



# **MCAC Network Adequacy Subcommittee Report**

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# Agenda

- I. Network Adequacy Subcommittee Background
- II. Subcommittee Recommendations and Eastern Band of Cherokee Indians Network Adequacy Standards
- III. PHP Network Adequacy Policy Paper Public Comments
- IV. DHHS Consideration Process for Subcommittee Recommendations and Public Feedback
- V. DHHS Response and Action Plan

## Appendices

- A. Network Adequacy Policy Paper Summary
- B. Network Adequacy Subcommittee Membership

# Focus of Today's Presentation

The Network Adequacy Subcommittee believed it was important that this entire slide deck be shared with the members of the MCAC in order to give a complete picture of the Subcommittee's recommendations and DHHS's response to those recommendations.

Therefore, the presentation today will focus on the following slides:

- Slides 5 - 9 containing Section II – PHP Network Adequacy Subcommittee Recommendations and Eastern Band of Cherokee Indians Standards
- Slides 10 - 12 containing Section III – Credentialing Policy Paper Public Comments (in summary only)
- Slide 13 containing Section IV – DHHS Consideration of Feedback
- Slides 14 – 16 containing Section V – DHHS Response and Action Plan

# I. Network Adequacy Subcommittee Background

- Subcommittee established in February 2018, and met 3 times from March through May 2018
- Subcommittee consisted of advocacy organizations, private citizens/family members, provider organizations, individual practitioners, hospital and the hospital/health care association, LME/MCOs, health plan association, and academic researchers/health policy experts (complete member list in Appendix B)
- Meetings were open to the public
- Purpose was to provide DHHS with feedback on:
  - Proposed network adequacy and accessibility standards
  - Proposed provider directory standards
  - DHHS’s plan for oversight and monitoring

## II. Network Adequacy Subcommittee Recommendations and Eastern Band of Cherokee Indians Standards

The Network Adequacy Subcommittee offers the following key recommendations to the MCAC and DHHS:

- Encourage PHPs to consider integration to help address whole-person care and ease transitions to managed care for providers
- Numeric Adequacy standards
  - Are standards the right ones; fill in missing standards for certain situations, such as adding to the list of specialists, which is not comprehensive
  - Apply at the right level of “provider,” for example, practice level to ensure the broadest access
- Appointment/wait time standards should be expanded to include more specific care situations such as pediatric primary care access banded by age of member
- Develop adequacy standards based on provider-to-member ratios (# of providers : # of members)

## **II. Network Adequacy Subcommittee Recommendations and Eastern Band of Cherokee Indians Standards (cont.)**

- **Standards should include consideration of beneficiary protections and handling of special needs populations**
- **Should include specific standards relating to pediatric providers; delineate adequacy standards within pediatric range by age of member to ensure appropriate access for child members**
- **Expand the list of specialists subject to specialist adequacy standards**
- **Educate members on the use of out-of-network providers**
- **PHP networks should reflect importance of addressing cultural sensitivity, including treatment and payment for medical interpreters**
- **Ensure that provider directories are as accurate and useful as possible**
  - **Emphasize accuracy of information in oversight activities and have liquidated damages on the PHPs when not accurate; perform secret shopper type activities on directories**

## **II. Network Adequacy Subcommittee Recommendations and Eastern Band of Cherokee Indians Standards (cont.)**

- **DHHS should develop guidance on “any willing provider” provisions of the authorization legislation to clarify and help incentivize provider participation in networks**
  - **Guidance might include defining what and how out-of-network providers are paid and permitting PHPs to use refusal to contract after good-faith efforts as a valid reason to deny a provider access to a network**
  - **Other tools might include considering ease of administrative burden when possible such as frequency of recredentialing**
- **Providers and their representative groups should be able to offer feedback on network adequacy, and if networks are not meeting expectations**
- **Members should have access to specialists if needed; if network does not offer a particular specialist or there is unreasonable delay to access an in-network provider, the PHP should cover out-of-network services. This is particularly true for pediatric specialists, for which there are often only a few in the state. Receiving out-of-network care when a PHP network does not offer a particular service needs to be addressed as well.**

## **II. Network Adequacy Subcommittee Recommendations and Eastern Band of Cherokee Indians Standards (cont.)**

A public attendee who represented the EBCI asked that this presentation include a summary of some of the unique standards that apply to PHPs when they are covering services for American Indians/Alaskan Natives (AI/AN) and dealing with Indian Health Care Providers (IHCP).

Some of those standards include:

- **AI/AN members choosing to participate in Medicaid managed care are guaranteed the freedom to use IHCPs regardless of the network status of such providers, or the location of such providers.**
- **PHPs will be required to demonstrate that there is timely access to covered services for AI/AN enrollees eligible to receive services from IHCP**



## **II. Network Adequacy Subcommittee Recommendations and Eastern Band of Cherokee Indians Standards (cont.)**

- **Pay IHCPs at a rate negotiated between the PHP and the IHCP, consistent with any applicable agreements made by DHHS relating to payment rates to IHCPs**
- **Permit an IHCP, regardless of network status, to make a referral to an in-network provider for an AI/AN enrollee needing specialist care**
- **Permit any AI/AN member enrolled in the PHP to choose an IHCP as the member's primary care provider, if that provider has capacity to provide services**
- **Permit AI/AN enrollees to obtain covered services from out-of-network IHCPs and permit such providers to refer AI/AN enrollees to in-network providers**
- **PHPs should make a good faith effort to contract with IHCPs**

\* "Prepaid Health Plan Network Adequacy and Accessibility Standards" Policy Paper issued Feb. 15, 2018

### **III. Network Adequacy Policy Paper\* Public Comments (cont.)**

**DHHS received feedback from a variety of stakeholders via the public comment process relating to the PHP network adequacy policy paper**

- Comments were submitted by advocacy organizations, provider organizations, individual practitioners, hospitals and the hospital/health care association, LME/MCOs, health plans and the health plan association, and providers of interpretive services**
- Many comments on the policy paper mirrored those of the Subcommittee, but also contained other perspectives and suggestions**

**Themes from public comments (not already highlighted in recommendations from the Subcommittee feedback)**

- Member accessibility to, and managed care payments for, interpreters (high quality medical interpreters)**
- Establish clear standards around direct access and use of utilization management**

**\* “Prepaid Health Plan Network Adequacy and Accessibility Standards” policy paper issued Feb. 15, 2018**

# III. Network Adequacy Policy Paper Public Comments (cont.)

## Themes (cont.)

- EQRO should perform “secret shopper” checks on directories to prevent “phantom directories” and for confirming compliance with appointment wait time standards
- Make approved alternative arrangements relating to essential providers public
- Network adequacy exceptions process should be transparent and applied consistently and include requirement that PHP provide a plan for filling gap
- Encourage robust monitoring to assure standards are being met and maintained
- Telehealth/Telemedicine
  - Leverage telehealth/telemedicine services more broadly to improve patient access and quality of care
  - Encourage telehealth/telemedicine as a delivery system, especially when the member is unable to travel to a provider; but also allow for telehealth/telemedicine regardless of the driving distance for face-to-face care
  - Telehealth should be used to supplement, not supplant, the medical home

# III. Network Adequacy Policy Paper Public Comments (cont.)

## Themes (cont.)

- DHHS should consider the current telehealth/telemedicine policy that says Medicaid can only pay for telemedicine when used from one licensed site to another licensed site.
- Establish time/distance standards for mid-level providers such as PT, OT, ST
- Clearly define terminology related to standards, especially for behavioral health-related services
- Provider directories should:
  - Detail if provider is taking new patients and under what conditions (if applicable)
  - Make directories as accurate, complete and updated in real-time
  - Suggestions for update schedule
- Expand list of providers who PHPs must contract with; e.g., critical access hospitals and sole community hospitals
- Support payment ceiling for providers with whom PHPs are unable to establish a contract

## **IV. DHHS Consideration Process for Provider Credentialing Subcommittee Recommendations and Public Feedback**

**DHHS reviewed the Subcommittee's recommendations and public feedback on the policy paper**

- **DHHS analyzed the input, and compared it to the current program design, federal and state laws or regulations, and program goals and priorities**
- **DHHS leadership considered those that aligned and could be achieved on a timely basis for incorporation into program design or into the overall uniform credentialing policy**
- **Other recommendations and feedback, and future feedback, will continue to be reviewed and considered for incorporation into the policy or standards over time**

**DHHS expects to establish ad hoc small stakeholder groups around specific issues, such as provider to member ratios.**

## V. DHHS Response and Action Plan

Recommendations being considered based on Subcommittee feedback and public comments:

- Add Infectious Disease and Rheumatology to list of specialists
- Add standards for other providers (physical, occupational, respiratory and speech/language therapist) similar to those for specialists
- Add age-specific appointment wait times for primary care appointments (less than 6 months, 6 months–20 years, and 21 years and older)
- Add prenatal care-specific appointment wait times based on trimester and whether a pregnancy is high risk
- Include an updated glossary of terms used in the Network Adequacy Time/Distance and Appointment Wait Time standards and in list of specialists
- Change Hospital Time/Distance standard to require 1 or more hospitals to meet the standard
- Clarify that in requiring more than 1 provider in some time/distance standards, DHHS means more than 1 practice to ensure choice across practices

## **V. DHHS Response and Action Plan (cont.)**

- **Provider directories should include information on whether a provider is taking new patients, but also under what conditions**
  - **Context: Are there limitations on which Medicaid patients the provider will see?**
- **Will accept Letters of Intent or contracted providers equally from PHP RFP respondents regarding the evaluation of Network Adequacy demonstrations in the RFP technical responses**
- **Will establish a Network Adequacy Exception Request form/template for all PHPs to use when asking for exception and in providing supporting information for the request**
- **Include refusal of provider to contract after good-faith effort to be appropriate justification for an exception**
- **DHHS will produce a Network Adequacy Policy for PHPs that may address some of the specific feedback received, or could potentially include the feedback in future iterations as the policy evolves and develops**

# Contacts

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For documents and additional information, visit the Medicaid Transformation website at [ncdhhs.gov/medicaid-transformation](https://ncdhhs.gov/medicaid-transformation)



# **Appendix A. PHP Network Adequacy and Accessibility Standards Policy Paper Summary**

## **State Standards for Access**

- **Network Adequacy Standards**
  - **Time/Distance Standards**
  - **Appointment Wait Time Standards**
- **Availability of Services**
- **Assurances of Adequate Capacity and Services**
- **Standards for American Indian/Alaska Native Populations and Providers**

## **PHP Access Plan**

- **Describes a PHP's policies and procedures for maintaining and ensuring that its network is sufficient and consistent with DHHS and federal requirements**

## Appendix B. Network Adequacy Subcommittee

SLOT REPRESENTED	PROPOSED INDIVIDUAL	COMPANY
MCAC	Ted W. Goins	Lutheran Services Carolina
MCAC	David Tayloe	Coastal Children's Clinic
MCAC	Jenny Hobbs	Family member of individual with CAPC
Beneficiary/Family Member	Carol Ornitz	Family member of individual with TBI
Consumer/Advocate	Gladys Lundy-Lamm	Retired, Dir Veterans Affairs, Justus Warren TF
Consumer/Advocate	Jolean Hilliard	Family Member with Autism
Provider Associations Pharmacy	Andy Ellen	NC Retail Merchants Assoc
Provider Associations - Pediatric	Elizabeth Hudgins	NC Pediatric Society
Provider Associations - Psychiatric	Robin Huffman	NC Psychiatric Association
Provider Association - Hospitals	Ronnie Cook	NC Healthcare Association
Individual Practice/Gp -	Robert L. (Chuck) Rich, Jr	Bladen Medical Associates
Individual Practice/Gp - FQHC	Kim Wagenaar	Cabarrus Rowan Community Health
Other – Health Plan Association	Lu-Ann Perryman	America's Health Insurance Plans (local)
Other – Health Plan Association	Kenneth Lewis	NCAHP

## Appendix B. Network Adequacy Subcommittee (cont.)

SLOT REPRESENTED	PROPOSED INDIVIDUAL	COMPANY
Hospital	Lydia Newman	New Hanover Regional
Hospital	Derek A. Goldin	Novant
Academic/University/Public Health	Mark Hall	Wake Forest University
Academic/University	Pam Silberman	UNC School of Public Health
Health Policy	Thomas Ricketts	UNC Sheps Center
Health Policy/Advocacy	Elizabeth Edwards	National Health Law Program
LME-MCO	Ken Marsh	Alliance Behavioral Health
Provider - Behavioral Health	Peggy Terhune	Monarch
Provider Association - Hospitals	Stephanie McGarrah	NC Healthcare Association (Alternate)
Other – Health Plan Association	Taylor Griffin	NCAHP (Alternate)