

# Medicaid Managed Care Provider Network Adequacy

Medicaid Oversight & Advisory Committee  
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# MCO Network Adequacy Requirements

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Under KRS 205.522, MCOs are required to comply with the same network adequacy requirements in the Insurance Code that the KY Department of Insurance (DOI) holds private insurers to, but DOI does not regulate MCOs. 907 KAR 17:015 sets additional criteria for MCOs:

## **Time and Distance Standards**

- Primary Care delivery sites shall be within: 30 miles or 30 minutes from an enrollee's residence in an urban area; or 45 miles or 45 minutes from an enrollee's residence in a non-urban area.
- A hospital shall be within: 30 miles or thirty 30 minutes from an enrollee's residence in an urban area; or 60 miles or sixty 60 minutes of an enrollee's residence in a non-urban area.
- A behavioral or physical rehabilitation service, a dental service, a general vision service, a laboratory service, a radiological service, or a pharmacy service shall be within 60 miles or 60 minutes of an enrollee's residence.
- A pharmacy delivery site shall not be further than 50 miles from an enrollee's residence.

# MCO Network Adequacy Requirements

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## **Appointment Availability**

- Emergency medical and behavioral health services shall be available and accessible 24/7.
- Urgent care medical and behavioral health services shall be available and accessible within 48 hours of request.
- An appointment wait time for a primary care provider, behavioral health provider, specialist, or dental, general vision, laboratory, or radiological service shall not exceed 30 calendar days from the date of an enrollee's request for a routine or preventive service.
- A behavioral health service appointment following a discharge from an acute psychiatric hospital shall occur within 7 calendar days of discharge.

## **Provider Capacity**

- Primary care providers shall not have an enrollee to primary care provider ratio greater than 1,500:1.
- When the specialist needed for a specific condition is not represented on the plan's list of participating specialists, enrollees should have access to nonparticipating health care providers with prior plan approval.

# Deloitte's KY Workforce Capacity Report

- Published in May 2013, following the implementation of Medicaid Managed Care.
- Data was gathered from licensure boards of each health care profession.
- NO licensure boards currently require these data responses from its licensees at application or renewal:
  - Addresses of all practice locations
  - Percentage of FTE in actual practice
  - Specialty areas of practice
  - Meeting patient needs – ESL, LGBTQ, Disability, Age, Culture
  - Do they offer telehealth in addition to in-person services?
- So, data reported probably overestimates the number of practicing professionals and locates the majority only by one address – usually, the home address.

# Deloitte on Mental Health Providers

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Defines **Mental Health Providers (MHPs)** to include:

- Psychiatrists
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)
- Marriage and Family Therapists (MFTs)
- Alcohol and Drug Counselors (ADCs)

Did not include Psych/MH APRNs, nor licensed MH professionals working under supervision.

When defining “Need for Mental Health” for each county, the study puts ALL MH professionals together, as if they all provide the same services...which they do not!

# A Mental Health Example

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**Eating Disorders** are complex, life-threatening disorders that currently affect 6% of Kentuckians at any given time but 19% at some point in their lives. These are typically females in adolescence and young adulthood, although children as young as 8 are being diagnosed. These disorders have both a psychological and a medical component.

A wide range of providers and types of services should be available to meet the need – typically a team of physicians, psychiatrists, psychologists, therapists, and dietitians. Also, a continuum of care is needed – Outpatient Rx, Intensive Outpatient Rx (IOP), Partial Hospitalization (PHP), Inpatient Hospitalization.

Very few eating disorder providers and services are available in Kentucky. There are no Inpatient programs in the state, nor is there a PHP. There are a limited number of outpatient therapists. There is one designated IOP program in the state, in Louisville.

That IOP provider has tried for the last 9 months to open a PHP program, but the MCOs reimbursements are too low to keep a program sustainable, were it to open. MCOs want to reimburse for this 6- or 12-hour daily program at a lower rate than for IOP, which is offered for 3 hours/day at barely sustainable rates. Many outpatient therapists don't take insurance because of the low rates, forcing consumers to pay out of pocket, if they can.

- Information presented to KY Eating Disorders Council on 9/21/21

# Other Network Concerns

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- MCO don't always offer full Provider Directories when a member is looking for a provider. This limits the number of options a member has.
- It is not uncommon for providers to have stopped practicing, died, moved, or have stopped taking new patients. Some are even unaware that they are listed in a particular MCO's provider directory.
- A recent whistleblower lawsuit was filed by an MCO employee in Florida who alleged that many providers listed as "in network" either did not have contracts, were not pediatric physicians, were out of state, retired or dead.
- MCO provider lists do not provide sufficient information. Behavioral health providers, for instance, are not differentiated in any way, so unless the consumer is sophisticated about the differences in training and scope of practice, they would have no information to guide them in getting access to the kinds of services that they need – therapy, medications, testing, etc.
- Oftentimes, providers limit the number of Medicaid members they will accept. Even if they are taking new patients, they may turn away a Medicaid member.

# 2020 IPRO Secret Shopper Survey

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- KY's contracted External Quality Review Organization (EQRO) conducted a [survey](#) in October 2020 to assess access and availability of MCO provider networks.
- 1,250 providers were randomly selected, including:
  - Primary care providers (PCP)
  - Pediatricians
  - Obstetricians/gynecologists (OB/GYN)
  - Behavioral health (BH) providers
  - Alcohol and substance use disorder (SUD) providers
- Providers were contacted to make appointments for routine, urgent, and after-hours visits.
- Providers were also asked about the availability of telehealth.



# 2020 IPRO Secret Shopper Survey

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## Summary of Results:

- 34.9% of the providers called for routine visits were able to be contacted and an appointment scheduled within 30 days.
- 19.5% of the providers called for urgent visits were able to be contacted and an appointment was able to be scheduled within 48 hours.
- 48.5% of the providers called for an after-hours visit were able to be contacted and an appointment scheduled.
- Surveyors were only able to set a telehealth appointment 18.2% of the time for routine visits and 3.9% of the time for urgent visits.

**Kentucky MCOs' compliance for all appointment types is substantially below the industry standard of 80%**

# Recommendations

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**1. Mandate all health care licensure boards to collect the following information at application time and with each license renewal:**

- Addresses of all practice locations
- Percentage of FTE in clinical practice
- Specialty area(s) of practice
- Ability to meet patient needs - ESL, LGBTQ, Disability, Age, Culture
- Whether telehealth services are provided

**We must get better health care workforce data!**

# Recommendations

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## **2. Require MCO Provider Directories to categorize provider types more accurately, specific to the services provided.**

- BH categories should include:
  - Prescribers = Psychiatrists & MH APRNs
  - Psychological Testing = Psychologists
  - Therapy or Counseling = All BH Professions
  - Substance Use Disorder Providers
- Categories must be created for dental and other specialties.
- In all categories, it's important to make a distinction between providers for adults vs. providers for children.

# Recommendations

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- 3. Establish a permanent, more comprehensive state-funded “Secret Shopper” Program to conduct annual surveys of published Provider Directories.**
  - MCO contracts with the state should require full cooperation with the Secret Shopper Program.
  - MCOs should be required to amend and correct Provider Directories within 30 days of a confirmed notification of errors.
  - In the event an MCO’s network is inadequate to comply with the access standards for 95 percent of its enrollees and it does not submit or satisfy a corrective action plan, direct DMS to create stricter enforcement mechanisms.
  
- 4. Require MCOs to provide their full Provider Directory to consumers at their first request.**
  - Directories should be updated at least monthly and made available in paper and electronic formats that are easy to access.

# Recommendations

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- 5. Any legislation should include these guidelines for Network Adequacy developed by the NAIC:**
- Establish requirements guaranteeing continuity of care for individuals who are in the midst of an episode of care and their provider is dropped from or leaves the network.
  - Require providers to notify health plans and patients when leaving a network for any reason.
  - Require health plan provider directories to be updated regularly and made publicly available.
  - Adopt standardized health plan reporting requirements to monitor frequency of out-of-network services and network adequacy.
  - Establish a comprehensive, standardized list of complaint codes to track consumer complaints related to network adequacy and access to care.

Questions?