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Date: October 16, 2013

To: Meg L. Jones, Office of the Insurance Comissioner

From: Brian Rosen, Senior Vice President of Public Policy, The Leukemia & Lymphoma Society

Re: Health coverage issuer provider network formation, adequacy, and filing and approval standards

Leukemia & Lymphoma Network Adequacy Standards Comments

About LLS

The Leukemia & Lymphoma Society (LLS) is pleased to provide comments to the Office of the Insurance Commissioner regarding the subject of possible rulemaking: Health coverage issuer provider network formation, adequacy, and filing and approval standards.

LLS is the world's largest voluntary health agency dedicated to the needs of blood cancer patients. Each year, over 140,000 Americans are newly diagnosed with blood cancers, accounting for nearly 10 percent of all newly diagnosed cancers in the United States. The mission of LLS is to find cures for leukemia, lymphoma, and multiple myeloma and to ensure that blood cancer patients have sustainable access to quality, affordable, coordinated healthcare. LLS funds lifesaving blood cancer research, provides free information and support services, and advocates for public policies that address the needs of patients with blood cancer. Since our founding 65 years ago, LLS has invested nearly \$1 billon into research for cures and LLS-funded research has been part of nearly all of the FDA-approved therapies for blood cancer.

Background

The Affordable Care Act (ACA) requires the Secretary of Health and Human Services (HHS) to establish, by regulation, criteria for certification of health plans as qualified health plans (QHPs), one criterion of which is requiring State Exchanges to meet standards for network adequacy. Current health plan accreditation standards require plans to develop reasonable standards for access and availability of services. In general, traditional network adequacy standards are usually tied to whether "enough" providers and facilities are included in the network based on prevalent norms. For example, "time and distance" standards for Medicaid and Medicare managed care plans assess how far consumers must travel to receive treatment. This standard is based on the premise that care is delivered in a face-to-face office setting.

In addition to the ACA-related requirements, emerging technologies, changes in care delivery and payment models require a transparent mechanism to judge whether health plans have robust provider networks to ensure patient access to evidenced-based medical care. Because many of these innovations (e.g. telemedicine, care coordination) can improve access to and the quality of care, it is critical that regulators and other stakeholders examine and update current standards for network adequacy in new models of care, and the growing trend to address beneficiary access issues via non-face-to-face encounters. As states and the federal government assess and update their requirements for network adequacy, focus must be maintained where it belongs – ensuring patient access. To that end, LLS encourages the Office of the Insurance Commissioner to consider the following as new network adequacy standards are developed:



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Recommended Network Adequacy Standards

- Ensure that health plans networks include an adequate mix and number of health care providers to meet the healthcare needs of the enrolled populations. For example for blood cancer patients, networks must include providers who specialize in treating patients with blood cancers.
 - o Provider networks should be sufficiently robust to ensure that all services will be accessible without unreasonable delays.
 - Network adequacy standards are worthless unless patients can access a provider when they need care. Therefore, plans' performance should be regularly measured against the state's standards by using the Consumer Assessment of Health Plan Providers and Systems (CAHPS) Survey. This assessment should be performed annually to identify access problems, and whether those problems are broadly experienced rather than a reflection of a particular plan's network.
- Ensure that providers treating blood cancer patients have "admitting" or "referral privileges" to in-network hospitals, ambulatory surgery centers or other specialty treatment facilities, as needed.
- Include at least two Centers for Excellence in each network; one National Cancer Institute (NCI) center, and one transplant center.
- Require network providers to notify the health plan if they are no longer taking new patients to enable health plans to keep their provider networks up-to-date and ensure patients' access to timely care.
- Prohibit plans from applying criteria that may discriminate against high-risk populations, specifically for blood cancer patients, as this could limit patients' access to their preferred choice of physician.
- Mandate in-network copayment and deductible rates when out-of-network referrals are recommended to ensure patients have access to evidence-based treatments.
- Request that plans notify the state before any material change can be made to the provider network.
 - In the event of such changes, require plans notify patients before any changes are made to their coverage
 - Require continuous coverage for up to 90 days until an alternate arrangement can be made.
- Incorporate flexibility into the regulations such that network adequacy standards support, not inhibit innovations to broaden access. For example:
 - Encourage provider networks to explore new approaches to communication and team-based care: support
 care-delivery outside of face-to-face visits, including the use of telemedicine to manage complex cases,
 or electronic health record portals.

In conclusion, LLS is very pleased that Washington State is proactively updating provider adequacy standards to ensure patient access to quality, evidenced-based care. Furthermore, we applaud the level of transparency that you are bringing to this process. We appreciate this opportunity to submit these comments and are happy to work with you in our mutual effort to ensure that patients have access to quality, evidenced-based medicine via an adequate network of providers (physicians and Centers for Excellence).

Sincerely,

Brian Rosen, Senior Vice President of Public Policy