**NC Medicaid**

**Report Information**

Report Name: Provider Network Geographical Mapping Report

Report Description: Periodic report demonstrating the geographical location of providers in the Provider Network in relationship to where Medicaid Members live.

Report ID: PRV005-J

Subject Matter: Provider

Reporting Frequency: Quarterly & Annually

Report Due Date: Annually on July 30th to report on the previous state fiscal year (July 1 – June 30) (or on the next business day if that day falls on a holiday and/or a weekend) or as otherwise required by DHHS

File Naming Convention: PHPID\_ PRV005-J-##\_Prvdr Network Geo Map Rpt YYYY\_MMDD

File Format: Text Document

**PHP Information**

PHP ID:

PHP Name:

PHP Contact:

PHP Contact Email:

Report Period Start Date:

Report Period End Date:

Date Completed:

*(This plan can be submitted in any format, but the report must have the maps and tables specified in Section XX – Geo Mapping imbedded in the report. See instructions in Appendix XX – Report Attestation and Files.)*

**Section I - Definitions and Instructions:**

**Please review the following instructions prior to creating report**

**(For detailed instructions refer to the PHP reporting guide.)**

1. File naming convention: < PHPID\_ PRV005-J-##\_Prvdr Network Geo Map Rpt YYYY\_MMDD >
2. Report file must be submitted electronically using the NCMT\_Interim Document Submission Process\_20190204\_v1.0
3. Follow the instructions for each section and refer to the Resource Appendices when completing the items for this report.
4. Prepare geographical network reports addressing all Provider types listed in Section II – Geo-Mapping according to instructions.
5. Attach clearly labeled maps and tables related to the number and distribution of Network Providers to meet the contractual requirements summarized in Appendix B – Network Time/Distance Standards
6. Produce the required maps and associated County tables utilizing the most recent version of a geo-mapping software program and updated periodically as appropriate.
7. Do not alter/tamper the format of the report in any way.
8. Any instructions or definitions not followed will result in rejected reports.
9. The report requires the submission of a signed attestation and related files under Section III.
10. The report has four (4) appendices found in Section IV
    1. Appendix A – Network Time/Distance Standards
    2. Appendix B – Definitions
    3. Appendix C – NC Medicaid Managed Care PHP Regions
    4. Appendix D – NC Counties with Region and Urban/Rural Designation

***DELETE ALL APPENDICES (A, B, C, AND D) BEFORE SUBMITTING THE REPORT***

1. Use the specified definitions of adult/pediatric age ranges, PCP provider, access to OB/GYN providers, and BH services the applicable section of the PHP Contract, including but not limited to Section VII - Attachment F Network Adequacy Standards. Such definitions are also summarized in Appendix XX – Definitions of this report.
2. Any provider with a single case agreement cannot and should not be included in any of the PHP's network related reports.
3. Submit as a companion to the annual Access Plan or as otherwise required, and should be accompanied by the Provider Network Data File used to calculate this report and maps demonstrating access per instructions in the PHP Provider Network Instructions.

**Section II – Geo Mapping**

1. **GEO Mapping**: The process of finding associated geographic coordinates (often expressed as latitude and longitude) from other geographic data, such as street addresses or zip codes (postal codes). With geographic coordinates the features can be mapped and entered into Geographic Information Systems or coordinates can be embedded into media. The PHP shall submit GEO mapping reports annually to identify compliance with urban and rural access standards and to demonstrate geographic network capacity. GEO mapping and coding shall additionally be provided upon significant change of the network or upon request by DHHS.
   1. Produce the required maps and associated County tables utilizing the most recent version of a geo-mapping software program and updated periodically as appropriate.
   2. Use the most recent eligibility files provided by DHHS and most recent enrollee data to geocode each Member by street address.
   3. Geocode provider network street addresses. Identifying providers at zip code centroids or randomly within zip codes is not acceptable.
   4. If more than one Provider is located at the same address, all Providers at that address should have the same geographic coordinates.
   5. Physicians should be classified based on their primary specialty only. For example, a pediatric cardiologist should be classified as a cardiologist, not a pediatrician.
   6. For PCPs, only include providers that operate as a Full-Time PCP.
   7. For calculating distance (miles) the PHP must use the maximums for the amount of time it takes a Member using usual travel means in a direct route to travel from their home to the Provider.
   8. For calculating time (minutes) the PHP must use the times estimated in the geo-mapping software program as the amount of time it takes a Member using usual travel means in a direct route to travel from their home to the Provider.
   9. DHHS recognizes that transportation with vendors may not always follow direct routes due to multiple passengers.
2. **Maps**: For each type of service with a designated time/distance standard in Appendix A – Network Time/Distance Standards, the PHP must include two statewide maps of providers. The first **Map** (#1) must include all applicable providers within the time and distance standards for enrollees residing in Urban Counties and the second **Map** (#2) must include all applicable providers within the time and distance standards for enrollees residing in Rural Counties.
3. The PHP shall utilize radius (circle) plot formatting to depict providers within required access ranges as opposed to dot plotting.
4. The statewide **Maps** should be clearly labeled according to the format described here. For example:
   1. Map A1 = Adult Primary Care access for enrollees age 21 and over in Urban Counties
   2. Map A2 = Adult Primary Care access for enrollees age 21 and over in Rural Counties
5. **All provider/ancillary maps/tables should be reported in a comparable format.**
6. **Tables**: For each County, the PHP must report the time and distance from the Members’ residences that the 95th percentile of their total applicable enrolled membership must travel to reach a contracted provider for each of the applicable services. For each County with less than 95% of Members with access according to the standards, the PHP must submit a Network Adequacy Exception Request.
7. The **Tables** should be compiled and labeled according to the following format:
   1. Table A1 = % of adult enrollees age 21 and over in each Urban County with access to 2 or more Adult Primary Care providers within the time and distance standards summarized in Appendix A – Network Time/Distance Standards.
   2. Table A2 = % of adult enrollees age 21 and over in each Rural County with access to 2 or more Adult Primary Care providers within the time and distance standards summarized in Appendix A – Network Time/Distance Standards.
   3. Table B1 = % of pediatric enrollees in each Urban County with access to 2 or more pediatric Primary Care providers within the time and distance standards summarized in Appendix A – Network Time/Distance Standards.
   4. Table B2 = % of pediatric enrollees in each Rural County with access to 2 or more pediatric Primary Care providers within the time and distance standards summarized in Appendix A – Network Time/Distance Standards.
8. **All provider/ancillary maps/tables should be reported in a comparable format.**
9. **Specifications**
10. **Adult Primary Care access (for members age 21 or older)** – see definitions appendix and include only the following types of providers in developing the maps and tables. If a provider has an age range that does not include individuals age 21 and older, do not include the provider in these maps and tables.
    1. Family/General Practice
    2. Internal Medicine PCP
    3. Federally Qualified Health Center (FQHC)
    4. Rural Health Center (RHC)
    5. Local Health Department (LHD)
    6. OB/GYN PCP (including Certified Nurse Midwife)
    7. Physician Assistant
    8. Nurse Practitioner
11. **Pediatric Primary Care access (for members less than age 21)** – see definitions appendix and include only the following types of providers in developing the maps and tables. If a provider has an age range that does not include individuals less than age 21, do not include the provider in these maps and tables.
    1. Pediatrician
    2. Family/General Practice
    3. Internal Medicine PCP
    4. Federally Qualified Health Center (FQHC)
    5. Rural Health Center (RHC)
    6. Local Health Department (LHD)
    7. Physician Assistant
    8. Nurse Practitioner
12. **Specialty Care access** – must demonstrate separately for both adult members (members age 21 or older) and pediatric members (for members less than age 21) for each of the the following types of providers in developing the maps and tables.
    1. Allergy/Immunology
    2. Anesthesiology
    3. Cardiology
    4. Dermatology
    5. Endocrinology
    6. ENT/Otolaryngology
    7. Gastroenterology
    8. General Surgery
    9. Infectious Disease
    10. Hematology
    11. Nephrology
    12. Neurology
    13. Oncology
    14. Ophthalmology
    15. Optometry
    16. Orthopedic Surgery
    17. Pain Management (Board Certified)
    18. Psychiatry
    19. Pulmonology
    20. Radiology
    21. Rheumatology
    22. Urology
13. **Hospital access**– must demonstrate separately for both adult members (members age 21 or older) and pediatric members (for members less than age 21) and include only the following types of providers in developing the maps and tables.
    1. General Acute Care
    2. Children’s hospital
14. **Pharmacy access** include only the following types of providers in developing the maps and tables.
    1. Pharmacies
15. **OB/GYN access (female members age 21 or over only)** – see definitions appendix and include only the following types of providers in developing the maps and tables.
    1. OB/GYN
    2. Certified Nurse Midwife
16. **Mid-level Provider access** – must demonstrate separately for each of the following types of providers and include only the following types of providers in developing the maps and tables.
    1. Occupational Therapy
    2. Physical Therapy
    3. Speech Therapy
17. **Behavioral Health Services access** – refer to the definitions appendix and demonstrate separately for both adult members (members age 21 or older) and pediatric members (for members less than age 21) for each of the following types of services in the maps and tables. For all Behavioral Health related maps and tables, specify/list the types of providers included in the analysis for each service type.
    1. Outpatient Behavioral Health Services
    2. Location-Based Services (Behavioral Health)
    3. Crisis Services (Behavioral Health)
    4. Inpatient Behavioral Health Services
    5. Partial Hospitalization (Behavioral Health)
    6. Clinically Managed Low-Intensity Residential Treatment Services (Behavioral Health)
    7. Speech Therapy
18. **All State Plan LTSS (except nursing facilities)** – see definitions appendix and include only the following service types in developing the maps and tables.
    1. Home Care providers
    2. Home Health providers
19. **Nursing Facility access** –include only the following provider type in developing the maps and tables.
20. Skilled Nursing Facility

**Section III – Attestation and Related Files**

In this appendix, embed[[1]](#footnote-1) a copy of the signed attestation and any other related files. Use the provided space to include any notes regarding this submission.

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| **Attestation** | **Related Files** | **Notes regarding this submission**[[2]](#footnote-2) |
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**Section IV – Appendices**

**Appendix A – Network Time/Distance Standards – Summary**

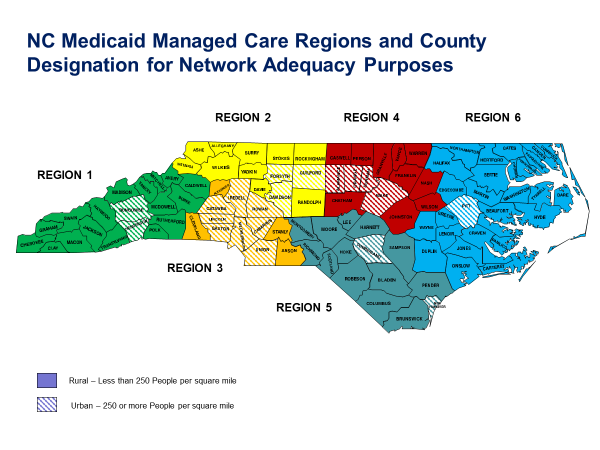
*Refer to PHP Contract Section VII – Attachment F for the full requirements.*

| **Service Type** | **Urban Standard** | **Rural Standard** | **Notes** |
| --- | --- | --- | --- |
| **Primary Care** | ≥ 2 providers within 30 minutes or 10 miles for at least 95% of Members | ≥ 2 providers within 30 minutes or 30 miles for at least 95% of Members | Primary care time/distance standards are applied across the specified provider types collectively for adult and pediatric members separately.  Only include providers that have agreed to accept full PCP requirements. |
| **Specialty Care** | ≥ 2 providers (per specialty type) within 30 minutes or 15 miles for at least 95% of Members | ≥ 2 providers (per specialty type) within 60 minutes or 60 miles for at least 95% of Members | Specialty care time/distance standards are applied to each specialty type listed in Section II.D.3. of this report for adult and pediatric members separately. |
| **Hospitals** | ≥ 1 hospitals within 30 minutes or 15 miles for at least 95% of Members | ≥ 1 hospitals within 30 minutes or 30 miles for at least 95% of Members | Applied for adult and pediatric members separately |
| **Pharmacies** | ≥ 2 pharmacies within 30 minutes or 10 miles for at least 95% of Members | ≥ 2 pharmacies within 30 minutes or 30 miles for at least 95% of Members |  |
| **OB/GYN, including certified nurse midwives** | ≥ 2 providers within 30 minutes or 10 miles for at least 95% of Members | ≥ 2 providers within 30 minutes or 30 miles for at least 95% of Members |  |
| **Occupational, Physical, or Speech Therapists** | ≥ 2 providers (of each provider type) within 30 minutes or 10 miles for at least 95% of Members | ≥ 2 providers (of each provider type) within 30 minutes or 30 miles for at least 95% of Members | Mid-level provider time/distance standards are applied to each provider type listed in Section II.D.7. of this report. |
| **Outpatient Behavioral Health Services** | ≥ 2 providers of each outpatient behavioral health service within 30 minutes or 30 miles of residence for at least 95% of Members | ≥ 2 providers of each outpatient behavioral health service within 45 minutes or 45 miles of residence for at least 95% of Members | Applied for adult and pediatric members separately |
| **Location-Based Services (Behavioral Health)** | ≥ 2 providers of each service within 30 minutes or 30 miles of residence for at least 95% of Members | ≥ 2 providers of each service within 45 minutes or 45 miles of residence for at least 95% of Members | Applied for adult and pediatric members separately |
| **Crisis Services (Behavioral Health)** | ≥ 1 provider of each crisis service within each PHP Region | | Applied for adult and pediatric members separately |
| **Inpatient Behavioral Health Services** | ≥ 1 provider of each inpatient BH service within each PHP Region | | Applied for adult and pediatric members separately |
| **Partial Hospitalization (Behavioral Health)** | ≥ 1 provider of partial hospitalization within 30 minutes or 30 miles for at least 95% of Members | ≥ 1 provider of specialized services partial hospitalization within 60 minutes or 60 miles for at least 95% of Members | Applied for adult and pediatric members separately |
| **Clinically Managed Low-Intensity Residential Treatment Services (Behavioral Health)** | ≥ 2 providers of clinically managed low-intensity residential treatment services within each PHP Region. | | Applied for adult and pediatric members separately |
| **All State Plan LTSS (except nursing facilities)** | PHP must have at least 2 LTSS provider types (Home Care providers and Home Health providers, including home health services, private duty nursing services, personal care services, and hospice services), identified by distinct NPI, accepting new patients available to deliver each State Plan LTSS in every county. | PHP must have at least 2 providers accepting new patients available to deliver each State Plan LTSS in every county; providers are not required to live in the same county in which they provide services. | Applied for adult and pediatric members separately |
| **Nursing Facilities** | PHP must have at least 1 nursing facility accepting new patients in every county. | PHP must have at least 1 nursing facility accepting new patients in every county. | Applied for adult and pediatric members separately |

**Appendix B – Definitions**

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| **Term** | **Definition** |
| **Adult** | * For purposes of Network Adequacy for both physical and behavioral health services, adult is defined as members age 21 and over |
| **Clinically Managed Low-Intensity Residential Treatment Services (Behavioral Health)** | * Clinically managed low-intensity residential treatment services |
| **Crisis Services (Behavioral Health)** | * Adult facility-based crisis * Child facility-based crisis * Non-hospital medical detoxification (adult) * Ambulatory withdrawal management with extended on-site monitoring * Medically supervised or alcohol drug abuse treatment center (ADATC) detoxification crisis stabilization (adult) * Clinically managed residential withdrawal management |
| **Inpatient Behavioral Health Services** | *Inpatient Hospital – Adult*   * Acute care hospitals with adult inpatient psychiatric beds * Other hospitals with adult inpatient psychiatric beds * Acute care hospitals with adult inpatient substance use beds * Other hospitals with adult inpatient substance use beds   *Inpatient Hospital – Adolescent / Children*   * Acute care hospitals with adolescent inpatient psychiatric beds * Other hospitals with adolescent inpatient psychiatric beds * Acute care hospitals with adolescent inpatient substance use beds * Other hospitals with adolescent inpatient substance use beds * Acute care hospitals with child inpatient psychiatric beds * Other hospitals with child inpatient psychiatric beds |
| **Location-Based Services (Behavioral Health)** | * Psychosocial rehabilitation (adult) * SA Comprehensive Outpatient (adult) * SA Intensive Outpatient Program (adults and children) * Opioid treatment (adult) |
| **Outpatient Behavioral Health Services** | * Outpatient behavioral health services provided by direct-enrolled providers (adults and children) |
| **Partial Hospitalization (Behavioral Health)** | * Partial hospitalization (adults and children) |
| **Pediatric** | * For purposes of Network Adequacy for both physical and behavioral health services, pediatric is defined as members who are less than age 21. |

**Appendix C – NC Medicaid Managed Care PHP Regions**



**Appendix D – NC Counties with Region and Urban/Rural Designation**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **County** | | **PHP Region** | | **Designation** | |  | | **County** | **PHP Region** | **Designation** |
| Alamance | | 4 | | Urban | |  | | Chowan | 6 | Rural |
| Alexander | | 3 | | Rural | |  | | Clay | 1 | Rural |
| Alleghany | | 2 | | Rural | |  | | Cleveland | 3 | Rural |
| Anson | | 3 | | Rural | |  | | Columbus | 5 | Rural |
| Ashe | | 2 | | Rural | |  | | Craven | 6 | Rural |
| Avery | | 1 | | Rural | |  | | Cumberland | 5 | Urban |
| Beaufort | | 6 | | Rural | |  | | Currituck | 6 | Rural |
| Bertie | | 6 | | Rural | |  | | Dare | 6 | Rural |
| Bladen | | 5 | | Rural | |  | | Davidson | 2 | Urban |
| Brunswick | | 5 | | Rural | |  | | Davie | 2 | Rural |
| Buncombe | | 1 | | Urban | |  | | Duplin | 6 | Rural |
| Burke | | 1 | | Rural | |  | | Durham | 4 | Urban |
| Cabarrus | | 3 | | Urban | |  | | Edgecombe | 6 | Rural |
| Caldwell | | 1 | | Rural | |  | | Forsyth | 2 | Urban |
| Camden | | 6 | | Rural | |  | | Franklin | 4 | Rural |
| **County** | | **PHP Region** | | **Designation** | |  | | **County** | **PHP Region** | **Designation** |
| Carteret | | 6 | | Rural | |  | | Gaston | 3 | Urban |
| Caswell | | 4 | | Rural | |  | | Gates | 6 | Rural |
| Catawba | | 3 | | Urban | |  | | Graham | 1 | Rural |
| Chatham | | 4 | | Rural | |  | | Granville | 4 | Rural |
| Cherokee | | 1 | | Rural | |  | | Greene | 6 | Rural |
| Guilford | | 2 | | Urban | |  | | Mitchell | 1 | Rural |
| Halifax | | 6 | | Rural | |  | | Montgomery | 5 | Rural |
| Harnett | | 5 | | Rural | |  | | Moore | 5 | Rural |
| Haywood | | 1 | | Rural | |  | | Nash | 4 | Rural |
| Henderson | | 1 | | Urban | |  | | New Hanover | 5 | Urban |
| Hertford | | 6 | | Rural | |  | | Northampton | 6 | Rural |
| Hoke | | 5 | | Rural | |  | | Onslow | 6 | Rural |
| Hyde | | 6 | | Rural | |  | | Orange | 4 | Urban |
| Iredell | | 3 | | Urban | |  | | Pamlico | 6 | Rural |
| Jackson | | 1 | | Rural | |  | | Pasquotank | 6 | Rural |
| Johnston | | 4 | | Rural | |  | | Pender | 5 | Rural |
| **County** | | **PHP Region** | | **Designation** | |  | | **County** | **PHP Region** | **Designation** |
| Jones | | 6 | | Rural | |  | | Perquimans | 6 | Rural |
| Lee | | 5 | | Rural | |  | | Person | 4 | Rural |
| Lenoir | | 6 | | Rural | |  | | Pitt | 6 | Urban |
| Lincoln | | 3 | | Urban | |  | | Polk | 1 | Rural |
| Macon | | 1 | | Rural | |  | | Randolph | 2 | Rural |
| Madison | | 1 | | Rural | |  | | Richmond | 5 | Rural |
| Martin | | 6 | | Rural | |  | | Robeson | 5 | Rural |
| McDowell | | 1 | | Rural | |  | | Rockingham | 2 | Rural |
| Mecklenburg | | 3 | | Urban | |  | | Rowan | 3 | Urban |
| Rutherford | 1 | | Rural | |  | | Vance | | 4 | Rural |
| Sampson | 5 | | Rural | |  | | Wake | | 4 | Urban |
| Scotland | 5 | | Rural | |  | | Warren | | 4 | Rural |
| Stanly | 3 | | Rural | |  | | Washington | | 6 | Rural |
| Stokes | 2 | | Rural | |  | | Watauga | | 2 | Rural |
| Surry | 2 | | Rural | |  | | Wayne | | 6 | Rural |
| Swain | 1 | | Rural | |  | | Wilkes | | 2 | Rural |
| **County** | | **PHP Region** | | **Designation** | |  | | **County** | **PHP Region** | **Designation** |
| Transylvania | 1 | | Rural | |  | | Wilson | | 4 | Rural |
| Tyrrell | 6 | | Rural | |  | | Yadkin | | 2 | Rural |
| Union | 3 | | Urban | |  | | Yancey | | 1 | Rural |

**Version:**

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| Document version number | v1.0 | |  |  |  |  |  |  |  |  |  |  |
| Date of most recent update | 3/11/19 | |  |  |  |  |  |  |  |  |  |  |
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| **Version Notes** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date** | **Section updated** | **Change** |  |  |  |  |  |  |  |  |  |  |
| 3/11/2019 | Initial Document Draft | Original |  |  |  |  |  |  |  |  |  |  |
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1. To embed files, click Insert, click Object, click Create from File, select the file, check Display as Icon, and click OK. Please place one file per cell in the table adding more lines in the table as necessary. (Attestation or Related Files column). [↑](#footnote-ref-1)
2. Notes are not required, but should be included if they will aid DHHS in analyzing your report. [↑](#footnote-ref-2)