Agenda

- Mental Health and its Impact on Society
- Defining Network Adequacy
  - National Standards
  - North Carolina’s Standards
- Does North Carolina measure up?
- Results from our Analysis
- Where can we go from here?
Why mental health?

- Increased Cost Burden
- Negatively Affects Labor
- Barriers to Access
Figure 3 | Impact of Behavioral Health Comorbidities on Per Capita Costs among Medicaid-Only Beneficiaries with Disabilities

<table>
<thead>
<tr>
<th>Condition</th>
<th>No Mental Illness and No Drug/Alcohol</th>
<th>Mental Illness and No Drug/Alcohol</th>
<th>Drug/Alcohol and No Mental Illness</th>
<th>Mental Illness and Drug/Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma and/or COPD</td>
<td>$14,081</td>
<td>$15,562</td>
<td>$15,083</td>
<td>$8,000</td>
</tr>
<tr>
<td>Congestive failure</td>
<td>$15,257</td>
<td>$16,058</td>
<td>$15,430</td>
<td>$9,488</td>
</tr>
<tr>
<td>Heart failure</td>
<td>$8,788</td>
<td>$9,498</td>
<td>$15,634</td>
<td>$16,267</td>
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<tr>
<td>Coronary heart disease</td>
<td>$15,430</td>
<td>$15,634</td>
<td>$18,156</td>
<td>$36,730</td>
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<tr>
<td>Diabetes</td>
<td>$24,598</td>
<td>$24,927</td>
<td>$24,443</td>
<td>$24,693</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$24,281</td>
<td>$35,840</td>
<td>$24,927</td>
<td>$36,730</td>
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</tbody>
</table>
What kinds of mental health services are offered on my new plan?

Can I get to their office even if I don't have a car?

Will I have to wait long to see a provider?

Are there even any mental health providers nearby??
What is network adequacy?

- Standards ensuring sufficient number of various providers
  - Number of providers
  - Variety of provider types
- Patchwork standards nationwide pre-ACA
- Difficult to implement
  - Especially nationally
Current National Standards

PPACA of 2010
- Qualified Health Plans
- “providers must be sufficient in number and type of provider to ensure accessibility to services without unreasonable delay”
- States must create provider directories for consumers

NAIC State Model Act of 2014
- First written in 1996
- 2014 revisions made insignificant changes
- Emphasizes state autonomy for network adequacy standards
- Enforcement policies remain vague
What’s being done in north Carolina?

“Each network plan carrier shall develop a methodology to determine the size and adequacy of the provider network necessary to serve members”

- Number and type of PCPs, specialty providers, hospitals, other provider facilities, as defined by the carrier
- Method to determine when the addition of providers to the network will be necessary
- Method for arranging/providing health care services outside of the service area
Commercial Health Plan Reporting Study

Data

- HMO and PPO plans
- Network adequacy filings from DOI

Key three aspects

- Patient to provider ratios
- Driving distance to providers
- Wait times for appointments
# Driving Distance to Providers

## Patient Distance to Providers: Psychiatry

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Target Performance: Psychiatry (% goal)</th>
<th>Actual Performance Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urban / Non-Rural</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCBSNC PPO</td>
<td>1:30 mi</td>
<td>100.0%</td>
</tr>
<tr>
<td>BCBSNC HMO</td>
<td>1:30 mi</td>
<td>100.0%</td>
</tr>
<tr>
<td>FirstCarolinaCare PPO</td>
<td>1:35 mi</td>
<td>100.0%</td>
</tr>
<tr>
<td>National Union PPO</td>
<td>1:15 mi</td>
<td>100.0%</td>
</tr>
<tr>
<td>Aetna HMO</td>
<td>1:10 mi (90%)</td>
<td>99.9%</td>
</tr>
<tr>
<td>Aetna PPO</td>
<td>1:10 mi (90%)</td>
<td>99.7%</td>
</tr>
<tr>
<td>Humana PPO</td>
<td>85% in 30 mi</td>
<td>n/a</td>
</tr>
<tr>
<td>National Foundation PPO</td>
<td>1:15 mi</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Rural / Non-Urban</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Union PPO</td>
<td>1:50 mi</td>
<td>100.0%</td>
</tr>
<tr>
<td>Aetna HMO</td>
<td>1:40 mi (90%)</td>
<td>100.0%</td>
</tr>
<tr>
<td>FirstCarolinaCare PPO</td>
<td>1:35 mi</td>
<td>99.9%</td>
</tr>
<tr>
<td>BCBSNC PPO</td>
<td>1:60 mi</td>
<td>99.8%</td>
</tr>
<tr>
<td>Aetna PPO</td>
<td>1:40 mi (90%)</td>
<td>99.7%</td>
</tr>
<tr>
<td>FirstCarolinaCare HMO</td>
<td>1:60 mi</td>
<td>99.3%</td>
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<tr>
<td><strong>BCBSNC HMO</strong></td>
<td><strong>1:60 mi</strong></td>
<td><strong>83.4%</strong></td>
</tr>
<tr>
<td>Humana PPO</td>
<td>85% in 90 mi</td>
<td>n/a</td>
</tr>
<tr>
<td>National Foundation PPO</td>
<td>1:50 mi</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Patient Wait Times for Appointments: Psychiatrists

Actual Appointment Wait Times: Psychiatry

Note: figures are median adherence.
Patient Wait Times for Appointments: Non-MD Providers

Actual Appointment Wait Times: Non-MD Providers

Bar chart showing wait times for different insurance providers and urgency levels.
Conclusions

Loose national standards
- NC v. CA
- PPACA standards still vague

Self-regulation effects
- Questionable data availability, quality
- Targeted v. actual metrics
Possible next steps

NC Department of Insurance

• Increase Enforcement of Reporting

Proposed Regulation

• Minimum quantitative standards required
• Additional standards for QHPs
References

- California Department of Insurance. (2014). Provider network adequacy. ([California Department of Insurance Publication]. Sacramento, CA: