

Nebraska Medicaid and Long-term Care
Heritage Health

Attachment 14 – Access Standards

Appointment Availability Access Standards

1. Emergency services must be available immediately upon presentation at the service delivery site, twenty-four (24) hours a day, seven (7) days a week. Members with emergent behavioral health needs must be referred to services within one (1) hour generally and within two (2) hours in designated rural areas.
2. Urgent care must be available the same day and be provided by the Primary Care Provider (PCP) or as arranged by the MCO.
3. Non-urgent sick care must be available within forty-eight (48) hours, or sooner if the member's medical condition(s) deteriorate into an urgent or emergent situation.
4. Family planning services must be available within seven (7) calendar days.
5. Non-urgent, preventive care must be available within four (4) weeks.
6. PCPs who have a one (1) physician practice must have office hours of at least twenty (20) hours per week. Practices with two (2) or more physicians must have office hours of at least thirty (30) hours per week.
7. For high-volume specialty care, routine appointments must be available no later than thirty (30) calendar days after referral. High volume specialists include cardiologists, neurologists, hematologists/oncologists, OB/GYNs, and orthopedic physicians. For other specialty care, consultation must be available no later than one (1) month after referral or as clinically indicated.
8. Laboratory and x-ray services must be available, after ordered, no later than three (3) weeks for routine appointments and twenty-four (24) hours (or as clinically indicated) for urgent care.
9. Maternity care must be available no later than fourteen (14) calendar days after request during the first trimester, no later than seven (7) calendar days after request during the second trimester, and no later than three (3) calendar days after request during the third trimester. For high-risk pregnancies, the member must be seen no later than three (3) calendar days after identification of high risk by the MCO or maternity care provider, or immediately if an emergency exists.
10. Urgent Care must be provided no later than twenty-four (24) hours from request [42 CFR §438.206(c)(1)(i)]; Urgent care may be provided directly by the primary care dentist or directed by the MCO through other arrangements.
11. Routine or preventative dental services must be provided no later than six (6) weeks of request of service.

Geographic Access Standards

1. The MCO must, at a minimum, contract with two (2) PCPs within thirty (30) miles of the personal residences of members in urban counties; one (1) PCP within forty-five (45) miles of the personal residences of members in rural counties; and one (1) PCP within sixty (60) miles of the personal residences of members in frontier counties.
2. The MCO must, at a minimum, contract with one (1) high-volume specialist within ninety (90) miles of personal residences of members. High-volume specialties include cardiology, neurology, hematology/oncology, obstetrics/gynecology, and orthopedics.
3. The MCO must secure participation in its pharmacy network of a sufficient number of pharmacies that dispense drugs directly to members (other than by mail order) to ensure convenient access to covered drugs.
 - a. In urban counties, a network retail pharmacy must be available within five (5) miles of ninety percent (90%) of members' personal residences.
 - b. In rural counties, a network retail pharmacy must be available within fifteen (15) miles of seventy percent (70%) of members' personal residences.
 - c. In frontier counties, a network retail pharmacy must be available within sixty (60) miles of seventy percent (70%) of members' personal residences.
4. The MCO must, at a minimum, contract with behavioral health inpatient and residential service providers with sufficient locations to allow members to travel by car or other transit provider and return home within a single day in rural and frontier areas. If it is determined by MLTC that no inpatient providers are available within the access requirements set forth in this Attachment, the MCO must develop alternative plans for accessing comparable levels of care, instead of these services, subject to approval by MLTC.
5. The MCO must, at a minimum, contract with an adequate number of behavioral health outpatient assessment and treatment providers to meet the needs of its members and offer a choice of providers. The MCO must provide access to a minimum of two (2) providers within thirty (30) miles of members' personal residences in urban areas; a minimum of two (2) providers within forty-five (45) miles of members' personal residences in rural counties, and a minimum of two (2) providers within sixty (60) miles of members' personal residences in frontier counties. If the rural or frontier requirements cannot be met because of a lack of behavioral health providers in those counties, the MCO must utilize telehealth options.
6. The MCO must contract with a sufficient number of hospitals to ensure that transport time will be the usual and customary, not to exceed thirty (30) minutes, except in rural and frontier areas where access time may be greater. If greater, the standard needs to be the community standard for accessing care, and exceptions must be justified and documented to MLTC on the basis of community standards.
7. The MCO must contract with a sufficient number of general optometrists to ensure that transport time will be the usual and customary, not to exceed thirty (30) minutes in urban areas, sixty (60) minutes in rural areas, and ninety (90) minutes in frontier areas.
8. The MCO must contract with a sufficient number of ophthalmologists to ensure that

transport time will be the usual and customary, not to exceed thirty minutes in urban areas, and 90 minutes in rural/frontier areas.

*The classification of counties according to urban, rural, and frontier status is included as Attachment 2, with classifications based upon data from the most recent U.S. Census. *

Access Standards – Dental

1. Waiting Times and Timely Access

- a. The MCO must ensure that its network providers have an appointment system for core dental benefits and services and/or expanded services in accordance with prevailing dental community standards.
- b. Formal policies and procedures establishing appointment standards must be submitted for initial review and approval during the readiness review process. Revised versions of these policies and procedures should be submitted to MLTC for record keeping purposes as they become relevant. If changes to policies and procedures are expected to have a significant impact on the provider network or member services, MLTC staff must be notified in writing thirty (30) calendar days before implementation. Methods for educating both the providers and the members about appointment standards must be addressed in these policies and procedures. The MCO must disseminate these appointment standard policies and procedures to its in-network providers and to its members. The MCO must monitor compliance with appointment standards and must have a corrective action plan when appointment standards are not met.
- c. Wait times for scheduled appointments should not routinely exceed forty-five (45) minutes, including time spent in the waiting room and the examining room, unless the provider is unavailable or delayed because of an emergency. If a provider is delayed, the member should be notified immediately. If a wait of more than ninety (90) minutes is anticipated, the member should be offered a new appointment.
- d. The MCO must establish processes to monitor and reduce the appointment no-show rate for primary care dentists. This information must be provided to MLTC during the readiness review process. As best practices are identified, MLTC may require implementation by the MCO.
- e. The MCO must have written policies and procedures about educating its provider network about appointment time requirements and provide these to MLTC for approval during the readiness review process. The MCO must develop a corrective action plan when appointment standards are not met; if appropriate, the corrective action plan should be developed in conjunction with the provider [42 CFR §438.206(c)(1)(iv), (v) and (vi)]. Appointment standards must be included in the Provider Manual. The MCO is encouraged to include the standards in the provider contracts.

2. Geographic Access Standards - Dental

a. Dentists

The MCO must, at a minimum, contract with:

- i. Two (2) general dentists within forty-five (45) miles of the

personal residences of members in urban counties.

ii. One (1) general dentist within sixty (60) miles of the personal residences of members in rural counties.

iii. One (1) general dentist within one hundred (100) miles of the personal residences of members in frontier counties.

b. The MCO must, at a minimum, contract with following dental specialists:

- i. One (1) oral surgeon, one (1) orthodontist, one (1) periodontist, one (1) endodontist, one (1) prosthodontist, and One (1) pediadontist within forty-five (45) miles of eighty-five percent (85%) of the personal residences of members in urban counties;
 - ii. One (1) oral surgeon, one (1) orthodontist, one (1) periodontist, one (1) endodontist, one (1) prosthodontist, and one (1) pediadontist within sixty (60) miles of seventy-five percent (75%) of the personal residences of members in rural counties; and
 - iii. One (1) oral surgeon, one (1) orthodontist, one (1) periodontist, one (1) endodontist, one (1) prosthodontist, and one (1) pediadontist within one hundred (100) miles of seventy-five (75%) of the personal residences of members in frontier counties.
- c. Urban, rural, and frontier county designations are detailed in Attachment 2 – Nebraska Counties Classified by Urban/Rural/Frontier Status.