

© 2015 National Association of Regulatory Commissioners. In the public comment and view process, it was clear that revising the balance cost, access and geographic considerations when developing new networks are efficient so that consumers can access promised services without unreasonable delay.

In March 2014, the Regulatory Framework (B) Task Force established the Network Adequacy Model Review (B) Subgroup, with Wisconsin as chair, to begin working on revising the model. In May 2014, the Subgroup began

2. Name of Group Responsible for Drafting the Model and States Participating

Network Adequacy Model Review (B) Subgroup of the Regulatory Framework (B) Task Force drafted the proposed revisions to Model #74. The members of the Subgroup were: Wisconsin, Chair; California; Colorado; Missouri; Montana; Nebraska; Nevada; New Mexico; Oregon; Rhode Island; Tennessee; and Washington.

Project Authorized by What Charge and Date First Given to the Group

Based on the charge below, the Regulatory Framework (B) Task Force established the Network Adequacy Model Review (B) Subgroup in March 2014 to consider revisions to Model #74.

“Continue to review the model law review recommendations of NAIC models recommended for revision by the former Affordable Care Act (ACA) Model Review (B) Working Group and, as appropriate, appoint a working group to revise the NAIC model(s) prioritized for revision in 2014.”

3. A General Description of the Drafting Process (e.g., drafted by a subgroup, interested parties, the full group, etc.; include any parties outside the members that participated)

Beginning in March 2014 and ending in October 2015, the Subgroup reviewed and discussed all of the comments received as part of the drafting process. More than 100 different interested parties participated in the process. The interested parties represented all stakeholder groups, including consumers, health care providers, hospitals, insurers and health care facilities. Each draft of proposed revisions was posted to the Subgroup's page on the NAIC website. All comment letters received also were posted. The Subgroup met via conference call twice weekly during the drafting process and also held in-person meetings at the NAIC national meetings.

4. A General Description of the Due Process (e.g., exposure periods, public hearings, or any other means by which widespread input from industry, consumers and legislators was solicited)

Beginning

The Subgroup also encountered a number of issues related to provider tiering. The Subgroup did not include specific provisions related to provider tiering, but included references to provider tiering throughout the draft, including a definition of “tiered network.” The proposed revisions also include requirements in Section 9 Provider Directories for health carriers to include information in their directories identifying the tier within

person without unreasonable travel or delay. The proposed revisions also enhance the type of information that carriers must describe or include in their access plans submitted to the domiciliary commissioner. The proposed revisions give the domiciliary commissioner the option to require health carriers to submit the access plan for prior approval or for review.

Section 6. Requirements for Health Carriers and Participating Providers

The proposed revisions to Model #74 clarify the provisions in this section concerning the continuity of care both in situations where the health carrier, or its intermediary due to insolvency or other cessation of operations, and when a participating provider is being removed or leaving the network with or without cause. The proposed

