Improving Network Adequacy and Provider Directory Standards in Georgia

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Georgians for a Healthy Future

- Georgia Healthcare Consumers
- Outreach, Education, & Engagement with Consumers & Communities
- Coalition Building: Leadership, Coordination, & Strategic Direction
- Engagement with Policymakers
- Policy Change for a Healthier Georgia
Objectives

• Network Adequacy
• Provider Directories
• Resources
Network Adequacy

• The ability of a health plan to provide meaningful access to all covered benefits
• An old issue with a new urgency
• Why is this important to consumers?
Current Network Adequacy Standards in Georgia

- Outdated and inadequate
- “Sufficient” and “reasonable” are open to interpretation
- Consumers have no guaranteed benchmark for services and enforceable rights
Policy Activity around Network Adequacy

• Federal standards and the NAIC Model Act
• SB 158
• The Consumer and Provider Protection Act
Study Committee
Policy Recommendations for Network Adequacy

- Multi-stakeholder process focused on consumer priorities
- Adopt NAIC Model Act with Georgia-specific modifications
- Department of Insurance enforcement

Quantitative Standards
- Provider-to-enrollee ratios
- Time distance standards
- Maximum appointment wait times
- Right to go out of network
- Culturally competent care
- Essential community providers
First things first!
Transparency: An Important First Step

- Provider directories are an important tool for consumers
- Directories are frequently inaccurate and consumers have very little protections
- Georgia’s current standards are not robust
- SB 302
SB 302: Provider Directory Improvement Act

**Accuracy provisions include requirements for:**
- Regular updating of directories every 30 days
- Available in electronic (and in print upon request) to all
- A dedicated email address, telephone number, and electronic link that consumers can use to report inaccuracies
- Annual audits of all provider directories with a protocol in place for health plans to follow up with providers
- Health plans to contact providers participating in networks who have not submitted claims within 12 months to determine their network participation status
- Honoring provider directory information if it is inaccurate and a consumer ends up out-of-network based on that information
- Health plans to report periodically to the Department of Insurance
Usability provisions include requirements for:

• Plain language information about what provider directory applies to which plan and the criteria used by plans to build the provider network and to tier providers

• All pertinent information about participating providers and facilities

• Search functionality that allows consumers to search by health care professional, whether a provider is accepting new patients, participating office locations, participating hospitals, and other key pieces of information

• Accommodations for the needs of individuals with disabilities and people with limited English proficiency
Resources

- **SB 158** Consumer and Provider Protection Act
- Consumer and Provider Protection Act Study Committee Report
- **SB 302**
- Visit healthyfuturega.org for issue briefs:
  - Ensuring Access to Care: Setting and Enforcing Network Adequacy Standards in Georgia
  - Improving Provider Directory Accuracy and Usability
Thank you!

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