Network Management Focus Area

September 13, 2022

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Before We Get Started

Message Lisa Silverman for any *tech issues*

Use the chat box for *questions* and to *introduce yourself*

Explore *resources* we'll share in the chat box

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Product Enhancement Principal

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Senior Accreditation Reviewer

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Client Education Specialist

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OPENING POLL

What is your role related to Network Management?

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Focus Area:
Network Management (NM)

Health Plan v8.1

Marketplace Health Plan v8.1

Medicaid Health Plan v1.1

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Network Management Standards

NM 1: Network Management Program

NM 2: Provider Network Adequacy

NM 3: Network Adequacy Maintenance

NM 4: Provider Relations

NM 5: Provider Access Management

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Standard NM 1: Network Management Program

The organization implements a program designed to manage its network of providers to assure health services are available and appropriate for members.

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NM 1-1: Network Management Program Structure

Standard NM 2: Provider Network Adequacy

The organization monitors the network and when indicated, takes action as needed to achieve an adequate number of providers available to furnish covered services to members. [M]

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NM 2-1: Measuring Network Access and Availability

Access Metrics

Provider/member ratios per 1000 members

Time and distance to practitioner locations

NM 2-1: Measuring Network Access and Availability

Availability Metrics

Maximum time in days to an appointment

Rate of in-network provider usage

POLL QUESTION

Should access to telehealth physicians be measured as a metric separate from access to non-telehealth physicians?

Standard NM 3: Network Adequacy Maintenance

The organization employs various strategies as needed to monitor and maintain network adequacy.
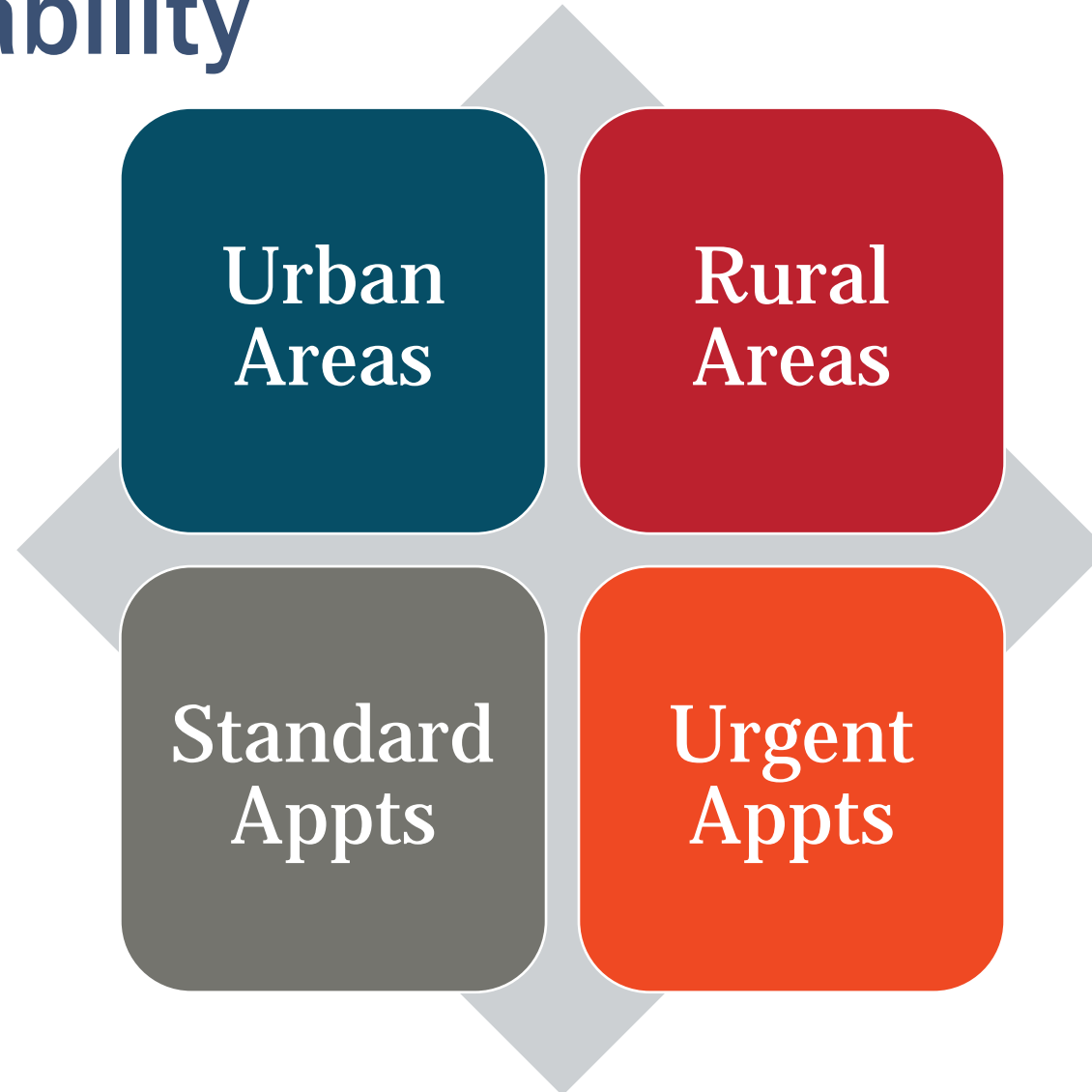
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NM 3-1: Out of Network and Emergency Services

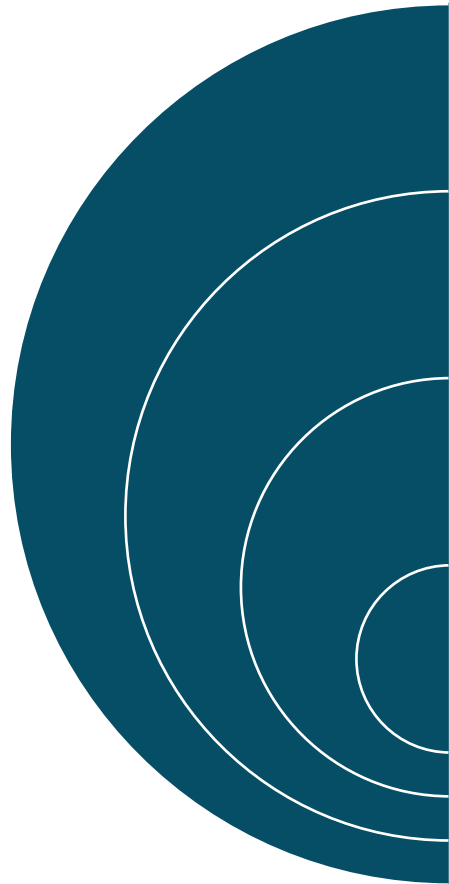# NM 3-2: Network Access and Availability by Provider Category
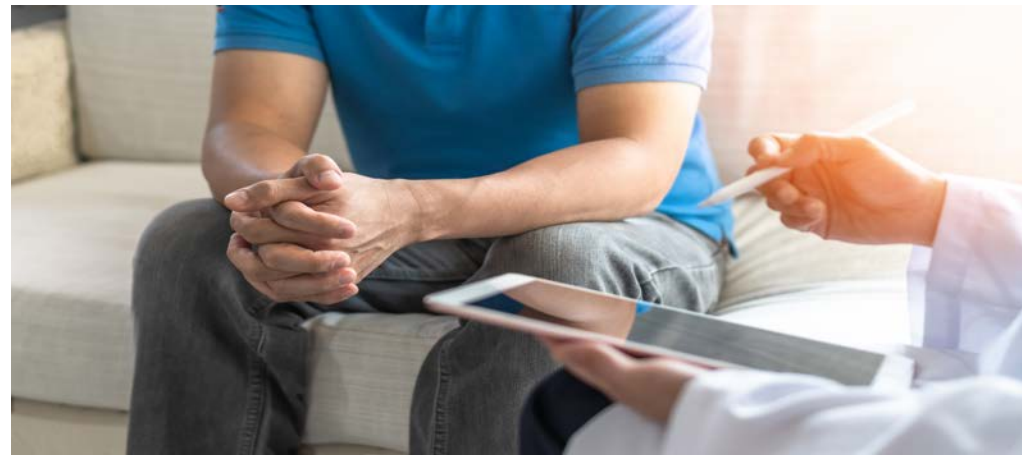
NM 3-3: Factors Impacting Network Access and Availability

Standard NM 4: Provider Relations

The organization establishes written agreements and other formal arrangements with network providers to protect the interest of all parties and facilitate communication and coordination with members.

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NM 4-1: Participating Provider Written Agreements

Contract parties

Services to be provided

Events impacting network participation

Member confidentiality requirements

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NM 4-1: Participating Provider Written Agreements

Clauses or language that could restrict discussion of matters relevant to members' health care

Definition of "medical necessity" that emphasizes cost/resource issues above clinical effectiveness

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NM 4-2: Participating Provider Representation

POLL QUESTION

What are some of the strategies you have used to get physicians to meetings?

NM 4-3: Provider Dispute Resolution Mechanisms

- Scope of situations covered
- Characteristics of dispute resolution mechanisms

NM 4-4: Disputes Impacting Network Status

Actively-practicing clinical peer

Hearing panel

NM 4-4: Disputes Impacting Network Status
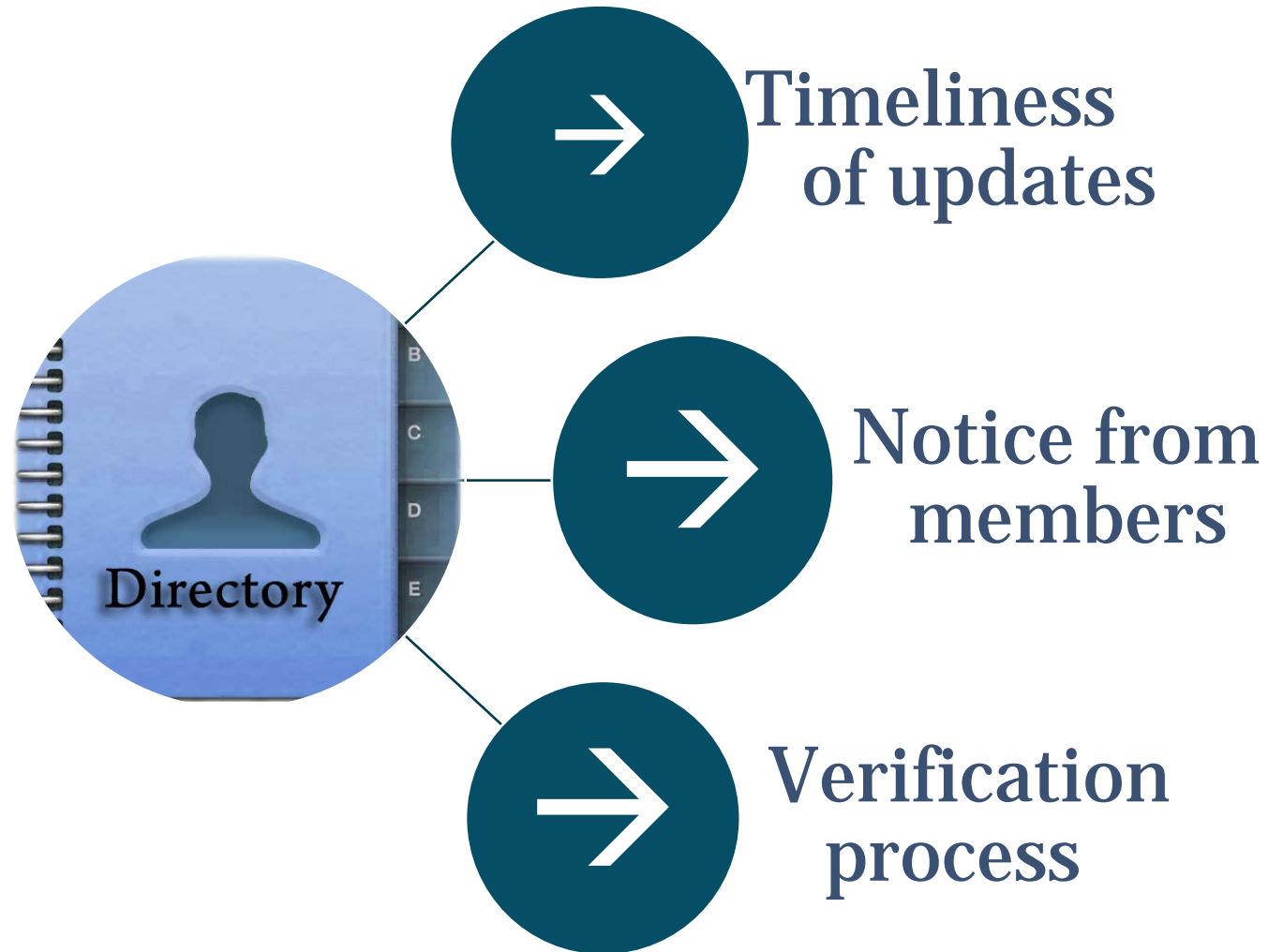
Written Notification

- Sent within 60 calendar days
  - Prior to hearing
  - After hearing closure

- Contains
  - Reason for adverse action
  - References
  - Right to in-person hearing
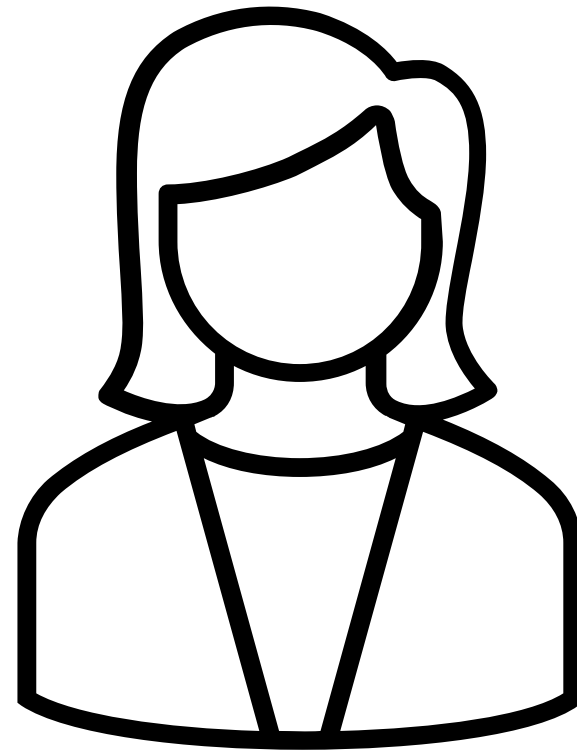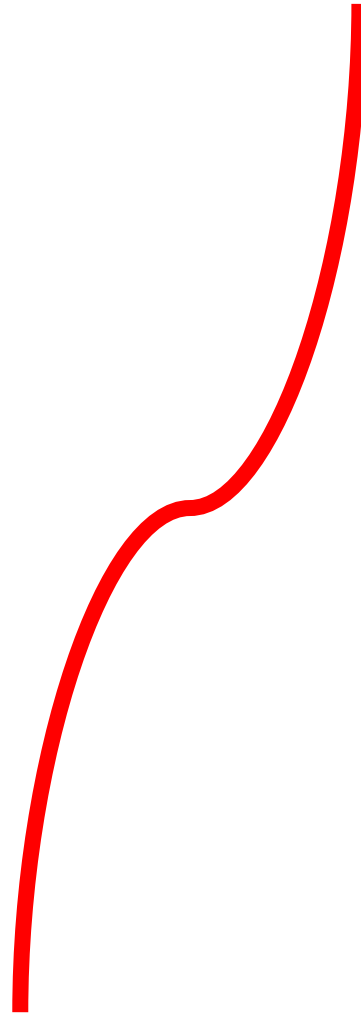 - Right to legal counsel

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Standard NM 5: Provider Access Management

The organization assures access to providers by implementing a plan to maintain a current provider directory database as well as policies and processes designed to facilitate continued provider access following disruptions to health services.

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NM 5-1: Provider Directory Database

Timeliness of updates

Notice from members

Verification process

NM 5-2: Disruptions to Health Services

Questions

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Upcoming Events

Webinars

- Monthly AccreditNet Training
  - Wednesday, September 14, 2pm Eastern
- Member Service and Communications
  - Tuesday, September 20, 2pm Eastern

Find more information at clients.urac.org

urac® connect — Quality and Excellence Across Health Care Summit — Washington, DC. October 25 - 26, 2022

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