# Specialist Physician Geographic Access Standards and Methodology

## I. Standards and Methodology

The Department of Managed Health Care (DMHC) will evaluate the ability of health care service plan (plan) networks to demonstrate sufficient geographic access to specialist physicians to ensure compliance with network adequacy standards referenced in Health & Safety Code Sections 1367, 1367.03, 1367.035, and 1374.72 and 28 CCR §§ 1300.67.2, 1300.74.72, and 1300.67.2.2.[[1]](#footnote-2) As part of this review, the DMHC will evaluate reported annual network data against geographic access standards for specified specialist physician types.[[2]](#footnote-3) The geographic access standards will be based on the distance between the representative population points within the plan’s network service area and the specialist physician type within the network.[[3]](#footnote-4)

To demonstrate compliance with the geographic access standards, a plan’s network must establish that 90% of the county population has access to a network provider of the specialist physician type within the distance standard defined for the county. This compliance threshold accounts for variations in population density and provider availability in each county. Counties are grouped into categories based on similar population densities and are assigned a geographic distance standard based on the known availability of providers within each group of counties. An alternative standard is available for certain county types based on the distribution of enrollees or providers in the county type. Compliance with these standards shall be measured according to the methodology document entitled “Geographic Access Measurement Methodology,” as incorporated in Rule 1300.67.2(c)(4).

If a plan’s network is not meeting the standards in one or more counties within the network service area for one or more specified specialist physician types, the plan will be informed of the findings and may be required to submit a corrective action plan or otherwise demonstrate that its network has the network provider type in sufficient locations to ensure accessibility of services as required under the Knox- Keene Act and implementing regulations.[[4]](#footnote-5) Where the network does not offer sufficient geographic access, the Plan must address the requirements set forth in Rule 1300.67.2(i) in its corrective action plan. In subsequent reporting years, the DMHC may also rely upon the geographic distance standards for the identified specialist physician types as a basis for carrying out and completing enforcement action pursuant to the Administrative Procedures Act exemptions established in Section 1367.03(f).

### Defined Terms

Plans will be assessed for compliance with this standard using the defined terms below:[[5]](#footnote-6)

1. “County Types” means the combination of counties that are similarly situated with regard to population size and density, as defined by the Centers for Medicare and Medicaid Services (CMS) in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). County types are set forth according to the county designations released by CMS, available at [www.cms.gov](http://www.cms.gov).
2. “Large Metro Counties” means counties designated as “large metro” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are designated Large Metro Counties for the RY 2025 standards: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Francisco, San Mateo, and Santa Clara.
3. “Metro Counties” means counties designated as “metro” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are designated Metro Counties for the RY 2025 standards: Butte, El Dorado, Fresno, Kern, Kings, Marin, Merced, Monterey, Napa, Nevada, Placer, Riverside, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Ventura, Yolo, and Yuba.
4. “Rural Counties” means counties designated as “rural” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are designated Rural Counties for the RY 2025 standards: Calaveras, Colusa, Del Norte, Glenn and Mariposa.
5. “Micro Counties” means counties designated as “micro” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are designated Micro Counties for the RY 2025 standards: Amador, Humboldt, Imperial, Lake, Madera, Mendocino, San Benito, Shasta, Tehama and Tuolumne.
6. Counties with Extreme Access Consideration (CEAC)” means counties designated as “Counties with Extreme Access Considerations (CEAC)” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are CEAC Counties for the RY 2025 standards: Alpine, Inyo, Lassen, Modoc, Mono, Plumas, Sierra, Siskiyou, and Trinity.
7. “In-person appointments on an outpatient basis” shall have the definition set forth in Rule 1300.67.2.2(b).
	1. References to “in-person” network providers shall mean network providers who take in-person appointments on an outpatient basis.
8. “Low-Density ZIP Codes” means ZIP Codes that contain fewer than 1,000 persons per square mile, as identified in the DMHC’s *California ZIP Code and County Combinations and Population Points* document published annually on the DMHC’s web portal and issued pursuant to Rule 1300.67.2.2(b)(11).
	1. “Normal-Density ZIP Codes” means ZIP Codes that contain 1,000 or greater persons per square mile, as identified in the *California ZIP Code and County Combinations and Population Points* document referenced above.
9. “Network” shall have the definition set forth in Rule 1300.67.2.2(b)(5).
10. “Network adequacy” shall have the definition set forth in Rule 1300.67.2.2(b)(6).
11. “Network provider” shall have the definition set forth in Rule 1300.67.2.2(b)(10).
12. “Network service area” shall have the definition set forth in Rule 1300.67.2.2(b)(11).
13. “Population points” shall have the definition set forth in Rule 1300.67.2.2(b)(11), as made available annually by the DMHC on the web portal. Each population point has an assigned population count.
	1. “Population counts” shall mean the total number of people in a defined geographic region, according to US Census Data, as identified in the DMHC's *California ZIP Code and County Combinations and Population Points* document issued annually pursuant to Rule 1300.67.2.2(b)(11). A county population count shall consist of the sum of all population counts associated with each population point within that county.
14. “Specialist Physician Type” means the type of physician or physicians with the specialty identified in the plan’s network data reported to the DMHC. For purposes of application of this standard, the provider must meet the definition of network provider and be appropriately reported consistent with health plan credentialing and physician specialty and subspecialty designations recognized by the American Board of Medical Specialties (ABMS) and the Knox-Keene Act. For those specialty types for which the ABMS is not applicable, the specialty designation shall be based on areas of specialization available through the appropriate licensing board, as applicable.[[6]](#footnote-7) Specialist physician types measured for this standard include the following:
	1. Allergy/Immunology means a physician reported as the following specialist physician type: allergy/immunology.
	2. Cardiovascular Disease means a physician reported as one of the following specialist physician types: cardiovascular disease or pediatric cardiology.
	3. Dermatology means a physician reported as one of the following specialist physician types: dermatology or pediatric dermatology.
	4. Endocrinology means a physician reported as one of the following specialist physician types: endocrinology or pediatric endocrinology.
	5. Gastroenterology means a physician reported as one of the following specialist physician types: gastroenterology or pediatric gastroenterology.
	6. Hematology means a physician reported as one of the following specialist physician type: hematology or pediatric hematology/oncology.
	7. Nephrology means a physician reported as one of the following specialist physician type: nephrology or pediatric nephrology.
	8. Neurology means a physician reported as one of the following specialist physician types: neurology, epilepsy, or pediatric neurology.
	9. Obstetrics/Gynecology means a physician reported as the following specialist physician type: obstetrics/gynecology.
	10. Oncology means a physician reported as one of the following specialist physician types: oncology or pediatric hematology/oncology.
	11. Ophthalmology means a physician reported as the following specialist physician type: ophthalmology.
	12. Otolaryngology means a physician reported as one of the following specialist physician types: otolaryngology or pediatric otolaryngology.
	13. Pain Medicine means a physician reported as the following specialist physician type: pain medicine.
	14. Physical Medicine and Rehabilitation means a physician reported as one of the following specialist physician types: physical medicine and rehabilitation or pediatric rehabilitation medicine.
	15. Podiatry means a podiatrist reported as the following specialist physician type pursuant to the California Board of Podiatric Medicine: podiatry.
	16. Psychiatry means a physician reported as one of the following specialist physician types: psychiatry, child and adolescent psychiatry, consultation-liaison psychiatry, geriatric psychiatry or addiction psychiatry.
	17. Pulmonology means a physician reported as one of the following specialist physician types: pulmonology or pediatric pulmonology.
	18. Radiation Oncology means a physician reported as the following specialist physician type: radiation oncology.
	19. Rheumatology means a physician reported as one of the following specialist physician types: rheumatology or pediatric rheumatology.
	20. Surgery-General means a physician reported as one of following specialist physician types: surgery – general or pediatric surgery.
	21. Surgery-Orthopaedic means a physician reported as one of the following specialist physician types: surgery – orthopaedic or orthopaedic sports medicine.
	22. Urology means a physician reported as one of the following specialist physician types: urology or pediatric urology.
15. “Specialty” or “subspecialty” shall have the definition set forth in Rule 1300.67.2.2(b).

### Distance Standards – Specialist Physicians

To demonstrate reasonable accessibility a plan must meet the distance standards for each population point in the network service area. Distance standards are assigned based on county category and network provider type combination, as set forth below:

1. The DMHC will review applicable network providers that offer in-person appointments on an outpatient basis, as defined, according to the standardized terminology in the plan’s Annual Network Report submission.[[7]](#footnote-8)
2. Specialist Physicians. Each network shall have a sufficient network of specialist physicians to provide access to providers within specified distance standards. Distances will be calculated from each population point in the network county service area to the nearest specialist physician of the designated specialist physician type.

The driving distance must meet the distance identified for the corresponding county category within which the population point is located, in accordance with the standards set forth below:

1. For the following specialist physician types: cardiovascular disease, dermatology, gastroenterology, neurology, obstetrics/gynecology, oncology, ophthalmology, podiatry, psychiatry, pulmonology, surgery-general, and surgery-orthopedic, the driving distance standard is as follows:
	* 1. Large Metro County: no more than 15 driving miles to the closest network provider.
		2. Metro County: no more than 20 driving miles to the closest network provider.
		3. Micro County: no more than 55 driving miles to the closest network provider.
		4. Rural County: no more than 55 driving miles to the closest network provider.
		5. CEAC County: no more than 100 driving miles to the closest network provider.
	1. For the following specialist physician types: allergy/immunology, endocrinology, hematology, nephrology, otolaryngology, pain medicine, physical medicine and rehabilitation, radiation oncology, rheumatology, and urology, the driving distance standard is as follows:
		1. Large Metro County: no more than 15 driving miles to the closest network provider.
		2. Metro County: no more than 25 driving miles to the closest network provider.
		3. Micro County: no more than 65 driving miles to the closest network provider.
		4. Rural County: no more than 65 driving miles to the closest network provider.
		5. CEAC County: no more than 125 driving miles to the closest network provider.
2. Alternative Distance Standard – Low-Density ZIP Codes in Large Metro and Metro Counties:

When a plan is not able to meet the 90% Standard Compliance Threshold described in section C. for a Large Metro or Metro County, the DMHC shall conduct a further review based on the presence of Low-Density ZIP Codes within the Large Metro County or Metro County. Low-Density ZIP Codes in Large Metro Counties or Metro Counties must meet the following alternative distance standards:

1. For Large Metro County – Low-Density ZIP Codes for the following specialist physician provider types: cardiovascular disease, dermatology, gastroenterology, neurology, obstetrics/gynecology, oncology, ophthalmology, podiatry, psychiatry, pulmonology, surgery-general, and surgery- orthopedic, the alternative distance standard is no more than 20 driving miles to the closest network provider.
2. For Large Metro County – Low-Density ZIP Codes for the following specialist physician provider types: allergy/immunology, endocrinology, hematology, nephology, otolaryngology, pain medicine, physician medicine and rehabilitation, radiation oncology, rheumatology, and urology, the alternative distance standard is no more than 35 driving miles to the closest network provider.
3. For Metro County – Low-Density ZIP Codes for the following specialist physician provider types: cardiovascular disease, dermatology, gastroenterology, neurology, obstetrics/gynecology, oncology, ophthalmology, podiatry, psychiatry, pulmonology, surgery-general, and surgery- orthopedic, the alternative distance standard is no more than 35 driving miles to the closest network provider.
4. For Metro County – Low-Density ZIP Codes for the following specialist physician provider types: allergy/immunology, endocrinology, hematology, nephology, otolaryngology, pain medicine, physician medicine and rehabilitation, radiation oncology, rheumatology, and urology, the alternative distance standard is no more than 45 driving miles to the closest network provider.
5. Alternative County Standard – Low Supply Counties

When a plan is not able to meet the specialist physician distance standard for a county, the DMHC shall conduct a further review based on the county type and the specialist physician type. The county will be determined as a low-supply area for a provider type and the plan’s network will be subject to an additional review if there are no available reported specialist physicians of the identified specialist physician type within the mileage standard. As part of this determination, the DMHC will identify whether there are no providers of the specialist type within the mileage standard for a particular county by reviewing the most recent reported annual network data, and published data sources, including the Medical Board of California and the Podiatric Medical Board of California.

1. Alternative County Standard: The alternative county standard for low supply counties shall be the county type distance standard for the specialist physician type, extended by 50%.
2. Please see the attached **Schedule E**, Table 3, for a list of counties and specialty types for which the alternative county standard for low supply counties will apply in RY 2025.
3. Once the DMHC has completed this review, if the DMHC determines there are still no providers of the specialist type within the alternative county standard for low supply counties, the DMHC will issue findings to the plan. In response, the plan may present information or further justification supporting a determination that the network provides adequate access to care. The DMHC will consider whether the plan has sufficiently demonstrated adequate access in accordance with the facts and circumstances set forth in Rule 1300.67.2.1(c), when evaluating the finding for corrective action or enforcement action.

### Compliance Threshold for Geographic Access Standards

1. Standard Compliance Threshold

To establish each county in the network service area complies with the geographic access standards set forth in section B.(2), a plan must ensure that a minimum of 90% of the total population count within each county has access to the applicable network provider within the geographic distance standards.

1. Alternative Compliance Threshold

Where a plan is unable to meet the Standard Compliance Threshold for a Large Metro or Metro County that qualifies for an alternative distance standard, as described in section B.(3) above, a plan may establish compliance by demonstrating that the 90% compliance threshold is met for both the Low-Density ZIP Codes in the County and the Normal-Density ZIP Codes in the County, as follows:

1. Low-Density ZIP Code Compliance Threshold: at least 90% of the population count among the Low-Density ZIP Codes within the Large Metro or Metro County have access within the Alternative Distance Standard.
2. Normal-Density ZIP Code Compliance Threshold: at least 90% of the population count among the Normal-Density ZIP Codes within the county have access within the Distance Standard.
3. Please see the attached **Schedule E** for further information concerning application of the Distance Standards, the Standard Compliance Threshold and the Alternative Compliance Threshold set forth in this document. Example applications of the standards are also set forth in **Schedule E**.

## II. Attachments:

1. Schedule E
1. The Knox-Keene Act is set forth in California Health & Safety Code sections 1340 et seq. References to “Section” are to sections of the Act. References to “Rule” refer to the California Code of Regulations, title 28. [↑](#footnote-ref-2)
2. Compliance with these standards does not alone constitute compliance with federal and state laws regarding mental health and substance use disorder coverage and parity, including 42 U.S.C. § 300gg-26, [29 CFR § 2590.712](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000547&cite=29CFRS2590.712&originatingDoc=I6C886820B56411EEB590FF4B157C4E61&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=cd618f34ed0548d3b8713facaa616aa7&contextData=(sc.Search)), [45 CFR § 146.136](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000547&cite=45CFRS146.136&originatingDoc=I6C886820B56411EEB590FF4B157C4E61&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=cd618f34ed0548d3b8713facaa616aa7&contextData=(sc.Search)), Sections 1374.72 and 1374.76 of the Health and Safety Code, and Rules 1300.74.72, 1300.74.72.01, and 1300.74.721 of this title. [↑](#footnote-ref-3)
3. The standards and methodology in this document apply to all reporting plan networks, including Medi-Cal networks. [↑](#footnote-ref-4)
4. *See* Rule 1300.67.2.2(i)(5). [↑](#footnote-ref-5)
5. Defined terms pertain to the DMHC’s review under the identified standard, and do not abrogate a Plan’s requirements for maintaining a provider directory, or other reporting requirements under the law. [↑](#footnote-ref-6)
6. For example, the California Board of Podiatric Medicine. See Rule 1300.67.2.2(h)(8)(D)(iii) and The Annual Network Submission Instruction Manual, Appendix B. [↑](#footnote-ref-7)
7. Network providers that only offer services through a telehealth modality are not included in this review. [↑](#footnote-ref-8)