January 12, 2015

Jolie Matthews  
NAIC Senior Health and Life Policy Counsel  
The National Association of Insurance Commissioners  
444 North Capitol Street NW, Suite 700  
Washington, DC 20001

Dear Ms. Matthews,

The American Academy of Physician Assistants (AAPA), on behalf of the more than 100,000 Physician Assistants (PAs) throughout the United States, appreciates the opportunity to provide comments on the National Association of Insurance Commissioners (NAIC) draft model regarding network adequacy in health plans. PAs are committed to increasing access to quality healthcare services for all individuals and we seek to work in partnership with NAIC to develop and advance policies to help achieve this goal. It is within that context that we draw your attention to our observations on the following issues.

Transparency

AAPA is pleased to see that the draft model notes the importance and potential use of data in supporting network adequacy. The model acknowledges the significance of data to multiple stakeholders, including to covered persons, when data is used in online provider directories to help facilitate the search for an appropriate care setting and healthcare professional; to health insurance carriers when determining patient satisfaction, as well as when determining selection or tiering of participating providers by taking into account provider performance on quality metrics and patient outcomes; and to state insurance regulators in the assessment of reasonable access to covered benefits through consumer surveys and information on covered persons utilization of out-of-network benefits.

AAPA shares NAIC’s perspective on the value of accurate, high quality data. It is in the best interest of all stakeholders to have timely and appropriate data with which to verify and compare treatment quality metrics and outcomes. However, to be effective, data must be reliable, complete, and transparent in what it intends to represent. Reliability, transparency and completeness are endangered when health professionals in the system are not properly represented in the data. Currently, much of the collected data fails to capture information on which health professionals have administered care to patients. In the interest of full transparency, AAPA strongly believes that PAs should be officially enrolled in all health plans so that they can be recognized and accountable for the medical and surgical services they deliver to patients.
Network Adequacy Suggested Metrics

AAPA would like to offer its perspective on a few of NAIC’s suggested metrics for network adequacy.

Wait times for visits

An increasing demand for healthcare services and a looming shortage of physicians will lead to additional access concerns within the health delivery system, as well as longer wait time for patients who seek to receive care. AAPA believes that reducing wait times can be accomplished by ensuring that PAs have the authority to perform, and be reimbursed for, all medically necessary services within their scope of practice.

Geographic accessibility

Some individuals in rural areas find accessing specialized or even primary care services difficult as a result of a lack of care options within a reasonable geographic proximity. It is important that any metric which attempts to determine availability of sufficient care options in a plan takes into consideration the availability of health professionals, such as PAs, who can play an important part in ensuring that there is an adequate supply of caregivers to meet demand. PAs have long had a strong presence in rural areas and should be officially acknowledged within health plans as providers of both primary and specialty care.

The use of telemedicine

Telemedicine is an important tool for health professionals to reach patients who are unable, or would find it difficult to, travel to traditional or specialized care settings. Consequently, it would be advantageous for insurers to bolster network adequacy to allow and reimburse for PAs to utilize telemedicine in similar fashion to physicians and, thereby, expand the reach of care provision.

Primary Care Provider/covered persons’ ratios

Another metric suggested for network adequacy was ‘primary care provider-covered persons ratios.’ However, earlier in the document, the term ‘provider’ was defined as a healthcare professional, facility, or pharmacy. While a facility to ‘covered person’ ratio can be important, it is equally relevant to determine if there is sufficient staff within a facility to manage the demand of covered individuals. As an example, three healthcare facilities may be sufficient in some localities, but not in others, depending on not only the number of covered individuals in the area, but also the number of health professionals, the type of care provided, and the capacity of a particular facility. Consequently, AAPA recommends that this metric be supplemented with clarification of the importance of an adequate ratio of ‘healthcare professionals’ to ‘covered persons.’

Access Plans

AAPA recommends that PAs and all other healthcare professionals in a network be provided with a health insurance carrier’s access plan, as opposed to simply having it posted online or provided upon
request. These health professionals will then be able to communicate relevant aspects of the plan to patients with whom they interact regularly. This is even more important for those health professionals who provide primary care services and who must understand the process for referrals within and outside of a network, provide enrollees with information about appeals, and inform individuals of linguistically-appropriate resources.

Meanwhile, AAPA appreciates NAIC’s commitment to transparency of access plans, including requiring a description of what criteria was used in building a provider network. This shared information can help reduce the likelihood of discrimination and an inadequate supply of healthcare professionals.

**Provider/Carrier Interaction**

AAPA appreciates NAIC’s commitment to a collaborative and transparent relationship between health insurance carriers and healthcare professionals. The draft model requires health insurance carriers to notify providers of the covered health services for which they will be responsible. However, given the prior definition of providers as health professionals, facilities, or pharmacies, AAPA believes there should be clarification that the dissemination of such information will be done at an individual provider level, as opposed to simply notifying a facility generically or a certain limited type of healthcare professional, such as only physicians.

Finally, dialogue between healthcare professionals and health insurance carriers should flow both ways. Often, a patient will not know if there is an out-of-network healthcare professional that is needed until they find themselves restricted from receiving a necessary service. However, healthcare professionals may be better able to know their locality’s array of care providers and assess if there is an important role not being fulfilled by a network. AAPA recommends that healthcare professionals should have the ability to appeal if they have not been included in a network or believe that important health services are not reasonably available in their community.

Thank you for the opportunity to provide feedback on the draft model and for developing these standards to promote appropriate levels of, and access to, care. AAPA welcomes further discussion with NAIC on the issue of network adequacy. For any questions you may have in regard to our comments and recommendations please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at 571-319-4345 or michael@aapa.org.

Sincerely,

Tillie Fowler
AAPA Senior Vice President, Advocacy and Government Relations