QUEST ANALYTICS

January 27, 2022

Administrator Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services
7500 Security Blvd
Baltimore, MA 21233-8013

RE: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023 (CMS-9911-P).

Dear Administrator Brooks-LaSure,

Thank you for the opportunity to comment on the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023 (CMS-9911-P). We recognize this rulemaking effort is complex and that CMS has put a significant amount of time and effort into drafting this proposed rule. You requested comments related to **network adequacy; wait times; telehealth; essential community providers; network adequacy in state exchanges; and health equity**. To that end, we are providing comments on these topics based on our two decades of experience providing network adequacy compliance solutions for variety of key stakeholders in the health care system, which include CMS, state Departments of Insurance, and most health plans nationwide.

About Quest Analytics

Quest Analytics is a network adequacy standards company. We provide the most used platform in the industry to measure and monitor provider networks. We work with 95% of health plans nationwide, over 30 state regulatory agencies, and have a direct relationship with CMS to measure and monitor Medicare Advantage (MA) health plan provider networks. We are committed to the development of evidence based fair and equitable network adequacy standards for Exchange health plans that ultimately lead to improved health outcomes for consumers.

Network Adequacy

You are seeking comment on the specific parameters for time and distance standards and flexibilities that may be needed in rural areas when there are provider or health plan shortages.

We appreciate that your proposed network adequacy standards are informed by the widely understood standards used in MA. While we recognize that Exchange health plan membership has different needs than MA health plan membership, CMS should leverage the population and density parameters used in MA to create designations to effectively measure time and distance that match the needs of the Exchange population. Using a consistent approach would eliminate the possibility that a health plan could be adequate in one program, but inadequate in another when measured against the same specialties. Regarding addressing concerns in rural areas, CMS could develop different time and distance standards for rural or like-rural county designations. In MA, CMS created Micro, Rural, and CEAC (Counties with Extreme Access Considerations) county type designations. These designations impact the health plan's network adequacy obligation. CMS could leverage similar designations, and corresponding network adequacy standards by county type, for Exchange health plans.

Wait Times

You are seeking comment on specific parameters for appointment wait time standards that you could apply to the proposed provider and facility specialty list.

In developing appointment wait time standards, CMS may consider developing quantitative metrics based on the urgency of the medical situation that a consumer is facing. CMS may consider clarifying wait time to mean the amount of time it takes a consumer to have an appointment with a provider after scheduling the appointment. This could include a differentiated day or hour-based wait time metric that applies to categories, which include urgent care, non-urgent care, and emergency care. At least 17 states have adopted some version of state-based appointment wait time metrics

for individual market health plans.[1] In addition, CMS may consider Veterans Administration (VA) wait time requirements, which set maximum wait time metrics for veteran access to VA facilities for primary care, mental health care, and specialty care.[2] Quantitative metrics are shown to create greater accountability and uniformity across health plans than is experienced under a qualitative standard. To accomplish this, in future years, CMS may require health plans to collect wait time data from network providers so that health plans and/or CMS can keep providers accountable to the wait time metrics established. We understand the difficulty health plans may face when collecting wait time data from network providers, many of which are low-resource essential community providers. This would be an administrative burden on the health plan and network provider. Given this difficulty, any new requirement should take the administrative burden associated with the collection of data into account.

Telehealth

You are seeking comment on whether you should consider aligning the Exchange health plan network adequacy standards with MA's telehealth approach in which health plans are offered a credit towards meeting time and distance standards.

Given the expanded use of telehealth services in the wake of the COVID-19 pandemic, CMS should consider offering a network adequacy credit to health plans that can demonstrate that their network providers are able to provide adequate access to quality services through telehealth in certain provider specialties. In MA, increased utilization of telehealth services was shown to increase access for MA enrollees while the credit was in place.[3] However, more research is needed to understand the impact on quality of care and why certain consumers used less telehealth than others. We understand that telehealth is not always an appropriate replacement for in-person services. Therefore, any credit system should preserve a

[1] Spotlight on Network Adequacy Standards for Substance Use Disorder and Mental Health Services, Legal Action Center (2020).
[2] Veterans Health Administration, Veteran Community Care Fact Sheet, accessed online at: https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/VHA-FS_MISSION-Act.pdf
[3] New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization During the Pandemic, accessed online at: https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic

consumer's ability to choose when they would prefer to have medically necessary care provided in-person rather than through telehealth.

Network Adequacy in State Exchanges

You are seeking comment on whether a more coordinated, national approach to network adequacy rules across all Exchanges should be adopted in future years.

To ensure consistent adequate networks for Exchange enrollees across states, CMS may want to consider setting a national network adequacy framework that would apply to all Exchange types in all states. Such a framework may include setting national time and distance standards, national wait time standards, and national provider-enrollee ratio standards. Today, at least 29 states have adopted at least one standard in each of three areas mentioned above.[4] Therefore, any standards set by CMS should build off the standards that exist in the states today.

Essential Community Providers

You are seeking comment on whether and how health plans should increase the use of telehealth services as part of their contingency planning to ensure access to adequate care for enrollees who might otherwise be cared for by relevant ECP types that may be missing from the health plan's provider network.

Telehealth has proven to be an enhancement to access to critical services. CMS may consider a two-pronged approach to the issue of access to care traditionally rendered by an ECP. First, expand and improve the inventory of ECPs serving each market. An expanded and reliable list will help improve consumer access to ECPs and better identify when a telehealth contingency is appropriate. Second, develop a credit for using telehealth to help meet network requirements related to ECP contracts in communities in which ECP supply is limited.

Health Equity

[4] Legal Action Center, Spotlight on Network Adequacy Standards for Substance Use Disorder and Mental Health Services (2020), accessed online at: https://www.lac.org/assets/files/Network-Adeqaucy-Spotlight-final-UTO.pdf

You asked for comment on ways to advance health equity standards through the QHP certification process; what datasets related to population factors could be leveraged to analyze health plan progress toward addressing health equity gaps; and whether health plans should be required to obtain National Committee for Quality Assurance (NCQA) Health Equity Accreditation (HEA) or anther similar accreditation standard.

One way to advance health equity standards through the QHP certification process is to incorporate health equity-based network adequacy standards into the network adequacy review process. Such standards could involve identifying providers that are critical to meeting the needs of the Exchange population as well as a suite of quantitative measures, which could include developing a health equity designation type for specific geographic areas (most likely counties). Taken together, these standards could be deployed to measure and monitor Exchange health plan provider network progress toward addressing health equity gaps.

A county-based health equity type designation could be based on population health, which would take into account county population health outcomes and county population health factors. This may include weighting parameters into discrete dimensions, which involve social and economic factors, health behaviors, clinical care, and environmental factors.

The data sources for the parameters that would make up the health equity county designation model, could come from many sources. This could include CMS provider and consumer data (PMI/SPP), Census, County Health Rankings, and Dartmouth Health Atlas.

The NCQA HEA requires health plans to meet several health equity-based provider network process requirements, which include collecting race, ethnicity, and language data of health plan members and network providers and to maintain a provider network that meets the cultural and linguistic needs of health plan members. As mentioned above, the data that flows from this process accreditation could be leveraged to build a model to measure and monitor Exchange health plan provider network progress toward addressing health equity gaps.

Conclusion

Thank you for taking the time to consider our comments to the proposed rule. If you have any questions or comments, please feel free to reach out me at scott.westover@questanalytics.com or (603) 930-2254.

Sincerely

Scott Westover
SVP Network Strategy
Quest Analytics