National Quality Management and Measurement

Practitioner and Provider Availability: Network Composition and Contracting Plan

Subject:

Originating Dept:
National Quality Management and Measurement

Original filed in National Quality Management and Measurement

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Date: 03/31/2011

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Applies to:
- HMO Products
- PPO Products
- Medicare Advantage HMO
- Medicare Advantage PPO
- Aetna Medicare Dual Advantage Plan (SNP)
- Medicare Advantage Private Fee For Service

Type:
- New
- Revision
- Clarification
- Replacement

Related Communications:
Aetna Credentialing Policy Definitions:
Practitioner Credentialing and Recredentialing, QM 54
Credentialing Allied Health Practitioners QM 53
Assessment/Credentialing Organizational Providers QM 51

Purpose:
- Establish a process by which provider and practitioner availability standards are established and periodically assessed by the National Quality Oversight Committee (NQOC) and used to improve network adequacy
- To define minimum requirements for network composition
- To ensure compliance with applicable state and federal regulatory standards
- To ensure compliance with applicable accreditations standards

Background:
Many factors impact the adequacy of the provider network: network composition, geographic distribution of practitioners and members, types and numbers of practitioners and specialties available. A member’s perception of the provider network is a key driver of member satisfaction with the health plan and the member's
assessment of health plan quality. Adequacy of the network also impacts marketability of the network and per member per month costs. Additionally, provider network composition and adequacy are determined by state-specific regulatory standards. These standards must be met as a requirement for recertification of the HMOs’ Certificate of Authority in the respective states.

**Definitions:**

**Aetna:** Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies. (Aetna) means:

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefit coverage include Aetna Health Inc., Aetna Health of California Inc, Aetna Life Insurance Company, Aetna Health Insurance Company of New York, and Aetna Health Insurance Company. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

**Availability:** “The extent to which an organization geographically distributes practitioners and Organizational/Institutional Providers of the appropriate type and number to meet the needs of its membership.” (Source: NCQA Standards and Guidelines for Accreditation of Health Plans, 2011, Glossary). Note: The NCQA definition was revised by Aetna adding “Organizational/Institutional Providers” so as to meet regulatory standards.

**Behavioral Health Participating Practitioner:** An independent practitioner who is duly licensed or certified and recognized under state law, and who is contracted to provide mental health or chemical dependency services to Aetna members. This would include psychiatrists (MDs and DOs), psychologists (PH. Ds and PsyDs), social workers and other Master's prepared clinicians who are licensed to practice independently.

**Geo-Networks Classification Definitions:**

- **Urban:** ZIP Code population density is greater than 3,000 persons per square mile
- **Suburban:** ZIP Code population density is between 1,000 and 3,000 persons per square mile
- **Rural:** ZIP Code population density is less than 1,000 persons per square mile

**High Volume Specialties:** In addition to Primary Care Physicians, Obstetricians/Gynecologists and Psychiatrists treating children and adolescents, the top two specialties identified by volume of encounters.

**Organizational or Institutional Providers:** Institutional providers and suppliers of healthcare services, including behavioral health care organizations. Organizational Providers include, but are not limited to: hospitals, nursing homes; skilled nursing facilities (SNF), home care agencies, free standing surgical centers (including free standing abortion centers). Behavioral health organizations include, but are not limited to: mental health and chemical dependency hospitals, residential treatment facilities, Partial Hospital Programs, Intensive Outpatient Programs, Crises
Stabilization Centers, clinics, and Community Mental Health Centers. Behavioral Health organizations can be free-standing or hospital-based.

Additionally, in networks where the Medicare product is offered, the organizational providers must include: laboratories, rehabilitation agencies (comprehensive outpatient rehabilitation facilities, outpatient physical therapy and speech pathology providers), renal disease services, outpatient diabetes self-management training providers, portable x-ray suppliers, rural health clinics (RHC), and federally qualified health centers (FQHC).

**Primary Care Physician:** Physician with PCP indicator in Enterprise Provider Database (EPDB). These include Internal Medicine, General Practice, Family Practice, Pediatricians, Nurse Practitioners acting as PCP and Ob/Gyn in states which mandate recognition of Ob/Gyn as PCP who provides the following functions at least fifty (50%) of the time in which he/she engages in the practice of medicine; supervision, coordination and provision of initial and basic medical care to members, as well as referring members for specialist care and maintaining the continuity of their care across providers in the Aetna delivery system.

**Policy:**

**Standards**

Standards will be established for network adequacy for meeting the healthcare needs of current membership.

These standards will include, at a minimum the:
- number and distribution of practitioners including Primary Care Physicians, Ob/Gyns, and those identified by the health plan as High Volume Specialties, and
- number and distribution of practitioners and Organizational and Institutional Providers in Medicare networks, and
- assessment of cultural, ethnic, racial, and linguistic needs and preferences of members.

The NQOC will establish indicators of network adequacy for numbers of providers and distance and use those indicators to evaluate at least annually network adequacy based on member needs. Examples of network indicators and data to consider when evaluating network adequacy are listed in Attachment A. Information sources are listed in Attachment B. The medical and behavioral health availability indicators and goals adopted by the NQOC are listed in Attachment C.

**Medicare Markets**

Plans with Medicare Contracts must incorporate a standard of 30 minutes drive time modified for longer drive times based on location (such as a rural area) and/or based on routine patterns of care for the geographic area. The evaluation must include at least an assessment of public transportation routes and available transportation.
The scope of practitioner and provider adequacy analysis must include at least:

- Primary care physicians
- Specialty care practitioners
- Behavioral health and substance abuse practitioners
- Behavioral health providers (inpatient, residential, ambulatory)
- Hospitals
- Skilled nursing facilities
- Home health agencies
- Ambulatory clinics
- At least two other provider types (i.e., mammography/radiology center, freestanding surgical center, rehabilitation center)

**Reporting**

Availability reports will be generated at least annually to evaluate network adequacy.

Results of availability assessments will be used in developing and implementing market contracting plans.

**Exception Process:** Exceptions to this policy require approval from the Chief Medical Officer.

**Policy History:**
- Revised: QM 10, issued 12/16/2010
- Revised: QM 10, issued 03/01/2010
- Revised: QM 10, issued 05/29/2009
- Revised: QM 10, issued 07/23/2008
- Revised: QM 10, issued 03/24/2008
- Revised: QM 10, issued 02/19/2007
- Revised: QM 10, issued 12/01/2006
- Revised: QM 10, issued 10/24/2005
- Revised: QM 10, issued 10/11/2004
- Revised: QM 10, issued 07/23/2003
- Revised: QM 10-0602, issued 07/11/2002
- Revised: HDQM Policy 98-01, revised, 09/27/2000
- Original Policy: HDQM Policy 98-01, 01/06/1998

**FOR INFORMATION:**
Contact Name: Janona Davis  
Dept./Unit: National Quality Management and Measurement
Approval to Implement
Review/Approval Date: 04/26/2011

Grant Tarbox, D.O.  
Oklahoma Medical Director

04/26/2011
Date
Approval to Implement
Review/Approval Date: 04/26/2011

Grant Tarbox, D.O.
Texas Medical Director

04/26/2011
Date
Attachment A

Examples of network adequacy indicators include, but are not limited to:

- PCP to Member ratios
- Number of providers by type for Urban, Suburban and Rural mileage
- Practitioner Counts by PCP and each Specialty
- Practitioner Turnover Rate
- Practitioner Termination Rates (by Reason Code)
- Member PCP Change Rates
- Member PCP Change Requests Tabulated by Reason Code
- PCP Closed Practice Rates
- Total Number of Practitioner Initiated Member PCP Change Requests
- Frequency of Member Complaints Specific to Network Provider Availability

Examples of data include:

- benefit plans and products offered in the market
- product/sales targets
- membership demographic data from CAHPS
- demographic data from U.S. Census
- in urban areas, the usual means of transportation used by members, and if the members primarily rely on public transportation, the location of providers in relation to public transportation
- healthcare needs of the membership
- state legislated mandates regarding provider types for networks
- CMS guidelines
- availability of providers in the community
- occupancy rates
- PCPs with closed practices
- member satisfaction data related to network from CAHPS
- member complaint data related to network
- disenrollment data related to network
- mapping of providers to zip code
- mapping of members to zip code
- foreign language needs of membership
- racial and ethnic composition of the community
<table>
<thead>
<tr>
<th>Report Name</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural &amp; Linguistic Diversity of Population</td>
<td>State Health Department, Department of Statistics, or Internet <a href="http://census.gov">http://census.gov</a></td>
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<tr>
<td>Number of PCPs with Language in addition to English Sorted by Language Spoken</td>
<td>EPDB/RPBD through DAF</td>
</tr>
<tr>
<td>Number of BH Practitioners with Language in addition to English Sorted by Language Spoken</td>
<td>EPDB/RPBD through DAF</td>
</tr>
<tr>
<td>Monthly reports on Frequency and Language Requested of Member Service Use of Contracted Translation Services</td>
<td>AT &amp; T Language Line Reports available through Member Services</td>
</tr>
<tr>
<td>Monthly reports on Frequency and Language Requested of Member Service Use of Contracted Translation Services</td>
<td>NCO-Call Operations Solutions</td>
</tr>
<tr>
<td>Annual CAHPS Member Satisfaction Survey</td>
<td>Eileen Scheye, National QM</td>
</tr>
<tr>
<td>Annual BH Member Satisfaction Survey</td>
<td>National QM</td>
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<tr>
<td>Annual Medicare CAHPS Survey</td>
<td>National QM</td>
</tr>
<tr>
<td>Annual Medicare Disenrollment Survey</td>
<td>National QM</td>
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<tr>
<td>Target Membership by Geography</td>
<td>Sales/Marketing</td>
</tr>
<tr>
<td>Member Complaints and Appeals re: network provider availability (Full to Capacity, Language Assistance Program, Language needed not available at Aetna, Language needed not available in Providers/Practitioner, Network Adequacy, Travel Time)</td>
<td>CATS Reporting Team</td>
</tr>
<tr>
<td>Monthly current Member Utilization Reports: Current Member Utilization Reports: Paid Claim and Encounter Data Default view (total dollars and frequency by hospital, diagnosis, service; out-of-network utilization; ER use)</td>
<td>Aetna Integrated Informatics - Managed Care Monitor- Contact local or Regional Medical Director</td>
</tr>
<tr>
<td>Number of Providers by Provider Type</td>
<td>Marketing Support Unit (MSU) Reporting Services <a href="http://aetnet.aetna.com/msu/msu.htm">http://aetnet.aetna.com/msu/msu.htm</a></td>
</tr>
<tr>
<td>Number of PCPs (in total and by “closed practice”)</td>
<td>NISS Site (requires registered users access)</td>
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<tr>
<td>Mapping of Provider Distance/Travel Time</td>
<td>MSU Map</td>
</tr>
<tr>
<td>Facility Services Available by Hospital</td>
<td>AHA Guide (Query File Version)</td>
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</tbody>
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Aetna Life Insurance Company
Region

Health Plan Medical and Behavioral Standards and Goals for HMO, PPO, and Medicare
[To be completed by Health Plan]

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