MCAC Access Subcommittee Meeting
Wednesday, January 13, 2021
9:30 a.m. – 11:30 a.m.
Agenda

I. What is the 21st Century Cures Act?

II. What is Network Adequacy

III. Provider Network

IV. Network Adequacy Requirements

V. MCO Contacts

VI. References
What is the 21st Century Cures Act?
States must and enroll and (revalidate) all network providers of managed care plans in accordance with Medicaid FFS screening and enrollment requirements.

- This does not obligate network providers to render services to Medicaid FFS Enrollees.

Section 5005(b)(2) of the 21st Century Cures Act extends the Medicaid FFS screening and enrollment requirements from section 1902(kk) of the Act of Medicaid Managed Care under Section 1932(d) of the Act effective January 1, 2018.
What is Network Adequacy?
Network Adequacy

Network adequacy refers to a health plan's ability to deliver the services promised by providing access to in-network primary care and specialty physicians, and all health care services included under the terms of the MCO contract.

In order to strengthen access to services in a Managed Care network, CMS has required all states to establish network adequacy standards in Medicaid Managed Care for key types of providers, while leaving states the flexibility to set the actual standards.
DHCF Division of Managed Care has developed the Network Adequacy Standard for the Managed Care Organizations and is waiting for final approval. Upon approval, the Standards will be posted to the DHCF website.

The Managed Care Contract will also be available on the DHCF website.
8 Required Provider Types

- Primary Care
- Specialty
- Behavioral Health
- OB/GYN
- Hospital
- Pharmacy
- Pediatric Dental
- Long-Term Services & Support
Provider Network
Providers Must:

- Have a Medicaid ID & NPI Number
- Have up to date licenses and Board Certification
- Must not be excluded, suspended or debarred
- Disclosure of Ownership
- Obtain a Provider Agreement
- Appropriate Education & Experience and Skills
MCO Responsibilities

The MCO must have written guidelines and procedures to ensure Enrollees are provided Covered Services without regard to race, color, gender, creed, or religion.

The MCO network of providers must have a sufficient number and variety of provider types to provide covered services to meet the needs of the enrollees.

On a quarterly basis, the MCO will analyze the composition of its network and, based upon the health status and needs of its Enrollees, identify any gaps or areas requiring improvement.
MCO Responsibilities

The MCO considered the cultural practices and beliefs related to the health care of the persons they serve, and whether they effectively serve Enrollees from various cultures.

The ability of Network Providers to communicate with Enrollees who have limited English proficiency in their preferred language.

The MCO submit on quarterly basis the GeoAccess reports which will address each provider type included in (Mileage and Time Standards).
Credentialing Process

Be
Provider must **be** enrolled with the District.

Have
Provider must **have** an NPI#, Medicaid ID#, Tax ID# and SS#.

Contact
Provider will **contact** the Director of Provider Relations for each health plan and express interest in joining their network.

Submit
All Providers must **submit** a signed/dated application and an attestation/release form.

Be
Applications must **be** filled out correctly, completely and must be legible.
The MCO will ensure that the Provider credentialing process is completed within one hundred twenty (120) days upon receipt of all required documents.

The MCO must give a status update notifying the Provider where they are in the credentialing process.

The Provider must submit an updated Disclosure of Ownership as referenced in 42 C.F.R. § 455.104.

A Provider must not be excluded, suspended or debarred from participating in any District, State, or Federal health care benefit program.
Network Adequacy Requirements
4 Access Standards Requirements

- Time & Distance Standards
- Timely Access Standards (i.e. Appointment Wait Times)
- Provider to Enrollee Ratio
- Language and Cultural Competency Accessibility
## Appointment Wait Time Standards

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Appointment Type</th>
<th>Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care</strong></td>
<td>New Enrollee Appointment</td>
<td>45 days of enrollment</td>
</tr>
<tr>
<td></td>
<td>Routine Appointment</td>
<td>30 days of Enrollee Request</td>
</tr>
<tr>
<td></td>
<td>Well – Health for Adults 21+</td>
<td>30 days</td>
</tr>
<tr>
<td></td>
<td>Non-Urgent Referrals</td>
<td>30 days</td>
</tr>
<tr>
<td></td>
<td>Diagnosis and Treatment of Health Condition (<em>not urgent</em>)</td>
<td>30 days</td>
</tr>
<tr>
<td><strong>Specialists</strong></td>
<td>Non-Urgent Referral</td>
<td>30 days</td>
</tr>
<tr>
<td><strong>Pediatrics (EPSDT)</strong></td>
<td>New Enrollee Appointment</td>
<td>60 days</td>
</tr>
<tr>
<td></td>
<td>EPSDT Examination</td>
<td>30 days</td>
</tr>
<tr>
<td></td>
<td>IDEA</td>
<td>30 days</td>
</tr>
<tr>
<td></td>
<td>IDEA Treatment</td>
<td>25 days with IFSP</td>
</tr>
</tbody>
</table>
The MCO will conduct Secret Shopper activities, including test-calls and site-visits, to assess the following:

- The MCOs has sufficient PCPs, Specialty Care, hospitals, mental health and dental providers in their network in order to adequately serve its Medicaid and Alliance Enrollees.
- The MCOs has a sufficient provider network to offer Enrollees choice among providers.
- The Enrollees are able to obtain referrals to specialists.
Provider to Enrollee Ratio

1 PCP for every 500 Enrollees (Adults)

1 PCP for every 500 Enrollees (Children and Adolescent) thru age 20

1 Dentist for every 750 (Children and Adolescent)
MCO Contact
- **AmeriHealth Caritas DC**
  Carl Chapman
  Director, Provider Network Management
  1250 Maryland Avenue, S.W.
  Washington, D.C. 20024
  (215) 840-2943 (cell)
  cchapman@amerihealthcaritasdc.com

- **Health Services for Children with Special Needs (HSCSN)**
  Awa Sall
  Associate Director of Contracting Provider Operations
  1101 Vermont Avenue NW, Suite 1200
  Washington, DC 20005
  O: (202) 495-7570 | C: (202) 603-3752
  ASall@Hschealth.org

- **CareFirst Community Health Plan of DC**
  Kenny Greene
  Vice President External Operations
  1100 New Jersey Ave, Suite 840, SE
  Washington DC, 20003
  (202) 441-5223
  kenny.greene@carefirstchpdc.com

- **MedStar Family Choice**
  Jeanclaud Kilo
  Director, Provider Networks
  3007 Tilden Street, NW - POD 3N
  Washington, DC 20008
  (202) 469-4483 (Office)
  1 (800) 905-1722
  Select Option 5; Press 5 for PR Representative
  Jeanclaud.J.Kilo@MedStar.net
DHCF Contact Information
Contact Information

Felecia Vida Stovall
Project Manager (Provider Relations)
Department of Health Care Finance
441 – 4th Street, N.W.,
Suite 900 South
Washington, D.C. 20001
(202) 724-2315 (office); (202) 369-1035 (cell)
Felecia.Stovall@dc.gov
References
References:
Code of Federal Regulations

- 42 CFR § 438.6 - Special Contract Provisions Related to Payment
- 42 CFR § 438.10 - General Information Requirements
- 42 CFR § 438.12 - Provider discrimination prohibited
- 42 CFR § 438.66 - State Monitoring Requirements
- 42 CFR § 438.68 - Network Adequacy Standards
- 42 CFR § 438.102 - Provider-Enrollee Communications
- 42 CFR § 438.206 - Availability of Services
- 42 CFR § 438.207 - Assurances of Adequate Capacity and Services
- 42 CFR § 438.214 - Provider Selection
- 42 CFR § 438.700 - Basis for Imposition of Sanctions
- 42 CFR § 438.702 - Types of Intermediate Sanctions
- 45 CFR § 156.230 - Network Adequacy Standards
References: MCO Contract Language

- C.5.29.2 Network Composition
- C.5.29.15 Capacity to Serve Enrollees with Diverse Cultures and Languages
- C.5.29.16 Provider Directory
- C.5.29.17 Access to Covered Services
- C.5.29.18 Appointment Time Standards for Services
- C.5.29.21 Network Management
- C.5.29.22 Written Standards for Accessibility of Care
- C.5.29.24 Credentialing
- C.5.29.26 Provider Agreements
- C.5.29.29 Provider Training
- C.5.29.30 Provider Manual
- C.5.29.32 Provider Relations Department