

Wednesday, March 28, 2018

The National Association of Social Workers North Carolina Chapter (NASW-NC) is a membership organization that promotes, develops, and protects the practice of social work and social workers. NASW-NC also seeks to enhance the effective functioning and well-being of individuals, families and communities through its work and advocacy.

Thank you for the opportunity to provide feedback on the Concept Paper, *Prepaid Health Plan Network Adequacy and Accessibility Standards*, published February 15, 2018.

We sincerely thank you for developing and considering network adequacy and accessibility standards. As outlined, we hope these standards will become a statewide model for all health insurance companies. NASW-NC served on the North Carolina Department of Insurance's Network Adequacy Working Group in the summer of 2016 which allowed key stakeholders the opportunity to provide input on the National Association of Insurance Commissioners (NAIC), 2015 Health Benefit Plan Network Access and Adequacy Model Act ("the Model Act"). "The Model Act" provides guidelines for state insurance regulators and the insurance industry to follow to ensure adequate networks for health insurance in states. While insurance companies have not been required to take up the recommendations of this group, we still advocate for these standards with the Department of Insurance. Recommendations and working group presentations can be found at:

[http://www.ncdoi.com/LH/Network Adequacy Working Group \(NAWG\).aspx](http://www.ncdoi.com/LH/Network_Adequacy_Working_Group_(NAWG).aspx)

C. Assurances of Adequate Capacity and Services (Page 5)

We appreciate an annual review of PHP provider networks. This will help ensure phantom panels do not exist and that PHPs have appropriate networks that will serve the clients that trust in their networks.

Appendix A: Network Adequacy Standards (Page 9)

We support the Department's plan of having ≥ 2 providers of each outpatient behavioral health service within 30 minutes or 30 miles of residence for at least 95% of enrollees in urban areas and ≥ 2 providers of each outpatient behavioral health service within 45 minutes or 45 miles of residence for at least 95% of enrollees. However, we request that providers are available based on population rather than urban/rural settings in case there are areas that require more providers than others. This would help PHPs know exactly how many providers are needed on their panels.

Access Standards Behavioral Health Care (Page 12)

We support standards in wait times for appointments as outlined in Table 5.

Other

We request a detailed way for providers and patients to submit complaints and have these complaints resolved in a timely manner. This might include a way for a patient to communicate that they can't get a behavioral health appointment following an inpatient stay within the identified timeframe.

It is also ideal to require the health carrier to provide notice to a provider when the provider is being cut out of a select network. We request that it be required for contracts at issuance and renewal to include a specific listing of all of the networks and products the provider agrees to participate in to allow for transparency and clear expectations.

Lastly, we ask that you consider standards for Mental Health Parity to be included in the Department's Plan for Medicaid Transformation.

Sincerely,

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