



| | | | | | |
|-------------------------------------|---|------------------------------------|------------|--------------------------|------------|
| Title: | Availability of Practitioners and Hospitals | | | | |
| Department/Line of Business: | Provider Network Operations / All Lines of Business | | | | |
| Approver(s): | VP, Provider Network Management | | | | |
| Location/Region/Division: | SWHP | | | | |
| Document Number: | SWHP.PNO.007.P | | | | |
| Effective Date: | 11/15/2018 | Last Review/ Revision Date: | 11/15/2018 | Origination Date: | 02/01/1995 |

LINE OF BUSINESS

This document applies to the following line(s) of business:
All Lines of Business

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Behavioral Healthcare Practitioners (BHPs) – practitioners in the Scott & White Health Plan (SWHP) provider network practicing Psychiatry, Psychology, and Mental Health Counseling.

High-Impact Specialty Care Practitioners (HISCPs) – practitioners that treat conditions that have a high mortality and morbidity rate; practitioner types where treatment requires significant resources; at a minimum includes Oncology.

High-Volume Behavioral Healthcare Practitioners (HVBHPs) – practitioners in the SWHP provider network practicing Psychiatry, Psychology, and Mental Health Counseling.

High-Volume Specialty Care Practitioners (HVSCPs) – practitioners with greater than 10,000 visits in the prior year and greater than 2% of total visits in a given year; at a minimum includes Obstetrics/Gynecology.

Hospitals – general hospital that is a licensed establishment that offers services, facilities, and beds for diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy; includes clinical laboratory services, diagnostic x-ray services, treatment facilities (such as surgery or obstetrical care or both), and other definitive medical or surgical treatment of similar extent.

Primary Care Practitioners (PCPs) – practitioners in the SWHP/ICSW provider network practicing Internal Medicine (Community Internal Medicine and General Internal Medicine), Family Medicine, General Medicine, and Pediatrics and Non-PCPs/SCPs who have been approved to function as PCPs; a PCP is not required with the exception of Medicare Advantage with Prescription Drug (MAPD) and Medicaid.

Specialty Care Practitioners (SCPs) – practitioners within specialties other than Internal Medicine, Family Medicine, General Medicine, and Pediatrics.

Site of Eligibility – residence or work location of member or prospective member that is located in an area within the SWHP/ICSW service area.

POLICY

SWHP develops and maintains an adequate provider network that is sufficient in PCPs, SCPs, BHPs, and hospitals. To maintain availability of these providers to members, SWHP has quantifiable and measurable standards for the number and geographic distribution of PCPs, SCPs, BHPs, and hospitals and measures its performance against the established standards. The standards, which are detailed below, are adopted by the SWHP Quality Improvement Subcommittee (QIS) to uphold member satisfaction and quality of care and promote SWHP's commitment to compliance with federal, state, and contractual regulations. The results from monitoring SWHP's performance against the standards are reviewed and approved by the QIS on an annual basis.

PROCEDURE

Adequacy Analysis by Provider Type

Perform analysis of current network adequacy and compare to requirements set forth below. Analysis is performed using geo-mapping software.

Availability standards for Primary Care Providers (PCPs) are:

- SWHP/ICSW does not require members to select a PCP for any line of business, except for MAPD and Medicaid.
- PCP to member ratio is 1:1,000
- At least 90% of members will have 1 PCP with an open panel within 30 miles of their site of eligibility.
- At least 80% of PCPs will have their panel open for new patients.
- PCPs with a panel size of over 750 members are reviewed quarterly to monitor access, complaints, and grievances, and PCP change data to recommend whether a practitioner's panel should be closed. Members 65 years and older will be counted as two members due to increased utilization.

Availability standards for Specialty Care Providers (SCPs) are:

- SCP to member ratio is 1:2,000
- At least 90% of members will have 1 SCP within 75 miles of their site of eligibility.

Availability standards for High-Volume Specialty Care Providers (HVSCPs) are:

- HVSCP to member ratio is 1:1,000-3,500 (*target ratio corridor is dependent upon the High-Volume SCPs identified from the High-Volume Specialist Report*)
- At least 90% of members will have 1 HVSCP within 75 miles of their site of eligibility.

Availability standards for High-Impact Specialty Care Providers (HISCs) are:

- HISC to member ratio is 1:1,000-3,500 (*target ratio corridor is dependent upon the High-Impact SCs identified from the High-Impact Specialist Report*)
- At least 90% of members will have 1 HISC within 75 miles of their site of eligibility.

Availability standards for Behavioral Healthcare Providers (BHPs) are:

- BHP to member ratio is 1:2,000
- At least 90% of members will have 1 BHP within 75 miles of their site of eligibility.

Availability standards for High-Volume Behavioral Health Providers (HVBHPs) are:

- HVBHP to member ratio is 1:3,000
- At least 90% of members will have 1 HVBHP within 75 miles of their site of eligibility.

Availability standards for Hospitals are:

- Hospital to member ratio is 1:3,500
- At least 90% of members will have 1 Hospital within 30 miles of their site of eligibility.

Create Plan for Deficiencies

If any covered healthcare service and/or practitioner or hospital is not available within the mileage radii specified, a plan to address any deficiencies is submitted to the SWHP/ICSW Network Issues Committee (NIC) and the SWHP/ICSW QIS. In addition, for the networks governed by the Texas Department of Insurance (TDI), an access plan is submitted to TDI at least thirty (30) days prior to implementation.

The access plan will include the following:

1. Description of geographic area, identifying county, city, zip code, mileage, or other identifying data in which covered healthcare services and/or practitioners and hospitals are not available.
2. Reason(s) that covered healthcare services and/or practitioners and hospitals for the area identified above cannot be made available.
3. A map with key and scale identifying the areas in which such covered healthcare services and/or practitioners and hospitals are not available.
4. SWHP/ICSW's plan for making covered healthcare services and/or practitioners and hospitals available to members in the areas identified above as deficient in the interim until a contracted provider is available within the required geographic area.
5. The names and addresses of participating practitioners and hospitals and a listing of the covered healthcare services to be provided through the SWHP/ICSW provider network to meet the medical needs of the members.
6. The names and addresses of other practitioners and hospitals and a listing of specialties for any other covered healthcare services or practitioners and hospitals to be made available in the geographic area in addition to those participating in SWHP/ICSW's provider network.
7. A general description of procedures followed by SWHP/ICSW to ensure that practitioners, hospitals, and all other mandated healthcare services are available to members in the areas identified above, and any plans SWHP/ICSW has to develop the provider network so covered healthcare services will be available to members in the future in the areas identified above.
8. Other information, which is necessary to conduct an assessment to assure provider availability to members.

ATTACHMENTS

None.

RELATED DOCUMENTS

None.

REFERENCES

National Committee for Quality Assurance (NCQA): Standard NET 1 – Availability of Practitioners

Texas Administrative Code: Texas Department of Insurance (TDI) – Rule §11.1607- Accessibility and Availability Requirements

Health and Human Services Commission (HHSC) Code of Federal Regulations: Title 45, Subtitle A, Subchapter B, Part 156 (156.230, 156.235)

The information contained in this policy is confidential and proprietary and may not be shared without the express permission of the Scott & White Health Plan. Further, the information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.