
Network Adequacy Standards: Proposed Changes for 2024

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Quality Assurance and CCO Contract Oversight Unit

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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

Today's topics

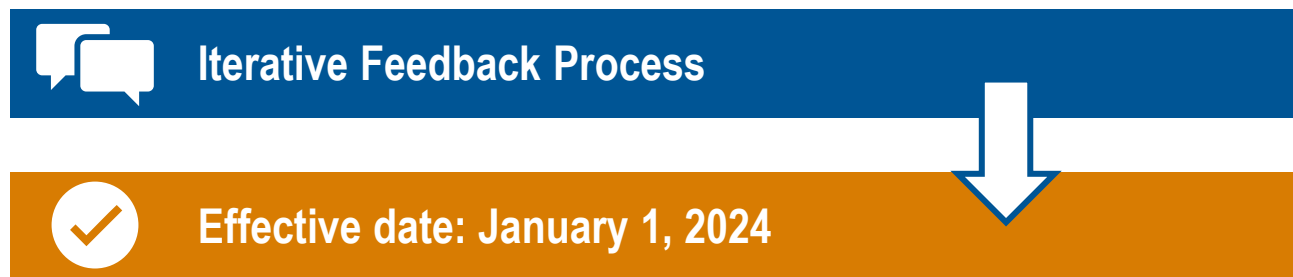
- **Timeline and Process**

- **Proposed changes to 410-141-3515**
 - Proposed expansion of “urban” and “rural” designations
 - Proposed provider types tied to time and distance standards
 - Proposed framework for time and distance standards by provider type and geographic designation

- **OHA analysis of DSN Provider Capacity Report data against the new standards:**
 - Provider Specialty Matrix
(Provider categorization based on taxonomy code)
 - ArcGIS and geographic designations “map layer” for CCOs.

Timeline

- OHA is working towards a January 1, 2024 effective date for changes to the 410-141-3515 Network Adequacy rule.
- OHA is presenting this information to multiple stakeholder groups to inform and collaborate prior to finalization of draft changes for rule-making.



Process

The rule changes OHA is proposing are intended to:

- Reflect the need for access points to various types of care for members, and
- Take into consideration provider workforce challenges CCOs face when developing their provider networks.

Process for time and distance compliance in development

OHA is developing a compliance process to accompany the updated time and distance standards wherein a CCO seemingly out of compliance with the T&D standards set in rule can demonstrate:

- How it supports members to access the provider type / service in question in the short term, and,
- Address the network gap in the long term.

Time and Distance – Tiered Approach

	Large Urban	Urban	Rural	Frontier
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
Tier 4	30 mins or 15 miles	60 mins or 40 miles	165 mins or 135 miles	215 mins or 195 miles

OHA is proposing a tiered approach to time and distance standards based on geographic designation and provider type.

These figures are meant to be illustrative and are not final.

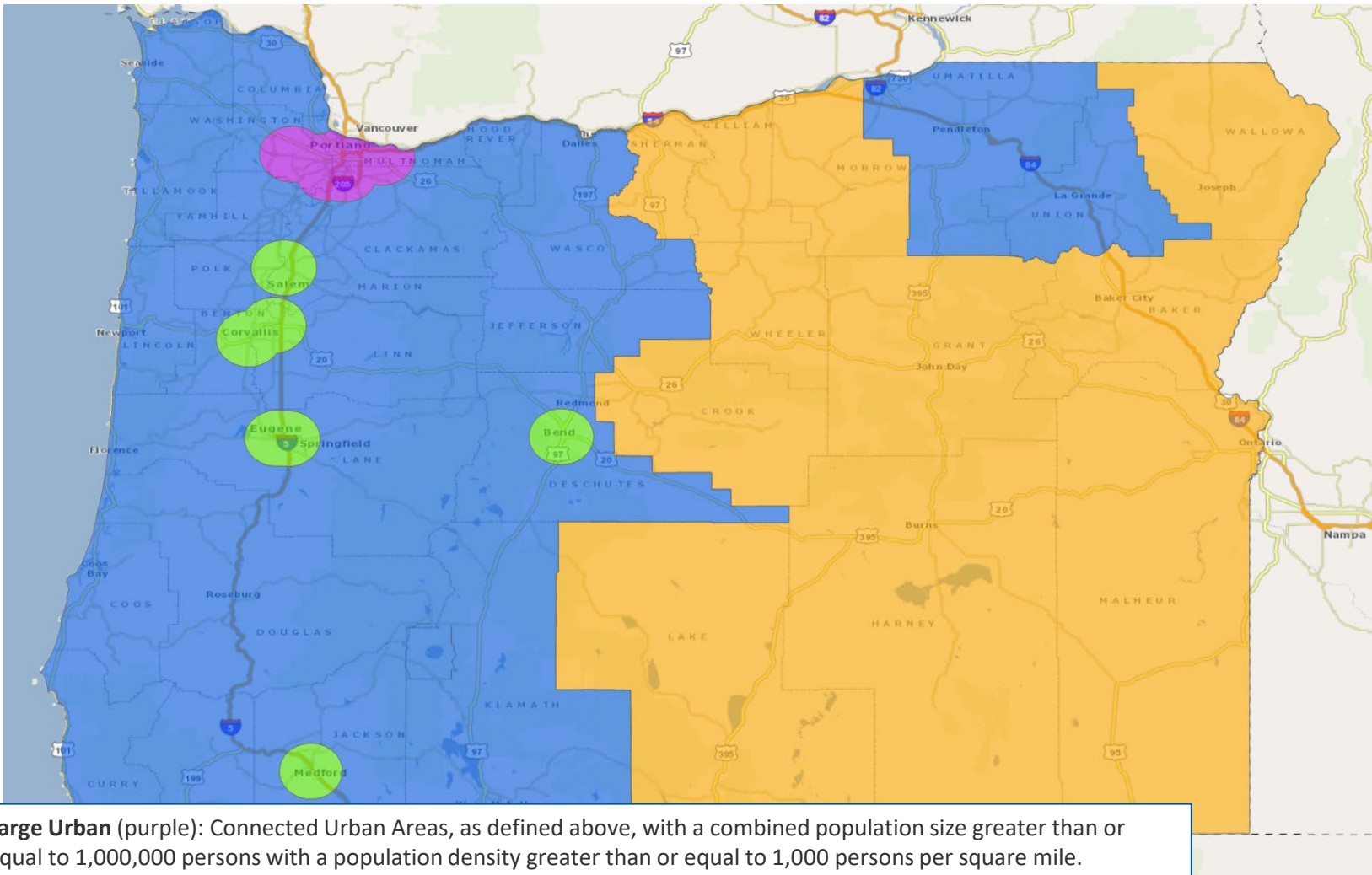
- OHA is analyzing provider to member location by data by CCO, as well as claims and encounter data, to determine final time and distance figures.
- Based on member needs, there could also be variation between providers generally grouped in the same tier.

Proposed Updates to Geographic Designations

- Informed by CMS Medicare Advantage geographic designations and OHSU's Office of Rural Health designations framework.
- Moving from “urban” and “rural” to:



- The intent of this change is to allow for more nuanced time and distance standards based on geography and provider supply.
- OHA will provide tools to the CCOs in order to conduct T&D analyses using these designations.



Large Urban (purple): 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 (green): Less than or equal to 10 miles from center of 40,000 or more.

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

Frontier (yellow): Counties with 10 or fewer people per square mile.

Urban Density & Designations

Incorporated City/Town	County	Certified Estimate July 1, 2021	City Land Square Miles	Pop Density, People per sq mile	Comparable MA County Designation	MA County Designation
Beaverton	Washington	97,782	19.6	4988.88	Metro (2)(iv)	Metro
Portland	Multnomah	658,773	133.45	4936.48	Large Metro (1)(ii)	Large Metro
Gresham	Multnomah	114,361	23.47	4872.65	Metro (2)(iv)	Large Metro
Tigard	Washington	55,854	12.67	4408.37	Metro (2)(iv)	Metro
Hillsboro	Washington	108,154	25.67	4213.25	Metro (2)(iv)	Metro
Corvallis	Benton	57,601	14.27	4036.51	Metro (2)(iv)	Metro
Eugene	Lane	175,626	44.18	3975.24	Metro (2)(iv)	Metro
Springfield	Lane	62,352	15.825	3940.09	Metro (2)(iv)	Metro
Lake Oswego	Clackamas	40,801	10.78	3784.88	Metro (2)(v)	Metro
Salem	Marion	177,694	48.8	3641.27	Metro (2)(iv)	Metro
Medford	Jackson	87,353	25.89	3374.01	Metro (2)(iv)	Metro
Albany	Linn	57,199	17.66	3238.90	Metro (2)(iv)	Micro
Bend	Deschutes	100,922	33.62	3001.84	Metro (2)(iv)	Micro

	Total Certified Estimate	Total City Land Square Miles	Total Pop Density (people/sq mile)	Comparable MA County Designation	Notes
Portland Metro Centroid	1,232,968	290.145	4249.49	Large Metro (1)(i)	Average pulls entire area into Large Metro designation.
Linn/Benton Centroid	153,636	32.27	4760.95	Metro (2)(iv)	Stays Metro designation - meeting the same criteria.
Lane Centroid	165,353	43.33	3816.13	Metro (2)(iii)	Stays Metro designation - meets using a different criteria.
					Bend, Medford, and Salem all remain as Metro.

Reminder: Time and Distance – Tiered Approach

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Providers by T&D Tier – Approach

Tier 1	Primary Care Providers, Primary Care Dentists, Expanded Practice Dental Hygienists, Imaging, Mental Health Providers, Pharmacy, SUD Treatment Providers
Tier 2	Acupuncture, Cardiology, Chiropractor, Dialysis, Durable Medical Equipment, Gynecology, Hospital, Methadone, Neurology, Obstetrics, Occupational Therapy, Oncology – Medical, Oncology – Radiology, Ophthalmology, Optometry, Pain Medicine, Physical Therapy, Podiatry, Psychiatry, Psychology, Speech Language Pathology, Traditional Health Worker
Tier 3	Allergy & Immunology, Audiology, Dermatology, Diet & Nutrition, Endocrinology, ENT/Otolaryngology, Gastroenterology, Hematology, Infectious Disease, Massage Therapy, Nephrology, Pulmonology, Rheumatology, Skilled Nursing Facility, Sleep Medicine, Urology
Tier 4	Denturist, Endodontics, Hospital Acute Psychiatric Care, Orthodontics, Periodontics, Prosthodontics

Home Health, Hospice & Palliative Care – must be available in the service area

Questions

Provider Categorization: The Provider Specialty Matrix

- Uses National Uniform Claims Committee taxonomy codes as the foundation for categorization.
- Developed as a tool to categorize providers and facilities at a level that is meaningful for analysis and monitoring with a focus on access points to care.
 - **Example:** The Radiology Clinic/Center taxonomy code and Radiologist taxonomy codes are included in the Imaging category but Radiology Assistants working within those centers are not included.
- Developed with clinical review and input.

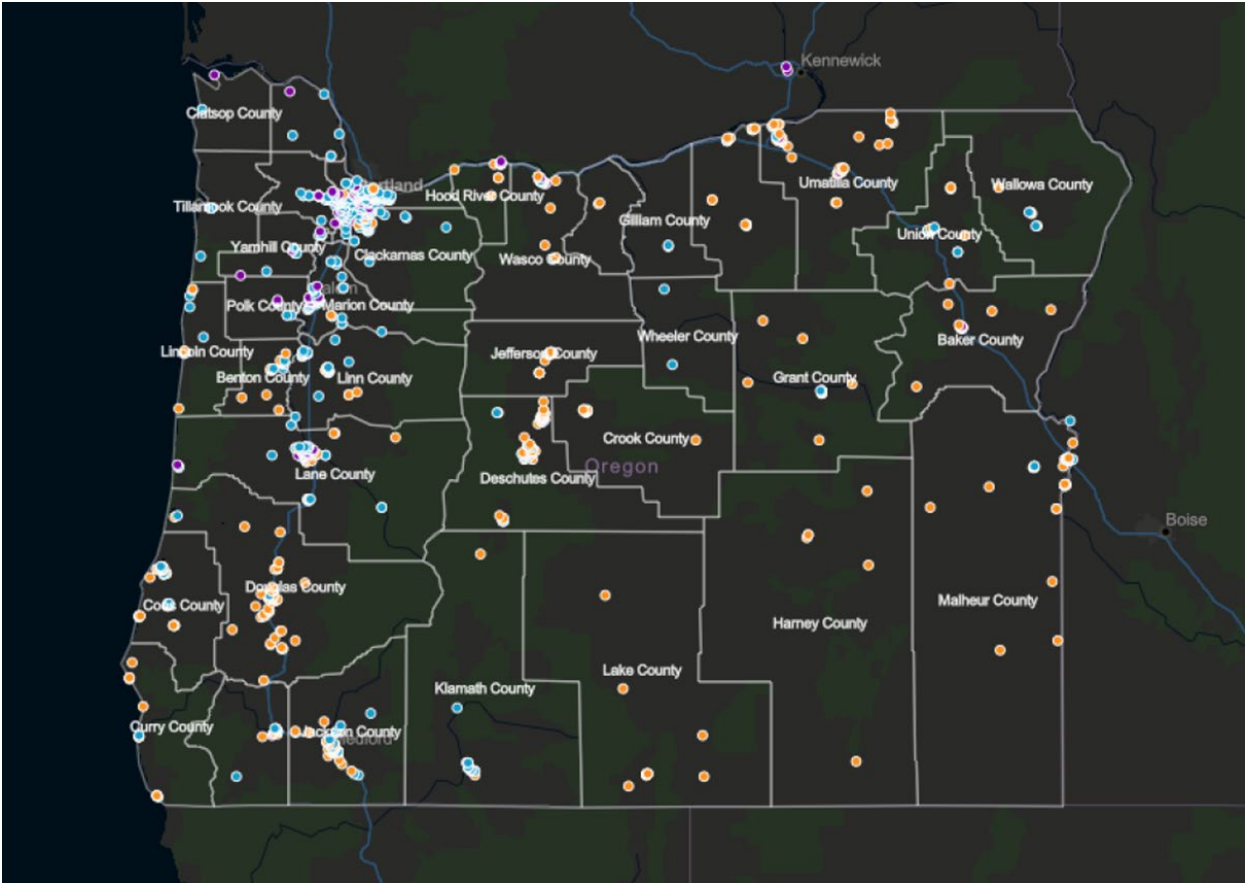
Provider Specialty Matrix Cont'd

- OHA staff will maintain the Provider Specialty Matrix and post it externally for use by the CCOs.
- It is meant to be a “living” tool that will be updated as clinically/operationally appropriate.



The Provider Specialty Matrix includes all taxonomy codes in the NUCC data set, however ***not all provider categories contained within the matrix will have associated time and distance standards set.***

Use of ArcGIS



Work Underway & Next Steps



Iterative Feedback Process

- OHA is dialing in the time and distance standards by tier/provider type for review and feedback.
- OHA will offer additional sessions with CCOs and other stakeholder groups to continue to provide updates on the work and gather feedback. Look for an invite to another feedback session in April.
- OHA has released a survey aimed at Members (anyone is welcome to take the survey however) to gather their input.
- OHA will carefully consider and respond to feedback. Feedback will be posted online.



Effective date: January 1, 2024

- The intent is to finalize rules as early as possible after thorough engagement to allow CCOs time to make system updates ahead of January 1, 2024.
- Prior to the effective date, OHA will post the Geographic Designations tool (still in development) publicly for CCO use.



Q & A