

# Lessons Learned on the Frontlines of Network Compliance

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## UNITEDHEALTH GROUP

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HEALTH BENEFITS

Complementary but  
 Distinct Business  
 Platforms



HEALTH SERVICES

Our mission is to help people live healthier lives and to help make the health system work better for everyone

FOUNDATIONAL COMPETENCIES

Clinical Care Insight

Technology

Data and Information

OUR UNITED CULTURE

**Integrity**

**Compassion**

**Relationships**

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## Our Roadmap for Today



Why it matters



Regulatory  
Requirements



Considerations



Lessons Learned



Application

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## Why it matters...



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## Provider vs. Pharmacy Network Requirements



### Provider Network Access & Adequacy

- Minimum # by Specialty
- Travel Time / Distance
- Appointment Availability
- Reporting Requirements


### Pharmacy Network Access & Adequacy


- Convenient / adequate access
- Retail, Home Infusion, LTC, and I/T/U are measured differently
- Preferred Cost Share Networks
- Shift from Annual Reporting Requirements to quarterly assessment

*Can members get the **care or drug** they need when they need it?*

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<b>Provider vs. Pharmacy Network Requirements</b> 	
<h3>Provider Directory</h3> <ul style="list-style-type: none"> <li>• Accuracy of Provider Data</li> <li>• Required Data Elements</li> <li>• Updating Data - Timeliness</li> <li>• Validating Data – Frequency</li> <li>• Reporting Requirements</li> </ul>	<h3>Pharmacy Directory</h3> <ul style="list-style-type: none"> <li>• Required Data Elements</li> <li>• Timely updates required (website current “at all times”)</li> <li>• Provide at enrollment and annually (hard copy or notice)</li> </ul>
<p><i>Can members get the <b>information</b> they need when they need it?</i></p>	
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<b>Provider vs. Pharmacy Network Requirements</b> 	
<h3>Provider Network Changes</h3> <ul style="list-style-type: none"> <li>• Member notifications</li> <li>• Provider notifications</li> <li>• Regulator notifications</li> <li>• Reporting requirements</li> <li>• Other process requirements (continuity of care, directory updates, network adequacy)</li> </ul>	<h3>Pharmacy Network Changes</h3> <ul style="list-style-type: none"> <li>• “Substantive changes”</li> <li>• Member notifications</li> <li>• CMS Account Manager notification</li> <li>• Other requirements (notice to other key stakeholders, alternate pharmacies, directory updates, network adequacy)</li> </ul>
<p><i>Can members get <b>care / drug / information</b> they need when they need it?</i></p>	
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## How do you define “significant” or “substantial” changes to your network?



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### Provider vs. Pharmacy Network Requirements


Provider Credentialing	Pharmacy Credentialing
<ul style="list-style-type: none"> <li>• Physician license, certification, etc.</li> <li>• Medicare / Medicaid Exclusions</li> <li>• Medicare Preclusion</li> </ul>	<ul style="list-style-type: none"> <li>• OIG / GSA Exclusions</li> <li>• Medicare Preclusion</li> <li>• CMS is silent</li> </ul>


*Are you protecting members by keeping bad actors out of your networks?*

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<b>Provider vs. Pharmacy Network Requirements</b>		
<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 5px;"><b>Provider Contracts</b></div> <ul style="list-style-type: none"> <li>• Required contract provisions</li> <li>• FDR flow down provisions</li> <li>• Provider appeal rights</li> <li>• Notice / timing requirements</li> </ul>	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 5px;"><b>Pharmacy Contracts</b></div> <ul style="list-style-type: none"> <li>• Any willing pharmacy</li> <li>• Mail order / extended supply</li> <li>• LTC – minimum performance and service criteria</li> <li>• FDR flow down provisions</li> <li>• CMS generally does not opine</li> </ul>	
<i>Do your contracts have the right requirements to protect your members?</i>		
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<b>Provider vs. Pharmacy Network Requirements</b>		
<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 5px;"><b>Tiered Provider Networks</b></div> <ul style="list-style-type: none"> <li>• Directory requirements (related to tiered networks)</li> <li>• Disclosure requirements</li> <li>• Reporting requirements</li> </ul>	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 5px;"><b>Tiered Pharmacy Networks</b></div> <ul style="list-style-type: none"> <li>• Preferred Cost Share Pharmacy Network</li> <li>• Required PCSP disclaimer in marketing materials</li> <li>• Quarterly assessment of access / disclaimer</li> </ul>	
<i>Can members understand how these networks differ and how to access them?</i>		
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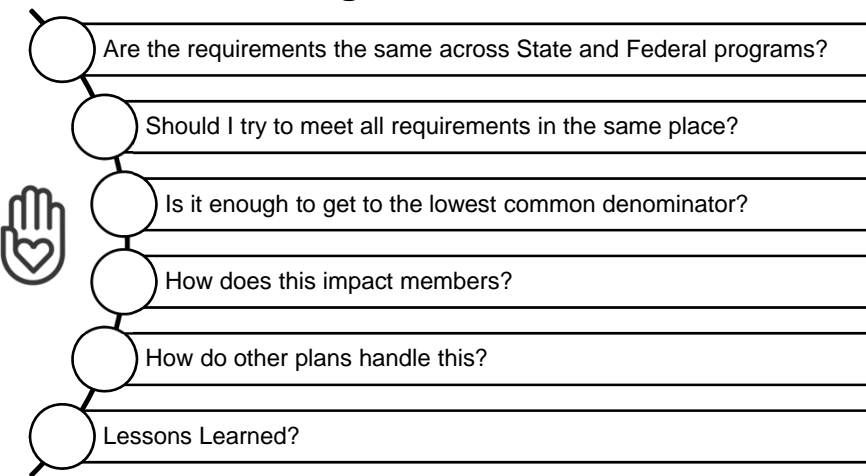


## So what do you do when the requirements are different across State and Federal programs?

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**Medicare, Medicaid, Duals, Groups...**


### Things to Consider...



- Are the requirements the same across State and Federal programs?
- Should I try to meet all requirements in the same place?
- Is it enough to get to the lowest common denominator?
- How does this impact members?
- How do other plans handle this?
- Lessons Learned?

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## Provider Network Lessons Learned



### Why are regulators so focused on provider networks?

- ❖ Provider networks are constantly and rapidly changing
- ❖ Provider directory data accuracy is an industry wide challenge
- ❖ It is hard to assess network adequacy and the impact of network changes if data is not accurate

### Challenges

- ❖ Provider demographic data is self-reported
- ❖ Provider office reception staff answer questions in a way that may not be consistent with the self-reported data
- ❖ What is the health plan's obligation to make sure provider office reception staff is answering the phone correctly?
- ❖ What is the health plan's obligation to make sure provider offices are self-reporting data correctly?



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## So how can you apply these lessons learned to pharmacy?



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## Important Links



**CMS Model Marketing Materials (MA and Part D)**

<https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/MarketingModelsStandardDocumentsandEducationalMaterial.html>

**CMS Model Medicare Advantage Contract Amendment**

[https://www.cms.gov/medicare/medicare-advantage/medicareadvantageapps/downloads/model\\_contract\\_amendment\\_10\\_05\\_12.pdf](https://www.cms.gov/medicare/medicare-advantage/medicareadvantageapps/downloads/model_contract_amendment_10_05_12.pdf)

**CMS Network Adequacy Guidance**

<https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/Downloads/2018-Network-Adequacy-Guidance.pdf>

**CMS Online Provider Directory Review (reports and data)**

<https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index.html?redirect=/ManagedCareMarketing/>

**CMS Plan Finder**

<https://www.medicare.gov/find-a-plan/questions/home.aspx>

**Medicaid Managed Care Toolkit for Provider Network Adequacy and Service Availability**

<https://www.medicare.gov/medicaid-managed-care/downloads/guidance/adequacy-and-access-toolkit.pdf>

**Medicare Managed Care Manual (Chapter 4, Section 110)**

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html>

**Medicare Prescription Drug Benefit Manual**

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html>

**NAIC Network Adequacy Model Act (amended 2018)**

[https://www.naic.org/documents/cmtc\\_legislative\\_liaison\\_brief\\_network\\_adequacy.pdf](https://www.naic.org/documents/cmtc_legislative_liaison_brief_network_adequacy.pdf)

**National Coverage Determinations (NCD)**

<https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>

**CMS Memos (no links available):**

Pharmacy Directories and Disclaimers, August 16, 2016  
 September 2018 Release Pharmacy Risk Assessment, September 28, 2018  
 Provider Directory Policy Updates, January 17, 2017



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## Questions



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