

ATTACHMENT 20

NETWORK ADEQUACY REQUIREMENTS

ATTACHMENT 20 – NETWORK ADEQUACY REQUIREMENTS

The following Network Adequacy requirements reflect Article 9 of the GHP MCO Contract. ASES developed and revised previous network access and availability standards using a data driven approach, informed by the requirements of the managed care rule and focused on meeting the unique needs of the GHP population in Puerto Rico.

ASES updated the Network Adequacy standards from data elements and supporting information noted below were used to inform the development of the standards.

- Current and projected Medicaid enrollment, including aggregate demographic information pertaining to race/ethnicity and language.
- A gap analysis was performed that outlined the current standards against the MMC rules. Information was reviewed and prioritized and a framework for the various provider types and standards was created.
- Utilization data was analyzed to identify referral patterns for Specialty Care Providers (SCP) service volume allowing identification of Puerto Rico's high volume SCPs; only high volume SCPs were included into the network standard framework.

Through an iterative process and intense review of key data element and supporting information, ASES developed the following Network Adequacy standards:

Puerto Rico Network Standards

1. Definitions:

Adult: An individual age twenty-one (21) or older unless otherwise specified.

Enrollee: A person who is currently enrolled in the Contractor's GHP Plan, as provided in this Contract, and who, by virtue of relevant Federal and Puerto Rico laws and regulations, is an Eligible Person listed in Section 1.3.1 of this Contract.

General Network: The entire group of Providers with Provider Contracts with the Contractor, including those that are and those that are not members of the Contractor's Preferred Provider Network.

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Network Adequacy Standards: The Provider-to-Enrollee Ratios; Provider Per Municipality requirements; Required Network Provider requirements, and Time and Distance requirements developed in accordance with 42 CFR 438.68, as defined by ASES in Section 9.4 to measure the adequacy and appropriateness of the Contractor's provider network to meet the needs of the enrolled population.

Network Provider: A Medicaid-enrolled Provider that has a Provider Contract with a Contractor under the GHP Program. This term includes Providers in the General Network and Providers in the PPN.

Non-Urban Area: For purposes of measuring network adequacy, defined by ASES as municipalities with populations below 49,999 people.

Pediatric Enrollee: An Enrollee aged zero (0) through twenty (20) (inclusive) unless otherwise specified.

Preferred Provider Network ("PPN"): A group of Network Providers that (i) GHP Enrollees may access without any requirement of a Referral or Prior Authorization; (ii) provides services to GHP Enrollees without imposing any Co-Payments on Medicaid or CHIP-Eligible populations; and (iii) meets the Network requirements described in Article 9 of this Contract.

Provider Per Municipality Requirements: Required number of specified Providers per municipality that must be included in the Contractor's provider network per Section 9.4.3.3.

Primary Care Physician: A licensed medical doctor (MD) who is a Provider and who, within the scope of practice and in accordance with Puerto Rico certification and licensure requirements, is responsible for providing all required Primary Care to Enrollees. The PCP is responsible for determining services required by Enrollees, provides continuity of care, and provides Referrals for Enrollees when Medically Necessary.

Primary Medical Group ("PMG"): A grouping of associated Primary Care Physicians and other Providers for the delivery of services to GHP Enrollees using a coordinated care model. PMGs may be organized as Provider care organizations, or as another group of Providers who have contractually agreed to offer a coordinated care model to GHP Enrollees under the terms of this Contract.

Provider-to-Enrollee Ratio: Ratios established in Section 9.4 as part of the Network Adequacy Standards that are applicable to the Contractor's General Network and PPN.

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Urban Area: For purposes of measuring network adequacy, defined by ASES as municipalities with populations of at least 50,000 people. (San Juan, Carolina, Trujillo Alto, Caguas, Guaynabo, Bayamón, Toa Alta, Toa Baja, Vega Baja, Rio Grande, Humacao, Arecibo, Ponce, Aguadilla, Mayaguez). ASES will notify Contractors if this list of Urban Area changes.

2. General Requirements

The Contractor must maintain an Island-wide provider network that complies with the Network Adequacy Standards specified in Section 9.4. The Contractor must use Geographical-access and thermomapping to demonstrate that the contracted network is distributed across Puerto Rico such that it meets the needs of Enrollees. The Contractor shall provide adequate Access to Enrollees at all times.

3. Required Provider Ratios:

The Contractor shall comply with the following Provider-to-Enrollee Ratios, Provider Per Municipality requirements, and Required Network Providers standards for the General Network.

The following specialties are considered PCPs:

- Family Practice
- Internal Medicine (Adults only)
- General Medicine
- Gynecologist (selected as the Enrollee's PCP, if the Enrollee is female and twelve (12) years of age or older)
- Pediatrics

Table 1: PCP Provider-to-Enrollee Ratio Requirements

Provider Type	Provider-to-Enrollee Ratio Requirement
Primary Care Provider (Adult and Pediatric)	One (1) PCP per one thousand seven hundred (1,700) Enrollees (excluding Gynecologists)
Gynecologist	One (1) Gynecologist (selected as the Enrollee's PCP if Enrollee is 12 or older) per two thousand eight hundred (2,800) Enrollees (1:2,800)

In the event the Contractor assigns Enrollees to a PCP that exceeds the stated Provider-to-Enrollee Ratio requirement, the Contractor must **obtain prior written approval** for an exception from ASES to continue to assign Enrollees to the PCP. All approved exceptions

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must be reported in the annual Provider Network and Evaluation plan described in Section 18.3.

Table 2: Hospital Provider-to-Enrollee Ratio Requirements

Provider Type	Provider-to-Enrollee Ratio Requirement
Hospital	One (1) Hospital per fifty thousand (50,000) Enrollees (1:50,000).

4. Provider Access Requirements per Municipality

The Contractor must maintain the following access requirements per each Municipality.

Table 3: Provider Per Municipality Requirements

Provider Type	Provider Access Requirement per Municipality
Adult and Pediatric PCPs	Provider network must have two (2) Adult and one (1) Pediatric PCP(s), in each municipality.
Psychologist, Psychiatrist, Licensed Clinical Social Worker or other Behavioral Health Provider	Provider network must have at least (1) in each municipality.

5. Required Network Providers

The Contractor must maintain the following access requirements in the Contractor's General Network.

Table 4: Required Network Providers

Provider Type	Provider Network Requirement
Certified Buprenorphine Providers	All available providers.
Emergency stabilization Units	All available providers.
FQHC	The Contractor's provider network must have one (1) FQHC.
Government Health Care Facilities	Provider network must include all Government Health Care Facilities identified in Section 9.6.

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Table 4: Required Network Providers

Provider Type	Provider Network Requirement
Psychiatric Hospitals	Provider Network must include all Psychiatric Hospitals identified in section 9.7
Psychiatric Partial Hospitals	All available providers.

6. Time and Distance and Appointment Availability Standards:

The Contractor shall comply with the minimum Time and Distance Standards for the General Network specified in Section 9.4.4. Time and Distance Standards are developed for Urban and Non-Urban Areas as defined in Article 2 of this Contract.

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Table 5: Puerto Rico Time and Distance and Appointment Availability Standards

Provider Type	Time and Distance	Appointment Availability
Primary Care Provider (Adult and Pediatric)	Urban and Non-Urban: Choice of two (2) providers within 15 miles/30 minutes.	Routine: within thirty (30) Calendar Days of request Urgent: urgent conditions shall be available within twenty-four (24) hours
Obstetrics and Gynecology (Adult and Pediatric) <i>For female Enrollees age twelve (12) and older.</i>	Urban and Non-Urban: choice of two (2) providers within 15 miles/30 minutes.	Routine: within thirty (30) Calendar Days of request Urgent: urgent conditions shall be available within twenty-four (24) hours
High Volume Specialty Care Providers (Adult and Pediatric) <i>See Table 6 below and Contract section 9.4.4.4.1.1.1 (Adults) and 9.4.4.4.1.2.1 (Pediatric) for list of High Volume Providers.</i>	Urban: (1) of each type of High Volume Specialty Care Provider within 30 miles/60 minutes Non-Urban: (1) of each type High Volume Specialist within 45 miles/90 minutes	Routine: within thirty (30) Calendar Days of request Urgent: urgent conditions shall be available within twenty-four (24) hours
Dental Providers (Adult and Pediatric)	Urban: (1) Dental Provider within 30 miles/60 minutes Non-urban: (1) Dental Provider within 45 miles/90 minutes	Routine: Within sixty (60) Calendar Days following the request Urgent: urgent conditions shall be available within twenty-four (24) hours

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Mental Health Providers (Adult and Pediatric)	Urban: (1) Mental Health Provider within 15 miles/30 minutes	Routine: within fourteen (14) Calendar Days following the request
<i>See Table 6 below and 9.4.4.6 of Contract for list of Mental Health Providers.</i>	Non-urban: (1) Mental Health Provider within 15 miles/30 minutes	Urgent: urgent conditions shall be available within twenty-four (24) hours
		Crisis services, face-to-face appointments shall be available within two (2) hours
Substance Use Disorder (SUD) (Adult and Pediatric)	Urban: (1) SUD Provider within 30 miles/60 minutes	Routine: within fourteen (14) Calendar Days following the request
<i>See Table 6 below and 9.4.4.7 of Contract for list of SUD Providers.</i>	Non-urban: (1) SUD Provider within 45 miles/90 minutes	Urgent: urgent conditions shall be available within twenty-four (24) hours
		Detoxification services shall be provided immediately according to clinical necessity
Hospitals	Urban: (1) Hospital within 30 miles/60 minutes	NA
	Non-urban: (1) Hospital within 45 miles/90 minutes	
Emergency Room (Hospital or freestanding)	For all areas Emergency Room within 20 miles/30 minutes	NA

7. Provider Types

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Table 6: Provider Types

Provider Type	Adult (ages 19 and over) providers	Pediatric (ages 0-18) providers
Primary Care Provider	Internists, Family General Practice	Family Practice, General Pediatrics
High Volume Specialty Care (Adult and Pediatric)	Cardiology Endocrinology Oncology Nephrology Pulmonology	Cardiology, Endocrinology Oncology Pulmonology Speech, Language and Hearing
Mental Health (Adult and Pediatric)	Psychiatrists, Psychologists Licensed Clinical Social Worker, Licensed Professional Counselor	Psychiatrists, Psychologists Licensed Clinical Social Worker, Licensed Professional Counselor
SUD (Adult and Pediatric)	Detoxification and rehabilitation provider Intensive Outpatient or Partial Hospitalization Addiction Medicine /withdrawal management	Detoxification and rehabilitation provider Intensive Outpatient or Partial Hospitalization Addiction Medicine /withdrawal management

7. Stakeholder Engagement

In compliance with the CMS federal regulation, ASES will be soliciting public and provider feedback on the Network adequacy standards.

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