Provider Adequacy and Accessibility Reporting

The Kentucky Department of Insurance annually collects provider adequacy and accessibility data to ensure that insurers' service areas meet the needs of their enrollees pursuant to KRS 304.17A-515. This statute requires that managed care plans demonstrate an adequate number of accessible hospitals, primary care providers, pharmacies, specialists and sub-specialists.

The data must be submitted in accordance with the file layout descriptions found on Enclosure 1 Rev513. Each network must have one Access database file, a current provider directory for that network, and a completed Enclosure 2 Rev114. The member and provider files as described by Enclosure 1 Rev513 must be submitted in a Microsoft Access file. The file extension does not matter, as both the older .mdb and the newer .accdb file extensions are acceptable. The files should include all data elements except where indicated on the Enclosure 1 Rev513. The Provider Directory required with submission can either be electronic or paper. It must be preapproved by the department and be in compliance with all statutes and regulations. The Enclosure 2 Rev114 is an information sheet that provides basic information about the submitted network. It is important to make sure the Enclosure 2 Rev114 and the Access files are labeled accordingly and can easily be distinguished.

The member file should contain only Kentucky addresses for those members who utilize the same provider network. For members who may reside out of state, but are covered under a KY plan, their work addresses should be used.

The provider file should contain all providers contracted in a specific network. Provider files should contain any contracted providers in contiguous states and/or counties. The address listed for a provider should only be the actual location of the provider. P.O. Box addresses should not be included. In instances where there are multiple providers at one location, the clinic name should not be listed. A record for each individual provider should be submitted. Providers should not be submitted multiple times unless they practice in multiple locations. Some providers could fall into different categories. When this occurs, all fields should be used in the reporting. For example, using the specialty, subspecialty, and PCP fields can help identify a single provider that could otherwise be listed multiple times.

The types of providers that the department specifically tests for are listed on the Geo Access Summary Sheet. For health benefit plans, there are a total of 31 provider types that are filtered out and adequacy and accessibility checked. Three of those provider types are acute care hospitals, primary care physicians, and pharmacies. These three provider types are held to a very high standard. Accessibility to these providers must be near perfect when testing. The other 28 specialties are tested against the urban requirement, 30 minutes or 30 miles to a provider, and the non-urban requirement 50 minutes or 50 miles to a provider.

For limited health service benefit plans such as standalone dental and vision plans, the specialties that the department tests for are listed in the following paragraph. Pursuant to KRS 304.17C-040, insurers offering a limited health service benefit plan as defined by KRS 304.17C-010(5) and utilize a provider network, are required to have a network that is available to all

persons enrolled in the plan. The accessibility requirements are a provider is within 30 minutes or 30 miles of each enrollee's place of residence or work, to the extent available.

Dental networks are tested for general dentist, orthodontist, and oral surgeons. If the plan only provides benefits for general dentist this should be stated in the submittal letter. Vision networks are checked for adequate and accessible ophthalmologists and optometrists. Although we test each specialty separately for vision, the combined accessibility to any vision provider is the determining factor.

Due to the rural and geological topography of the state, the Department uses an estimated driving time to calculate a member's accessibility to a provider.

Service Area Approval

New networks to be used in Kentucky must first be approved by the Kentucky Department of Insurance. The process to obtain approval is much the same as the annual Network Adequacy and Accessibility submission, except no member list is required and the enclosure form used is slightly different. The form used is the SAenclosure.doc. All Kentucky counties the insurance company wishes to market in should be listed on the SAenclosure along with the network name, product type, and the market segments that the product(s) is intended to be marketed.

A provider file is required to be submitted along with the SAenclosure.doc. The provider file should list all contracted in-network providers in and around the new service area. The provider file is required to be in an Access file and formatted according to the GeoEnclosure1Rev513.doc for HBPs or the LHSO enclosure 1.doc for Limited Health Service Benefit Plans.

The department will create a representative member population using census data from the Kentucky counties found in the submitted service area. The representative member population is then Geocoded. Geocoding randomly assigns longitude and latitude coordinates for each representative member within the service area. This representative member population creates a blanket effect, and helps illustrate any holes that may be present in an insurer's network. The Department will make a determination based on the results of the test.

Service Area Expansion

Previously approved service areas in Kentucky may be expanded to include additional Kentucky counties. In order to expand an existing service area the SAExpansionEnclosure should be submitted for each requested service area expansion along with a provider list of all contracted in-network providers.

The SAExpansionEnclosure asks for the previously approved service area and the requested counties in which the insurer wants to expand.

The provider file should list all contracted in-network providers in and around the new service area. The provider file is required to be in an Access file and formatted according to the GeoEnclosure1Rev513.doc for HBPs or the LHSO enclosure 1.doc for Limited Health Service Benefit Plans.

The department will create a representative member population using census data from the Kentucky counties found in the submitted service area. The representative member population is then Geocoded. Geocoding randomly assigns longitude and latitude coordinates for each representative member within the service area. This representative member population creates a blanket effect, and helps illustrate any holes that may be present in an insurer's network. The Department will make a determination based on the results of the test.

TIPS ON COMPLETING PROVIDER ADEQUACY AND ACCESSIBILITY REPORTS

The following are examples of problems identified with files previously submitted by various companies. Please take note of these problems so that we may eliminate them in future files.

1. Files were not in the correct format. All files must be submitted in a Microsoft Access file.
2. Files did not include all data elements. Except where indicated on the file layout descriptions, all data elements **must** be included.
3. Files were incorrectly combined. Example: member files for HMO were combined with member files for POS when they did not utilize the same provider network.
4. With your submission of data, you should include only one member file and one provider file (which includes all hospital, pharmacy, physicians, etc.) for EACH network. Example: if you offer an HMO product named Golden HMO and another product named Northern Kentucky PPO network and they used different provider networks, submit two Access Databases. One Access database with member file and a provider file for Golden HMO, and another Access database with a member file and a provider file for Northern Kentucky PPO network.
5. Files were not externally labeled. Please include your company name and the name of each file included on the 3-1/2 diskette, CD or zip disk. Examples: (Company Name), Golden Rule HMO network, or (Company Name) Northern Kentucky PPO network.
6. Do not submit the same provider multiple times. If Dr. Johnson is an OB/GYN and also serves as a PCP submit only once with a PCP/Spec code of "B" to indicate he is both a PCP and a specialist. The only time providers should be listed multiple times is if they are practicing in multiple locations.
7. Only submit location addresses for providers. Do not include PO Box addresses on provider files. Include the addresses of their locations.
8. Do not include clinic names. Example: DRs Johnson, Roberts, and Smith practice as Johnson and Assoc. Do not submit a record with "Johnson and Assoc." on the provider file. Submit one record for Dr. Johnson, one record for Dr. Roberts, and a third record for Dr. Smith.
9. The member file should only contain Kentucky addresses. Whether the address is the member's home address or work address, the address needs to be a Kentucky address.

10. All providers in the network need to be listed, including contracted providers in contiguous states and/or contiguous counties outside the service area.

Files that are not submitted in accordance with the Department's specifications will be returned for correction.