Managed Care Final Rule: Network Adequacy Standards and Network Certification

California Department of Health Care Services

Webinar

February 22, 2018

Presentation Outline

1. Network Adequacy Background and Overview
2. Standards – Time and Distance and Timely Access
3. Alternative Access Standards
4. NACT and Supporting Documentation
5. Submission Requirements
6. State Network Certification Approach
7. Non-Compliance
8. Questions and Open Discussion

Network Adequacy Announcements

- **MHSUDS Information Notice 18-010 (Issue date: February 13, 2018)**
  - Enclosure 1 – Network Adequacy Certification Tool (**contact DHCS for this Enclosure**)
  - Enclosure 2 – Network Certification Checklist
  - Enclosure 3 – Alternative Access Standards Request

Network Adequacy Background and Overview

Background & Overview

- **Applicability**
  - Medi-Cal managed care health plans
  - County mental health plans (MHPs)
  - Drug Medi-Cal Organized Delivery System (DMC-ODS) health plans
  - Dental managed care plans
- **Implementation Date**
  - July 1, 2018 contract year

Background & Overview

- **Federal network adequacy rules**
  - § 438.68 Network adequacy
  - § 438.14 Indians and Indian health care providers (IHCPs)
  - § 438.206 Availability of services
  - § 438.207 Assurances of adequate capacity and services

[1] Managed Care Final Rule, Federal Register, Vol. 81, No. 88, §438.68; §438.206; §438.207; §438.14 : https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf

Network Adequacy Requirements

Network Adequacy Standards*

- Psychiatry
- Outpatient Mental Health Services
- Outpatient SUD Services (Non OPD)
- Opioid Treatment Programs (OPD)

Reporting & Transparency

- Annual Program Assessment Report
- Website posting of network adequacy standards and alternative access requests/approvals

Annual Network Certification

- Conduct network certification review
- Submit assurance of compliance to CMS

* Adult and pediatric

Assembly Bill (AB) 205

- **Implemented** specific provisions of the Final Rule, including the network adequacy standards
- **Changed** county categorization to be based on population density rather than population size
- **Authorized** alternative access standards process to be permitted and use of telehealth to meet standards
- **Established** a 90-day timeline for reviewing alternative access standard requests
- **Requires** annual demonstration of network adequacy compliance
- **Sunsets** the network adequacy provision in 2022, allowing for reevaluation of the standards

Network Adequacy Standards

Network Adequacy Standards

For psychiatry, the standards are as follows:

Timely Access	Within 15 business days from request to appointment
Time and Distance	**Up to 15 miles or 30 minutes** from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.
	Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.
	Up to 45 miles or 75 minutes from the beneficiary's place of residence for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.
	Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

Network Adequacy Standards

The standards for Mental Health Services, Targeted Case Management, Crisis Intervention, and Medication Support Services are as follows:

Timely Access	Within 10 business days from request to appointment
Time and Distance	**Up to 15 miles or 30 minutes** from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.
	Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.
	Up to 45 miles or 75 minutes from the beneficiary's place of residence for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.
	Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

Network Adequacy Standards

For outpatient SUD services, other than opioid treatment programs (OTPs), the standards are as follows:

Timely Access	Within 10 business days from request to appointment
Time and Distance	**Up to 15 miles or 30 minutes** from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.
	Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.
	Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Monterey, Mono, Napa, Nevada, Plumas, San Benito, San Bernardino, San Luis Obispo, Santa Barbara, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, and Yuba.

Network Adequacy Standards

For OTPs, the standards are as follows:

Timely Access	Within 3 business days from request to appointment
Time and Distance	**Up to 15 miles or 30 minutes** from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.
	Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.
	Up to 45 miles or 75 minutes from the beneficiary's place of residence for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.
	Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

Appointment Time Standards

- Urgent care appointment for services that do not require prior authorization – within **48 hours** of a request
- Urgent appointment for services that do require prior authorization – within **96 hours** of a request
- Non-urgent appointment with a non-physician mental health care provider – within **10 business days** of request
- Non-urgent appointment with a psychiatrist – within **15 business days** of request
- Opioid treatment program – within **3 business days** of request

Appointment Time Exceptions

- The applicable appointment time standards may be extended if the referring or treating provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the beneficiary's record that a longer waiting time will not have a detrimental impact on the health of the beneficiary[1]
- Periodic office visits to monitor and treat mental health conditions may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed mental health provider acting within the scope of his or her practice[1]

1. Cal. Code Regs., tit. 28, § 1300.67.2.2(c)(5)(G)

Alternative Access Standards

Alternative Access Standards

- **Alternative access requests may be allowed for time and distance standards if**:
  - The Plan has exhausted all other reasonable options to obtain providers to meet the time and distance standards; or,
  - DHCS determines that the Plan has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.
- **Alternate Access considerations include, but are not limited to the following:**
  - Seasonal considerations
  - Availability of community-based and mobile services
  - Availability of telehealth services

Community-Based and Mobile Services

- **When the provider travels to the beneficiary and/or a community-based setting to deliver services:**
  - DHCS will consider a substitute standard, other than time and distance,
  - Services must be provided in accordance with the timely access standards, consistent with the beneficiary's individualized Client plan

1. Mental Health Services, Crisis Intervention, Targeted Case Management, and Medication Support
2. State Plan, Section 3, Supplement 3 to Attachment 3.1-A, page 2c

Telehealth Services

- **Telehealth services must comply with DHCS' Medi-Cal Provider Manual telehealth policy**
- **Telehealth providers must meet the following criteria:**
  - Licensed to practice medicine in the State of California;
  - Screened and enrolled as providers in the Medi-Cal program; and,
  - Able to comply with state and federal requirements for the Medi-Cal program.

Telehealth Services

- Plans are permitted to use telehealth to meet network adequacy standards and/or as a basis for alternative access requests.
- The physical location where beneficiaries receive telehealth services must meet the State's time and distance standards or an approved alternative access standard.
- Telehealth providers must be listed in the NACT, Exhibit A-3, Rending Providers

1. Medi-Cal Provider Manual. "Medicine: Telehealth." http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc

Network Adequacy Certification Tool (NACT) and Supporting Documentation Submission Requirements

NACT Exhibits

- **Exhibit A-1:** Network Provider Data, Organizational/Legal Entity Level
- **Exhibit A-2:** Network Provider Data, Provider Site Detail
- **Exhibit A-3:** Network Provider Data, Rendering Provider Detail
- **Exhibit B-1:** Community Based Services
- **Exhibit B-2:** American Indian Health Facilities
- **Exhibit C-1:** Provider Counts
- **Exhibit C-2:** Expected Service Utilization

NACT Exhibits A 1-3 Network Provider Data

- **Each Plan shall complete the NACT for all network providers:**
  - Organizational level (provider's legal entity)
  - Site level (physical location/site of the provider)
  - Rendering Provider (individual practitioner, acting within his or her scope of practice, who is rendering services directly to the beneficiaries)
- **Network providers include:**
  - County-owned and operated providers
  - Contracted organizational providers
  - Provider groups
  - Individual practitioners

NACT Exhibits A 1-3 Network Provider Data

- **Examples of data elements include:**
  - Provider name, business address, contact information
  - Provider identifiers (e.g., License number, NPI number, DEA number)
  - Provider type
  - Service types/modalities
  - Full time equivalency/hours of operation
  - Language capabilities
  - Current and maximum number of beneficiaries served

NACT Exhibit B-1 Community Based Services

- **Examples of data elements include:**
  - Provider name
  - Provider identifiers (e.g., License number, NPI number, DEA number)
  - Satellite address sites (e.g., community settings where services are delivered)
  - Geographic area served
  - Frequency of service provision

NACT Exhibit B-2
American Indian Health Facilities

- 42 CFR 438.14 requires each Plan to demonstrate it has sufficient American Indian Health Facilities (AIHF) participating in the Plan's network to meet the needs of American Indian beneficiaries
- AIHFs are not required to contract with the Plan
- Plans must document any and all efforts to contract with AIHFs in the Plan's service area
- If the Plan does not have a contract with any AIHFs, the Plan must submit an explanation to DHCS, that includes supporting documentation, to justify the absence of this mandatory provider type in the Plan's network

NACT Exhibit B-2
American Indian Health Facilities

- **Examples of data elements include:**
  - Provider name, business address, contact information
  - Provider identifiers (e.g., NPI number)
  - Beneficiary access to the provider
  - Contract terms
  - Outcome of efforts to contract

NACT Exhibit C-1 Provider Counts

- **For MHPs, enter the number of providers for the following provider types:**
  - Licensed Psychiatrists,
  - Licensed Physicians,
  - Licensed Psychologists,
  - Licensed Clinical Social Workers,
  - Licensed Professional Clinical Counselors,
  - Marriage and Family Therapists,
  - Registered Nurses,
  - Certified Nurse Specialists,
  - Nurse Practitioners,
  - Licensed Vocational Nurses,
  - Psychiatric Technicians,
  - Mental Health Rehabilitation Specialists,
  - Physician Assistants,
  - Pharmacists,
  - Occupational Therapists, and,
  - Other Qualified Providers.

NACT Exhibit C-1 Provider Counts

- **For DMC-ODS, enter the number of providers for the following provider types:**
  - Licensed Physicians,
  - Nurse Practitioners,
  - Physician Assistants,
  - Registered Nurses,
  - Registered Pharmacists,
  - Licensed Clinical Psychologists,
  - Licensed Clinical Social Workers,
  - Licensed Professional Clinical Counselors,
  - Licensed Marriage and Family Therapists,
  - Licensed Eligible Practitioners working under the supervision of Licensed Clinicians,
  - Registered Substance Use Disorder Counselors, and,
  - Certified Substance Used Disorder Counselors.

NACT Exhibit C-2 Expected Service Utilization

- **Examples of data elements include:**
  - **For MHPs**, enter the actual and estimated number or Medi-Cal beneficiaries to be served for the following service types: Mental Health Services, Case Management, Crisis Intervention, Medication Support, Intensive Care Coordination, and Intensive Home Based Services.
  - **For DMC-ODS**, enter the actual and estimated number of Medi-Cal beneficiaries to be served for the following modalities: Outpatient Drug Free Clinic, Intensive Outpatient Clinic, and Opioid Treatment Programs.

Geographic Access Maps

- Geographic Access maps, accessibility charts and access summaries will be used to ensure that the Plan has met time and/or distance standards in the Plan's service area.
- Plans must submit to DHCS a map of all network providers in the Plan's service area.
- If necessary, the Plan should include contracted network providers in neighboring service areas if needed to meet time and distance standards.

Geographic Access Maps

- The map must plot time and distance for all network providers, stratified by service type, and geographic location.
- The Plan must also include a map of community based settings where services are regularly delivered.
- The Plan's analysis must illustrate that it complies with applicable time or distance standards or it must demonstrate that it has requested DHCS approval for an alternative access standard.

Geographic Access Maps

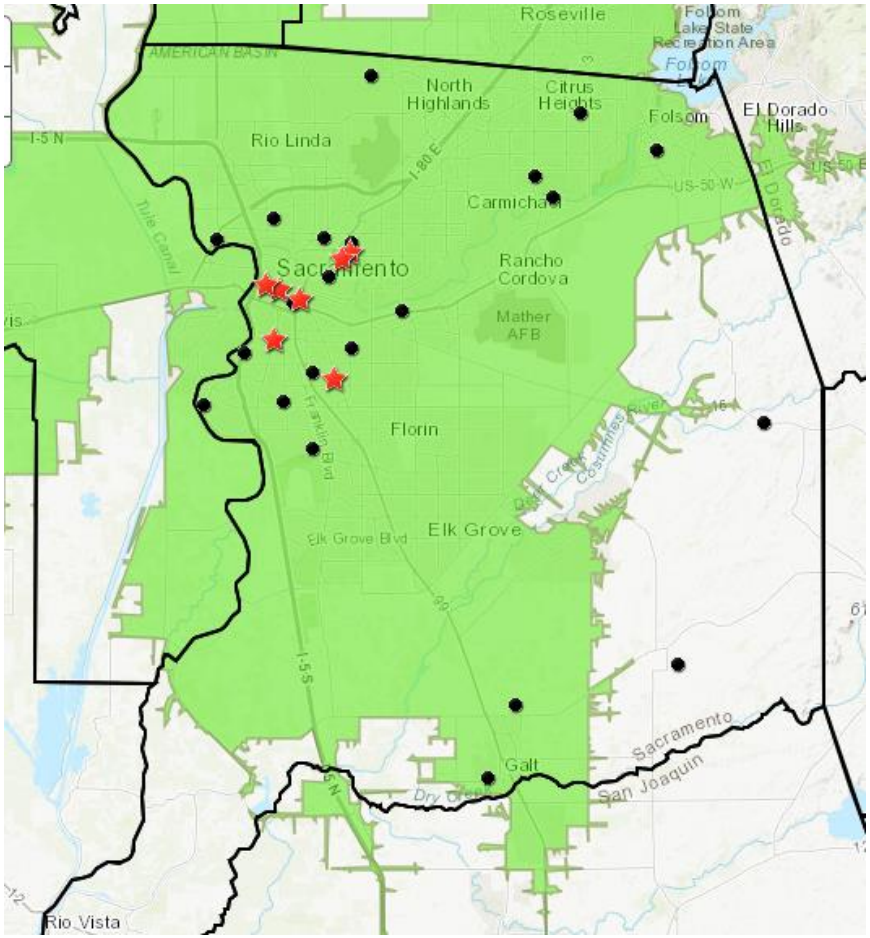
- **Software Needed:**
  - GeoMapping Software such as ArcGIS
  - Drive-time analysis capability
- **Data Needed:**
  - Beneficiary Addresses
  - Provider Addresses
  - Time (minutes)/Distance (miles) standards based on county and provider type

Geographic Access Maps

- **8 Total Maps Required:**
  - Psychiatry – Youth, Adults 21+
  - Outpatient Mental Health Services – Youth, Adults 21+
  - Outpatient SUD Services (non-OTP) – Youth, Adults 21+
  - Opioid Treatment Programs (OTP) – Youth, Adults 21+

Sample Map

Sacramento County
Youth Beneficiaries & Mental Health Providers



Red Star – Mental Health Provider
Black Dot – Beneficiary Residence
Green Area – 30 Minute drive-time area from mental health providers

Conclusion: 20 out of 22 (90.9%) beneficiaries are located within 30 minutes of a mental health provider.

*Actual beneficiary/provider addresses were not used for this example.

Accessibility Charts

Accessibility Charts	Access Summaries
Name of the Exhibit	Logic of the Measurement
Name of the Plan	How did the Plan measure their radius?
Access Standard (Minutes)	From the center of the zip code or service area?
Name of the Service Area	Center of most populated area of zip code or service area?
Name of the City	From Provider?
Zip Codes in which distance was not met	From Enrollee?
# of Enrollees	
# of Providers	
Specialty, if applicable	
# of Enrollees with Access	
% of Enrollees with Access	
Travel distance to 1 Provider	
Travel time to 1 Provider	
# of Enrollees without Access	
% of Enrollees without Access	
Travel distance to 1 Provider	
Travel time to 1 Provider	

Language Line Utilization Charts

Language Line Utilization for 24/7 Access Line	Language Line Utilization for Face-to-Face Service Encounters	Language Line Utilization for Telehealth or Telephonic Service Encounters
Exhibit Name: Language Line Utilization	Exhibit Name: Language Line Utilization	Exhibit Name: Language Line Utilization
Plan Name	Plan Name	Plan Name
Reporting Period	Reporting Period	Reporting Period
Total # encounters requiring language line services	Total # encounters requiring language line services	Total # encounters requiring language line services
	# of encounters requiring language line services, stratified by language	# of encounters requiring language line services, stratified by language
	Reason services could not be provided by bilingual provider/staff or via face-to-face interpretation	

Supporting Documentation

Plans must submit the following:

- An alternative access request, if applicable
- Grievances and appeals related to availability of services and/or challenges in obtaining services in a timely fashion, as well as the resolutions of such grievances and appeals
- Provider agreements boilerplates for network providers and subcontractors, including agreements for interpretation, language line, and telehealth services
- Plan's provider directory/directories (MHPs Only)
- Results of beneficiary satisfaction surveys related to network adequacy or timely access (MHPs Only)

Policies and Procedures

- **Network adequacy monitoring**
  - Submit policies and procedures related to the Plan's procedures for monitoring compliance with the network adequacy standards.
- **Out of network access (MHPs Only)**
  - Submit policies and procedures related to the provision of medically necessary services delivered out-of-network.
- **Timely access**
  - Submit policies and procedures addressing appointment time standards
- **Service availability**
  - Submit policies and procedures addressing requirements for:
    - Appointment scheduling
    - Routine specialty (i.e., psychiatry) referral
    - After-hours calls

Policies and Procedures

- **Physical accessibility**
  - Submit policies and procedures regarding access for beneficiaries with disabilities pursuant to the Americans with Disabilities Act of 1990.
- **Telehealth services**
  - Submit policies and procedures regarding use of telehealth services to deliver covered services.
- **24/7 Access line requirements**
  - Submit policies and procedures regarding requirements for the Plan's 24/7 Access Line
- **24/7 language assistance**
  - Submit policies and procedures for the provision of 24-hour interpreter services at all provider sites.

Submission Requirements

Submission Requirements

- Plans shall submit the initial NACT and supporting documentation no later than **March 30, 2018**
- No flexibility with submission deadline
- Subsequent MHP submissions due quarterly:
  - **July 1**
  - **October 1**
  - **January 1**
  - **April 1**
- Operating DMC-ODS counties are required to submit NACTs annually on **April 1st**

Significant Change Requirement

- Plans are required to notify DHCS any time there has been a significant change in the Plan's operations or network composition that would affect the adequacy and capacity of services.
- Plans must notify DHCS if there is any loss of a network provider (e.g., psychiatrist(s) serving children/youth).

NACT Submission Instructions MHPs

- MHPs will transfer MHP NACT files and supporting documentation using the CSI system's **Transfers Menu** option:
  1. Open the BHIS website (https://bhis.dhcs.ca.gov)
  2. Click [**Log In**] and enter your credentials.
  3. On the Menu Bar, select the **Applications / CSI Web Application** submenu.
  4. On the Menu Bar, select the **Transfer Files**
  5. Enter your **credentials**.
  6. Click [**Sign On**].
  7. Once at the /DHCS-BHIS/Production/ CSI view, users have the option to open a County Folder.

NACT Submission Instructions MHPs

8. Click the <**County Name**> that you want to upload a file to.
9. Click the **DataExchange** link.

Note: Do NOT use the 'Find File/Folder' functionality.

10. In the **Upload Files**… area , click [**Launch the Upload Wizard**].

Note: If you have not installed the Upload Wizard, Go to: **Navigation Pane / Home** and click: Install the [**Upload/Download Wizard (ActiveX)].**

NACT Submission Instructions MHPs

11. Make sure the "**Upload To**" folder is correct **Caution:** Please make sure you transfer files to the Data Exchange folder only!
12. Click [**Add File**].
13. Once the file has been located, select the file and click [**Open**].
14. Click [**Upload**].
15. Click [**Close**].

NACT Submission Instructions DMC-ODS

- Counties will transfer NACT Detail files using secure email system
  - Submit files to NACTData@dhcs.ca.gov

NACT Technical Assistance

- **NACT User Manual**
  - Located under <System Documentation> in the BHIS-CSI portal
  - Detailed Screenshots for file upload

- **Technical Assistance Webinar**
  - March 5, 2018 – 3:00pm to 4:30pm

Statewide Network Certification Approach

Statewide Network Certification Approach

- DHCS will leverage various tools and systems (e.g., Short-Doyle/Medi-Cal) to perform data validation of providers, utilization, and network composition.
- DHCS will also require deliverables submissions.

- DHCS will provide technical assistance to Plans regarding requirements to demonstrate network readiness and enforce any corrective action needed as needed.

- DHCS will submit Network Adequacy Certifications to CMS annually as required by the Final Rule.

Network Certification

- **Network Certification Components**
  - Expected service utilization
  - Network composition and provider counts
  - Community-based or mobile services
  - Time and distance standards
  - Language capacity
  - Physical accessibility
- **Data Validation**
  - DHCS will utilize various data sources (e.g., claims data, enrollment data, eligibility data, provider files) to validate county data submissions.
- **Infrastructure Analysis**
  - DHCS will also analyze the Plan's infrastructure through review of supporting documentation

Drug Medi-Cal Organized Delivery System (DMC-ODS) Progress

Certification Process Approach

- DHCS will utilize a Pre-Implementation Certification Process to evaluate network adequacy for any DMC-ODS county that goes live between July 1, 2017 and June 30, 2018.
- Any county that goes live after June 30, 2018 will need to use the network adequacy certification requirements in the Information Notice 18-011.

Post-Implementation Certification

- The six DMC-ODS counties that went live prior to July 1, 2017 will complete the NACT and need to meet the submission deadlines as identified in the Information Notice 18-011.
- The six counties are Riverside, San Mateo, Marin, San Francisco, Contra Costa, and Santa Clara.

Drug Medi-Cal Organized Delivery System (DMC-ODS) Progress

Pre-Implementation Certification Components

- Projected Utilization based on estimates from historic utilization and prevalence data from the DMC-ODS County implementation plans.
- Determine the number of providers needed to serve the projected utilization, also from the DMC-ODS County implementation plans.
- Develop time and distance mapping based on both actual DMC enrollment and Medi-Cal enrollment for the DMC-ODS County using current provider lists made available at the time of the readiness review.

Network Adequacy Compliance

Compliance with Submission Deadline

- Submission is a condition for receiving Federal Financial Participation
- Submission deadline is **Friday, March 30, 2018**
- There is **no flexibility** with the submission deadline
- DHCS may impose financial sanctions if Plans fail to submit complete, accurate and timely

Non-Compliance with Network Adequacy Standards

- If Plans are not in compliance with network standards **at the time of submission** to DHCS:
  - Plans will be required to submit a Plan of Correction (POC) to demonstrate action steps that the Plan will immediately implement to ensure compliance with the standards no later than July 1, 2018
  - Plans must provide updated information on a bi-weekly basis until the Plan is able to meet the applicable standards.

Non-Compliance with Network Adequacy Standards

- If the Plan is not in compliance with the applicable standards **by July 1, 2018**, DHCS may impose additional corrective actions, including:
  - Administrative or financial sanctions, or,
  - Any other actions deemed necessary to promptly ensure compliance
- For as long as the Plan is unable to meet standards in its network, the Plan must also adequately and timely cover these services out-of-network for the beneficiary

Questions?

- For questions regarding Network Adequacy, please contact **MHSDFinalRule@dhcs.ca.gov**
- For DMC-ODS specific questions, please contact: **DMCODSWaiver@dhcs.ca.gov**
- For technical questions about NACT data submission, please contact **NACTData@dhcs.ca.gov**