Paul Macielak, president and chief executive of the New York Health Plan Association, is aware of Dr. Kleinman’s complaints. Predictably, he sees things differently. “We don’t think there’s a need for more requirements for broader networks because that will only drive up price ultimately in the premiums.”

New York insurers must comply with the Medicaid standard, requiring a primary care provider within 30 minutes of a member’s home in urban areas and within 30 minutes or 30 miles for specialists. Plans must have at least one PCP per 1,500 enrollees and meet maximum wait time standards, according to a September 2014 HHS report. Any addition to networks beyond the Medicaid standard will affect consumers, Mr. Macielak said.

He believes the state’s Out of Network Consumer Protection Law will provide an outlet for complaints. Effective April 1, the law offers a consumer appeal process when a network is inadequate.

As for the inaccurate directories, Mr. Macielak said physicians should share the burden to keep them updated, notifying plans when they move or change practices. “The directories remain a work in progress,” he said.

**At A Glance**

**APPROVED:** Montefiore Health System and White Plains Hospital’s affiliation agreement was formally approved by the state health commissioner Monday, making White Plains a member of the Bronx-based health system.

**NO MORE MEDICARE:** Yorkville Endoscopy, the Upper East Side clinic where Joan Rivers had her final procedure, will lose its accreditation with CMS at the end of the month.

**REFUNDS:** Excellus Health Plan agreed to pay back $74,000 to patients in the Rochester area who were billed higher-than-permitted co-pays. The overpayments involve 2,973 primary care claims that were billed as specialty visits, according to the attorney general’s office.

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