order to handle the issues? Another meeting will be held to address these questions.

- Members discussed concern around where the high concentration of possible enrollees are, and focus on network adequacy where a majority of this population resides Members requested to see a provider map to determine where these providers are located. The Exchange will be working on this with the carriers.

- The conversation turned to a discussion on the SHOP and Ms. Lyons indicated that United had expressed an interest for bidding.

- It was agreed that the Committee will give bulleted recommendations to Ms. Lyons. The Committee suggested the following:

  75% of non-exhaustive list issued by CMS
  A phase in 2 years for new listed providers
  35% beginning early first year
  55% by of 1st year
  75% beginning of second year
  Geographic standards
  Access to care

- The Committee will work with the Exchange for implementation of network adequacy incentives. For instance, consideration will be given to those providers which demonstrate good effort to network with providers.

  Arlene Murphy made the following motion which was seconded by Deb Polun. ***Motion Passed Unanimously***

FINAL RECOMMENDATION

1. The Advisory Committee does not recommend a reduction from 75% participation of ECP in network, instead the Advisory Committee recommends the 75% participation in network standard for ECP remains and the list is identified as the non-exhaustive list of ECP issued by CMS.
2. Two year phase in of newly listed ECP would be set. 35% 1st year and 75% the second year (end of vote determined more specifically 35% by January 1, 2014 and 75% by January 1, 2015).
3. Geographic Considerations and assurance for access to care.
4. The Advisory Committee will work with the Exchange to assist with effective implementation – consideration will be given for carriers that demonstrate good faith effort to accomplish this standard.

IV. Standard Plan Design Update

An update on the Standard Plan Design was not provided.

V. Adjournment

The meeting was adjourned at 6:25 p.m.