Getting Health Plan Network Adequacy Right

Rural communities rely on local health care providers. Very often, these providers qualify as Essential Community Providers (ECPs), and are essential to the provision of healthcare in medically underserved or low-income communities. But they are not always included in health insurance plans offered within the community, despite federal requirements that an adequate number of ECPs be included in any plan offered within State or Federal Healthcare Marketplace Exchanges (Exchanges).

The issue, known as network adequacy, is a consumer’s ability to receive the care that they need within the health care network covered by their insurance plan.

In many states, closed network plans have stemmed from the regulations included within the Patient Protection and Affordable Care Act of 2010 (ACA). As the ACA continues to roll out, issues regarding the scope of provider networks covered by a health care insurance plan have been exacerbated even as state and federal agencies work to craft the regulatory framework responsible for managing insurer’s networks.

The provider networks of those insurance products sold within an ACA Exchange are subject to approval by both individual state insurance departments and the Federal Center for Medicare and Medicaid Services (CMS). This two-tiered system of plan approval is designed to provide consumer protection within the Exchange, but the current reality is that insurance plans may only meet minimal requirements prior to approval.

State insurance regulators require only an attestation of adequacy from insurers prior to plan certification. Following this attestation, a network is presumed to be adequate, and this presumption can only be refuted by formal complaints made by consumers or healthcare providers.

Health plan behaviors have led to a wide variety of issues that highlight network inadequacies. Many issues are accentuated in rural areas, as narrow networks may ignore historical patterns and practices of care that address the unique situations facing rural Americans. Although the issues facing rural consumers are varied, they can lead to a common outcome: insurance consumers foregoing care to avoid traveling outside of their community to receive it.

Consumers purchasing insurance plans through ACA Exchanges often mistakenly assume that providers within their communities will continue to be in-network. The problems can become more complex:

- Ill-defined relationships may exist between insurers and healthcare providers in rural communities, es-
especially when patients are referred to distant specialty facilities that are out of network.

- Specialty procedures such as joint replacement surgery can impose unanticipated burdens on consumers, including surgery and rehabilitation appointments at distant locations. This strains consumers’ supporting communities. Employed family and support miss work, forcing employers to find solutions to missing staff.

- Clarification of provider certification within an insurer’s health care plan may be ambiguous. Consumers have gone to in-network facilities for treatment, only to discover that treatments by ancillary staff involved in their care were not covered by their plan, resulting in massive costs to the consumer.

In light of these problems, the current legislative environment offers a number of means through which concerned individuals and entities might influence the development of network adequacy standards.

A concerted effort to solicit and provide information regarding specific network inadequacies is warranted. The National Association of Insurance Commissioners aims to create a model act, and many state insurance departments are involved in this reform effort. At the essence of resolution lies the formulation of a forum that recruits, processes and oversees resolution of problems impacting health care clients, providers and insurers alike. A system for funneling current issues into state regulatory systems will likely be unusually effective, as it could influence both the NAIC model act and subsequent state legislation based on the NAIC’s final model act. The public nature of this state rulemaking process, combined with mandatory comment periods, provides interested parties significant opportunity to explain issues that are unique to rural healthcare.

This legislative development can be directly influenced by the commentary of consumers and providers who face network issues within their community. In many states, information regarding network structure processes through the state’s Office of the Commissioner of Insurance (OCI) complaint process. They recognize that network inadequacies will not be readily apparent unless a critical mass of complaints brings the issue to the Commissioner’s attention.

Redundant complaints addressing network adequacy issues that arise within an OCI’s jurisdiction can spark investigation into specific network inadequacies, raise awareness of possible shortcomings in network structure, and prompt progressive resolution of problems.

Significant attention drawn to mechanisms of network inadequacy is likely to be influential as states pass new regulations following the completion of the NAIC Network Adequacy Model Act by the 2016 rate year. The rulemaking process involved in creating updated state statutes will hopefully allow for multiple comment periods, through which interested parties can provide suggestions and comments regarding the development of a statute within a regulatory agency.

Ultimately, the development of network adequacy standards within state governments will become the framework for the future of network structure in American health care. As is the case with many aspects of the ACA, network adequacy remains an issue begging development, and this provides an opportunity for interested individuals and entities to directly influence the final product.

Proactively identifying, documenting, and reporting possible network inadequacies has the potential to engage regulators, insurers, healthcare providers, and consumers in a conversation focusing on a final network within which affordable, high quality, and accessible insurance products are the norm.
Life Time Achievement Award to Greg Nycz

From a Press Release from the Marshfield Clinic, 12/11/14:

“Visionary. The Clinic’s conscience. Trustworthy.”

“These words were used to describe Greg Nycz, director of Family Health Center of Marshfield, Inc. (FHC). Nycz, who has spent his entire 42-year career at the Marshfield Clinic, was honored Wednesday, Dec. 10, with the Heritage Award.”

“Marshfield Clinic’s Heritage Foundation was established in 1997 to honor individuals who have made significant contributions to the community in government, civic leadership, education, medicine, law or business. The Foundation annually presents an award to an individual who has made a difference.”

“Previous winners include former congressman and Secretary of Defense Melvin Laird, former governors Tommy Thompson and Lee Sherman Dreyfus and retired congressman Dave Obey.”

“Nycz was honored for his decades of service bringing health care to people who have difficulty accessing it.”

“‘This is the most treasured award I could ever get,’ Nycz told the 75 friends, family members and colleagues attending. ‘The celebration of this award shouldn’t be about me; it should be about all of us.’”

“Nycz came to the Clinic in 1972 as a biostatistician for the Marshfield Medical Foundation (MMF). He’s also held roles as a data comptroller, director of Information Systems for MMF, director of Health Systems Research Department and the Clinic’s Health Policy director.”

“Nycz has been a champion for health care equity.”

“As FHC director, he has fostered collaborations and forged relationships with Clinic leaders, state and national stakeholders to improve and sustain access to health care for all, regardless of social or economic circumstances. The creation of nine FHC dental centers that provide oral health services annually to nearly 50,000 people, most of who are uninsured or publicly insured, is a key example.”

“He also has worked with University of Wisconsin School of Medicine and Public Health’s Partnership Education and Research Committee, National Institutes of Health Directors’ Council of Public Representatives, National Association of Community Health Centers and Wisconsin Primary Care Association.”

“‘He’s a visionary for providing health care in this country,’ said retired Clinic President Dr. Richard Leer, who was the event’s master of ceremonies.”

“The award ceremony speakers included John Schmelzer, Ph.D., MCRF associate research scientist; Donna Friedsam, UW Population Health Institute; Obey and Nycz’s son, Eric.”

“Friedsam first worked with Nycz in the 1990s with the Primary Health Care Association. She recalled when health centers received a small boost in federal funding during the recession but it wasn’t enough to make a significant difference on its own.”

“Nycz convinced other health centers to pool the funds, got the state to match the investment and leveraged private sector support to create a program that extended care for the working uninsured.”

“‘We’re all trying to solve difficult challenges,’ Friedsam said. ‘Lucky for us, Greg is usually the smartest guy in the room.’”

“Nycz was gracious in receiving the award and thanked his family and the many people he’s worked with the past four decades. He received a golden shovel as a tribute, an appropriate memento since he’s also a master gardener and takes pride in his large gardens.”

“Nycz said the work is nowhere close to being done.”
Rural Hospitals Lead on Quality Improvement

The Wisconsin Forward Award program was created in 1997 under the administration of Governor Tommy Thompson and continues with the support of Wisconsin governmental leaders. “Its purpose is to promote significant achievements in continuous improvement and performance excellence—business practices that ensure the economic vitality of Wisconsin organizations and the communities they serve.”

RWHC is very proud that two of the four organizations to be honored by the 2014 Award program are RWHC members, HSHS St. Joseph’s Hospital and Crossing Rivers Health.

**HSHS St. Joseph’s Hospital, Chippewa Falls,** was recognized at the Excellence level—the highest level of achievement possible under the Wisconsin Forward Award. Excellence recipients demonstrate refined approaches, good-to-excellent results, and are considered industry leaders and role models for others.

Joan M. Coffman, FACHE President and CEO, HSHS St. Joseph’s Hospital, shared the following: “For St. Joseph’s, we began our journey in 2010 to identify our gaps and strengthen our performance in anticipation of a changing healthcare paradigm and promote collaboration, sustainability and growth. Our initial feedback report demonstrated that we had much opportunity for assessment, redesign, and improvement. What we demonstrated was in fact performance improvement and results over time in nearly every area of performance—quality, safety, service, colleague engagement, physician engagement, and finance to name a few.”

“The most valuable pearl is the impact on our community as our culture spills over and the support and collaboration that it brings in improving the overall health and wellness of those we serve.”

**Proficiency recognition** in 2014 was awarded to **Crossing Rivers Health,** Prairie du Chien, a non-profit 25 bed Critical Access Hospital established in 1957 that employs more than 330 healthcare professionals. CRH provides more than 60 services to fulfill the healthcare needs of communities across Southwest Wisconsin and Northeast Iowa, including medical, surgical, obstetrics, outpatient, rehabilitation and emergency services. “CRH demonstrates the true meaning of service excellence as it strives to deliver high quality, personalized healthcare and education.”

Bill Sexton, CEO, notes that “as Crossing Rivers Health continues its journey of performance excellence, we continue to search for evidence-based best practice where the expected outcome is consistently achieved and patient and family expectations are exceeded. We must also be an organization where the stewardship of resources insure financial stability and a healthy work environment is supported by professionals who serve with joy.”

To learn more go to: [www.wisquality.org/wfa/](http://www.wisquality.org/wfa/)

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**Rural Docs Take to EMRs**

From “Rural Docs Pull Ahead in Electronic Records” by Brian Whitacre in the *DailyYonder*, 12/10/14:

“After years of lagging metropolitan areas in adopting electronic medical records, rural practitioners have jumped ahead in the use of the computer-based record-keeping system.”

“A study about to be published in the *Journal of the American Medical Informatics Association* shows that 56% of rural medical practices have adopted electronic records, while only 49% of metropolitan practices have done so.”

“The findings counter broadly held assumptions that rural areas always lag urban ones in the adoption of new technology.”

“The reasons for rural practitioners’ quicker acceptance of computer-based medical recordkeeping could be the unique characteristics of rural practices or changes in the products available to rural practices. Or it might be the result of an innovative government program that helps practices learn to use electronic records.”
“Initially, however, EMRs were slow to catch on in many practices because of high start-up costs, technology requirements, and reluctance from many physicians. As part of the American Recovery and Reinvestment Act of 2009, the HITECH Act specifically focused on increasing the adoption of EMRs by offering Medicare and Medicaid incentive payments to physicians who ‘meaningfully used’ EMRs.”

“The impact of these programs on practices—particularly those in rural locations—has been dramatic. As of 2012, and for the first time, practice-level EMR adoption rates in rural areas outpaced those in urban areas (56% to 49%), according to the study. This represents an impressive shift from earlier studies that showed rural doctors significantly lagging their urban counterparts.”

“The results show that rural physicians have enthusiastically embraced EMRs and that rural areas can lead the way in the adoption of an important technology.”

**UW Center to Improve the Aging Experience**

From a *Press Release* by the Board of Regents of the University of Wisconsin, 12/8/14:

“The UW-Madison School of Nursing has announced a project to explore workforce strategies that improve the quality of life for older adults in rural areas.”

“Older adults depend on professional caregivers, family, and friends for their health care needs. Relevant evidence-based resources to assist this critical workforce are particularly difficult to access in rural areas, diminishing the opportunity to improve quality of life and health care for older adults and to support the people who care for them. The project, entitled ‘Improving the Aging Experience through Evidence-based Tools for Caregivers,’ aims to address these challenges. It is made possible, in part, by a $1.7 million grant from Margaret A. Cargill Foundation.”

“Led by Barbara Bowers, PhD, RN, FAAN, associate dean for research and sponsored programs, director of the Center for Aging Research and Education, the project will fund the development of three strategies that strengthen and build capacity of both professional and non-professional (i.e., informal) rural caregivers of older people. These strategies aim to support caregivers and minimize the disability and loss of control that commonly accompany advanced age.”

“A mobile application, currently in the concept stage, addresses the immediate needs of informal caregivers. It is designed to help caregivers anticipate challenges and prepare for decisions that they will have to make in the future based on what they are currently experiencing with aging loved ones.”

“Geri-Res is a sixteen-week online nurse residency educational program designed to improve nursing care of older adults across settings, such as homes, assisted living residences, and nursing homes in rural communities. Currently under development, Geri-Res will increase geriatric nursing knowledge and skills of nurses caring for older adults. Building this workforce capacity will address the needs of increased numbers of older adults while reducing workforce stress and turnover.”

“PALS (Physical Activity for Life for Seniors), led by Kim Gretebeck, PhD, RN, assistant professor of nursing, is an evidence-based exercise program that will be
delivered by health educators in four central Wisconsin rural counties (i.e., Langlade, Lincoln, Marathon, and Wood). Based on successful outcomes of previous PALS programs, older adults walked further and faster after completing the program. PALS is positioned to increase physical function and, consequently, help prevent chronic illness in older adults living in rural communities in Wisconsin."

“Many of the serious life-altering problems experienced by older adults are preventable if the people surrounding the older adult know how to provide the best care,’ Bowers says. ‘While we cannot prevent all of the physical and social decline associated with aging, a prepared workforce can prevent much of this decline and, in so doing, preserve human dignity, independence, and vitality.’”

"Age is an issue of mind over matter. If you don’t mind, it doesn’t matter.” (Anon.)

RWHC has been working closely with the Center for Aging Research and Education and will continue to provide input into this initiative.

Immunization Not Just for Kids

By Ann Lewandowski, RWHC coordinator for the Southern Wisconsin Immunization Consortium:

Ask any adult and they will probably tell you that vaccines are for children. The misconception is difficult to break, even among the most well-intended primary care provider as they attempt to address a plurality of issues at each annual well-check. Immunizations have faded into the background as obesity and diabetes have become public health epidemics that dwarf the number of cases of vaccine preventable diseases seen in most practices today. Yet, we are only buying time between outbreaks if we do not maintain adequate levels of community immunity.

The recent outbreak of mumps among players in the National Hockey League provides a high-profile example of why we cannot ignore adults in our immunization efforts. Most adults know they should get a flu vaccine each year and can say they might need a tetanus booster, but changes in vaccine formulation, such as the TDaP, may require additional boosters that adults may not be aware they need. In fact, current estimates by the Centers for Disease Control put adults who have received their adult pertussis vaccination at 15% nationally.

The National Vaccine Advisory Committee to the Federal Department of Health & Human Services has created an easy to use list of recommendations that can be placed into use in any setting to ensure adults are vaccinated on time. As a patient expect your clinic to:

1. **Assess** patient’s immunization status at each clinical encounter. Wisconsin has a centralized immunization registry that makes this easy.

2. **Recommend** vaccines that the patient needs. A strong provider recommendation is the best indicator of vaccine acceptance.

3. **Administer** vaccines or refer patients to providers who do vaccinate. Vaccinating at every opportunity immediately eliminates the chance that the patient will not return for the vaccination. Emergency rooms can use TDaP instead of TD to provide maximum coverage for pertussis.

4. **Document** vaccines received by patients. Vaccines should be documented in the patient’s electronic health record, and added to the Wisconsin Immunization Registry.

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Implementing these four steps make it easy for each provider to diminish missed opportunities and help increase adult
vaccination rates. For adults who do not have insurance or have insurance that does not cover the vaccine, there may be patient assistance programs that can help cover some or all of the cost.

What is Your New Year’s Resolution?

The New Year is right around the corner and many of you will be writing down… or maybe just saying out loud… a resolution or two. Going to lose some weight? Spend more time with loved ones? Watch less TV? Volunteer more of your time? Each of these goals are great and will benefit you in the long run… but when was the last time you made a resolution that focused on your professional growth? Maybe it’s time you added a goal to the list that increases the breadth of your professional “tool kit” and makes life a little bit more enjoyable, too!

RWHC offers a series of leadership development workshops that focus on the critical areas of success for health care leaders. Topics include skills like coaching, conflict resolution, clear communication, leading change—and many more. Checkout the full leadership catalogue at http://ow.ly/FBPta. Workshops are offered to attendees at RWHC in Sauk City and can also be custom designed to work with your leadership team in your community. This option has many advantages for your team as they learn together and it also saves you time and travel.

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For Info re the RWHC Leadership Series 2015 go to www.RWHC.com and click on “Services” or contact RWHC Education Coordinator Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

Leadership Insights: “Vision”

The Leadership Insights series is by Jo Anne Preston, RWHC Organizational Development Manager. Back issues available at www.RWHC.com.

“Gundersen Health System is off the grid, producing more energy than they are consuming. THIS IS BIG. When I heard Gundersen CEO Jeff Thompson say on the radio, ‘We set out to make the air better for our patients to breathe,’ I thought, now that is a vision statement I’ll bet every employee can remember! A vision is meant to inspire, and this one nails it.”

“Perfect, complex, grammatically correct phrases might be beautiful, but they may not chart the course like you hope. We have good intentions: we want to look smart, want to have our vision reflect well on our organization, let others know we spent a lot of time thinking it through. But do your words achieve what you want, which is to ignite the enthusiasm of others to join you where you are going?”

“If it’s not memorable, it’s not worth it. I have watched groups of really smart, well-intentioned leaders fumble as they try to recall the exact wording of their organization’s mission statement. They get embarrassed because they can’t recite it exactly. But if the words have not connected with heart and soul, it is really just a memorization pop quiz. When the vision is vague to people, you will get somewhere, but it may not be where you intended.”

“Ask people to write your current vision statement in their own words. Ask them, ‘If we do our best work today, what is possible for our customers 5-10 years from now’ Limit them to one sentence. You might end up replacing your vision statement.”
“Speak to the emotional side of people. ‘We are going to make the air better for our patients to breathe’ connects people to life itself, vs. ‘we are going to control our electricity costs.’ Gundersen achieved both of these, but the former inspired people to get behind it.”

“Simplify. Can you say it in a sentence? Keep the long paragraph if you want, but find a brief statement that summarizes it so people can wrap their arms around.”

“Make it bold. The RWHC vision statement is, ‘Rural Wisconsin communities will be the healthiest in the nation.’ It’s audacious, clear and hopeful. Every day in our work we can ask ourselves, ‘Is what I am doing today contributing to making this happen?’ ”

“Take people someplace they want to go. Chip and Dan Heath in the book, Switch–How to Change when Change is Hard, describe this as a destination postcard. Paint a word picture of where you are headed and people will want to go with you.”

“While preparing this piece, I looked up many organizational vision statements. The most powerful ones are 10 words or less. I think the following organizations get it right:

- Alzheimer’s Association: ‘Our vision is a world without Alzheimer’s’
- Habitat for Humanity: ‘A world where everyone has a decent place to live’
- Feeding America: ‘A hunger-free America’
- Ducks Unlimited: ‘Wetlands sufficient to fill the skies with waterfowl today, tomorrow and forever’ ”

“In health care, to keep the doors open we must have high quality, cost-effective and accessible care. Writing a vision goes beyond that. What makes you stand out? What is unique about what you can achieve?”

RWHC Leadership Programs
1/8/15: Walk the Talk: Leadership Accountability
1/26/15: Peer Today, Boss Tomorrow
2/26/15: Conflict: Building Trust through Skillful Conversations
Non-Members Welcome; info at www.RWHC.com/Services.aspx

Space Intentionally Left Blank For Mailing