MCAC Managed Care Subcommittee
Network Adequacy
Meeting #2

April 13, 2018

Welcome

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David Tayloe, MCAC Representative

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Jean Holliday, NCDHHS Subject Lead

Agenda

Welcome & Introductions	12:00 pm – 12:05 pm
Accessibility Standards and Measures Discussion and Q&A	12:05 pm – 12:25 pm
Oversight and Monitoring Discussion and Q&A	12:25 pm – 12:45 pm
Provider Directories Discussion and Q&A	12:45 pm – 1:15 pm
Follow-up on Select Topics from 3/29 Meeting • Out of Network Providers • Provider Payments • Psychiatrist/Psychologist as PCPs, Specialists • Auto-assignment Algorithm	1:15 pm – 1:45 pm
Public Comment	1:45 pm – 1:55 pm
Next Steps	1:55 pm – 2:00 pm

Charter

- Review and provide feedback on network adequacy and accessibility standards for Standard Plans

- Review and provide feedback on provider directory requirements

- Review and provide feedback on plan for PHP compliance and oversight

Logistics and Member Participation

- Meetings will be available in-person and by webcast/teleconference

- Meetings are open to the public

- Public will have time at end of each meeting to comment

- Direct written comments to Medicaid.Transformation@dhhs.nc.gov

MEMBERS:

Active participation during meetings will be key to informed input

Offer suggestions, information and perspective

Engage with other members

Ask questions

Accessibility Standards and Measures

Accessibility Standards and Measures

Per 42 CFR 438.206, PHPs must contract with enough providers to ensure that all services covered under the contract are available and accessible to beneficiaries in a timely manner

PHPs must:

- Contract with all "essential providers" in their area unless NCDHHS approves another arrangement

- Provide direct access to women's health specialist for women's routine and preventive health services

- Provide direct access to emergency services, children's screening services and local health department services

- Provide direct access to behavioral health services with no referral or prior authorizations required for least one mental health assessment and at least one substance dependence assessment from an in-network provider in any calendar year

- Provide direct access to covered services offered by family planning providers and/or family planning services

- Provide direct access to specialist for beneficiaries with special health needs in a manner that is appropriate for beneficiaries' health condition and age

Accessibility Standards and Measures

PHPs must:

- Provide access to a second opinion from either a network provider or an out-of-network provider (to be arranged by PHP), at no cost to beneficiaries

- Provide access to necessary covered services from an out-of-network provider for as long as PHP's network is unable to provide such services

- Provide access to covered services 24 hours a day, 7 days a week, when medically necessary

- Provide access to network providers during hours of operation that are no less than hours of operation offered to commercial enrollees or, if provider serves only Medicaid beneficiaries, comparable to Medicaid fee-for-service

PHPs must also ensure availability and delivery of services in a culturally and linguistically competent manner to all beneficiaries, including those with limited English proficiency and literacy, diverse cultural and ethnic backgrounds, and disabilities; and regardless of gender, sexual orientation or gender identity

Accessibility Standards and Measures

Access to Care During Transitions of Coverage

- Instances where a beneficiary transitions into a PHP (either from FFS or another PHP or coverage type):

  - When beneficiaries are in an ongoing course of treatment or have an ongoing special condition where switching providers may disrupt the enrollee's care, beneficiaries may continue seeing their provider (even if provider is out-of-network) for up to 90 days

  - New enrollees who are pregnant and in their 2nd or 3rd trimester may continue seeing their providers through their pregnancy and up to 60 days after delivery

- When a provider in good standing leaves a PHP network:

  - Beneficiaries may continue seeing that provider for up to 90 days

  - Beneficiaries who are pregnant and in their 2nd and 3rd trimester may continue seeing their provider through pregnancy and up to 60 days after delivery

Discussion and Q&A

Oversight and Monitoring

Oversight and Monitoring

Assurances of Adequacy Capacity and Services

- NCDHHS monitoring and oversight activities include:

  - Requiring submission of an access plan and regular documentation to demonstrate network adequacy

  - Requiring submission of updated machine-readable provider directories in a standardized format

  - Contracting with an External Quality Review Organization to review and validate PHP data and findings

  - Requiring that PHPs be accredited (by year 3)

  - Monitoring beneficiary complaints related to access to care and provider networks

Oversight and Monitoring

Assurances of Adequacy Capacity and Services

- NCDHHS monitoring and oversight activities include:

  - Reviewing quality measurement data to show realized access

  - Reviewing Consumer Assessment of Healthcare Provider and Systems (CAHPS) survey findings related to beneficiary experience of availability and access to services

  - When necessary, issuing corrective action plans when PHPs are identified as noncompliant

Oversight and Monitoring

Access Plan requirements include:

- Describe PHP's policies and procedures for maintaining and ensuring that its network is sufficient and consistent with state and federal requirements

- Establish that PHP's network has an adequate number of providers and facilities within a reasonable distance, using geo access mapping for example

- Document PHP's quantifiable and measurable process for monitoring and ensuring the sufficiency of the network to meet health care needs of Medicaid population enrolled on an ongoing basis

- Include factors used to build a provider network, including a description of network and criteria used to select providers (the "objective quality" standards permitted in authorizing legislation for example)

- Demonstrate PHP's quality assurance standards, consistent with NCDHHS quality strategy and requirements, which must be adequate to identify, evaluate and remedy problems relating to access, continuing and quality of care

Discussion and Q&A

Provider Directories

Provider Directory Standards

42 CFR

438.10(h)(1)

provides that PHPs

must make

available in a paper

form upon request

and electronic

form, information

about network

providers.

- PHPs will develop and submit consumer-facing provider directories to DHHS that include all network providers

- PHPs will submit provider directory information to each beneficiary as described in federal regulation

- NCDHHS will develop a model provider directory to ensure consistency for beneficiary ease of use and understanding

- Directory must be:
  - Available on paper (on request; sent in 5 business days) and electronically
  - For paper copy, updated at least monthly
  - For electronic copy, updated no later than 30 calendar days after PHP receives updated provider information
  - Prominently displayed on PHP's website, and be able to be maintained electronically and printed
  - Meet the language and format requirements specified by NCDHHS and according to 42 CFR 438.10

Provider Directory Standards

Enrollment Broker must develop and maintain a consolidated provider directory that is an easily searchable repository of provider-to-PHP relationships to provide up-to-date information to support PHP and Advanced Medical Home/PCP selection during eligibility application process

Directory must include:

- Provider name (first, middle, last)

- Provider specialty

- Whether provider is accepting new patients

- Group affiliations

- Street addresses, counties and telephone numbers of each service location

- Website URLs

- Provider's linguistic capabilities; i.e., languages (including American Sign Language) offered by the provider or a skilled medical interpreter at provider's office

- Whether provider has completed cultural competency training

- Office accessibility; i.e., whether location has accommodations for people with physical disabilities, including offices, exam rooms and equipment

- A telephone number an enrollee can call to confirm directory information

Discussion and Q&A

Follow-up on Select Topics

- Out-of-network Providers

- Provider Payments

- Psychiatrist/Psychologist as PCPs, Specialists

- Auto-assignment Algorithm

Out-of-network Providers

- PHP will adequately and timely cover services from out-of-network providers if PHP's provider network is unable to provide services in a timely manner

- Cost to beneficiaries cannot be greater than if services were furnished by in-network providers

- NCDHHS will establish standards that PHPs must follow to access out-of-network services, including:
    - When prior approval is required
    - How to request prior approval
    - What PHPs must take into account when reviewing prior approval requests
    - How to communicate decision to beneficiary/provider
    - Appeal rights for beneficiaries

Out-of-network Providers

- Except for out-of-network emergency and post-stabilization services, PHPs will be prohibited from reimbursing an out-of-network provider more than 90% of Medicaid FFS rate if:

  – PHP has made good faith effort to contract with a provider, but provider has refused that contract, or

  – Provider was excluded from PHP network for failure to meet "objective quality" standards for network participation

Physician Payments

- S.L. 2015-245 requires NCDHHS to establish rate floors for in-network primary and specialty care physicians (and physician extenders) at 100% of Medicaid FFS rate

- PHPs and providers may mutually agree through the provider contract to a rate different than rate floor

- NCDHHS will not establish rate ceilings for contracted providers at launch, but will monitor contracts as part of compliance review and auditing process to identify excessive rates

Psychiatrist as PCP; Specialists

- NCDHHS policy will be that PHPs must qualify a psychiatrist as a PCP and allow beneficiaries to choose a specialist as a PCP, provided that provider agrees to perform PCP functions for enrollee

- NCDHHS' list of specialists to which Specialist network adequacy standards apply does not include psychiatrists because those time/distance standards and appointment wait times are less stringent than behavioral health standards

- Therefore, psychiatrists are subject to behavioral health network adequacy standards rather than specialty care standards

Auto-assignment Algorithm

- Process where NCDHHS enrolls a beneficiary into a PHP if beneficiary has not selected a PHP during choice period or Medicaid application process

- Algorithm will consider various factors about a beneficiary, such as if beneficiary is a member of a special population; beneficiary's geographic location; plan assignments of other family members; and equitable plan distribution with enrollment subject to PHP enrollment ceilings and floors

- More about auto-assignment may be found in "Beneficiaries in Medicaid Managed Care" concept paper on the Medicaid Managed Care website at https://www.ncdhhs.gov/medicaid-transformation

Public Comment

Next Steps

Schedule a conference call in next few weeks to:

- Provide group with a recap of meetings, key takeaways for NCDHHS, and update on how NCDHHS is incorporating feedback into program design and other work

- Discuss draft of subcommittee's report to be given to MCAC

Contacts

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Transformation documents are available on the Medicaid Managed Care website at www.ncdhhs.gov/medicaid-transformation