

# Legislation Committee on Health Care

## Insurance Plans and Access to Health Care Providers

# Presentation Outline



- The process for determining the healthcare providers included in the Health Insurance's Network of Providers
- Determining that a health plan has an adequate network of providers
- Options to improve the credentialing process and access to health care providers

## The process for determining the health care providers included in the Health Insurance's Network of Providers



The following is the process utilized by SilverSummit Healthplan to include providers in the Medicaid and Ambetter Network

- a. Review the State Medicaid file for all provider types, with a focus on provider types needed for patient care and access standards as required. The Medicaid file is used to help identify providers available within the State and their specialties.
- b. Current Medicaid contracted providers are reviewed for provider types and specialties and access standards for outreach opportunities for contracting with Ambetter
- c. During contracting with providers for Medicaid and prior to the implementation of the Ambetter product, some Medicaid contracted providers were also contracted for the Ambetter product

## The process for determining the health care providers included in the Health Insurance's Network of Providers



- d. For providers identified through the Medicaid file, SilverSummit's contracting department conducts outreach for contracting opportunities. For the Ambetter product, providers identified in the Medicaid file and/or Medicaid in network providers that are not an Ambetter network provider, outreach is conducted for contracting opportunities
- e. Monthly the contracting department reviews and analyzes the Geo Access reports for Medicaid and Ambetter to ensure there are no care gaps or access to care gaps and if any noted, contracting outreach is conducted to close these gaps



## Determining that a Health Plan has an adequate network of providers

- a. Contracting reviews monthly Geo Access reports to ensure access standards are met for both Medicaid and Ambetter
  - i. Medicaid
    1. PCP or Specialists must be located within a reasonable distance, may not be more than twenty-five (25) miles from the enrolled members place of residence
    2. PCP-to member ratio-1 Full time Primary Care Provider for every one thousand five (1,500) members per service area. This would increase to one thousand eight hundred (1,800) if the PCP practices in conjunction with a health care professional
  - ii. Exchange-Based (Ambetter) standards are based on CMS rule for time and distance
    1. PCP must be located within no more than thirty miles or forty minutes from the enrolled members place of residence



## Options to Improve the Credentialing Process and Access to Health Care Providers

- a. SilverSummit has identified that conducting provider education regarding CAQH and keeping provider credentialing documents up to date will improve this process
  
- b. Standardizing credentialing applications for Medicaid and Ambetter has been identified as an opportunity to improve the process thus resulting in improved access to health care providers



# Provider Enrollment

- Providers interested in joining the network:
  - Send a letter of interest to [NETWORKMGMTNV@SilverSummitHealthPlan.com](mailto:NETWORKMGMTNV@SilverSummitHealthPlan.com)

# Contact Us



Phone Number:

1-844-366-2880

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Website:

[www.silversummithealthplan.com](http://www.silversummithealthplan.com)