

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X 62-.12

Rule Title: Service Delivery Network Requirements
 New Rule; X Amend; Repeal; Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? yes

Is there another, less restrictive method of regulation available that could adequately protect the public? no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? yes

Does the proposed rule have any economic impact? no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 9-22-2014

FOR APD USE ONLY

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-62-.12 Service Delivery Network Requirements

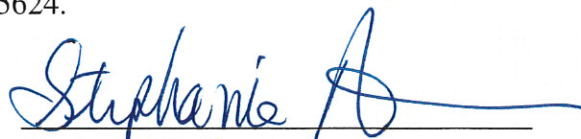
INTENDED ACTION: Amend Rule 560-X-62-.12

SUBSTANCE OF PROPOSED ACTION: The above referenced rule sets forth the minimum service delivery network requirements for Regional Care Organizations (RCOs) created by Code of Alabama, 1975 Section 22-6-150 et seq. and also sets forth timelines for which probationary RCOs must submit documentation demonstrating to the Medicaid Agency's approval how it intends to establish the service delivery network in order to reach final certification. This rule is being amended and the purpose of the amendments to the rule is as follows: Additional language added to paragraph (3)(a) clarifying that hospitals as referenced in this chapter are hospitals as defined in Rule 560-X-7-.02. Additional language added to paragraph (5)(e) to clarify that immediate appointment availability is required for Life-Threatening Emergency Care.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than November 4, 2014.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-62-.12 Service Delivery Network Requirements

(1) As referenced in this chapter, *primary medical provider* (PMP) is defined as one of the following:

- a. Family practitioner
- b. Federally Qualified Health Center
- c. General Practitioner
- d. Internist
- e. Pediatrician
- f. Obstetrician or gynecologist
- g. Rural Health Clinic

(2) As referenced in this chapter, *core specialist* is defined as each of the following:

- a. Allergist
- b. Anesthesiologist
- c. Cardiologist
- d. Cardiovascular Surgeon
- e. Dermatologist
- f. Gastroenterologist
- g. General Surgeon
- h. Neurologist
- i. Oncologist
- j. Ophthalmologist
- k. Optometrist
- l. Orthopedic surgeon
- m. Psychiatrist
- n. Pulmonologist
- o. Radiologist
- p. Urologist

(3) As referenced in this chapter, *facility* is defined as each of the following:

- a. Hospitals as defined in Rule 560-X-7-.02
- b. Inpatient Psychiatric Hospitals
- c. Laboratory Services
- d. End Stage Renal Disease Treatment and Transplant Center
- e. Outpatient Mental Health Center
- f. Independent Radiology Center

(4) As referenced in this chapter, *non-core specialist* is defined as any provider type not listed above which is needed to appropriately service the regional care organization/alternate care provider (“RCO/ACP”) members and provide care delivery for all of the services and benefits covered by the RCO/ACP program or the RCO/ACP specifically if added value benefits are offered.

(5) As referenced in this chapter, *service delivery network* is defined as one that meets and maintains, at a minimum, each of the following:

(a) Makes available and accessible all non-excluded services that are required under the State Plan to enrollees of the RCO/ACP.

(b) Consists of a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all enrollees of the RCO/ACP.

(c) Appropriately considers:

(i) The anticipated Medicaid enrollment

(ii) The expected utilization of services, taking into account the characteristics and health care needs of specific Medicaid populations represented in the particular RCO/ACP

(iii) The numbers and types of providers required to furnish the contracted Medicaid services

(v) The number of network providers who are not accepting new Medicaid patients

(vi) The geographic location of providers and Medicaid enrollees

(vii) Culturally appropriate care to ensure quality care outcomes for enrollees of diverse cultural backgrounds.

(d) Provides female enrollees with direct access to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services.

(e) Meets and requires its providers to meet the following state standards for timely access to care and services, taking into account the urgency of the need for services:

Appointment Availability	
Life-Threatening Emergency Care	Immediate
Urgent Care	24 hours
Routine Sick Care	3 calendar days of presentation or notification excluding legal holidays
Routine Well Care	90 calendar days (15 calendar days if pregnant)
Behavioral Health Services	
Non-Life-Threatening Emergency	6 hours
Urgent Care	48 hours
Routine Visits	30 calendar days
Phone Access	24 hours
Appointment with behavioral health provider following a discharge from hospital	72 hours
Office Wait Times	
Walk-Ins	2 hours or schedule an appointment within the standards of appointment availability
Scheduled Appointment	1 hour
Life-Threatening Emergency	Immediate

(f) Establishes appropriate policies and procedures to ensure compliance by providers with the above listed accessibility standards.

(g) Monitors providers regularly to determine compliance.

(h) Takes timely corrective action if there is a failure to comply.

(i) Has the capacity to serve the expected enrollment in its service area in accordance with the state's standards for access to care.

(j) Offers an appropriate range of preventive, primary care, and specialty services that is adequate for the anticipated number of enrollees for the service area. Although a provider type may not be listed above as a required PMP or Core Specialty type, the RCO/ACP must add additional specialties as needed to appropriately service its members and provide care delivery for all of the services and benefits covered by the RCO/ACP program or the RCO/ACP specifically if added value benefits are offered. These specialties are not required to be geographically located within the RCO's region.

(k) Maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area. The minimum network criteria are as follows:

Provider Type	Minimum Number	Distance
PMPs	1.5 per 1,000 enrollees, with a minimum of two	50 miles from each enrollee's residence
Core Specialists (for each of the types identified in section (2) of this rule)	0.2 per 1,000 enrollees	50 miles from each enrollee's residence
Non-Core Specialists	No requirement (<i>see section 4 of this rule</i>)	No requirement
Facilities (for each of the types identified in section (3) of this rule)	No requirement	50 miles from each enrollee's residence

(l) Complies with all requirements of the furnishing of Medicaid services

(6) An entity may request an exception from the requirements set forth in sections (1)-(5) of this rule. A decision to allow for any exception shall be in the sole discretion of the Medicaid Agency.

(7) On or before February 1, 2015, each entity with probationary regional care organization certification must submit a status report to the Medicaid Agency demonstrating how it intends to establish an adequate medical service delivery network by April 1, 2015.

(8) Not later than April 1, 2015, each entity with probationary regional care organization certification must demonstrate to the Medicaid Agency's approval the ability to establish an adequate service delivery network and provide appropriate assurances and supporting documentation that the organization satisfies the requirements of section (5) of this rule.

(9) Each entity must also submit documentation necessary to demonstrate that the RCO has the capacity to serve the expected enrollment in its service area and in accordance with Medicaid standards for access to care under this rule at the time it enters into a full-risk contract with the Medicaid Agency and at any time there has been a significant change in the entity's operations that would affect capacity and services.

(10) The Medicaid Agency may inspect or request additional documentation and information relating to the documentation submitted pursuant to this rule at any time to verify the information contained therein.

(11) Notwithstanding any provisions of this rule to the contrary, any probationary regional care organization, final regional care organization or alternate care provider shall be governed by federal access standards which may be found in their entirety in 42 CFR §§ 438.206 - 438.210 and which are hereby incorporated by reference and made a part of this rule as if set out in full and all provisions thereof are adopted as rules of the Medicaid Agency.

Author: Sharon Weaver, Administrator, Administrative Procedures Office.

Statutory Authority: Code of Alabama, 1975 Section 22-6-150 *et seq*; 42 CFR §§ 438.206 - 438.210.

History: New Rule: Filed July 18, 2014; effective August 21, 2014. **Amended:** Filed September 22, 2014.