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Appointment Availability
SMMCAC Subcommittee on Network Adequacy and
Access to Care
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Agenda

- Overview
- Appointment Availability Requirements
- Study Standards
- Methodology
- Updates
- CMS New “Access to Care” Rule
- Conclusion



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Overview

Network adequacy

- A health plan's ability to deliver the contracted benefits by providing reasonable access to in-network primary care and specialty physicians.

Appointment Availability is part of the Network Adequacy Protocol required by Centers for Medicare and Medicaid Services (CMS).

- Appointment Availability **studies** assesses wait time for behavioral health, primary care provider, prenatal care, and vision **services**.



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Appointment Availability Requirements



Senate Bill 760, passed in 2015, requires HHSC to monitor managed care organization's (MCO's) provider networks and providers.



Texas Uniform
Managed Care
Contract, Section
8.1.3, Access to Care

All covered services must be available to members on a timely basis in accordance with the contract's requirements.

Study Standards

- Primary Care Provider
- Behavioral Health
- Vision
- Prenatal



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Primary Care Provider (PCP)

Type of Care	Standard
Preventive health services for new child members	Within ninety calendar days
Preventive health services for adults	Within ninety calendar days
Routine primary care (child and adult)	Within fourteen calendar days
Urgent care (child and adult)	Within twenty-four hours

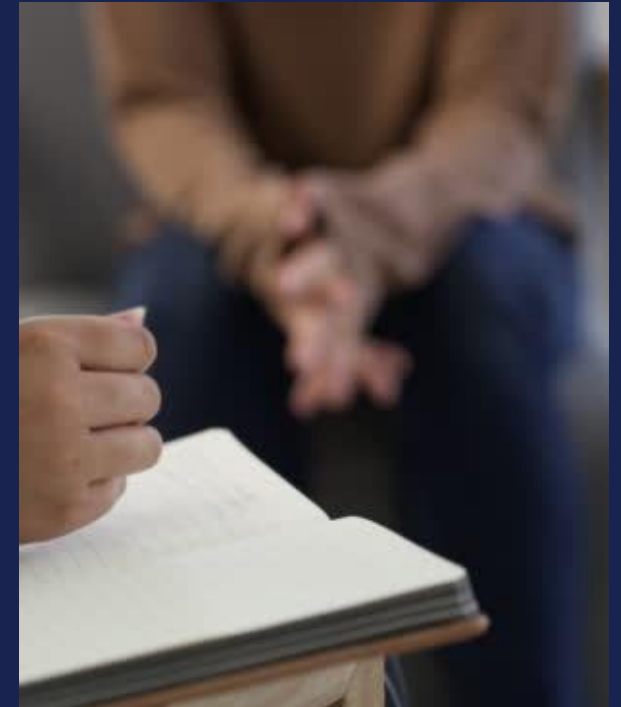


Behavioral Health (BH) Standard



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Type of Care	Standard
Initial Outpatient BH Appointment	Within fourteen calendar days



Vision Standard



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Type of Care	Standard
Specialist Physician Access: Ophthalmology, Therapeutic Optometry	Members must have access without a PCP referral to a vision provider who is an ophthalmologist or therapeutic optometrist for non-surgical services.



Prenatal Standard - STAR



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Type of Care	Standard
Low-Risk Pregnancy	Fourteen calendar days
High-Risk Pregnancy	Five calendar days
Third Trimester Pregnancy	Five calendar days





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Methodology



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Methodology (1/20)

Mystery shopper approach

- Highly researched method used in health services and CMS approved

Process

- Texas' External Quality Review Organization (EQRO) uses an approved call script to make calls to providers
- Trained staff members are used to make calls to providers
- Sample of providers are contacted using the approved call script
- Provider directories submitted by MCOs used to develop sample



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Updates from Previous Meeting

- Specialty Care Appointment Wait Times
 - Appointment Availability studies are for the overall Medicaid population.
 - Researching feasibility of a report on access to specialty care for individuals with complex care needs.
- Dental Care Appointment Availability Study
 - Researching the potential feasibility of a dental care study.



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CMS Rule Changes

- CMS Managed Care Access, Finance, and Quality rule, 42 CFR Part 2, §§ 438, and 457 published on May 20, 2024.
 - The final rule addresses timely access to care standards and monitoring and enforcement efforts.
 - CMS new rule related to appointment availability studies will be effective in 2027.
 - The new rule adds a minimum compliance threshold of 90 percent for all appointment availability studies.
 - CMS requires business days for appointment wait standards. Texas currently uses calendar days. States may be more restrictive in their requirements.
 - The new rule requires inaccurate provider directories to be updated timely after each study.



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Thank you

Please submit any questions or comments to:

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