

APPENDIX 15: NETWORK ADEQUACY STANDARDS – TIME AND DISTANCE AND RATIO STANDARDS

Provider Network Adequacy Standards											
	Large Metro		Metro		Micro		Rural		Counties with Extreme Access Considerations		All
	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	Minimum Provider: Enrollees Ratio
Primary Care – Adult*	10	5	15	10	30	20	40	30	70	60	1:500**
Primary Care – Pediatric*	10	5	15	10	30	20	40	30	70	60	1:500**
Hospital*	20	10	30	30	30	30	60	60	110	100	
Gynecology, OB/GYN*	10	5	15	10	30	20	40	30	70	60	
Cardiology	20	10	30	30	30	30	60	60	95	85	
Neurology	20	10	30	30	30	30	60	60	110	100	
Oncology – Medical, Surgical	20	10	30	30	30	30	60	60	110	100	
Oncology – Radiation	30	15	60	40	100	75	110	90	145	130	
Orthopedics/Orthopedic Surgery	20	10	30	30	30	30	60	60	95	85	
Occupational Therapy	20	10	45	30	80	60	75	60	110	100	
Physical Therapy	20	10	45	30	80	60	75	60	110	100	
Speech Therapy	20	10	45	30	80	60	75	60	110	100	
Outpatient Clinical Mental Health (Licensed, Accredited, or Certified Professionals) – Adult***	10	5	15	10	30	20	40	30	70	60	

Outpatient Clinical Mental Health (Licensed, Accredited, or Certified Professionals) – Pediatric***	10	5	15	10	30	20	40	30	70	60	
Psychiatry (including Psychiatrists, Psychiatric/ Mental Health Nurse Practitioners) – Adult***	20	10	45	30	60	45	75	60	110	100	
Psychiatry (including Psychiatrists, Psychiatric/ Mental Health Nurse Practitioners) – Pediatric***	20	10	45	30	60	45	75	60	110	100	
Dentistry: General Dentist	30	15	30	30	30	30	40	40	120	120	Kalkaska [1:692] Missaukee [1:873] Schoolcraft [1:806] All other counties [1:650]
Dentistry: Endodontics	30	15	60	60	60	60	120	120	120	120	
Dentistry: Oral Surgery	30	15	60	60	60	60	120	120	120	120	
Dentistry: Periodontics	30	15	60	60	60	60	120	120	120	120	
Dentistry: Prosthodontics	30	15	60	60	60	60	120	120	120	120	
Pharmacy	10	5	15	10	30	20	40	30	40	30	
<i>To be counted in the Primary Care Provider (PCP) or General Dentistry ratio calculation, a provider must be enrolled in Medicaid and must be at least full-time (i.e., minimum of 20 hours per week per practice location).</i>											

*Must have minimum of **2 providers** within the time/distance standards in the **Large Metro** and **Metro** counties.

**Except when standard cannot be met because a geographic area does not have sufficient PCPs to meet this standard.

***Consistent with Covered Services and MHP responsibilities as defined in the Contract (including but not limited to Appendix 7).

Provider Network Exceptions

Exceptions, if any, to these time and distance standards will be granted at the sole discretion of MDHHS and considered based on the number of Providers practicing in the identified type/specialty in the MHP service area and in consideration of the following:

- a) For adult and pediatric PCPs, gynecologists and OB/GYNs, specialists, mental health providers, and other non-hospital providers listed in the standards above:
 - i) Whether the availability of providers in the service area is limited in number and type, especially in areas designated as Health Professional Shortage Areas.
 - ii) The geographic designation of the service area (e.g., the extent to which the service area is rural).
 - iii) Whether telehealth services are available in the identified specialty.
 - iv) The service delivery pattern of the service area.
 - v) Payment rates offered by the Contractor to the identified specialty/provider type.
- b) For hospitals:
 - i) The availability of hospitals located within the service area.
 - ii) The Contractor's ability to contract with hospitals located within the Contractor's service area.
 - iii) Payment rates offered by the Contractor to hospitals located within the Contractor's service area.

County Designation

Plans should utilize the most updated "HSD Reference File" for county designations that can be located with the "Downloads" section of the following CMS page.

<https://www.cms.gov/medicare/health-drug-plans/medicare-advantage-application>

The county designations in use are Large Metro, Metro, Micro, Rural and CEAC (Counties with Extreme Access Considerations).

APPENDIX 16: NETWORK ADEQUACY STANDARDS – TIMELY ACCESS STANDARDS

Timely Access Standards	
Type of Care / Appointment	Length of Time
Emergency Services	Immediately, 24 hours per day 7 days per week
Urgent Care	Within 48 hours
Routine Care	Within 30 business days of request
Non-Urgent Symptomatic Care	Within 7 business days of request
Specialty Care	Within 6 weeks of request
Acute Specialty Care	Within 5 business days of request
Mental Health*	Routine care within 10 business days of request
	Non-life-threatening emergency within 6 hours of request
	Urgent care with 48 hours of request
Prenatal Care – Initial Prenatal Appointment**	If enrollee is in first or second trimester: Within 7 business days of enrollee being identified as pregnant
	If enrollee is in third trimester: Within 3 business days of enrollee being identified as pregnant
	If there is any indication of the pregnancy being high risk (regardless of trimester): Within 3 business days

* Consistent with Covered Services and MHP responsibilities as defined in the Contract (including but not limited to Appendix 7).

**Appointment should be with Obstetrician, PCP, certified nurse midwife, or other advanced practice registered nurse with experience, training, and demonstrated competence in prenatal care.

Dental Timely Access Standards	
Type of Care / Appointment	Length of Time
Emergency Dental Services	Immediately, 24 hours per day 7 days per week
Urgent Dental Care	Within 48 hours
Routine Dental Care	Within 21 business days of request
Preventive Dental Services	Within 6 weeks of request
Initial Dental Appointment	Within 8 weeks of request

APPENDIX 17: PROVIDER DIRECTORY LISTING REQUIREMENTS

Provider Directory Listing Requirements	Requirements by Provider Type					
	Health Professionals (PCPs & Specialists)	Hospitals	Pharmacies	Facilities	Medical Suppliers and Other Ancillary Health Providers	NEMT
<i>Directory must give enrollees the option to search Medicaid providers by county</i>						
Name	Provider Name	Hospital Name	Pharmacy Name	Facility Name	Health Provider Name	NEMT Provider Name
Address	Yes	Yes	Yes	Yes	Yes	Optional
Telephone Number	Yes	Yes	Yes	Yes	Yes	Yes
Website URL (as applicable)	Yes	Yes	Yes	Yes	Yes	Yes
Cultural and Linguistic Capabilities (including American Sign Language)	Yes	Yes	Yes	Yes		Yes
Whether provider's office accommodates persons with physical disabilities (including offices and exam rooms)	Yes	Yes	Yes	Yes		Yes
Whether accepting children and youth with chronic health conditions, including CSHCS Enrollees	Yes					
Whether accepting young adults with chronic health conditions, including CSHCS Enrollees	Yes					
Specialty(s)	Specialty(s)	Hospital Type		Facility Type		
Board Certification	Yes	Hospital Accreditation				
Additional office locations (as applicable)	Yes					
Gender	Yes					
Medical Group affiliation (as applicable)	Yes					
Office Hours	Yes					Yes
Whether accepting new patients (include any restrictions)	Yes					

Languages spoken other than English	Yes					Yes
Whether the provider has completed cultural competency training	Yes					
Whether the provider is enrolled in Vaccines for Children (VFC) program	Yes					
Whether provider offers telehealth (Effective 7/1/2025)	Yes					