

Network Compliance Checklist



	Yes / No?	Action Needed?
Prevention and Risk Assessment Considerations		
▶ Do your internal business process owners understand the regulatory and compliance requirements?		
▶ Do you have a structure / process for assessing and implementing new requirements?		
▶ Do you have clear accountability, roles and responsibilities across internal departments and teams?		
▶ Do you have clear policy and procedure documents to guide employees and decision makers?		
▶ P&Ps for monitoring and maintaining your network?		
▶ P&Ps for intake / investigating network concerns?		
▶ P&Ps for the provider termination process including early assessment of network adequacy impact? Ensuring affected members are notified and transitioned effectively?		
▶ Do you have internal standards for directory accuracy and network adequacy?		
▶ Do you have a structure / process for monitoring and reporting outcomes?		
▶ If you are not meeting your goals, can you demonstrate improving performance trend?		
▶ Do your providers understand the requirements?		
▶ Do provider contracts require advance notice to plan of changes impacting a provider's availability?		
▶ Do you publish administrative guidelines that clearly explain HOW providers can report changes?		
▶ Do you require your contracted providers to respond to periodic requests for review and validation of data (e.g., CMS requires quarterly validation contacts)?		
▶ Do you make it easy for providers to review and update their information? For example, does your organization participate in any of the industry collaboration efforts? Do you have easy to use tools (e.g., online portal) where providers can view and update their data?		
▶ Do you offer any provider incentives to update data?		
▶ Do you have a way to enforce requirements when providers don't comply with your update policies?		

	Yes / No?	Action Needed?
Detection and Monitoring Considerations		
▶ Are you routinely monitoring your network to ensure you are meeting requirements for minimum numbers of providers by provider specialty / type?		
▶ Are you routinely monitoring your network to ensure you are meeting requirements for maximum travel time / distance for a member to access care by provider specialty / type?		
▶ Are you monitoring how many providers are accepting new patients?		
▶ Are you monitoring how long members are waiting for appointments?		
▶ Are all covered benefits available in your network? <i>Think beyond specialty (e.g., do we have enough ophthalmologists) and think about the availability of services (e.g., do we have a sufficient supply of cataract surgery / treatment services to meet the needs of our members)?</i>		
▶ Does your member population have other unique needs? If yes, are you monitoring your network related to those needs? <i>Examples: Are providers located along public transportation routes for low-income members? Are providers / office staff able to meet the cultural and language needs of your members?</i>		
▶ Is the frequency of monitoring appropriate? <i>If your network is robust, well integrated and generally stable, less frequent monitoring may be appropriate. If your network is narrow, complicated and/or volatile, more frequent monitoring may be appropriate.</i>		
▶ Are you monitoring your delegates if you delegate any network functions?		
▶ Are you monitoring member / provider calls, complaints, and appeals to identify areas of potential concern / network trends? <i>Examples of things to watch for: member difficulty locating PCPs accepting new patients; PCP difficulty locating specialty providers for referrals; high volumes of out of network coverage requests; etc.</i>		
▶ If your performance is not meeting your goals, do you have interim goals for improvement?		
▶ Are you validating the accuracy of provider directory data?		
▶ Are you validating in a way that is consistent with how your regulator will audit and monitor your plan? <i>Example: CMS tests online provider directory data by calling providers directly to validate their data</i>		
▶ Are you validating in other ways that may be even more effective? <i>Examples: Analyzing claim data to identify potentially inactive providers (e.g. physician no longer billing under group Tax ID number, provider office no longer billing for a specific service location) Comparing address data to USPS address files Comparing specialty data to state licensing data Comparing your data to other sources (e.g., Medicare) Look for physicians with unusual number of addresses or unusual combination of specialties</i>		

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Correction Considerations		
▶ Do you have a rapid response team ready to jump into action for urgent issues (e.g., if actual member access concerns exist)?		
▶ Do you have feedback loops from the areas that handle concerns from customers, providers, sales agents, other stakeholders, back to your network and provider data management teams?		
▶ Do you have a link on your online directory to report inaccurate data?		
▶ Do you have a way to escalate open corrective action plans or other issues that are not getting the attention they need?		
Impact of Provider Data Accuracy on Network Adequacy		
▶ Are you coordinating your provider data accuracy improvement efforts with your network adequacy monitoring efforts? If you are removing inactive provider data (e.g., physicians who are no longer practicing, moved, retired) from your network provider database, is there a feedback loop to your network adequacy monitoring team to check whether the data cleanup revealed any network adequacy issues?		
Impact of Provider Terminations on Network Adequacy		
▶ Are you conducting proactive network adequacy reviews to understand the impact of a potential provider termination BEFORE it occurs? Is there a proactive alert to your network management team to begin contingency planning if a significant termination were to occur and additional providers may need to be added to the network?		