

Meeting Notes	
Meeting Date & Time:	09/13/2013
Meeting Title:	Arkansas Plan Management Advisory Committee
Called by:	AHCD, Arkansas Insurance Department
Mode of meeting	In Person
Attendees	Debbie Veach, Mark Johnson, Randall Crow, Jennifer Smith, Stephen Sorsby, Qualchoice, John Ryan, Ambetter, Sam Vorderstrasse, Arkansas BlueCross BlueShield, Jim Couch, Delta Dental, Vic Snyder, Annabelle Imber Tuck, Craig Cloud, David Deere, Sara Isreal, Anna Strong, Stephanie Smith, Julie Benafield, Joe Pelphrey, Suzanne Bierman, Jennifer Holder, Leo Hauser, Bryan Meldrum, Edward Anderson, Robert Wright, Darlene Byrd, Rich Huddleston Derrick Smith, Craig Wilson, Jonathan Foster, John Kirby, Debbie Hayes, Georganna Huddleston, Grady Tracy, Mike Castleberry, Fred Bean, Austin Gaines, Edward Anderson, Sherrill Wise, Annabelle Tuck, Tomika Clark, Tracey Dennis, Chantel Allbritton, Zane Chrisman, Cindy Crone, Tonmoy Desgupta
Attachments* (Agenda, Handouts, PPTs, etc.):	

* Attachments can be submitted by copying and pasting in this document or by submitting as separate document.

Agenda for 9/13/2013:
<p>Arkansas Insurance Department Health Benefits Exchange Partnership Division Plan Management Advisory Committee Friday, September 13, 2013 8:00 – 11:00 am</p>
<p>1. Review of Certified QHPs (8:00am-9:15am)</p> <p>Ashley Odom, Public Consulting Group Handouts: <i>Individual Market QHP Report</i> <i>SHOP Market QHP Report</i> <i>Habilitation, Mental Health, and Tobacco Cessation Summary</i> <i>Private Option Cost Sharing Comparison</i></p>
<p>2. Network Adequacy (9:15am-10:35am)</p> <p>Public Consulting Group Handouts: <i>Network Adequacy in Qualified Health Plan Brief</i></p>
<p>3. Looking Ahead to October: Quality Overview (10:35am-11:00am)</p> <p>Aaron Holman, Public Consulting Group</p> <p>Handouts: <i>Arkansas Quality Overview Slides</i></p>

Meeting Notes for 9/13/2013:

Welcome/Introductions

Annabelle Imber Tuck, Health Insurance Marketplace Board of Directors

Announcement

AID was not able to release the rates as anticipated. CCIIO announced that the Issuer Signing Agreements had not all been completed and that all the issuers were not certified yet to sell on the Marketplace. A follow-up meeting was set for September 27, 2013 at 8am in hopes that the rates will be released.

Network Adequacy Standards

- The topic of network adequacy discussion included three major components: Monitoring of provider access and availability, Essential Community Providers, and provider directories.
- The Arkansas Insurance Department (AID) requested that PMAC further define “sufficient” and “reasonable” provider networks due to the ambiguity in applying the requirement during the QHP review period. Please refer to the PCG Network Adequacy Policy Brief for background information on the topics presented to the committee.
- A phased evaluation approach was recommended, wherein the first year network targets would be developed and issuer performance against those targets would be evaluated, for the purposes of refining targets or defining standards in the following year. Any targets or standards would need to take into account known network adequacy issues in rural areas of the state, as well as the *any willing provider* requirements in Arkansas. Some of the comments and concerns raised were related to inclusion of school-based providers in the category of Essential Community Providers, and the feasibility of collecting provider network statistics from issuers.
- Network adequacy standards and data collection requirements were presented to the committee based on measures and information provided in the QHP access plans, but additional time was needed for issuers and others to review the options.

The following network adequacy options were considered by the committee:

Provider Directory and Network Data

Options:

- Require the submission of provider data in a standard format, to include key data elements necessary for review
- Require an online directory in Spanish or availability of printed copy in non-English language
- Require updates to provider directory quarterly or other frequency

Essential Community Providers

Options:

- Maintain a minimum or target inclusion percentage

- Add additional types of providers (i.e. mental health and substance abuse providers) to ECP definition
- Require that rates paid to ECPs must be the same rates as paid to other health plan providers for the same or similar services
- Require compliance with ECP standards for plans outside the FFM to avoid adverse selection

Provider Availability

Options:

- Require coverage of out-of-network providers at in-network rates if covered services are not available within certain drive-time, including specialty services.
- Reporting or compliance with standards for metrics such as the following:
 - Providers for all covered services available within certain drive-time
 - Providers for critical services available within a certain drive-time (i.e. hospital and pharmacy)
 - Percentage of providers accepting new patients
 - Primary care provider to enrollee ratios
 - Maximum wait times for routine care and urgent care visits
 - Weekly availability to care before or after normal business hours

Note that separate compliance and reporting standards could be developed for rural areas and urban/suburban areas.

Quality

- PCG presented a brief quality overview in preparation for the quality discussion scheduled in October. The presentation included the quality reporting timeline and an overview of current state initiatives such as the Arkansas Payment Improvement Initiative (APII).
- It was suggested that one outcome of the October quality discussion would be to clearly define the purpose and direction of the PMAC quality initiatives going forward, as well as potentially assign a subgroup responsible for development of quality metrics and in-depth analysis.
- Quality improvement strategies and plan quality ratings are part of the Affordable Care Act, but federal guidelines for implementation are still pending. However, the guidelines are expected to align with the National Quality Strategy and standards used by accreditation entities such as NCQA. Additional detail on what was presented to the committee is available in the “Arkansas Quality Overview” presentation slides distributed to committee members.
- The October PMAC presentation will include a “Quality 101” overview, including a discussion of the types of existing quality initiatives in Arkansas and around the country. It will also include more information about Arkansas-specific programs that would be leading quality initiatives or involved in quality initiatives such as APII. The outcome of the meeting should be to establish purpose and goals for quality initiatives as well as a process for defining and approving quality metrics and initiatives.

Next Steps:

- PCG will work with AID to determine the baseline network adequacy guidelines that should be set in order to define “sufficient” and “reasonable” provider networks for review in future plan years and will distribute prior to the September 27th PMAC meeting.

- AID HCD will circulate slides, “Arkansas Quality Overview”, presented at the meeting.
- There will be an additional PMAC meeting on Friday, September 27, 2013 to further discuss network adequacy and to discuss plans that are scheduled to be released by that date. Participants were advised to submit any known concerns by Wednesday, September 25, 2013.
- October PMAC to address goals for Quality Ratings and identify the best groups to work on this. High level goal is to “Get data and analyze it long-term”.