Mr. J.P. Wieske  
Chair, Network Adequacy Model Review (B) Subgroup  
National Association of Insurance Commissioners  
100 Walnut Street,  
Suite 1500  
Kansas City, MO 64106-2197

January 12, 2015

Re: Health Benefit Plan Network Access and Adequacy Model Act

Dear Chairman Wieske:

EverThrive Illinois greatly appreciates the opportunity to provide comment on the National Association of Insurance Commissioners’ (NAIC) Network Adequacy Model Review (B) Subgroup’s November 12, 2014 draft of the Health Benefit Plan Network Access and Adequacy Model Act.

Our organization works to improve the health of Illinois women, children, and families over their lifespan through community engagement, partnership, policy analysis, education, and advocacy. EverThrive IL has been an ardent supporter of health reform and Medicaid, and has fought to expand access to quality health insurance coverage for children and their families at many junctures in our 26 year history.

We applaud the Subcommittee’s work to revise the Model Act and provide states, as well as the federal government, with updated guidance to pursue improving access to health services for the insured. As more Illinois residents continue to seek and enroll in health insurance coverage, we are committed to strengthening the adequacy, quality, and transparency standards of all health plans to ensure that insurance coverage results in meaningful access to quality care. Therefore, we are particularly pleased that the draft intentionally defines “network plans” as applying to the broad spectrum of health benefit plans, including, not limited to, HMO’s, EPOs, PPO’s and ACO’s. This comprehensive definition acknowledges the dynamic nature of health care delivery systems while also providing for consistent consumer protection across different delivery models.

We appreciate the Subcommittee’s efforts to strengthen the quantity and distribution standards of primary, specialty, and ancillary providers who contract with health plans. Furthermore, we support the Subcommittee’s proposal to improve provider directory standards by requiring plan directories to include information related to which contracted providers are accepting new patients, the provider’s location, language capabilities, contact information, specialty, and medical group (Section 8, B-C, pg.14-15). However, in order to increase accessibility of this information, we ask that the Model Act include language requiring that health carriers make available their provider directories to both enrollees and consumers shopping for coverage without requirements to visit a website and enter a password or a policy number.

We also support the draft Model Act’s provision requiring health carriers to update their provider directories at least monthly, as well as audit their directories internally (Sec. 8 Drafting note, pg. 15). Should carrier’s provide inaccurate information within their provider directories, such as incorrectly displaying participating providers as accepting new patients or misrepresenting a non-participating provider as “in-network,” we feel strongly that affected consumers should qualify for a Special Enrollment period (as referenced in Section 6,
Drafting note, pg. 12). Without such an option, consumers may be unfairly restricted from seeking care from their intended provider through no fault of their own.

Our work with newly-enrolled consumers continuously demonstrates to us the need for improved resources designed to empower consumers with accurate and actionable information. We are pleased that the draft Model Act requires that health plans outline their “method of informing covered persons of the plan’s services and features, including, but not limited to, the plan’s grievance procedures,” within each Access Plan (Section 5, part F, pg. 8). We agree that health plans must provide an effective grievance process for their consumers to register and resolve the issues they may encounter when attempting to access care. However, we wish to see additional language included within the Model Act requiring insurance carriers to audit consumer grievances internally and produce publicly available annual report to the Commissioner detailing the quantity and types of grievances reported by the consumer, and the health carrier’s efforts to address these grievances. Such a report will be a valuable tool for the insurance carrier, regulating authorities, and stakeholders to monitor and understand emerging quality and adequacy issues consumers experience.

To further improve transparency measures related to health network adequacy, we also support the Model Act’s draft language requiring states to submit their Access Plan to the state Commissioner for approval, as stated in Section 5, part E, Option 1. Additionally, we applaud the Subcommittee’s draft note clarifying the intention of the Model Act to require health plans to make public their Access Plan (Section 5, Drafting Note, pg. 7). We respectfully request the Subcommittee include additional language requiring that the Access Plan submitted to the Commissioner be made available for public comment for a reasonable period prior to the Commissioner taking any action on the plan. Including such language would provide stakeholders with a clear time frame and process to review the Access Plan and provide feedback.

Finally, one of the most important provisions of the Affordable Care Act was the establishment of the “immunization coverage standard,” which requires plans to cover immunizations recommended by the Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP) without cost-sharing when administered by an in-network provider. Immunization services have a unique set of providers that includes pharmacists, public health department clinicians, school-based clinicians, and other community providers. We request that language in the Model Act specify that health carriers include these community immunizers in their provider networks as a means to ensure broad and adequate access to this critical preventive service. By providing in-network status to include all types of immunizers, expanded access to immunization services will improve vaccination rates and thereby reduce morbidity, mortality, and overall medical care costs for enrollees.

In conclusion, EverThrive IL values the opportunity to provide comment on NAIC’s drafted 2015 Model Act. We look forward to working with you further to identify the best strategies to maintain and enhance access to quality health care. If EverThrive may provide further assistance, please contact Janine Lewis, Executive Director, at jlewis@everthriveil.org or 312-491-8161.

Sincerely,

EverThrive Illinois