

DEPARTMENT OF INSURANCE

EXECUTIVE OFFICE
300 CAPITOL MALL, SUITE 1700
SACRAMENTO, CA 95814
(916) 492-3500
(916) 445-5280 (FAX)
www.insurance.ca.gov



November 27, 2013

**Invitation to Meeting
Regarding Revision of Network Adequacy Regulation**

Pursuant to Insurance Code section 10133.5(g), I am conducting a review of the Department of Insurance network adequacy regulation (title 10, California Code of Regulations sections 2240 – 2240.5). I invite you to meet with me, and others, on Tuesday, December 10, 2013, from 9:00 a.m. to 12:00 noon, at the Department of Insurance, 300 Capitol Mall, 2nd floor (San Diego Room), Sacramento, to discuss revision of the network adequacy regulation, particularly in light of changes in health coverage resulting from the Affordable Care Act and related state legislation.

In advance of our December 10, 2013 meeting, I encourage you to submit written proposals for revising the regulation text (in whole, or in part), as well as background information and analysis regarding pertinent issues. In drafting proposed regulation text, please start from a clean slate, without being confined by the text or structure of the existing regulation.

Topics for written submissions, and for our public discussion, include:

- 1) What does an adequate network look like?
 - a. Appropriate timeliness and geographic distance standards
 - b. Distance vs. actual travel time
- 2) Geographic variation in network standards (urban/rural, etc.)
 - a. Standards for primary care vs. specialists
 - b. Description of types of specialist providers
- 3) Standards for hospitals/other facilities
 - a. Dental / Vision standards
 - b. (Provider types/specialists
- 4) Behavioral health standards
- 5) Other services (helpline, telephone triage, etc.)
- 6) Provider discrimination
 - a. Broad vs. narrow provider networks
 - b. How to describe
- 7) Differences by type of network (EPO v. PPO)?
- 8) Provider availability to new patients
- 9) Assuring ongoing adequacy
 - a. Periodic reporting
 - b. Reporting material changes
 - i. Provider contract termination
 - ii. Changes in hours, relocation

- iii. New providers
- 10) Methods for demonstrating network adequacy
 - a. Software/reporting
 - b. Adequacy of networks for new products (projected demand)
 - i. Center of Zip vs. random points
 - ii. Other methods
 - c. Confidentiality of submissions / portions of submissions
 - d. Description of regions
- 11) Essential Community Providers
- 12) Contract adequacy (Insurance Code 10133.5(b)(3),(4))
- 13) Consumer access to information
- 14) Complaint reporting

Please submit an RSVP of your planned attendance, along with any written submissions, on or before close of business on Friday, December 6, 2013, to Bruce Hinze, Senior Health Policy Attorney, at Bruce.Hinze@insurance.ca.gov.

I look forward to working with you on improving access to quality, affordable health care for all Californians.

Sincerely,



DAVE JONES,
California Insurance Commissioner