

Date: September 30, 2014
To: Laura Cali, Insurance Commissioner,
From: Thea Zajac, Director of Government Affairs, The Leukemia & Lymphoma Society
Re: **Leukemia & Lymphoma Network Adequacy Standards Comments (LC 634)**

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.

LLS is very pleased that the state of Oregon is proactively updating provider adequacy standards to ensure patient access to quality, evidenced-based care. 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). ***LLS believes the below network adequacy standards should apply to small and large group employers under the jurisdiction of the Oregon Insurance division.***

LLS encourages the Office of the Insurance Commissioner to consider the following when determining “factors” that might help define what makes a network “adequate”:

As it pertains to Section 2(3)(a), below are recommended Network Adequacy Factors to help define what makes an adequate network:

Access to Care

- Access to outpatient specialists without unreasonable delay
- Access to NCI designated cancer centers when medically necessary, as determined by the patient’s treating physician

- Access to transplant centers of excellence when medically necessary, as determined by the patient's treating physician
- Access to specialists with admitting and referral privileges to in-network hospitals, ambulatory surgery centers or other specialty treatment facilities, as needed.
- Access to out-of-network care at in-network cost-sharing rates when medically necessary and/or evidenced-based treatment is not available in-network
- Process by which a consumer can access continuous coverage for up to 90 days if their provider network changes

Transparency

- Rates at which consumers must be notified of changes to a provider's ability to take on, or not take on new patients
- Rate at which insurers must update and post via URL link their most up-to-date provider directory

We recommend that Section 4(1)(d) be amended to include additional requirements that prescription drug information be posted via URL link on the plans website. The URL link should direct consumers to an up-to-date formulary where they can view the covered drugs, including tiering and any utilization management restrictions.

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 billion into research for cures and LLS-funded research has been part of nearly all of the FDA-approved therapies for blood cancer.

Further questions can be directed to:

Thea Zajac, MSW, Director of Government Affairs
Leukemia & Lymphoma Society
Thea.zajac@lls.org
415-625-1105