CORPORATE POLICY & PROCEDURE

Department: Provider Network	Policy Name: PN9 - Monitoring Network Access
	Policy Number: PN9
Version: 5	Creation Date: 01/15/2018
Revised Date: 6/28/18, 10/11/19, 6/9/21, 4/30/2025	

Line of Business: ☐ All

☒ Umpqua Health Alliance	☐ Umpqua Health Management
☐ Umpqua Health - Newton Creek	☒ Umpqua Health Network

Approved By: Jamie Smith Reese (Compliance Officer)   Date: 4/30/2025

POLICY STATEMENT

Umpqua Health Alliance (UHA) and Umpqua Health Network (UHN) are committed to maintaining and monitoring a network of participating providers that is sufficient in number and geographic distribution to ensure adequate service capacity to provide available and timely access to medically appropriate covered services for members receiving adequate and accessible care in accordance with Oregon Administrative Rules (OAR) 309-019-0135 and 410-141-3515, the Code of Federal Regulations (CFR) and Coordinated Care Organization Contract (CCO Contract).

PURPOSE

To ensure all UHA members have access to a provider network that meets the needs of its members and potential members. UHA regularly monitors its provider network to determine appropriate number of providers to ensure member access to a full continuum of physical, behavioral health, and oral health services throughout UHA's service area.

RESPONSIBILITY

Provider Network

DEFINITIONS

Rural: A geographic area that is ten or more map miles from a population center of 30,000 people or less.

Urban: A geographic area that is less than ten map miles from a population center of 30,000 people or more.

PROCEDURES

1. UHA monitors and evaluates member access including, but not limited to:
   a. The availability of network providers within time and distance standards, adherence to standards for waiting time to appointment for primary care, specialty care, oral health care, and behavioral health services.
   b. The availability of language services, physical access, reasonable accommodations, and accessible equipment for members or potential members with limited English proficiency or physical and mental disabilities.
      i. UHA is partners with Certified Languages International (CLI) and Linguava Interpreters Services. UHA will cover the cost for the use of

language services for all eligible members including the use of Oregon certified or Oregon qualified interpreters.

    ii. UHA shall ensure UHA will cover the cost for the use of language services for all eligible members including the use of Oregon certified or Oregon qualified interpreters.

    iii. For an individual with a disability, qualified interpreters can include sign language interpreters, oral transliterators, and cued language transliterators as defined in 45 CFR 92.4.

    iv. Access-to-Care survey results and grievance data will be used to monitor language services and reasonable accommodation.

2. UHA monitors capacity and access at least quarterly to improve access and manage access in times of reduced participating provider capacity.

3. UHA ensures all members can access providers within acceptable travel time or distance to patient-centered primary care homes (PCPCH) or primary care providers (PCP); primary care, adult and pediatric; OB/GYN; behavioral health (mental health and substance use disorders), adult and pediatric; specialists, adult and pediatric; hospital; pharmacy; oral care, adult and pediatric; and additional provider types when it promotes the objectives of the Oregon Health Authority (OHA).

4. Acceptable travel times and distances may not exceed the following, unless otherwise approved by OHA:

    a. In urban areas, 30 miles, or 30 minutes.

    b. In rural areas, 60 miles, or 60 minutes.

5. Monitoring.

    a. UHA will monitor, at least quarterly, the following access standards as further outlined in UHA's PN7 – Network Adequacy policy:

        i. A report on contracted primary care providers (PCP) shall be run to determine the following:

            1. Travel time for member to PCP: At least 90% of UHA's member within 30 minutes urban/60 minutes rural of PCP (OAR 410-141-3515(7);

            2. Distance for member to PCP: At least 90% of UHA's members within 30 miles urban/60 miles rural of PCP (OAR 410-141-3515(7); and

            3. Member-to-PCP ratio.

        ii. UHA's member-to-PCP ratio shall not exceed 1,500 members per PCP.

        iii. No clinic shall have greater than 1,500 members per PCP.

    b. A report on contracted specialists, hospitals, and facilities shall be run to determine the following, in accordance with OAR 410-141-3515(7):

        i. Oral care – within 60 minutes or 60 miles of member.

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      ii.   Endocrinology – within 60 minutes or 60 miles of member.

     iii.   Gynecology (OB/GYN) – within 60 minutes or 60 miles of member.

     iv.   Infectious diseases – within 60 minutes or 60 miles of member.

      v.   Oncology (Medical/Surgical) – within 60 minutes or 60 miles of member.

     vi.   Oncology (Radiation/Radiology) – within 60 minutes or 60 miles of member.

    vii.   Behavioral health (mental health and substance use disorder) – within 60 minutes or 60 miles of member.

   viii.   Adult and pediatric – within 60 minutes or 60 miles of member.

     ix.   Cardiology – within 60 minutes or 60 miles of member.

      x.   Rheumatology – within 60 minutes or 60 miles of member.

     xi.   Pharmacy - within 60 minutes or 60 miles of member.

    xii.   Hospitals – within 60 minutes or 60 miles of member.

   xiii.   Outpatient Dialysis – within 60 minutes or 60 miles of member.

   xiv.   Inpatient Psychiatric Facility Services – within 60 minutes or 60 miles of member.

    xv.   Any additional provider types – within 60 minutes or 60 miles of member.

6. UHA will monitor the above several ways, including, but not limited to, the following:
   a. Running and reviewing geomapping reports;
   b. Preparing and reviewing member-to-PCP reports;
   c. Percentage of contracted providers accepting new members;
   d. Wait times to appointment (including specific data for behavioral health wait times);
   e. Hours of operation;
   f. Behavioral health dashboard; and
      i. Pregnant women and IV drug users shall be provided with an immediate assessment and intake;
      ii. Those with opioid use disorders shall be provided with an assessment and intake within 72 hours;
      iii. Veterans and their families shall be provided with an immediate assessment and intake;
      iv. Those requiring medication assisted treatment shall be provided with an assessment and induction no more than 72 hours, but UHA shall undertake and document efforts to provide care as soon as possible and consider providing intensive care coordination (ICC) services as applicable under OAR 410-141-3870.
      v. UHA shall monitor the provider network to ensure that members who are aged, blind, or disabled, or who have complex or high health care needs, multiple chronic conditions, behavioral health issues, or who are children

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receiving Oregon Health Authority (OHA) or Oregon Youth Authority (OYA) services have access to primary care, oral care, behavioral health providers, and referral, and involve those members in accessing and managing appropriate preventive, health, remedial, and supportive care and services. Additionally, UHA monitors to ensure that members have:

1. Access to providers of pharmacy, hospital, vision, ancillary, and behavioral health services.
2. Priority access for pregnant women and children ages birth through five (5) years to health services, developmental services, early intervention, targeted supportive services, and behavioral health treatment.

g. Other means necessary to determine adequate access for its network and also for providers.

h. If any of the findings found pursuant to the process above do not comply with OAR 410-141-3515(7), CCO Contract, or PN7 - Network Adequacy policy, UHA shall proactively work to identify ways to ensure its network meets the access standards identified in PN7- Network Adequacy policy.

i. If there are additional in-area providers of that specialty, Provider Network shall work to contract with those in-area providers to reduce the time or distance for members.

j. If there are no additional in-area providers of that specialty, Provider Network shall work to contract out-of-area providers of that specialty to increase access if it decreases the time or distance for members.
   i. For those services to which UHA has delegated to a subcontractor, the subcontractor shall comply with the applicable access to care requirements as outlined in the CCO Contract and UHA's PN7 - Network Adequacy policy.

k. Delegated entities should monitor their network at least quarterly to ensure compliance with the OARs and UHA's PN7 - Network Adequacy policy. The delegated entities shall provide the quarterly report to Provider Network and shall attest that they are complying with UHA's PN7- Network Adequacy policy.
   i. UHA retains all legal responsibility and does not have the right to subcontract the responsibility for monitoring and oversight of subcontracted activities.

7. Enrollment Forecasting and Utilization Planning
Based upon anticipated Medicaid enrollment and utilization trends our CCO measures enrollment monthly to identify fluctuations and growth patterns that could impact access to care. This data is used in real time to adjust recruitment efforts and ensure network

adequacy. Predictive modeling also informs expected utilization of services in alignment with **ORS 414.609**.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Provider Network	NA	NA	NA	NA