

Access Standards

NHCAR Ins. 2701.09(g)(5)

The health carrier's process for monitoring and assuring on an ongoing basis the sufficiency of its network to meet the health care needs of persons who enroll in managed care plans.

This information is provided as part of Harvard Pilgrim's 2017 Health Care Access Report as required by the State of New Hampshire's network adequacy requirements.

Member Access Standards for the Number and Geographic Distribution of PCPs and High Volume/ High Impact Specialists Policy

Policy Title Member Access Standards for the Number and Geographic Distribution of PCPs and Specialists

Date of Issue May 2002

Revision Date September 2002

April 2003

May 2004

November 2004

August 2005

March 2006

February 2007

February 2008

February 2009

February 2010

February 2012

February 2013

February 2014

February 2015

January 2016

Policy Harvard Pilgrim Health Care (HPHC) maintains specific provider access standards for the number and geographic distribution of primary care providers and the top five highest volume specialists*, as well as high impact specialists, to ensure that adequate access is provided for the commercial and Medicare membership.

The access standards have been developed and are maintained according to each unique service area's requirement for the commercial membership.

The specific access standards are as denoted below:

Massachusetts Standards

• **Urban/Suburban Areas**

- PCPs: 95% compliance with 2 choices of each PCP type within 8 miles of a member's residence.
- High Volume Specialists: 95% compliance with 2 choices of each high-volume specialty type within 10 miles of a member's residence.
- Oncologists: 95% compliance with 2 choices of oncologists within 10 miles of a member's residence.

• **Rural Areas**

- PCPs: 95% compliance with 2 choices of each PCP type within 15 miles of a member's residence.
- High Volume Specialists: 95% compliance with 2 choices of each high-volume specialty type within 20 miles of a member's residence.
- Oncologists: 95% compliance with 2 choices of oncologists within 20 miles of a member's residence.

* The Maine access standards for specialists listed in this Policy apply to all Maine specialty providers and are not limited to high volume and high impact specialists.

Maine Access Standards

- **Urban/Suburban/Rural Areas**

- The state of Maine regulatory requirements Rule 850 apply.
 - PCPs: 1 choice of each PCP type within 25 miles of a member's residence in areas connected by interstate highways; 1 choice of each PCP type within 20 miles of a member's residence in areas with primary roads available; and 1 choice of each PCP type within 15 miles of a member's residence in areas with only secondary roads available.
 - Specialists: 1 choice of each high-volume specialty type within 50 miles of a member's residence in areas connected by interstate highway; 1 choice of each high-volume specialty type within 40 miles of a member's residence in areas with primary roads available; and 1 choice of each high-volume specialty type within 30 miles of a member's residence in areas with only secondary roads available.
 - Oncologists: 1 choice oncologist within 50 miles of a member's residence in areas connected by interstate highway; 1 choice of oncologist within 40 miles of a member's residence in areas with primary roads available; and 1 choice oncologist within 30 miles of a member's residence in areas with only secondary roads available.

New Hampshire Standards

- **Urban/Suburban/Rural Areas**

- The state of New Hampshire regulatory requirement Network Adequacy Rule applies.
 - PCPs: 90% compliance with 2 choices of each PCP type within 15 miles of a member's residence
 - High Volume Specialists: 90% compliance with 1 specialist of each high-volume specialty type within 45 miles of a member's residence.
 - Oncologists: 90% compliance with 1 oncologist within 45 miles of a member's residence.

Rhode Island Standards

- **Urban/Suburban Areas**

- PCPs: 95% compliance with 2 choices of each PCP type within 8 miles of a member's residence.
- High Volume Specialists: 95% compliance with 2 choices of each high-volume specialty type within 10 miles of a member's residence.
- Oncologists: 95% compliance with 2 oncologists within 10 miles of a member's residence.

- **Rural Areas**

- PCPs: 95% compliance with 2 choices of each PCP type within 15 miles of a member's residence.
- High Volume Specialists: 95% compliance with 2 choices of each high-volume specialty type within 20 miles of a member's residence.
- Oncologists: 95% compliance with 2 oncologists within 20 miles of a member's residence.

Connecticut Standards

- **Urban/Suburban Areas**

- PCPs: 95% compliance with 2 choices of each PCP type within 8 miles of a member's residence.
- High Volume Specialists: 95% compliance with 2 choices of each high-volume specialty type within 10 miles of a member's residence.

- Oncologists: 95% compliance with 2 choices of each high-volume specialty type within 10 miles of a member's residence.
- **Rural Areas**
 - PCPs: 95% compliance with 2 choices of each PCP type within 15 miles of a member's residence.
 - High Volume Specialists: 95% compliance with 2 choices of each high-volume specialty type within 20 miles of a member's residence.
 - Oncologists: 95% compliance with 2 oncologists within 20 miles of a member's residence.

Mental Health Standards for all Service Areas - Delegated

Procedure

HPHC will utilize geo-access mapping software to analyze, on a quarterly basis, its service area against the number and geographic distribution of PCPs and high volume specialists policy to ensure compliance with policy and/or to determine actions/interventions required for improvement.

Actions and interventions required to conform to the policy standards will be documented and presented to a senior level management for review and approval.

HPHC will report, no less than annually, to a senior level quality committee regarding its performance against policy and the results of all actions or interventions undertaken to ensure policy compliance.

Additional Considerations

HPHC will utilize member satisfaction survey data and member concern's data to determine the member's perception of the access to PCPs and high volume specialists. This information will be presented, no less than annually, to a senior level quality committee to be reviewed in conjunction with the geo-access analysis in determining HPHC's overall access performance for PCPs and high volume specialists.

Exceptions

In the most rural parts of HPHC's service areas it is not possible to meet HPHC's access standards due to the unavailability of providers practicing in a given area. In these areas, HPHC will make best efforts to provide its members with access to PCPs and specialists given the availability of providers contained within these geographies.

Exceptions to the standards will be based upon the review, analysis, cause of deficiency and result of actions taken within each of the HPHC service areas. To the extent that all reasonable actions have been taken to meet the standard and further actions are not possible to increase the access to the standard, the senior level quality committee shall be responsible for approving the exception during its annual review.

References

High Volume Specialists Determination Policy
Maine Regulatory Rule 850
New Hampshire Network Adequacy Rule

Policy Review

This policy will be reviewed and approved no less than once per calendar year by the senior level quality committee. The date of this review will be documented in the Revision Date section above.

Standards for the Ratio of PCPs and Specialists to Members Policy

Policy Title Ratio of PCPs and Specialists to Members

Date of Issue June 2016

Policy Harvard Pilgrim Health Care (HPHC) maintains ratios for the number of primary care providers and for the highest volume specialists* to members to ensure that adequate access is provided for the commercial and Medicare membership. These ratios are measured as a combination of HMO/POS/PPO membership.

The standards have been developed and are maintained according to each unique service area's requirement for the commercial membership.

The specific standards are as denoted below:

Massachusetts Standards

- PCPs:
 - Family & General Practice: 1 PCP for every 700 members.
 - Internal Medicine: 1 PCP for every 700 members.
 - Pediatricians: 1 PCP for every 700 members.
- High Volume Specialists:
 - OB/GYNs: 1 specialist for every 1000 members.
 - Cardiologists: 1 specialist for every 1000 members.
 - Dermatologists: 1 specialist for every 2000 members.
 - Orthopedic Surgeons: 1 specialist for every 1500 members.
 - Ophthalmologists: 1 specialist for every 1500 members.

Maine Access Standards

- PCPs:
 - Family & General Practice: 1 PCP for every 800 members.
 - Internal Medicine: 1 PCP for every 800 members.
 - Pediatricians: 1 PCP for every 800 members.
- High Volume Specialists:
 - OB/GYNs: 1 specialist for every 1000 members.
 - Cardiologists: 1 specialist for every 1000 members.
 - Dermatologists: 1 specialist for every 3000 members.
 - Orthopedic Surgeons: 1 specialist for every 1000 members.
 - Ophthalmologists: 1 specialist for every 1500 members.
 - Gastroenterologists: 1 specialist for every 1500 members.

New Hampshire Standards

- PCPs:
 - Family & General Practice: 1 PCP for every 1000 members.
 - Internal Medicine: 1 PCP for every 1000 members.
 - Pediatricians: 1 PCP for every 1000 members.
- High Volume Specialists:
 - OB/GYNs: 1 specialist for every 1500 members.
 - Cardiologists: 1 specialist for every 1500 members.

* The Maine access standards for specialists listed in this Policy apply to all Maine specialty providers and are not limited to high volume specialists.

- Dermatologists: 1 provider for every 3000 members.
- Orthopedic Surgeons: 1 provider for every 1500 members.
- Ophthalmologists: 1 provider for every 3000 members.

Rhode Island Standards

- PCPs:
 - Family & General Practice: 1 PCP for every 300 members.
 - Internal Medicine: 1 PCP for every 300 members.
 - Pediatricians: 1 PCP for every 300 members.
- High Volume Specialists:
 - OB/GYNs: 1 specialist for every 300 members.
 - Cardiologists: 1 specialist for every 300 members.
 - Dermatologists: 1 specialist for every 300 members.
 - Orthopedic Surgeons: 1 specialist for every 300 members.
 - Ophthalmologists: 1 specialist for every 300 members.

Connecticut Standards

- PCPs:
 - Family & General Practice: 1 PCP for every 700 members.
 - Internal Medicine: 1 PCP for every 700 members.
 - Pediatricians: 1 PCP for every 700 members.
- High Volume Specialists:
 - OB/GYNs: 1 specialist for every 1000 members.
 - Cardiologists: 1 specialist for every 1000 members.
 - Dermatologists: 1 specialist for every 2000 members.
 - Orthopedic Surgeons: 1 specialist for every 1500 members.
 - Ophthalmologists: 1 specialist for every 1500 members.

Mental Health Standards for all Service Areas - Delegated

Procedure

HPHC will compare, on a quarterly basis, its service area against the number and geographic distribution of PCPs and high volume specialists policy to ensure compliance with policy and/or to determine actions/interventions required for improvement.

Actions and interventions required to conform to the policy standards will be documented and presented to a senior level management for review and approval.

HPHC will report, no less than annually, to a senior level quality committee regarding its performance against policy and the results of all actions or interventions undertaken to ensure policy compliance.

Additional Considerations

HPHC will utilize member satisfaction survey data and member concern's data to determine the member's perception of the access to PCPs and high volume specialists. This information will be presented, no less than annually, to a senior level quality committee to be reviewed in conjunction with the geo-access analysis in determining HPHC's overall access performance for PCPs and high volume specialists.

Exceptions

Exceptions to the standards will be based upon the review, analysis, cause of deficiency and result of actions taken within each of the HPHC service areas. To the extent that all reasonable actions have been taken to meet the standard and further actions are not

possible to increase the access to the standard, the senior level quality committee shall be responsible for approving the exception during its annual review.

References	High Volume Specialists Determination Policy Maine Regulatory Rule 850 New Hampshire Network Adequacy Rule
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