

NAIC
B COMMITTEE
6/13/2024

NETWORK ADEQUACY OVERVIEW

HEALTH INSURANCE NETWORK

- Doctors, hospitals, and care providers that the health insurance company contracts with to provide medical services.
- Include a group of healthcare providers that contract with health insurance carriers.
- Health insurance carriers define and adjust the number, the qualifications, and the quality of providers.
- Network may become narrow.

ACA GOALS FOR NETWORK ADEQUACY

- Provides a sufficient choice of providers;
- Includes “essential community providers (ECPs)” to serve predominately lower-income and medically underserved individuals; and
- Provides information to enrollees and prospective enrollees on the availability of in-network and out-of-network providers.

NETWORK ADEQUACY REQUIREMENTS

- An adequate contracted provider network that is sufficient to provide access to covered services in accordance with access standards;
- Must meet maximum time and distance standards and contract with a specified minimum number of each provider and facility-specialty type, which will vary by county type; and
- Must meet maximum wait time standards.

NETWORK ADEQUACY REVIEWS

- Reviews will be performed by CMS unless a state receives approval to conduct their own.
- State criteria must be at least as stringent as CMS.

CHALLENGES

- Complex
- Vary
- Consumer Complaints
- State may have limited regulation and/or authority.