NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAID CARE MANAGEMENT PROGRAM

REQUIREMENTS FOR ACCESS TO SERVICES AND NETWORK ADEQUACY

Consistent with federal law[1], the Medicaid Care Management Program requirements for access to services, including network adequacy standards described in the Agreement between the New Hampshire Department of Health and Human Services (DHHS) and each Managed Care Organization (MCO) are included below.[2,3]

1 Requirements for Adequate Access to Services

Each MCO must ensure adequate capacity to serve members in its statewide service area in accordance with the State's access requirements described in this section.

- The MCO shall:[4]
    - Have participating providers in sufficient numbers, and with sufficient capacity and expertise for all covered services to meet the Agreement's geographic standards, timely provision of services requirements, Equal Access, and reasonable choice by members to meet their needs.[5,6]
    - Offer an appropriate range of preventive, primary care, and specialty services and maintains an adequate network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)]:
    - Make covered services available for members twenty-four (24) hours a day, seven (7) days a week, when medically necessary [42 CFR 438.206(c)(1)(iii)].
    - Require that all participating providers offer hours of operation that provide Equal Access and are no less than the hours of operation offered to commercial members or are comparable to Medicaid FFS patients, if the provider serves only Medicaid members [42 CFR 438.206(c)(1)(ii)].

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[1] 42 CFR 438.68 and 42 CFR 438.10(e)(2)(viii).
[2] These standards are based on those described in the Medicaid Care Management Agreement, Exhibit A, available at https://sos.nh.gov/media/4ycgytv4/gc-agenda-022019-late-item-a.pdf, and are subject to change through amendments. In the event of discrepancies between this document and the Agreement, language in the Agreement/Amendment preside.
[3] Ibid., Section 4.7.3.
[4] Ibid., Section 4.7.5.
[5] Ibid., Section 4.7.2.1.
[6] "Equal Access" means all members have the same access to all providers and services. [Ibid., Section 2.1.43.1; Ibid., Section 4.13.1 (in part).]

- Encourage its primary care physicians (PCPs) to offer after-hours office care in the evenings and on weekends.

- Ensure members have access to DHHS-designated Level I and Level II trauma centers within the State, or hospitals meeting the equivalent level of trauma care in the MCO's service area or in close proximity to such service area. The MCO shall have written out-of-network reimbursement arrangements with the DHHS-designated Level I and Level II trauma centers or hospitals meeting equivalent levels of trauma care if the MCO does not include such a trauma center in its network.[7]

- Ensure accessibility to other specialty hospital services, including major burn care, organ transplantation, specialty pediatric care, specialty out-patient centers for HIV/AIDS, sickle cell disease, hemophilia, cranio-facial and congenital anomalies, home health agencies, and hospice programs.[8]

- The MCO shall meet the following timely access standards for all members in addition to maintaining in its network a sufficient number of participating providers to provide all services and Equal Access to its members:[9]

    - The MCO shall have in its network the capacity to ensure that waiting times for appointments do not exceed the following:

        - Transitional health care shall be available from a primary care or specialty provider for clinical assessment and care planning within two (2) business days of discharge from inpatient or institutional care for physical or behavioral health disorders or discharge from a Substance Use Disorder treatment program.

        - Transitional home care shall be available with a home care nurse, licensed counselor, and/or therapist (physical therapist or occupational therapist) within two (2) calendar days of discharge from inpatient or institutional care for physical or mental health disorders, if ordered by the member's PCP or specialty care provider or as part of the discharge plan.

        - Non-symptomatic (i.e., preventive care) office visits shall be available from the member's PCP or another provider within forty-five (45) calendar days. A non-symptomatic office visit may include, but is not

[7] Ibid., Section 4.7.7.1.
[8] Ibid., Section 4.7.7.2.
[9] Ibid., Section 4.7.5.

limited to, well/preventive care such as physical examinations, annual gynecological examinations, or child and adult immunizations.

- Non-urgent, symptomatic (i.e., routine care) office visits shall be available from the member's PCP or another provider within ten (10) calendar days. A non-urgent, symptomatic office visit is associated with the presentation of medical signs or symptoms not requiring immediate attention.

- Urgent, symptomatic office visits shall be available from the member's PCP or another provider within forty-eight (48) hours. An urgent, symptomatic visit is associated with the presentation of medical signs or symptoms that require immediate attention, but are not life threatening and do not meet the definition of Emergency Medical Condition.[10]

- Emergency medical and behavioral health care shall be available twenty-four (24) hours per day, seven (7) days per week.

- Behavioral health care shall be available as follows:

  - Care within six (6) hours for a non-life threatening emergency;
  - Care within forty-eight (48) hours for urgent care; and
  - An appointment within ten (10) business days for a routine office visit.

- Health care services shall be made accessible on a timely basis in accordance with medically appropriate guidelines consistent with generally accepted standards of care.[11]

- The MCO shall:

  - Provide members with direct access to a women's health specialist within the network for covered services necessary to provide women's routine and preventive health care services. This is in addition to the member's

[10] "Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part (42 CFR 438.114(a)). [Ibid., Section 2.1.41.1.]

[11] Ibid., Section 4.7.5.5.

designated source of primary care if that source is not a women's health specialist [42 CFR 438.206(b)(2)].[12]

- Provide access to family planning services to members without the need for a referral or prior-authorization. Additionally, members shall be able to access these services by providers whether they are in or out of the MCO's network.[13]

- Provide for a second opinion from a qualified health care professional within the participating provider network, or arrange for the member to obtain one (1) outside the network, at no cost to the member [42 CFR 438.206(b)(3)].[14]

- If the MCO's network is unable to provide necessary medical, behavioral health or other services covered under the Agreement to a particular member, the MCO shall adequately and in a timely manner cover these services for the member through non-participating providers, for as long as the MCO's participating provider network is unable to provide them [42 CFR 438.206(b)(4)].[15]

- If the MCO does not cover counseling or referral services because of moral or religious objections and chooses not to furnish information on how and where to obtain such services (currently, there are no such services), DHHS will provide that information to potential members upon request. [42 CFR 438.10(e)(2)(v)(C)] [16]

  - Contact the NH DHHS Customer Service Center, Monday through Friday (except state holidays), 9:00 a.m. to 4:00 p.m. ET toll-free at 1-844-ASK-DHHS (1-844-275-3447) (TDD Relay Access: 1-800-735-2964).

- The MCO shall participate in DHHS's efforts to promote the delivery of services in a culturally and linguistically competent manner to all members, including those with Limited English Proficiency (LEP) and diverse cultural andethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. [42 CFR 438.206(c)(2)].[17]

- The MCO shall ensure that participating providers provide physical access, reasonable accommodations, and accessible equipment for members with physical or behavioral disabilities [42 CFR 438.206(c)(3)].[18]

[12] Ibid., Section 4.7.61.
[13] Ibid., Section 4.7.6.2.
[14] Ibid., Section 4.7.10.1.
[15] Ibid., Section 4.7.8.1.
[16] Ibid., Section 4.1.3.9.
[17] Ibid., Section 4.4.7.1.
[18] Ibid., Section 4.4.7.2.

2 Network Adequacy Standards[19]

The MCO shall meet the following geographic access standards for all members, in addition to maintaining in its network a sufficient number of participating providers to provide all services and Equal Access to its members. [42 CFR 438.68(b)(1)(i) - (viii); 42 CFR 438.68(b)(3)]

Geographic Access Standards	
Provider/Service	Requirement
PCPs (Adult and Pediatric)	Two (2) within forty (40) driving minutes or fifteen (15) driving miles
Adult Specialists	One (1) within sixty (60) driving minutes or forty-five (45) driving miles
Pediatric Specialists	One (1) within one hundred twenty (120) driving minutes or eighty driving (80) miles
OB/GYN Providers	One (1) within sixty (60) driving minutes or forty-five (45) driving miles
Hospitals	One (1) within sixty (60) driving minutes or forty-five (45) driving miles
Mental Health Providers (Adult and Pediatric)	One (1) within forty-five (45) driving minutes or twenty-five (25) driving miles
Pharmacies	One (1) within forty-five (45) driving minutes or fifteen (15) driving miles
Tertiary or Specialized Services (Trauma, Neonatal, etc.)	One (1) within one hundred twenty (120) driving minutes or eighty driving (80) miles
Individual/Group MLADCs	One (1) within forty-five (45) minutes or fifteen (15) miles
Substance Use Disorder Programs	One (1) within sixty (60) minutes or forty-five (45) miles.
Adult Medical Day Care	One (1) within sixty (60) driving minutes or forty-five (45) driving miles
Hospice	One (1) within sixty (60) driving minutes or forty-five (45) driving miles
Office-based Physical Therapy/Occupation-al Therapy/Speech Therapy	One (1) within sixty (60) driving minutes or forty-five (45) driving miles

[19] Ibid., Section 4.7.3.

Adopted: August 10, 2018

Revision History

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6/14/2018	06142018v1	First draft	S. Iacopino	
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