# Washington State Office of the Insurance Commissioner

# Provider Network Form A Project

Office of the Insurance Commissioner

October 1, 2015

Presented by: Jennifer Kreitler, Healthcare Consumer Access Manager

# Overview

- What is the Provider Network Form A
- Project Scope & Schedule
- Current Format
- Field Comparison
- Next Steps
- Questions

# What is the Provider Network Form A report?

- Master list of <u>data</u> that lists participating providers with whom or with which an issuer has executed contracts of participation, certifying that each such participating provider has executed such contract of participation.

- Participating providers reported in the report include:
  - ➢ Practitioner
  - ➢ Hospital
  - ➢ Pharmacy
  - ➢ Clinic
  - ➢ Other providers of health care services

# Provider Network Form A Requirements

An issuer must submit a report of all participating providers by network.

1. The report must include data for each network being reviewed for network access.
2. A network may be used by more than one plan
3. The network name must be consistent with product filings
4. An issuer must indicate whether a provider is an essential community provider as instructed in the commissioner's Provider Network Form A instructions
5. An issuer must submit an updated, accurate Provider Network Form A on a monthly basis by the 5th of each month for each network and when a material change in the network occurs
6. WAC 284-43-220 requires Disability Issuers, Health Care Service Contractors, and Health Maintenance Organizations to submit the Provider Network Form A report.
   ➢ Filing of this data additionally satisfies the reporting requirements of RCW 48.44.080 and the requirements of RCW 48.46.030 relating to filing of notices that describe changes in the provider network

# Project Scope

- Update fields
- Consider new file format and specifications

# What is outside the scope of this project?

- Provider directory
- Search capability
- Frequency of submission

# Project Schedule

Discovery Phase 1 – July to December 2015

- Applicability of current fields
  - Additional fields
  - Removal of antiquated fields
  - Alignment with other agencies
- Best practices and strategies for modifying fields in the future
- Potential validation options

# Project Schedule Continued

- Discovery Phase 2 (January – February 2016)
  - ➢File format and specifications
- Development (March – July 2016)
- Testing and Industry Training (August – December 2016)

# Provider Network Form A -Current Format

Data is currently organized in 5 data groupings:

1. Control
2. Carrier Information
3. Provider Information
4. Provider Contract Information
5. Business Information

# Control Field – Group 1

- Control Field is used to identify the beginning of a new record
- OIC reviewing options for new file format that may change requirement

| Current OIC Fields | Current HCA Fields | Proposed New OIC Fields |
|---|---|---|
| ~~Record Control~~ | Not applicable | |

Key:

~~abc~~  no longer collect data field

✓    continue to collect data field

❖    new data field

# Carrier Information – Group 2

- Group 2 specifically collects data to organize the records by issuer, network, and issuer contact
- Proposed expansion of issuer network structure, date network first activated or deactivated, and market

| Current OIC Fields | Current HCA Fields (yes or no) | Proposed New OIC Fields | Current HCA Fields (yes or no) |
|---|---|---|---|
| ✓ Network | No | ❖ Tiered Network | No |
| ~~Program Type~~ | Yes | ❖ Outside Market Network | No |
| ✓ Health Carrier | Yes | ❖ Exchange Market Network | No |
| ✓ NAIC | No | ❖ Large Group Market Network | No |
| ✓ CaEmail | No | ❖ All Market Network | No |
| | | ❖ Network Start Date | No |
| | | ❖ Network End Date | No |

Key:

~~abc~~   no longer collect data field

✓   continue to collect data field

❖   new data field

# Provider Information – Group 3

- Group 3 specifically collects unique identifying information by practitioner
- Proposed expansion of data to include contracting information and access

| Current OIC Fields | Current HCA Fields (yes or no) | Proposed New OIC Fields | Current HCA Fields (yes or no) |
|---|---|---|---|
| ✓ PNPI | Yes | ❖ Provider Contract # | No |
| ✓ License Primary | Yes | ❖ Contract Status | Yes |
| ✓ License State Primary | Yes | ❖ Latitude | Yes |
| ~~Internal Provider ID~~ | No | ❖ Longitude | Yes |
| ✓ Professional Degree | No | ❖ Accessibility Restrictions | No |
| ✓ Last Name | Yes | ❖ Capacity | Yes |
| ✓ First Name | Yes | ❖ Essential Community Provider | No |
| ✓ Middle Name | Yes | ❖ Indian Health Care Provider | No |
| ✓ Language | No | ❖ Institutional affiliations | Yes |

Key:
~~abc~~   no longer collect data field
✓   continue to collect data field
❖   new data field

# Provider Contract Information – Group 4

- Group 4 specifically collects unique identifying information by practitioner
- Proposed expansion of data to include contracting information and access

| Current OIC Fields | Current HCA Fields (yes or no) | Proposed New OIC Fields | Current HCA Fields (yes or no) |
|---|---|---|---|
| ✓ Specialty Primary | Yes | ❖ Provides Behavioral Health Services | Yes |
| ✓ Specialty Secondary | Yes | ❖ Provides Women Healthcare Service | Yes |
| ✓ Provides Obstetric Care | Yes | ❖ Tier 1 Provider | No |
| ✓ Provides Pediatric Care | Yes | ❖ Tier 2 Provider | No |
| ✓ PCP/Specialist/Both | Yes | ❖ Gain or Loss | Yes |
| ✓ Limits | No | | |
| ✓ Provider Type | Yes | | |
| Start | No | | |
| End | No | | |
| Website | No | | |

Key:
abc    no longer collect data field
✓    continue to collect data field
❖    new data field

# Business Information – Group 5

- Group 5 specifically collects data about the provider business or facility
- Proposed expansion of data to include business contracting information and access

| Current OIC Fields | Current HCA Fields (yes or no) | Proposed New OIC Fields | Current HCA Fields (yes or no) |
|---|---|---|---|
| ✓ BNPI | No | ❖ Provider Contract # | No |
| ✓ Business Name | Yes | ❖ Hospital/SNF/Pharmacy/Transplant Center/DME | Yes |
| ✓ Street Address | Yes | ❖ Contract Status | No |
| ✓ City | Yes | ❖ Latitude | Yes |
| ✓ State | Yes | ❖ Longitude | Yes |
| ✓ Zip | Yes | ❖ Accessibility Restrictions | No |
| ✓ County | Yes | ❖ Capacity | Yes |
| ✓ Day Phone | Yes | ❖ Essential Community Provider | No |
| | | ❖ Indian Health Care Provider | No |

Key:
abc   no longer collect data field
✓     continue to collect data field
❖     new data field

# Next Steps

- The OIC is soliciting comments about the field modifications by close of business October 23, 2015
  - ➢ Please direct your comments to the OIC Network Administrator at: [OICNetworkAccess@oic.wa.gov](mailto:OICNetworkAccess@oic.wa.gov)

# Questions?