Division of Insurance

Commissioner Michael Conway

Culturally Responsive Network Requirements: Stakeholder Meeting #1

Tuesday, September 14, 2021
3 - 4:30 PM

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Agenda for Today's Meeting

- Current Colorado network adequacy requirements
- Colorado Option network requirements
- Learnings from other states
- Presentation from consumer groups
- Discussion

What is network adequacy?

Health plans must maintain a provider network that is "sufficient in numbers and types of providers to assure that all covered benefits to covered persons will be accessible without unreasonable delay."

Current Network Adequacy Regulations

Regulation 4-2-53: Network Adequacy Standards and Reporting Requirements for ACA-Compliant Health Benefit Plans

Regulation 4-2-54: Network Access Plan Standards and Reporting Requirements for Health Benefit Plans

Regulation 4-2-55: Standards and Reporting Requirements for Health Benefit Plan Provider Directories

Regulation 4-2-56: Concerning Network Adequacy and Continuity of Care Requirements for Health Benefit Plans

Network Adequacy Standards

- Service wait time standards (ex: primary care within 7 calendar days)
- Geographic access standards (ex: primary care within 5 miles in large metropolitan areas)
- Provider availability standards (ex: 1 primary care provider for every 1,000 enrollees)
- At least 30% of available Essential Community Providers (ECPs) in the network

The Colorado Option

The network for the Colorado Option must be:

- Culturally responsive
- To the greatest extent practicable, reflect the diversity of its enrollees in terms of race, ethnicity, gender identity, and sexual orientation in the area the network exists
- No more narrow than the most restrictive network the carrier is offering for individual market nonstandardized plans for the same rating area and same metal tier

The Colorado Option (cont'd)

- In developing the network, each carrier shall include:
  - a description of the carrier's efforts to construct diverse, culturally responsive networks in its network access plan and
  - a majority of the ECPs in the service area in its network
- Carriers unable to achieve the Colorado Option culturally responsive network requirements must file an action plan with Division

The Colorado Option (cont'd)

- A carrier who cannot meet network adequacy requirements is subject to a public hearing
  - Except that, if a carrier has not met the culturally responsive components of the network adequacy requirement, but has filed an action plan, the carrier is considered to have met the network adequacy requirements

Timeline

- Two additional stakeholder meetings
  - Wednesday, October 13 from 6 - 7 PM
  - Wednesday, October 27 from 10 - 11 AM
- Draft regulation by end of 2021
- Regulation adoption in early 2022

Learnings from Other States

- Collection of demographic data
- Cultural competency training requirements.
- Language access
- NCQA Multicultural Health Care distinction

Questions?

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Presentation from Consumer Advocates

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Culturally Competent Networks and Health Equity:

Improving Private Health Insurance Provider Networks to Advance Equity

Colorado Consumer Health Initiative

Health Disparities & Insurance Networks

The Affordable Care Act increased access to affordable, high quality health care. While more consumers have health insurance now, barriers to care still exist.

Communities of color face these barriers at disproportionate rates.

Major barriers include:

- Insufficient distribution of providers
- Transportation Barriers
- Language/communication barriers
- Lack of flexible hours
- Discrimination/lack of trust

Network Adequacy requires Culturally Competent Networks

In most health plans, consumers must receive medical services from providers that are considered "in-network" to avoid extra costs for care.

A health plan's network is adequate when it can provide meaningful access to care.

Network adequacy means that through the network, consumers are able to obtain the right care at the right time, in a language they understand, and without having to travel unreasonably far.

Network Adequacy

Service Type	Time Frame	Time Frame Goal
Emergency Care – Medical, Behavioral, Substance Use	24 hours a day, 7 days a week	Met 100% of the time
Urgent Care – Medical, Behavioral, Mental Health and Substance Use	Within 24 hours	Met 100% of the time
Primary Care – Routine, non-urgent symptoms	Within 7 calendar days	Met ≥ 90% of the time
Behavioral Health, Mental Health and Substance Use Disorder Care, initial and follow-up appointments – Routine, non-urgent, non-emergency	Within 7 calendar days	Met ≥ 90% of the time
Prenatal Care	Within 7 calendar days	Met ≥ 90% of the time
Primary Care Access to after-hours care	Office number answered 24 hours/ 7 days a week by answering service or instructions on how to reach a physician	Met ≥ 90% of the time
Preventive visit/well visits	Within 30 calendar days	Met ≥ 90% of the time
Specialty Care - non urgent	Within 60 calendar days	Met ≥ 90% of the time

HB1232 – improving cultural competency in networks

Have a network that is
(I) CULTURALLY RESPONSIVE AND, TO THE GREATEST EXTENT POSSIBLE, REFLECTS THE DIVERSITY OF ITS ENROLLEES IN TERMS OF RACE, ETHNICITY, GENDER IDENTITY, AND SEXUAL ORIENTATION IN THE AREA THAT THE NETWORK EXISTS; AND

(II) No MORE NARROW THAN THE MOST RESTRICTIVE NETWORK THE CARRIER IS OFFERING FOR NONSTANDARDIZED PLANS IN THE INDIVIDUAL MARKET FOR THE METAL TIER FOR THAT RATING AREA.

(2) (a) IN DEVELOPING THE NETWORK FOR THE STANDARDIZED PLAN PURSUANT TO SUBSECTION (1)(g) OF THIS SECTION, EACH CARRIER SHALL: (I) INCLUDE AS PART OF ITS NETWORK ACCESS PLAN A DESCRIPTION OF THE CARRIER'S EFFORTS TO CONSTRUCT DIVERSE, CULTURALLY RESPONSIVE NETWORKS THAT ARE WELL-POSITIONED TO ADDRESS HEALTH EQUITY AND REDUCE HEALTH DISPARITIES; AND (II) INCLUDE A MAJORITY OF THE ESSENTIAL COMMUNITY PROVIDERS IN THE SERVICE AREA IN ITS NETWORK. PAGE 6-HOUSE BILL 21-1232

Approaches to improving cultural competency in networks

Information/Data

- Data tracking of demographic information by carriers and providers/practices
- Require carriers to provide information to members about network adequacy standards, mental health parity, and complaints process (in plain language/multiple languages)
- Education from carriers to members about how patients can communicate about their experiences with providers in the network

Approaches to improving cultural competency in networks

Inclusion of providers/language access

- Inclusion of more ECPs (at least somewhat addressed in legislation)
- Incorporate/reimburse a more diverse spectrum of providers such as midwives/doulas/promotores/community health workers
- Access to care in primary language
  - Provider networks that are accurate and indicate languages spoken by providers (not office staff, but the provider themselves)
  - Access to translation/interpretation for health care visits and health insurance customer service/complaint/appeal lines
  - Access to communication supports/tools for people with disabilities
- Provider networks that reflect demographics of covered population
  - BIPOC Coloradans regularly report struggling to find providers that "look like them" or that can understand their experiences/context

Approaches to improving cultural competency in networks

Provider location/training

- Provider accessibility:
  - non-traditional business hour access (evenings/weekends)
  - Are providers' offices near to/accessible by public transit, accessible to people with disabilities?

- Provider training (CMEs?) around:
  - Cultural responsiveness
  - LGBTQIA health care training
  - Justice involved
  - Social determinants of health
  - Anti-bias training
  - Providing care to people with disabilities

Examples

Language Accessible and Culturally Competent Care

- California: All health insurance plans must have language access programs (LAPs) that assess the language needs of their enrollees and provider free interpreter services at all points of contact in the health plan.
- New York: HMOs must be assessed on their "ability to provide culturally- and linguistically- competent care to meet the needs of the enrollee population during initial licensure and at least every three years after.

Accurate Information about Providers

- New York: New consumer protections for health plans exist that use contracted provider networks (PPOs, HMOs, etc.). It includes a provision requiring that each plan's provider directory list providers' addresses, telephone numbers, languages spoken, specialties, and any hospital affiliations.
- Federal No Surprises Act includes some requirements on accuracy of provider networks

Conclusion

Health insurance plans alone certainly cannot eliminate all of the barriers consumers of color face when seeking health care. But the size, composition, and quality of insurers' provider networks can have a significant impact on their enrollees' ability to obtain timely, high-quality, language-accessible, culturally-competent care.

What are the qualities of a culturally-responsive provider? What training or knowledge should they have?

Examples: Language utilization, pronoun usage, shared identity, etc.

What barriers exist to accessing culturally-responsive providers you need that take your insurance?

Examples: Non-standard office hours, telehealth, translation services, accurate provider directories, etc.

What can carriers do to ensure the culturally-responsive networks?

Examples: Training, telehealth, improved data collection, etc.

Public Comment

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Next Steps

- 2nd Stakeholder Meeting: Wednesday, October 13 from 6-7 PM
- 3rd Stakeholder Meeting: Wednesday, October 27 from 10 - 11 AM
- Ways to Engage:
  - Website
  - Email: dora_ins_co_option@state.co.us
  - Email: debra.judy@state.co.us; cara.cheevers@state.co.us cara.cheevers@state.co.us
  - Meetings (public comment period)

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