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# Network Adequacy Standards Proposed Changes: Presentation to CCO Contracts & Compliance

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The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon  
Health  
Authority

# 410-141-3515: Network Adequacy

- Proposed RAC Date: September 7<sup>th</sup> 2023
  - Scheduling is in progress via RAC member selection process
- Potential changes include:
  - Expansion of geographic designations
  - Expansion of the time and distance standards
  - Expansion of providers associated with time and distance standards
  - Inclusion of an exception process

# 410-141-3515: Geographic Designations

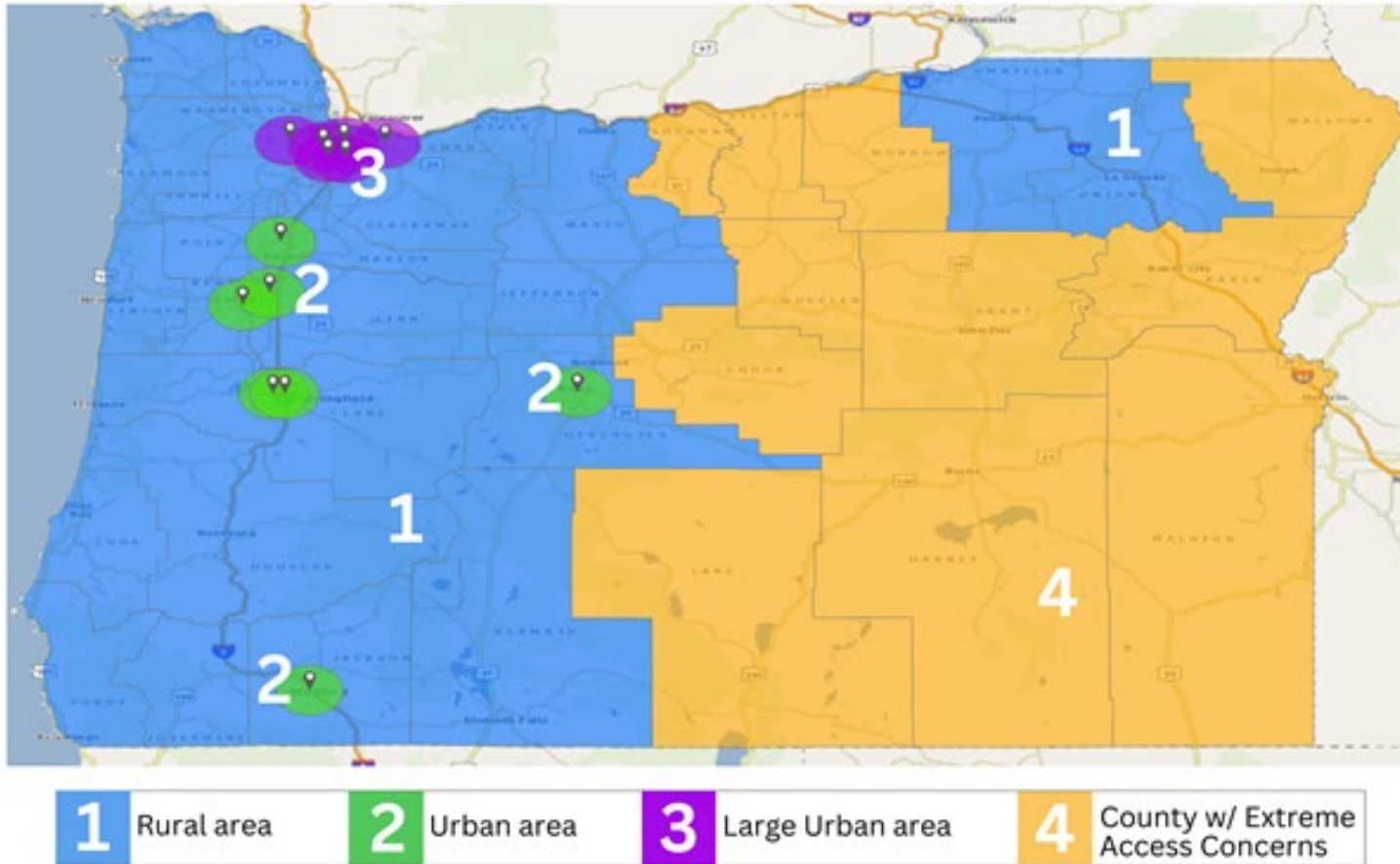
- Current designations in rule:

Geographic Designations	Definition
Urban	A geographic area that is less than 10 map miles from a population center of 30,000 people or more.
Rural	A geographic area that is 10 or more map miles from a population center of more than 30,000 people.

- Proposed change includes two additional designations, with the intent to allow for more nuanced time and distance standards based on geography and provider supply.



\*County with Extreme Access Considerations



**Large Urban (3):** Connected Urban Areas, as defined above, with a combined population size greater than or equal to 1,000,000 persons with a population density greater than or equal to 1,000 persons per square mile.

**Urban (2):** Less than or equal to 10 miles from center of 40,000 or more.

**Rural (1):** Greater than 10 miles from center of 40,000 or more with county population density greater than 10 people per square mile.

**County with Extreme Access Considerations (CEAC) (4):** County with 10 or fewer people per square mile.

# 410-141-3515: Time and Distance Standards

Time and Distance Standards updated to include expanded time and distance standards based on geographic designation and tier.

	Large Urban	Urban	Rural	County with Extreme Access Considerations
Tier 1	10 mins or 5 miles	25 mins or 15 miles	30 mins or 20 miles	40 mins or 30 miles
Tier 2	20 mins or 10 miles	30 mins or 20 miles	75 mins or 60 miles	95 mins or 85 miles
Tier 3	30 mins or 15 miles	45 mins or 30 miles	110 mins or 90 miles	140 mins or 125 miles

Tiers were established to include nuance in the development of the time and distance standards, allowing OHA to set assertive yet realistic standards based on claims and encounter data, access monitoring requirements, and for monitoring areas of concern within provider networks.

# 410-141-3515: Provider Types

Expansion of providers associated with time and distance standards includes:

- Inclusion of OB/GYN: per CFR § 438.68(b)(ii)
- Expansion of “specialty providers” to include a list of specific specialty provider and facility types.
- Provider types tied to a time and distance tier.

<b>Tier 1</b>	Primary Care, Primary Care Dentistry, Mental Health, Pharmacy, Psychology, SUD Treatment
<b>Tier 2</b>	Cardiology, Durable Medical Equipment, Gynecology, Hospital, Methadone Clinic, Neurology, Obstetrics, Occupational Therapy, Medical Oncology, Radiation Oncology, Ophthalmology, Optometry, Physical Therapy, Podiatry, Psychiatry, Speech Language Pathology
<b>Tier 3</b>	Allergy & Immunology, Dermatology, Endocrinology, Gastroenterology, Hematology, Nephrology, Otolaryngology, Pulmonology, Rheumatology, Skilled Nursing Facility, Urology

# 410-141-3515: Exception Process

For situations where a CCO is unable to meet the time and distance standard for a particular provider or service type, they may request an exception to the standard.

Exception requests must be submitted to OHA and address the following:

- Current access for the CCO's members to the provider or service type in question;
- The CCO's analysis of member need for the provider or service type;
- A root cause analysis identifying the barrier(s) to full compliance with the applicable time and distance standard;
- The CCO's strategies and interventions, both short and long term, to ensure appropriate access to the provider or service type and to address the root causes of the barriers to full compliance.

OHA will review and approve or deny exception requests. Approved exceptions must be reviewed annually. CCOs must provide documentation to support the ongoing need for the exception addressing the criteria above. Additionally, CCOs must demonstrate continued action towards resolution of barriers identified through the root cause analysis.