January 12, 2015

National Association of Insurance Commissioners
Network Adequacy Model Review (B) Subgroup
ATTN: Jolie H. Matthews
Senior Health Policy Advisor & Counsel
444 North Capitol Street NW
Suite 700
Washington, DC 20001

Re: Health Benefit Plan Network Access and Adequacy Model Act
Comments

Dear Ms. Matthews,

On behalf of our 90,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) commends the National Association of Insurance Commissioners (NAIC) for reviewing and updating the Managed Care Plan Network Adequacy Model Act. As the Patient Protection and Affordable Care Act (ACA) continues to be implemented and more patients/consumers enroll in health benefit plans, it is essential to adapt the network access and adequacy policies to reflect today’s market trends.

Physical therapists are health care professionals who maintain, restore, and improve movement, activity, and health enabling individuals of all ages to have optimal functioning and quality of life, while ensuring patient safety and applying evidence to provide efficient and effective care. APTA’s goal is to foster advancements in physical therapy practice, research, and education. The mission of APTA is to further the profession’s role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.

Essential Health Benefit
Under the ACA, rehabilitative and habilitative services and devices are included as a category defined as “essential.” Generally, rehabilitative services may include:

- Diagnosis and management of movement dysfunction and human performance to enhance physical and functional abilities;
- Skilled interventions to address impairments, activity limitations, participation restrictions, and environmental barriers that diminish an individual’s quality of life, health status, or independence in activities
of daily living. Restoration, maintenance and promotion of optimal physical function; and

- Prevention and management of the onset, symptoms, and progression of impairments, activity limitations and participation restrictions that may result from disease, disorders, conditions or injuries.

Essential rehabilitation services are also those that are necessary for the establishment of a safe and effective maintenance program for the patient. The fact that the administration of therapeutic services has stabilized an individual’s condition does not render cessation of care. The option of continuing physical therapy in certain situations - such as an individual’s fragile health state becoming stabilized through rehabilitative services - becomes an essential health service so that an individual’s health does not continue to deteriorate.

As an essential health benefit (EHB) under the ACA, it is imperative that patients/consumers have access to physical therapy and rehabilitative services. To that point, APTA believes network adequacy is of great concern and that standards outlined in the Model Act should mandate proximity and accessibility requirements, out-of-network benefits for cases when a patient cannot get to an in-network provider, and ongoing oversight of provider networks with a process for providers and covered persons to give feedback.

**Network Adequacy Definition**
The draft Model Act requires that health carriers “providing a network plan shall maintain a network that is sufficient in numbers and types of providers to assure that all services to covered persons will be accessible without unreasonable delay.” The Act includes criteria to help determine sufficient network adequacy, such as: provider-covered person ratios by specialty; primary care provider covered person ratios; geographic accessibility; geographic population dispersion; waiting times for visits with participating providers; hours of operation; new health care service delivery system options, such as telemedicine or telehealth; and the volume of technology and specialty services available to serve the needs of covered persons requiring technologically advanced or specialty care. While APTA supports the overall concept of this definition, we believe there are several details that need to be addressed before successful implementation.

**Proximity and Accessibility Requirement**
APTA supports requirements that mandate services be accessible in reasonable proximity through the articulation of time and distance standards. This would explicitly require health carriers to address these potential geographic burdens. Patients, particularly those with severe functional impairments, need access to multidisciplinary care close to home to avoid the burdens created by traveling
substantial distances. The need for non-burdensome access to care, including physical therapy, becomes particularly important in rural, underserved areas.

While the Model Act requires time and distance standards to be taken into consideration when determining the sufficiency of the health carrier network, it falls short of outlining specific requirements. APTA recommends including specific time and distance requirements within the Model Act, or at least providing some parameters to help ensure compliance with network adequacy standards. Without specific guidance, health carrier networks could have a broad range of time and distance standards, confusing patients/consumers and weakening the criteria outlined by the Model Act.

**Out of Network Benefits:**
APTA is pleased to see that the draft Model Act includes a provision that allows covered persons to access out-of-network providers in certain circumstances. However, we believe that this provision does not go far enough. Specifying that a covered person may access out-of-network providers only when the health carrier network does not have the type of provider available to provide the covered benefit, AND that the network is insufficient in number or type of participating provider to provide the covered benefit, is a high standard to meet in order to access care outside of the network. APTA believes that covered persons should be able to access out-of-network providers if the network does not include the type of provider necessary for specific services, OR the network is not able to provide sufficient access to care for covered services, including EHBs. In these situations, covered persons should be able to access covered benefits from an out-of-network provider at no additional cost. In addition, covered persons should readily have access to resources that provide them information on all available providers in their area, in and out of network.

APTA is also pleased to see that the Model Act does take into consideration covered persons who require specialized health care services. APTA strongly supports including provisions that protect access to medically necessary services for enrollees with specialty needs. For example, patients with severe impairments and chronic conditions may have a need for heightened and specific expertise. A specialist is often essential for these patients. Coverage should be available for specialty services that address the clinical needs of patients with severe chronic conditions or impairments, even if they are not offered within the network.

**Provider Directories**
APTA strongly supports the requirement in the draft Model Act that health carriers update their network plan provider directories at least monthly. The directories should include information on which providers are accepting new patients, the provider’s location, contact information, specialty, medical group,
and any institutional affiliations in the provider directories. We believe this information is critical for consumers to make informed choices when selecting a health plan.

Further, we believe that transparency to the consumer regarding the depth of the plan’s provider network is necessary. Often consumers are selecting plans on the exchanges that do not have a sufficient provider network and are informed after they have selected the plan. We fully support requiring health carriers to make provider network information publicly available on their websites in a searchable format as well as in print upon request.

**Ongoing Oversight of Provider Networks:**

The evolving health care landscape demands an oversight mechanism that will ensure covered persons can continue to access the care they need. As the health carrier networks gain more covered persons and as an area loses or gains providers, a monitoring process must be in place to ensure that the needs of the patient population are being met through the choice of providers offered within the networks. APTA recommends that NAIC develop a clear process for feedback from both covered persons and providers in regard to network adequacy. Our members often seek guidance on where to direct their patients for benefit information regarding physical therapy. We believe, as a part of the oversight of network adequacy, the Model Act should develop a systematic approach to receiving this type of feedback.

Further, the Act should provide a mechanism to regularly seek stakeholder feedback regarding network adequacy and work with groups, such as APTA, to ensure that patients have access to the care they need. NAIC should also implement a routine audit system to ensure that all plans are meeting the minimum network adequacy criteria. If a plan fails to meet network adequacy standards, penalties should be enforced upon the health carrier.

**Conclusion**

APTA is pleased to see the progress and updates recommended to the Managed Care Plan Network Adequacy Model Act. In order to ensure that health carrier networks are sufficient and provide access to care for covered persons, the Act should take into consideration feedback from health carriers, providers and covered persons. It is vitally important that individuals, especially vulnerable populations such as children, persons with disabilities, low income and at-risk adults, are able to access care that is medically necessary for their health condition.

APTA looks forward to working with NAIC and the Network Adequacy Model Review Subgroup on this issue. If you have further questions, please contact
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Sincerely,

Paul Rockar, Jr. PT, DPT, MS
President
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