The Medicaid Managed Care Final Rule requires states to maintain accessibility standards for providers serving program members. But standards vary widely and don’t account for population size, needs or location – and many programs lack an objective way to assess them. A focused approach can help you avoid unused services, suboptimal health outcomes and higher program costs.

Ensuring network adequacy is incredibly challenging. A 2014 Office of Inspector General (OIG) audit found that most states aren’t monitoring it in line with the Medicaid Managed Care Final Rule’s requirements. What’s more, the standards for determining adequacy are inconsistent – with one primary care provider serving anywhere from 100 members to 2,500 members depending on the state – and they often don’t account for high-demand specialists like pediatricians and obstetricians.

Most important, there are few methods available to develop network adequacy standards and monitor programs objectively for compliance. Many states don’t have the resources for direct validation of provider directory information. Instead, they must rely on reports from Medicaid Managed Care plans to evaluate compliance. This means a greater risk of network adequacy issues going unaddressed.

Without healthcare services nearby, your members may not get the help they need. That means continuing health issues for them – and higher costs for your program.

You can avoid these issues and realize additional program savings with the Network Adequacy Monitoring Solution from Conduent. While some commercial solutions try to adapt existing technology to CMS standards, we combine our 40 years of Medicaid experience with proven network adequacy monitoring technology that’s used today in many commercial applications as well as federal agencies and programs.

Our easily implemented, standalone solution helps you quantitatively develop objective provider network adequacy standards that account for the size, location and care required by the populations you serve. It then continually monitors and evaluates the provider networks in your managed care plans, ensuring that they meet the standards your program has defined.
Objective Standard Creation and Monitoring
Our network adequacy monitoring solution uses powerful geolocation technology to show where your Medicaid members and healthcare providers are instead of outdated methods based on ZIP codes. This modernized approach enables you to build time and distance standards that reflect the actual, physical accessibility of services in your plans’ networks.

But location is only part of the story. Your state has a unique mix of health issues and specialties needed to treat them, and your standards must account for them. Our solution uses a platform that has proven successful in helping the Medicare Advantage program and federal health insurance marketplace align with similar CMS accessibility standards; our template-based approach means you can quickly adapt these standards to your program. (It also means you can support CMS’s goals for modularity and COTS solutions.) Plus, the solution is highly configurable. You can easily adjust the criteria and calculations to develop network adequacy standards that fully account for your members’ needs as well as their location.

What’s more, the network adequacy monitoring solution is easy to use. It’s accessed through a cloud-based self-service portal with an intuitive interface. The online dashboard provides a high-level overview of any provider’s accessibility ranking and enables you to drill down for further details such as the types of issues the provider has and their frequency. You can perform side-by-side comparisons of plans and their relation to program-wide rates. The solution also notifies you when plans fall short of your standards so you can notify them immediately. These insights help you uncover areas where access is limited or needs improvement so you can improve care availability.

Added Services to Support Your Program
For over four decades, we’ve helped Medicaid programs remove administrative burdens and costs. You can take advantage of that experience from the solution’s implementation through launch and beyond. Our experts can provide full project management oversight and coordination of the network adequacy monitoring solution, working closely with you and other stakeholders to reduce implementation headaches.

We take on the continuing activities of network adequacy monitoring so you can focus on serving your members. Our data intake teams gather information including NPIs, names, addresses, specialties, hospital affiliations and last paid claim date to populate your plans’ or contracted MCOs’ issuer’s manifests or detailed profiles. We also manage your program’s network adequacy templates for specialties, time and distance standards, minimum provider requirements and more to ensure they account for all of your state’s accessibility criteria.

Conduent can also provide quality assurance activities like “secret shopper” calls to validate provider directory information; if deficiencies are found, we relay and track notices back to the affected plans. We can even help you develop operations-level processes for your own quality assurance activities and provide documentation and training for your staff.

Important Dates for Compliance
There are three key dates in the phased approach for network adequacy monitoring compliance:

- **July 1, 2017**: States begin developing protocols for validation of network adequacy.
- **July 1, 2018**: States submit the protocols for validation of network adequacy to CMS.
- **July 1, 2019**: States begin conducting mandatory network adequacy validation.
A Partnership Founded on Network Adequacy

Conduent partners with Quest Analytics to provide our Network Adequacy Monitoring Solution. Founded by industry visionaries in 2003, Quest developed a software suite of tools for measuring healthcare network adequacy using geographic coordinates of healthcare provider locations. This innovative approach provided better accuracy in measuring networks. It also enabled programs to establish access standards for the actual accessibility of healthcare providers. Quest has continued to evolve its capabilities to support ongoing measurement and monitoring of provider networks. Today, nearly 300 licensed entities use Quest, including national carriers like Aetna, CIGNA, Humana, Kaiser, United Health Care and Blue Cross Blue Shield Plans. Several state governments also use Quest Analytics, including New York, Florida Agency for Health Care Administration, California and New Jersey Department of Banking and Insurance.

Quest Analytics network adequacy technology is also found in federal agencies. The Centers for Medicare and Medicaid (CMS) uses it today to measure the Federal Marketplace, Medicare Advantage, Medicare-Medicaid Plan (MMP), and Prescription Drug Plan (Part D) organizations against standardized criteria established by CMS.

The Objective Approach for Network Adequacy

In today’s world of evolving Medicaid Managed Care regulations, your program can’t afford to overlook provider accessibility issues. Modernizing network adequacy processes with Conduent gives you a proven, scalable solution that meets CMS requirements and provides more transparency for compliance monitoring. It also gives you the flexibility you need to create state-specific standards that properly address your members’ needs.

You can learn more about us at www.conduent.com/govhealthcare.