

Appendix B

Division of Medical Assistance Contract

6.6 Choice of Health Professional:

6.6.1: To the extent reasonably possible, PIHP shall offer freedom of choice to Enrollees in selecting a Provider from within PIHP's qualified Provider Network. PIHP shall ensure a choice of at least two (2) Providers for each service, except specialties specifically identified in Attachment N – Network Provider Enrollment and Re-Enrollment or otherwise approved as an exception by DMA in writing. Requests for exceptions may be based on such factors as medical necessity and demand. For example, exceptions may be granted if the demand for services, particularly facility based services, specialized services or services in rural areas, does not fiscally or operationally support two (2) Providers.

6.6.2: An Enrollee who has received prior authorization from PIHP for referral to a Network Provider or for inpatient care shall be allowed to choose from among all the available Network Providers and hospitals within PIHP, to the extent reasonably possible.

6.6.3: PIHP shall coordinate its services with the services its Enrollees receive from other MCOs, Prepaid Inpatient Health Plans (PIHPs) and Prepaid Ambulatory Health Plans (PAHPs) in order to avoid unnecessary duplication. In accordance with 42 CFR § 438.208, PIHP shall share with other MCOs, PIHPs and PAHPs serving the Enrollee the results of its identification and assessment of any Enrollee with special health care needs (see Section 6.11 - Coordination of Care) so that those activities need not be duplicated.

Attachment S

Accessibility

- A. Geographic Location: Network Providers for all Covered Services must be as geographically accessible to Medicaid Enrollees as to non-Medicaid Enrollees.
- B. Distance/Travel Time: Medicaid Enrollees should have access to Network Providers within thirty (30) miles distance or thirty minutes' drive time, 45 miles or 45 minutes in rural areas. Longer distances as approved by DMA are allowed for facility based or specialty Providers.

Excerpt from North Carolina 1915(b)/(c) Medicaid Waiver

“Enrollees will have free choice of providers within the PIHP serving their respective geographic area and may change providers as often as desired. If an individual joins the PIHP and is already established with a provider who is not a member of the network, the PIHP will make every effort to arrange for the consumer to continue with the same provider if the consumer so desires. In this case, the provider would be required to meet the same qualifications as other providers in the network. In addition, if an enrollee needs a specialized service that is not available through the network, the PIHP will arrange for the service to be provided outside the network if a qualified provider is available. Finally, except in certain situations, enrollees will be given the choice between at least two providers. Exceptions would involve institutional services or highly- specialized services which are usually available through only one facility or agency in the geographic area.”