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PURPOSE

To ensure that Embright maintains sufficient number and types of primary care, specialty care providers, and behavioral health within its network.

POLICY

Embright will shall maintain an adequate network of primary care, behavioral healthcare and specialty care providers and shall monitor how effectively this network meets the needs and preferences of its members.

DEFINITION

High-impact specialist	A type of specialist who treats specific conditions that have serious consequences for the member and require significant resources
High-volume specialist	A type of specialist who treats a significant portion of an organization's membership
Primary Care	The level of care that encompasses routine care of individuals with common health problems and chronic illnesses that can be managed on an outpatient basis.
Member	A person insured or otherwise provided coverage by a health insurance organization.

PROCEDURE

1. Practitioners Providing Primary Care – Measurable Standards

1.1. Embright establishes measurable availability standards that are realistic for the community and the delivery system and consider clinical safety. These standards are expressed as a ratio of practitioners to members and are provided below. These ratios may be evaluated and revised as needed by Embright.

Provider Type	Urban/Suburban Goal	Rural Goal
Family/General Medicine	1:1000	1:1500
Internal Medicine	1:1000	1:1500
Pediatrics	1:1000	1:1500

1.2. Embright measures geographic distribution of practitioners using acceptable driving distance to a practitioner's office. These standards are expressed as a ratio of practitioners by mileage mapped to member locations defined as the member's home address or zip code. The goal is the percent of members who meet the availability standard. These measures may be evaluated and revised as needed by Embright.

Provider Type	Urban/Suburban Goal	Rural Goal	Performance Goal
Family/General Medicine	2:8 miles	2:60 miles	95%
Internal Medicine	2:8 miles	2:60 miles	95%
Pediatrics	2:8 miles	2:60 miles	95%

2. Practitioners Providing Specialty Care

- 2.1. Embright defines high-volume and high-impact specialists using the following:
 - 2.1.1. High-volume specialists are defined using claim data.

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- 2.1.2. If claims data is not available, Embright identifies types of practitioners most likely to provide services to the largest segment of the membership. For example, orthopedic surgeons may see more members for treatment than neurosurgeons.
- 2.1.3. Using this methodology Embright currently identifies the following specialists as high-volume:
 - Dermatology
 - Gastroenterology
 - Obstetrics/Gynecology
 - Ophthalmology
 - Orthopedic Surgery
- 2.1.4. High-impact specialists are a type of specialist who treats specific conditions that have serious consequences for the member and require significant resources. Embright has defined the following providers as high-impact:
 - Cardiology
 - Oncology
- 2.2. Ratio of high-volume and high-impact specialists
 - 2.2.1. Embright uses the same ratios for high-volume and high-impact specialists. The measures are based on a ratio of practitioners to members.

High-Volume Specialty	Urban/Suburban Goal	Rural Goal
Dermatology	1:2500	1:3000
Gastroenterology	1:2500	1:3000
Obstetrics/Gynecology	1:1000	1:1500
Ophthalmology	1:2500	1:3000
Orthopedic Surgery	1:2500	1:3000

High-Impact Specialty	Urban/Suburban Goal	Rural Goal
Cardiology	1:2500	1:3000
Oncology	1:2500	1:3000

- 2.2.2. Embright shall compute the ratios of high-volume and high-impact specialists to membership, using the provider and member data from the claims systems on an annual basis.
- 2.3. Geographic distribution of high-volume and high-impact providers
 - 2.3.1. Geographic distribution of high-volume and high-impact providers is measured annually using the measures and performance goals below.

High-Volume Specialty	Urban/Suburban Goal	Rural Goal	Performance Goal
Dermatology	1:10 miles	1:60 miles	95%
Gastroenterology	1:10 miles	1:60 miles	95%
Obstetrics/Gynecology	1:10 miles	1:60 miles	95%
Ophthalmology	1:10 miles	1:60 miles	95%
Orthopedic Surgery	1:10 miles	1:60 miles	95%



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High-Impact Specialty	Urban/Suburban Goal	Rural Goal	Performance Goal
Cardiology	1:10 miles	1:60 miles	95%
Oncology	1:10 miles	1:60 miles	95

2.3.2. Embright shall conduct annual analysis of high-volume and high-impact specialists using Quest Analytics software.

3. Practitioners Providing Behavioral Healthcare

- 3.1. Defining high-volume behavioral practitioners
 - 3.1.1. Embright defines high-volume behavioral health specialists based on practitioners who are most likely to serve the largest populations.
 - 3.1.2. Embright includes practitioners across the continuum of care and includes prescribers and nonprescribers.
- 3.2. Number and type of behavioral practitioners
 - 3.2.1.Embright has established measurable standards and goals for the number of type of behavioral health practitioners based on a ratio of members to providers.

Provider Type	Urban/Suburban Goal	Rural Goal
Outpatient Behavioral Health	1:1000	1:3000
Psychiatry	1:2500	1:3000
Psychology	1:1000	1:1500

- 3.2.2. Embright shall compute the ratios of behavioral providers to membership, using the provider and member data from the claims systems on an annual basis.
- 3.3. Geographic distribution of practitioners
 - 3.3.1.Embright has established geographic measures and goals for high-volume behavioral health providers based on driving distance from a member's location to the office.

Provider Type	Urban/Suburban Goal	Rural Goal	Performance Goal
Outpatient Behavioral Health	2:15 miles	2:60 miles	95%
Psychiatry	2:15 miles	2:60 miles	95%
Psychology	2:15 miles	2:60 miles	95%

3.3.2. Embright shall conduct annual analysis of behavioral providers using Quest Analytics software.

4. Annual Performance Analysis

- 4.1. Embright performs an annual analysis of performance of the network against the standards for primary care. The Senior Provider Network Manager oversees the analysis and the results are used to identify opportunities for network enhancement and recruiting.
 - 4.1.1. Analysis is performed for all four primary care types; Family Medicine, General Medicine, Internal Medicine and Pediatric Medicine.
 - 4.1.2. Embright uses member and provider counts and location data and the Quest tool to measure both the number of types of practitioners providing care as well as the geographic distribution.

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- 4.1.3. The performance analysis is documented in an annual report and includes both quantitative and qualitative analysis and the results are used to develop recommendations for network enhancements or revisions.
- 4.2. Embright performs an annual analysis of performance of the network against the standards for highvolume and high-impact specialists. The Senior Provider Network Manager oversees the analysis and the results are used to identify opportunities for network enhancement and recruiting.
 - 4.2.1. Analysis is performed for both high-volume and high-impact providers.
 - 4.2.2. Embright uses member and provider counts and location data and the Quest Analytics tool to measure both the number of types of practitioners providing care as well as the geographic distribution.
 - 4.2.3. The performance analysis is documented in an annual report and includes both quantitative and qualitative analysis and the results are used to develop recommendations for network enhancements or revisions.
- 4.3. Embright performs an annual analysis of performance of the network against the standards for highvolume behavioral health specialists. The Senior Provider Network Manager oversees the analysis and the results are used to identify opportunities for network enhancement and recruiting.
 - 4.3.1. Analysis is performed for both prescribing and non-prescribing high-volume providers.
 - 4.3.2. Embright uses member and provider counts and location data and the Quest Analytics tool to measure both the number of types of practitioners providing care as well as the geographic distribution.
 - 4.3.3. The performance analysis is documented in an annual report and includes both quantitative and qualitative analysis and the results are used to develop recommendations for network enhancements or revisions.

REGULATION

NCQA HP 2020 NET 1.B-C: Availability of Practitioners

REVISION

Revision Date	Revision