Dear Ms. Matthews:

Thank you for the opportunity to provide comment on the proposed Health Benefit Plan Network Access and Adequacy Model Act. The Wisconsin Primary Health Care Association is the member association of Wisconsin’s 17 Community Health Centers. Community Health Centers represent a valuable source of comprehensive primary medical, dental, and behavioral health care to some of Wisconsin’s most vulnerable residents; insured through both private and public coverage options. We are pleased to provide comments regarding this model act.

Our comments fall into two main areas of concern:

1. **Active review of networks for all standards; particularly for inclusion of Essential Community Providers**
2. **Accurate and consumer friendly provider directories**

**Active Review**

Since the creation of the Federal Health Insurance Exchange, Health Centers in Wisconsin have become acutely aware of the access challenges faced by consumers securing private health insurance coverage for the first time. Health Centers in Wisconsin serve over 289,000 individuals, 94% of whom live below 200% of the Federal Poverty Level. As such, Health Centers have played a significant role in assisting eligible consumers to access insurance through the Health Insurance Exchange. Throughout this work and through conversations with consumers we have learned two things:

- Consumers prioritize relationships with providers and cost when considering which health plan to purchase
- Health Center patients are interested in maintaining their relationship with their providers, however are often unable to find a QHP that includes the health center, their existing medical home, in its network

We are pleased that the subgroup chose to add a definition for Essential Community Providers in the model in order to “alert states that having a certain number or percentage of essential community providers in a provider network is a requirement that a qualified health plan must satisfy in order to be offered on a health insurance exchange under the federal Affordable Care Act”. ECPs like Community Health Centers are critical for low-income consumers. Health Centers need to meet specific federal requirements for patient accessibility. They either offer transportation services or are located on a public transportation route. They provide other enabling services which ensure that the needs of their patients are met in a holistic manner, which includes enrollment into public benefits like FoodShare and translation services when English is not the patient’s primary language.

In rulemaking, the US Department of Health and Human Services has continuously sought to strengthen the ECP standards, adding new ECP types and increasing the percentage of ECPs to which a QHP must offer a contract. While we appreciate that effort, without the active review and monitoring of state regulators, this requirement will not be satisfied. To that end, we believe
that the model rule must require regulators to actively review health plan provider networks to ensure they comply with state and federal regulation, especially in the case of essential community providers.

**Consumer Friendly Directories**

We agree with the subcommittee’s recommendation to require carriers to post regularly updated provider directories including relevant information like hospital affiliation of in-network providers, whether or not a facility is accepting new patients, and procedures performed at certain facilities. We believe these new standards will be of great benefit to consumers when making informed choices about their care. We request one additional piece of information be added to the list of provider directory criteria: hours of operation. One of the benefits of working with Essential Community Providers like Community Health Centers is that they often have extended hours of operation to accommodate the schedules of their patients, including nights and weekends.

Furthermore, we agree with the joint comments submitted by the American Medical Association and the Children’s Hospital Association that providers also need accurate information from health plans to allow for in-network referrals when further, specialized treatment is warranted.

**Conclusion**

Thank you for the opportunity to participate in the subcommittee, and to submit comments on our members’ behalf. We appreciate the work of the committee in carefully considering the need for consumers to have access to a robust network of providers who can appropriately accommodate their needs, while balancing affordability of plans and health care overall.

Sincerely,

Lisa Olson,
Director of Policy and Programs