

HEALTH PLAN OF SAN JOAQUIN		
Subject: Monitoring Provider to Member Ratio		
Department: Provider Services		Policy #: PR0 08
Applies to: MC, HF, Commercial		Scope: PS, QI
Effective Date: 1/00	Revised Date: 9/08	Approved by: <i>Signature on file</i> Chief Operating Officer

PURPOSE

- A. To provide and monitor availability to primary care services for Health Plan of San Joaquin (HPSJ) membership.

DEFINITIONS

- A. **Primary Care Physicians** include General Practice, Family Practice, Internal Medicine and Obstetrician/Gynecology (OB/GYN) and Pediatrics.
- B. **Physician Extenders** include Nurse Practitioner (NP), Certified Nurse Midwife (CNM) and Physician Assistants (PA).

POLICY

- A. HPSJ is responsible for monitoring primary care physicians (PCP) availability and capacity on an annual basis as required by the Department of Health Care Services (DHCS) and state regulation. Availability standards for HPSJ members-per-primary care provider and per-physician extender are defined below:

PCP	1 : 2,000
Physician Extender (NP/ CNM/ PA)	1 : 1,000

State regulations and HPSJ also require that Full Time Equivalent (FTE) physician supervisor to non-physician medical practitioners (physician extenders) ratios do not exceed the following:

Nurse Practitioners	1 : 4
Certified Nurse Midwives	1 : 3
Physician Assistants	1 : 2

Four (4) Non-Physician Medical Practitioners in any combination that does not include more than three (3) midwives or two (2) PAs

- B. HPSJ has adopted the above FTE ratios for all practitioners serving members.
- C. PCPs have an enrollment limit of 2,000 members. PCPs with physician extenders may be assigned a maximum of 5,000 members under the State regulations and HPSJ, in accordance with above standards. All PCPs are encouraged to accept a minimum potential enrollment of 200 members.
- D. PCPs should be located within 10 miles or 30 minutes drive time from a member's residence, when applicable. The proximity standard must be met whether using private or public transportation. HPSJ may approve exceptions to this standard in certain circumstances including but not limited to, PCPs located in areas that are underserved or where no medical delivery system exists.
 - 1. The Provider Network Impact Report is generated and reviewed on a quarterly basis, through GeoNetworks[®] to monitor time/distance standards for member access to a PCP.

PROCEDURES

- A. Each PCP is listed in the HPSJ data system as having an enrollment limit of 2,000 members unless specifically requested otherwise.
- B. For each physician extender supervised by a PCP, the number of potential assigned members can be increased by 1,000 members per physician extender, to a maximum of 5,000 potential members in total.
- C. HPSJ must receive a copy of the physician extender's license and a copy of the Supervisory Certificate and Delegation of Services Agreement between the physician and physician extender, if applicable, in order to increase the PCP's enrollment limit.
- D. PCPs must meet all applicable statutory and regulatory requirements for the supervision of physician extenders.
- E. Only one PCP can be designated as the supervising physician for a physician extender.
- F. As stated in the State regulations regarding "Access Standards" a PCP must be physically on-site a minimum of 20 hours per week for each approved PCP site.
- G. All participating PCPs are encouraged to accept a minimum of 200 members. PCPs reaching the minimum limit may elect to not participate in the auto-assignment process by contacting HPSJ.
- H. PCPs are listed in the HPSJ Provider Directory and receive members by the member requesting a specific PCP or through auto-assignment, unless otherwise requested. Pediatricians, Internists and OB/GYNs are able to stipulate age/sex restrictions.

- I. A PCP can limit the growth of his/her HPSJ enrollment by requesting to be listed in the HPSJ Provider Directory and in the database as closed to new members/not accepting new members and to not allow members to choose the PCP and not be included in the auto-assignment process for defaulted members.
- I. Once the PCPs enrollment limit is met, the PCP is closed to new member enrollment until the PCP's membership drops below the maximum level.
- J. At least annually, HPSJ assesses its network capacity as it pertains to the standards stated herein. HPSJ takes corrective action as necessary with Providers to ensure its network continuously satisfies the DHCS contractual and regulatory requirements.

REFERENCE

- A. DHS Contract, Exhibit A, Attachment 6
- B. Title 22, CCR, Section 51241
- C. Title 28, 1300.51(H) & 1300.67.2
- D. Policy QA12 - *Quality Improvement Corrective Action and Monitoring Process*

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
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