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Chair, Board of Chancellors
American College of Radiology
1891 Preston White Drive
Reston, VA 20191

Bruce Williams, MD, FCAP
President, College of American Pathologists
1001 G Street, NW, Suite 425
West Washington, DC 20001

Dear Dr. McGinty and Dr. Williams:

Thank you for your letter of October 9, 2018.

The issues surrounding network adequacy, such as inadequate design and increasing restrictions to access, are important to NCQA's mission. Inadequate access to in-network providers, and inadequate availability of services for patients who need them, have a far-reaching and deleterious effect on members' outcomes and experience with the delivery system.

Over the years, NCQA has tackled network design issues in Accredited plans through its measures, standards and evaluation of member experience. A focus of NCQA's Health Plan Accreditation requirements is evaluation of member satisfaction and experience with regard to in-network care and availability; for example, members' ability to schedule an appointment for and access to behavioral healthcare services. Toward this end, in 2016 NCQA introduced the Network Management (NET) standards, a set of requirements designed to assess network adequacy.

The NET standards require that physician directories list hospital affiliations and assess how the organization tracks requests for and utilization of out-of-network services—which also highlights and captures issues at the hospital. Our performance measures also assess access and availability of care for the general population (e.g., Children and Adolescents' Access to Primary Care Practitioners) and for specific individuals or conditions (e.g., Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment). The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is another method used to assess member experience with access and availability of care.

NCQA works continuously to ensure that health plan members have reasonable, timely access to in-network providers. Before releasing our standards and guidelines, NCQA reviews federal and state regulations and NAIC standards, and solicits input from regulators, plans, our own industry advisory council and the delivery system. In addition, standards proposed for release undergo a public comment period to solicit stakeholder feedback and input. We do this so Accreditation can provide a standardized framework for plans across the country, and to ensure that our requirements align with industry best



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practices, prevent burden and consider the variety of challenges faced by each state—and by each state’s population.

Of note, we understand that the NAIC model act requires health plans to establish an access plan (a policy or process for monitoring access) that includes hospital-based providers, but only a small portion of states have fully adopted the model act. And, while some Medicare regulations are associated with network adequacy, they do not appear to address the types of hospital-based providers referenced in your communication. There is a lack of regulation at the federal level with regard to Medicaid; most network adequacy oversight is left to the state’s discretion.

NCQA will continue to research and conduct outreach to various stakeholders on the issue of member access to in-network, hospital-based providers. All proposed changes or updates to our NET standards will go through an extensive public comment period, a review by multi-stakeholder committees and, ultimately, our Board of Directors, for final approval. This process helps maintain our Accreditation requirements as both impactful and meaningful for members, providers, regulators and health plans.

If you have questions about the standards or measures mentioned in this letter, please let us know. And please share any additional details about the problems or harms to patients resulting from network deficiencies—we will evaluate to ensure that our standards address these problems.

Sincerely,

Tricia Barrett, MHSA, PCMH CCE
VP Product Design & Support (on behalf of Peggy O’Kane, President)
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