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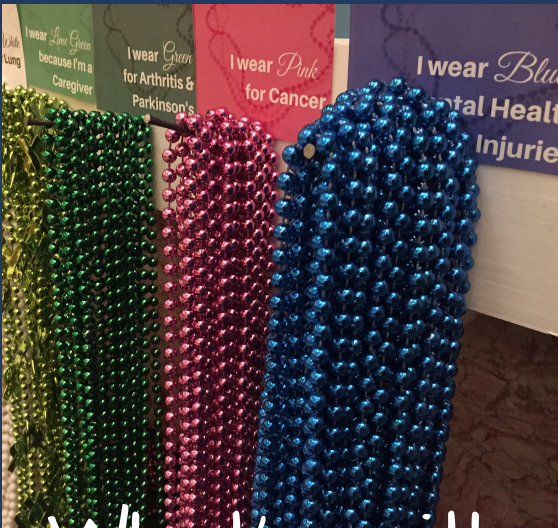
APRIL: Chronic Care Collaborative Update

WHAT IS NETWORK ADEQUACY?

By: Moe Keller, Mental Health Colorado

As more and more people are accessing health care private insurance due to health care reform, insurance companies, hospitals, providers and advocates are working together to make access happen and make access affordable. Within this whole new dynamic of health care reform, however, some problems arise for which we as a team of interested parties need to focus. One of the newer concerns around health care accessibility is *network adequacy*.

Private health insurance plans create a list of providers, or networks of providers, who belong to a particular insurance plan within a particular insurance company. These providers are primary care doctors, pediatricians, OBGYNs, behavioral health specialists and chronic care specialists, such as oncologists, among others. When a private health insurance plan reduces the number of providers on their list or create a new list that is more restrictive in numbers of providers, several problems emerge for the consumer: long wait times or lack of sufficient enough providers or specialists from which to seek care. Sometimes, this results in consumers needing to go out of the private health insurance plan network for their care.



What's with the beads?



@ChronicCareCO: #DYK:
1 in 4 Coloradans suffer
from a chronic disease!
#ChronicDiseaseCO

NETWORK ADEQUACY CONTINUED...

Mental Health Colorado, along with the Colorado Consumer Health Initiative and the Chronic Care Collaborative, are working with the Colorado Division of Insurance in writing rules that will better define what makes for an adequate number of providers in an insurance plan. The Division is incorporating within its rules several ways the Division of Insurance can measure private health insurance provider directory adequacy: how long a person must wait to receive an appointment, how long a drive it takes for a person to a provider's office and the ratio of primary care and specialist medical providers to the number of citizens enrolled in that plan. The Division has issued several bulletins for citizen comment and feedback and are holding a series of open stakeholder meetings on this topic.

Accompanying the issue of adequate number of providers in a network is the accuracy of the provider lists. In several studies, both in Colorado (The Consumer Health Initiative report 2016), and in other states, there was a significant error rate in exactly which provider is still in a plan, or if that provider is taking new patients. Mental Health Colorado, the Colorado Consumer Health Initiative, and the Chronic Care Collaborative are working with the Division of Insurance on this issue as well.

If you wish to read the bulletins, they are available on the Colorado Division of Insurance website under network adequacy stakeholder information. The Division has adopted three bulletins regarding: network access plans, network adequacy metrics, and provider directories. A bulletin on continuity of care issues should be adopted soon. Meetings regarding network adequacy take place at the Division of Insurance, 1560 Broadway St., Denver, you can also call Matt Mortier at 303-894-7581 to be added to the information email list.

Now is the time to get involved and have your voice heard! Public comment matters, now is the time to get involved and ensure that there are enough providers to address our health care needs.

We wear our beads for the 1 in 4 Coloradans who suffer from a chronic condition:

