Timely Access and Network Adequacy: Rural Expansion Counties

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Network Adequacy Standards

Medi-Cal managed care health plans have specific network adequacy requirements per statute, regulations, and DHCS/plan contracts:

- Sufficient Providers
- Geographic Requirement
- Timely Access to Care
Network Access Standards

**Sufficient Providers**
- PCP ratio of 1 PCP per 2,000 enrollees

**Geographic Requirement**
- Contracted PCPs must be within 10 miles/30 minutes of enrollees

**Timely Access**
- 48 hours for urgent care (no prior authorization required); 10 business days for non-urgent appointments; 15 business days for non-urgent ancillary appointments
Access in Rural Counties – Readiness

Both DHCS and DMHC reviewed plan networks for the 28 rural counties expansion.

DMHC Focus

• Review of the networks for **licensure purposes**
• Review and approve, as applicable, **alternate standards of accessibility**, subject to justification submitted in writing and DMHC approval

DHCS Focus

• Review of the networks to determine contract regulatory compliance
• Review for **comparability to FFS access**
DHCS network review has comprised of:

- Access to PCPs and hospitals was no less than FFS
- Plans’ networks comprised of core specialists
- Pharmacy availability was within reasonable proximity
- Plans had policies in place for out-of-network access
# Core Specialists

<table>
<thead>
<tr>
<th>Allergists/Immunologists</th>
<th>Neonatologists</th>
<th>Pulmonologists</th>
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<tbody>
<tr>
<td>Anesthesiologists</td>
<td>Nephrologists</td>
<td>Radiologists/Nuclear Medicine Specialists</td>
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<tr>
<td>Cardiologists</td>
<td>Neurologists</td>
<td>Rheumatologists</td>
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<tr>
<td>Dermatologists</td>
<td>Obstetricians/Gynecologists</td>
<td>Surgeons - General</td>
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<td>Endocrinologists</td>
<td>Ophthalmologists</td>
<td>Surgeons - Neurological</td>
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<td>Gastroenterologists</td>
<td>Otolaryngologists</td>
<td>Surgeons - Orthopedic</td>
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<tr>
<td>Geneticists</td>
<td>Pain Medicine Specialists</td>
<td>Surgeons - Plastic</td>
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<tr>
<td>Hematologists/Oncologists</td>
<td>Perinatologists</td>
<td>Surgeons - Thoracic</td>
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<tr>
<td>HIV/AIDS Specialists</td>
<td>Physical Medicine and Rehabilitation</td>
<td>Surgeons - Vascular</td>
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<tr>
<td>Infectious Disease</td>
<td>Podiatrists</td>
<td>Surgeons - Urologists</td>
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Access in Rural Counties

• Plans were required to submit geographic access mapping for PCPs and hospitals.

• If any of the core specialists were not in the plan’s network, plans were required to demonstrate their ability to contract with out-of-network providers and certify access via:
  – Letters of Agreement
  – Single-case agreements

• Alternate access standards were approved for certain rural areas.
Access in Rural Counties

• DHCS ensured comparability to FFS providers.

• Additionally, plans may assign Nurse Practitioners, Certified Nurse Midwives, or Physician Assistants as a member’s primary care physician under the appropriate supervision.
Ongoing Goals for Access

Plans

- Continue to develop new ways to deliver care, including phone appointments and telemedicine programs
- Use provider incentive programs to encourage participation

DHCS

- Encourage the use of telemedicine (although not used for purposes of meeting network adequacy)
- Increase the number of physicians who contract with Medi-Cal managed care plans
- Section 1115 Medicaid Waiver Renewal Plan/Provider Incentive Programs