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Health and Human
Services Commission

Improving Access to Medicaid Managed Care Services

Senate Bill 760 Stakeholder Forum

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Overview

- Purpose of Stakeholder Forum
- Definition and Goals
- Existing Provider Network and Member Satisfaction
- Overview of S.B. 760
- Relevant Centers for Medicare and Medicaid Services Rule Changes
- Provider Access Standards and Compliance Monitoring
  - Travel Distance Standards and Other States Comparison
  - Appointment Availability Standards and Other States Comparison
  - Geo-Mapping
- Provider Directories
- Expedited Credentialing
  - Provider Types Eligible for Expedited Credentialing
- Stakeholder Comments Received
- Work Completed & Next Steps

Purpose of Stakeholder Forum

- Discuss and recommend ways to strengthen Medicaid managed care organization (MCO) provider networks, including:
  - Provider access standards
  - Provider directories
  - Expedited credentialing

Unless otherwise noted, references to managed care organizations (MCOs) is inclusive of dental maintenance organizations (DMOs)

Definition and Goals

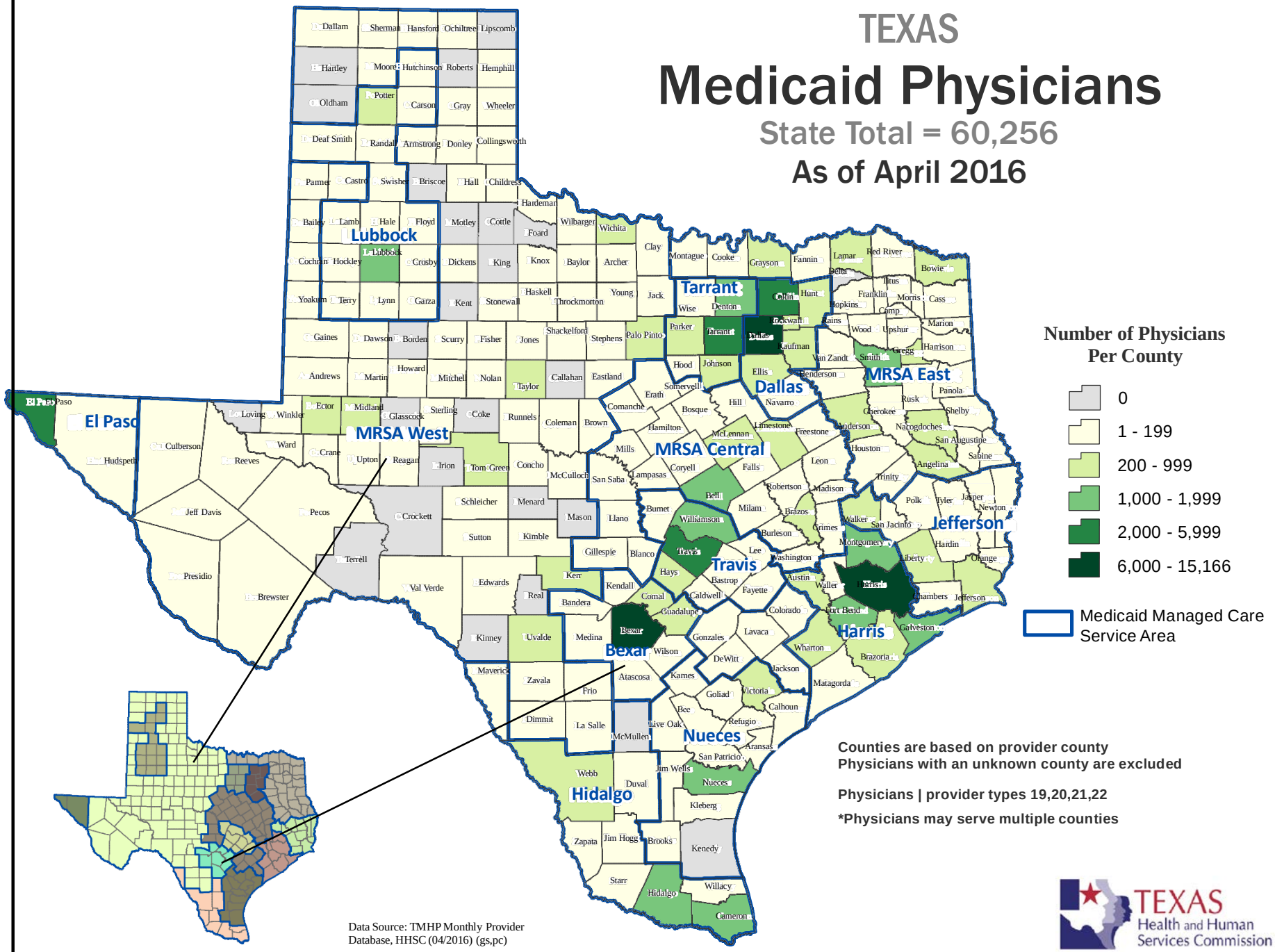
- Network Adequacy: The ability of an MCO to provide its members with timely access to a sufficient number of providers

- Goals:
  - Ensure members have timely access to healthcare services
  - Ensure provider networks offer sufficient choices for members
  - Hold MCOs accountable to reasonable provider access standards

Texas Physicians Enrolled in Medicaid

	Total Physicians
Licensed Texas Physicians	58,634
Enrolled in Medicaid	47,396
Enrolled in Medicaid Managed Care	47,322

Data Source: Texas Medical Board Physician Database; TMHP Monthly Provider File, October 2015; Managed Care Provider P84 PCP Reconciliation File and P88 Specialist Reconciliation File; and MAXIMUS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Medicaid Physicians
State Total = 60,256
As of April 2016
Number of Physicians Per County
0
1 - 199
200 - 999
1,000 - 1,999
2,000 - 5,999
6,000 - 15,166
Medicaid Managed Care Service Area
Lubbock
El Paso
MRSA West
MRSA Central
Tarrant
Dallas
MRSA East
Travis
Jefferson
Harris
Bexar
Nueces
Hidalgo
Counties are based on provider county
Physicians with an unknown county are excluded
Physicians | provider types 19,20,21,22
*Physicians may serve multiple counties
Data Source: TMHP Monthly Provider Database, HHSC (04/2016) (gs,pc)
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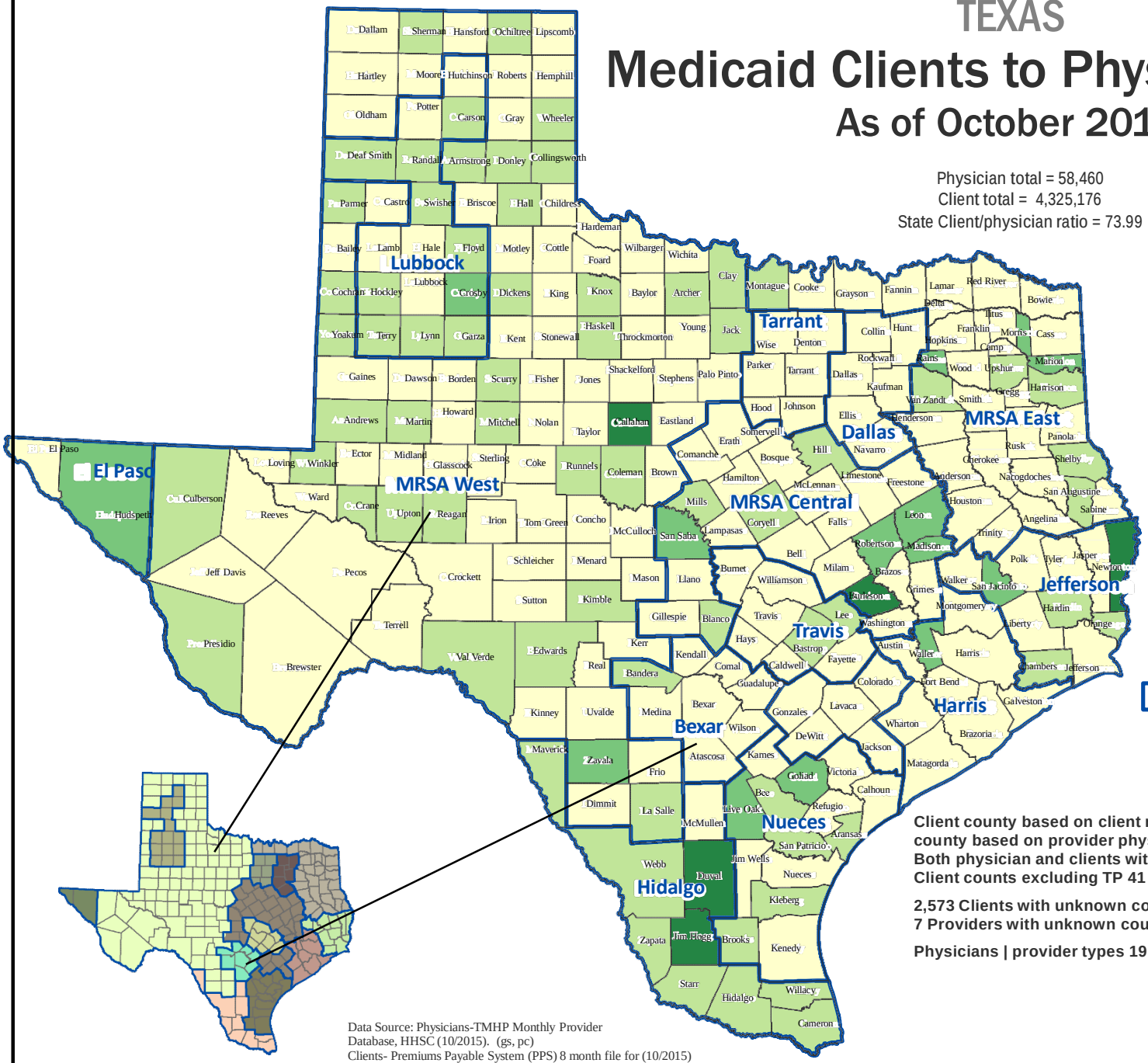
Medicaid Clients to Physician Ratio

As of October 2015

Physician total = 58,460
Client total = 4,325,176
State Client/physician ratio = 73.99



Client to Physician Ratio Per County

- <=100
- 101 - 500
- 501 - 1000
- 1001 - 2990

Medicaid Managed Care Service Area

Client county based on client residence and provider county based on provider physical location
Both physician and clients with an unknown county are excluded
Client counts excluding TP 41 - Women's Health Program

2,573 Clients with unknown county (0.05%)
7 Providers with unknown county (0.01%)

Physicians | provider types 19,20,21,22

Data Source: Physicians-TMHP Monthly Provider Database, HHSC (10/2015). (gs, pc)
Clients- Premiums Payable System (PPS) 8 month file for (10/2015)

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Adult Member Satisfaction with Healthcare for STAR

CAHPS® Measure	Texas' 2014 Rate	CAHPS® Adult Medicaid National Rate
Getting Needed Care	71.4%	81%
Getting Care Quickly	76.3%	82%
How Well Doctors Communicate	88.1%	90%
Health Plan Information and Customer Service	87.4%	86%
Personal Doctor Rating	66.2%	64%
Specialist Rating	65.4%	64%
Health Plan Rating	61.3%	57%
Health Care Rating	53.5%	51%

CAHPS Health Plan Survey Database. Agency for Healthcare Research and Quality, 2014b. Available at: https://www.cahpsdatabase.ahrg.gov/CAHPSIDB/Public/about.aspx

Caregiver Satisfaction with Child Healthcare for STAR

CAHPS® Measure	Texas' 2015 Rate	CAHPS® Child Medicaid National Rate
Getting Needed Care	61.7%	60%
Getting Care Quickly	76.5%	72%
How Well Doctors Communicate	79.2%	77%
Health Plan Information and Customer Service	78.3%	66%
Personal Doctor Rating	76.1%	73%
Specialist Rating	77.9%	70%
Health Plan Rating	81.3%	67%
Health Care Rating	72.7%	65%

CAHPS Health Plan Survey Database. Agency for Healthcare Research and Quality, 2015b. Available at: https://www.cahpsdatabase.ahrg.gov/CAHPSIDB/Public/about.aspx

Satisfaction with Healthcare in STAR+PLUS

CAHPS® Measure	Texas' 2014 Rate	CAHPS® Medicaid National Rate
Getting Needed Care	65.7%	81%
Getting Care Quickly	78.7%	82%
How Well Doctors Communicate	86.2%	90%
Health Plan Information and Customer Service	82.3%	86%
Personal Doctor Rating	66.7%	64%
Specialist Rating	70.2%	64%
Health Plan Rating	56.5%	57%
Health Care Rating	52.4%	51%

CAHPS Health Plan Survey Database. Agency for Healthcare Research and Quality, 2014b. Available at: https://www.cahpsdatabase.ahrg.gov/CAHPSIDB/Public/about.aspx

Overview of S.B. 760

- Requires HHSC to establish access standards for MCO provider networks and for MCOs to submit a plan on how their networks comply with established standards
- Authorizes HHSC to directly provide or contract with a third-party to assist in overseeing MCO provider networks
- Requires MCOs to regularly update and publish provider directories online, and for MCOs to no longer provide hard copy directories for certain Medicaid programs, unless requested by members
- Requires HHSC to identify which provider types are eligible for expedited credentialing and for MCOs to establish a process that allows providers to serve members on a provisional basis

Summary of Relevant CMS Rule Changes

- Requires states to develop time and distance standards for certain provider types
- Requires states to consider a number of specific elements when establishing provider access standards, including:
  - Geographic area
  - Medicaid enrollment
  - Utilization of services
  - Number of providers accepting new patients
  - Use of tele-medicine
- Requires states to publish provider access standards online

Provider Access Standards

- MCOs must ensure members have timely access to quality health care through a network of providers designed to meet the needs of the population served
- MCOs must provide its members with access to providers within specific travel distance and appointment availability standards
- HHSC may consider requests for exceptions to standards under limited circumstances
- MCOs are held accountable for maintaining a provider network capable of delivering covered services to its members

Compliance Monitoring

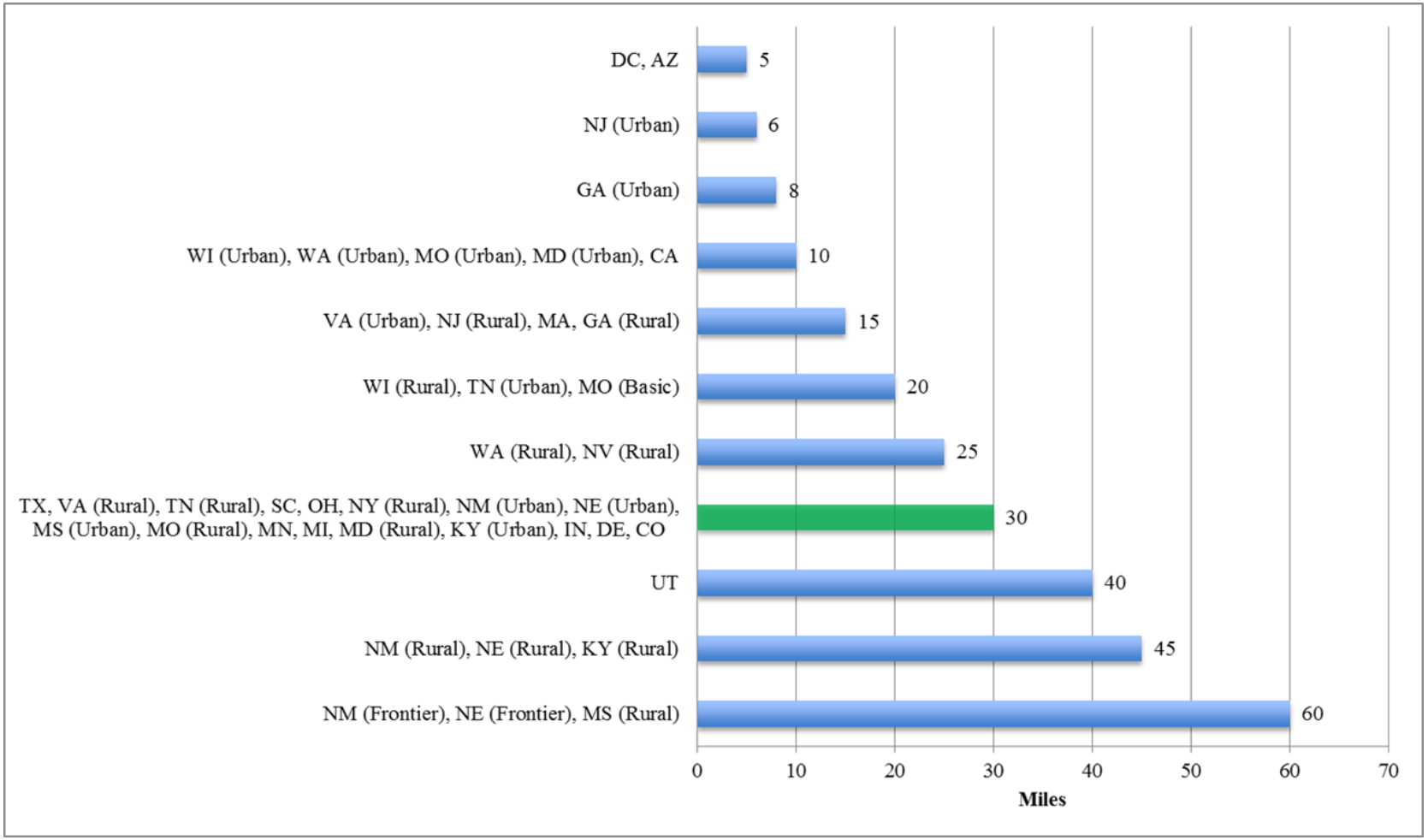
- MCOs verify that their provider networks comply with established access standards
- MCOs submit quarterly provider network data on primary care and specialty physicians, geo-mapping for select provider types, and out-of-network utilization charts
- MCOs conduct surveys to verify provider information and monitor adherence to provider standards
- HHSC collects and submits network adequacy data in its 1115 Waiver report to the Centers for Medicare & Medicaid Services (CMS), analyzes MCO network adequacy data and out-of-network utilization charts, reviews geo-maps, and tracks provider termination information
- HHSC's external quality review organization conducts "secret shopper" reviews and annual surveys to track access to care
- HHSC tracks MCO compliance with appointment availability standards through complaints and work conducted by the agency's external quality review organization

Current Travel Distance Standards for Texas Medicaid

Category	Provider Type	Geography	Percent of Members (Benchmark)	Access Requirement
Medical Providers	PCP	Statewide	90%	30 miles
	Acute Care Hospital			30 miles
	Specialist (including OB/GYN)			75 miles
	Outpatient Behavioral Health	Urban		30 miles
		Rural		75 miles
	All Other Provider Types	Statewide		75 miles
Pharmacy	Non-MRSA	Urban	80%	2 miles
		Suburban	75%	5 miles
		Rural	90%	15 miles
	MRSA	Urban	75%	2 miles
		Suburban	55%	5 miles
		Rural	90%	15 miles
	24-Hour Pharmacy	Statewide	90%	75 miles
Dental	Main Dentist	Urban	95%	30 miles
		Rural	95%	75 miles
	Specialists	Statewide	75%	75 miles

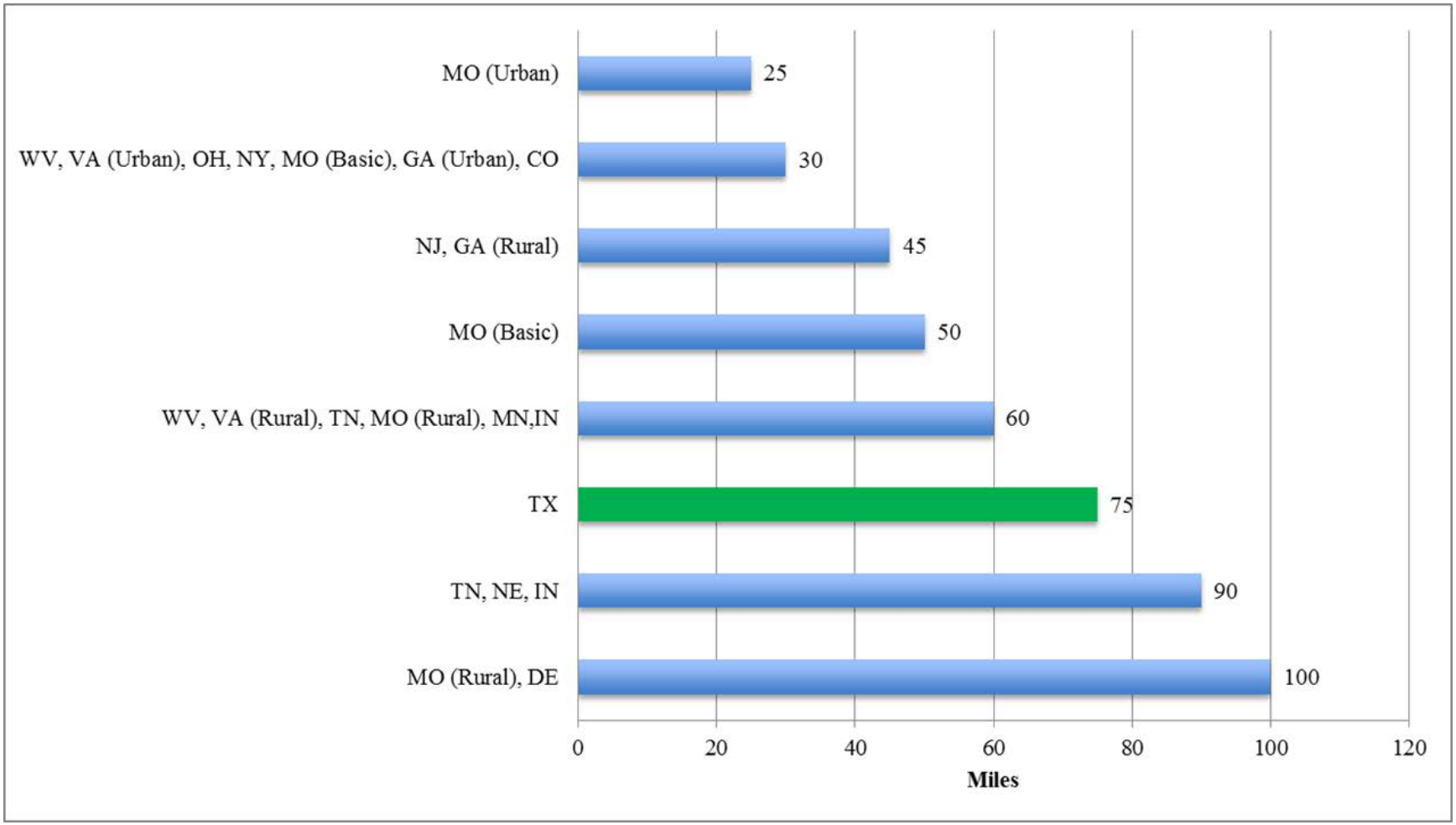
28 T.A.C. Section 11.1607 Accessibility and Availability Requirements, Texas Department of Insurance

Other States Travel Distance Standards for PCPs (2013)



Texas Medicaid Managed Care and CHIP, Quarterly Topic Report 1: Senate Bill 760 (Gainesville, FL: The Institute for Child Health Policy, 2016)

Other States Travel Distance Standards for Specialists (2013)



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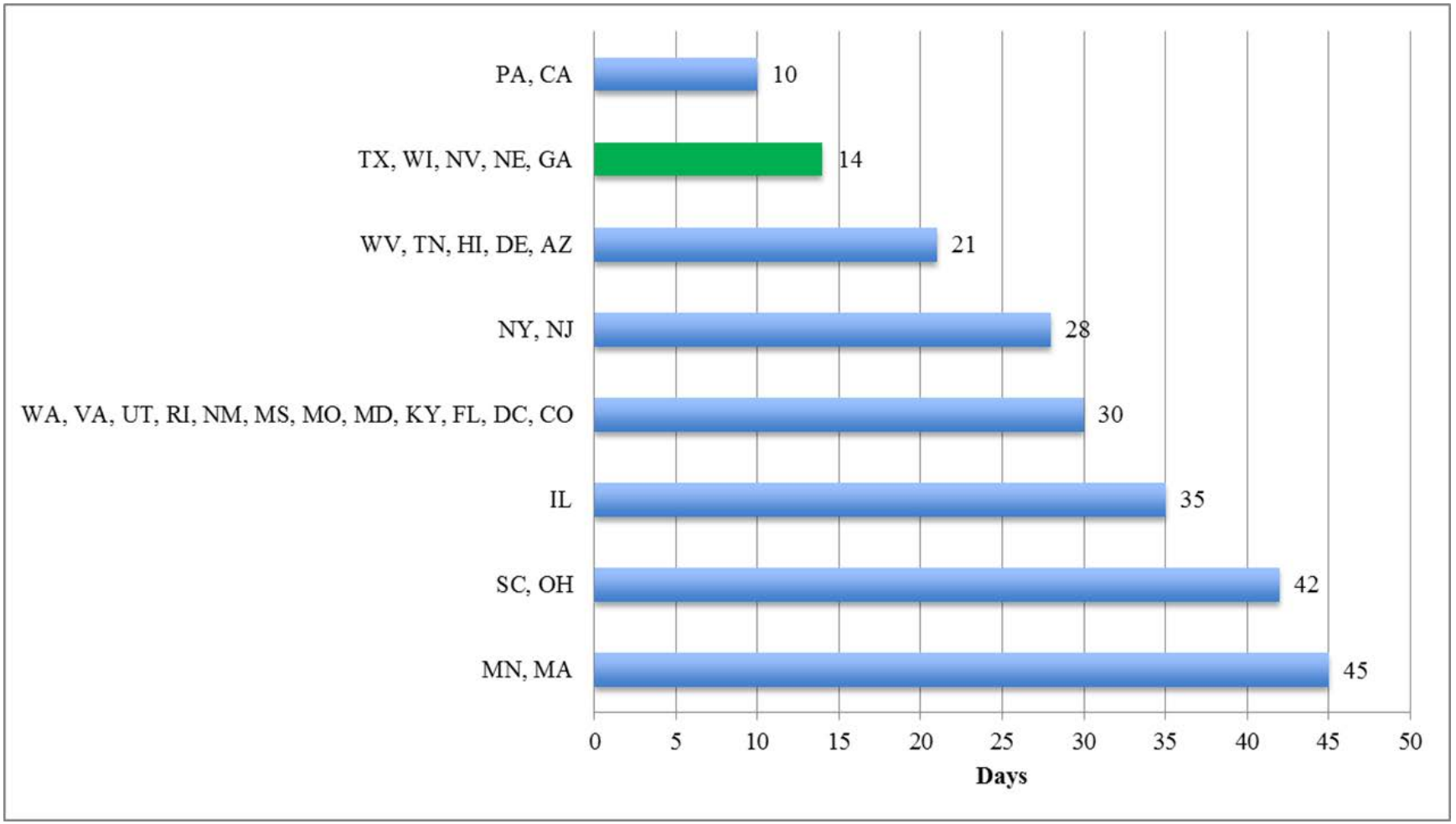
Current Appointment Availability Standards for Texas Medicaid

Service Type	Wait Times
Emergency services	Upon member presentation at service delivery site
Urgent care	Within 24 hours
Routine primary care	Within 14 days
Initial outpatient behavioral health	Within 14 days
PCP referral to specialty, if required by MCO	No later than 30 days
Prenatal care	Within 14 days
Prenatal care for high-risk pregnancy	Within 5 days
Adult preventative health services	Within 90 days
Children preventative health services	In accordance to periodicity schedule

28 T.A.C. Section 11.1607 Accessibility and Availability Requirements, Texas Department of Insurance

Other States Appointment Availability Standards for PCPs (2013)



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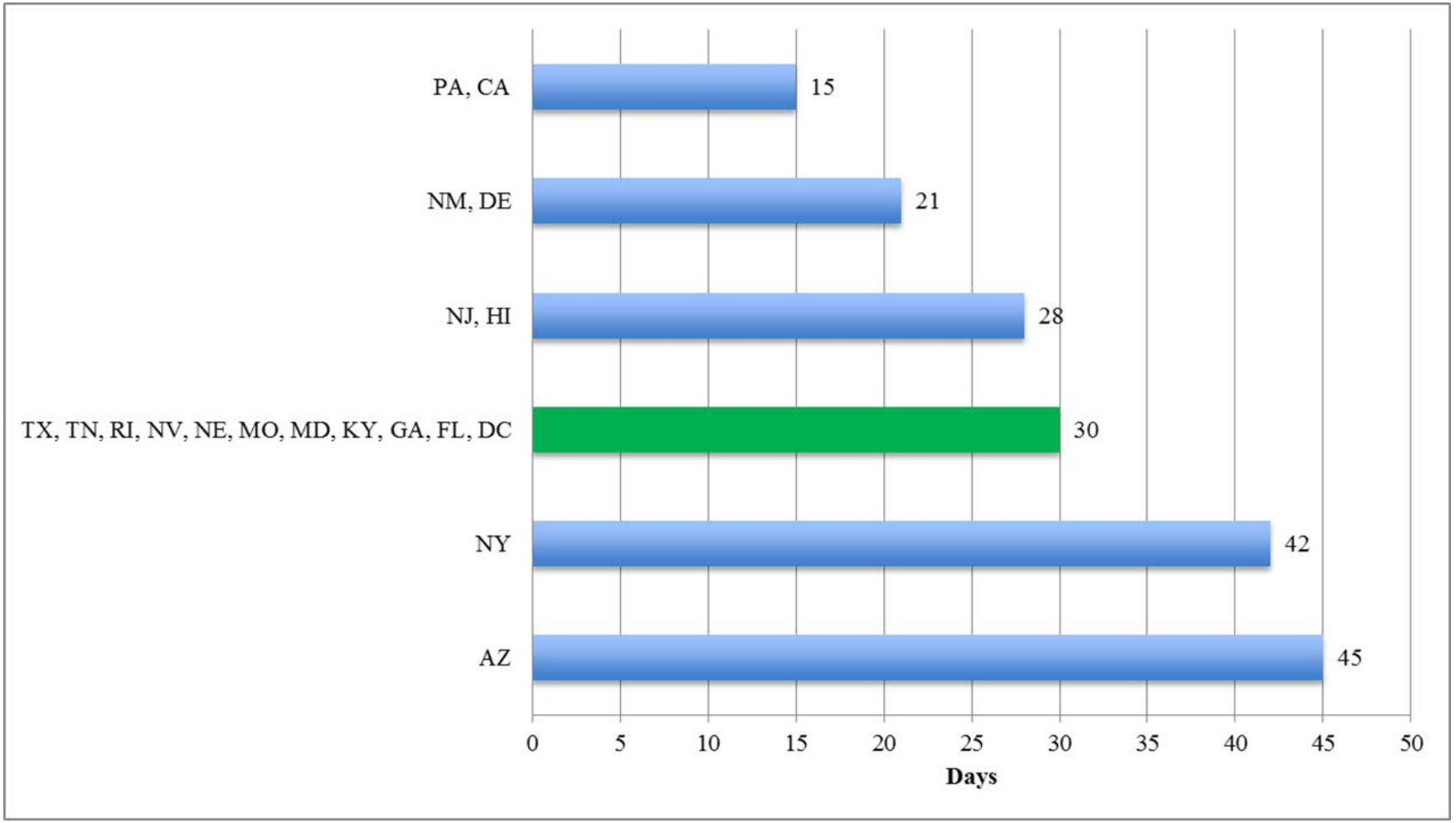

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Geo-Mapping Example

MCO	Program	Service Area	Percent of MCO Child Members Residing Within 30 Miles of 2 PCPs with an Open Panel	Percent of MCO Adult Members Residing Within 30 Miles of 2 PCPs with an Open Panel	Percent of MCO Child Members Residing Within 75 Miles of One Otolaryngologist (ENT)
MCO 1	STAR	Tarrant	100%	100%	100%
MCO 2	STAR	MRSA West	99.95%	99.88%	79%
MCO 3	STAR	Hidalgo	100%	100%	96.5%
MCO 4	STAR+PLUS	El Paso	100%	100%	100%
MCO 5	STAR+PLUS	MRSA West	99%	98.95%	96%
MCO 6	STAR+PLUS	MRSA Northeast	100%	100%	66%

Texas Health and Human Services Commission data

Provider Directories

- MCOs provide hard copy provider directories for its members
  - Provider Listing, upon request from member* – STAR Program
  - Full Directory – STAR+PLUS Program, STAR Kids Program, and STAR Health Program
- Provider directories must:
  - Meet member requirements and include critical elements specified by HHSC
  - Follow size and weight requirements, for hard copy directories
  - Be updated weekly, for online directories*
  - Be accessible using mobile devices*
  - Be reviewed by HHSC prior to publishing
  - Be posted on MCOs' website, in either a PDF-printable or searchable format

*Changed as a result of S.B. 760; effective September 1, 2016

Expedited Credentialing

- Allows providers to serve Medicaid recipients on a provisional basis while their credentialing application is being processed
- Providers must meet the following criteria:
  - Be a member of an established healthcare provider group that has a contract with an MCO
  - Be a Medicaid-enrolled provider
  - Agree to comply with the terms of the contract
  - Submit all documentation and information required by the MCO to begin the credentialing process
- Once providers submit the required information, MCOs treat providers as if they are in the MCOs' network when they provide services to the recipient
- If a provider qualifies for expedited credentialing, MCOs process claims for the provider no later than 30 calendar days after receipt of a complete application, even if the MCO has not yet completed the credentialing process

Provider Types Eligible for Expedited Credentialing

- Physicians
- Therapeutic Optometrists
- Podiatrists
- Endodontists*
- Oral Surgeons*
- Periodontists*
- Licensed Clinical Social Workers*
- Nursing Facilities that Underwent a Change of Ownership*

*HHSC is proposing to add these provider types to the list of providers that can participate in expedited credentialing

Summary of Stakeholder Comments Received

- Provider Access Standards
  - Develop standards that reflect the healthcare needs of the Medicaid population and take the geographical differences of the state into account
  - Modify and apply federal Medicare Advantage standards to the Texas Medicaid program
  - Improve oversight of MCOs compliance with established standards

- Provider Directories
  - Create a process that tracks which members opt-in or opt-out of receiving hard-copy directories
  - Regularly update and improve the accuracy of provider information in the directories
  - Require MCOs to identify which providers are currently accepting new patients in the directories

- Expedited Credentialing
  - Identify additional provider types for expedited credentialing based on current shortages in the state
  - Streamline the credentialing process
  - Educate providers on the opportunity to participate in the expedited credentialing process

Work Completed & Next Steps

- Provider Access Standards
  - Completed
    - Conducted literature reviews and research on other states
    - Analyzed new CMS rules and evaluated available data
    - Reviewed information provided by external quality review organization
  - Next Steps
    - Revise managed care contracts and amend agency rules, as necessary
    - Collect and incorporate stakeholder input in changes
- Provider Directories
  - Next Steps
    - Revise managed care contracts based on comments received
- Expedited Credentialing
  - Completed
    - Developed educational materials to increase awareness of expedited credentialing process
  - Next Steps
    - Revise managed care contracts based on comments received
    - Develop new rule for provider types eligible for expedited credentialing

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S.B. 760 Website
http://www.hhsc.state.tx.us/medicaid/managed-care/SB760-implementation.shtml