



Department of  
**Health Care Services**



# Timely Access and Network Adequacy: Rural Expansion Counties

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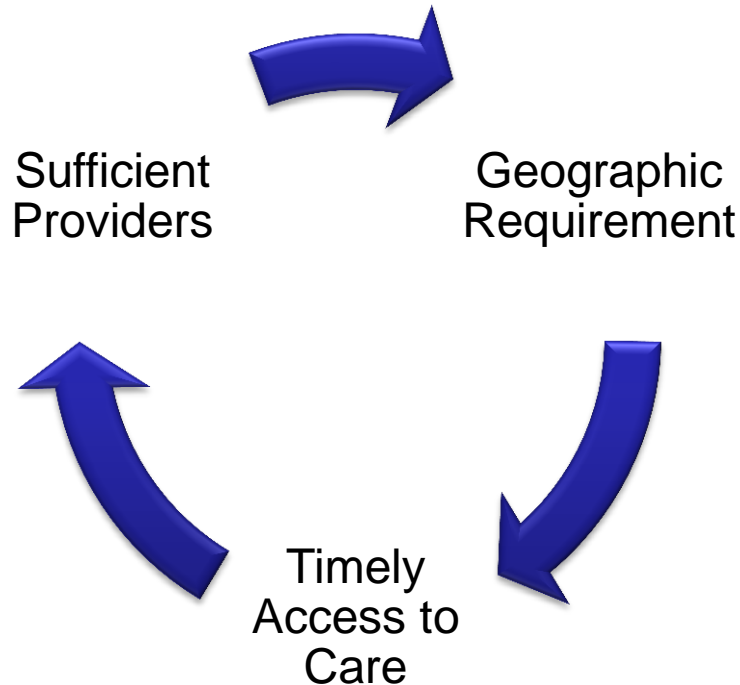
Department of Health Care Services

Managed Care Quality and Monitoring Division

# Network Adequacy Standards

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



# Network Access Standards

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## 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

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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**

# Network Review for Rural Counties Expansion

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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

• Allergists/Immunologists	• Neonatologists	• Pulmonologists
• Anesthesiologists	• Nephrologists	• Radiologists/Nuclear Medicine Specialists
• Cardiologists	• Neurologists	• Rheumatologists
• Dermatologists	• Obstetricians/Gynecologists	• Surgeons - General
• Endocrinologists	• Ophthalmologists	• Surgeons - Neurological
• Gastroenterologists	• Otolaryngologists	• Surgeons - Orthopedic
• Geneticists	• Pain Medicine Specialists	• Surgeons - Plastic
• Hematologists/Oncologists	• Perinatologists	• Surgeons - Thoracic
• HIV/AIDS Specialists	• Physical Medicine and Rehabilitation	• Surgeons - Vascular
• Infectious Disease	• Podiatrists	• Surgeons - Urologists

# Access in Rural Counties

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- 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

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- 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

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## 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