EXHIBIT T

PROVIDER NETWORK COMPOSITION/SERVICE ACCESS

1. Network Composition

The CHC-MCO must consider the following in establishing and maintaining its Provider Network:

- The anticipated Medical Assistance Enrollment.
- The expected utilization of services, taking into consideration the characteristics and needs of specific Medical Assistance populations represented in the CHC-MCO.
- The number and types, in terms of training, experience, and specialization, of Providers required to furnish the contracted Medical Assistance services.
- All Providers operating within the Provider Network who provide services to Recipients must be enrolled in the Commonwealth's Medical Assistance program and possess an active MMIS Provider ID.
- The number of Network Providers who are not accepting new Medical Assistance Participants.
- The geographic location of Providers and Participants, considering distance, travel time, the means of transportation ordinarily used by Participants, and whether the location provides physical access for Participants with disabilities.

The CHC-MCO must ensure that its Provider Network is adequate to provide its Participants in this CHC zone with access to quality Participant care through participating professionals, in a timely manner, and without the need to travel excessive distances. Upon request from the Department, the CHC-MCO must supply geographic access maps using Participant-level data detailing the number, location, and specialties of its Provider Network in order to verify accessibility of Providers within its Network in relation to the location of its Participants. The Department may require additional numbers of specialists, ancillary, and LTSS Providers should it be determined that geographic access is not adequate. The CHC-MCO must also have a process in place which ensures that the CHC-MCO knows the capacity of its Network PCP panels at all times and have the ability to report on this capacity.

The CHC-MCO must make all reasonable efforts to honor a Participant's choice of Providers who are credentialed in the Network. If the CHC-MCO is unable to ensure a Participant's access to Provider or specialty Provider services within the Provider Network, within the travel times set forth in this exhibit, the CHC-MCO must make all reasonable efforts to ensure the Participant's access to these services within the travel times herein through Out-of-Network providers.

In locations where the CHC-MCO can provide evidence that it has conducted all reasonable efforts to contract with Providers and specialists and can provide verification that no Providers or specialists exist to ensure a Participant's access to these services within the travel times set forth in this exhibit, the CHC-MCO must work with Participants to offer reasonable Provider alternatives. Additionally, the CHC-MCO must ensure and demonstrate that the following Provider Network and access requirements are established and maintained for the entire CHC zone in which the CHC-MCO operates if Providers exist.

The Department will require annual submission of a GeoAccess Report and Gap Analysis to be done by the CHC-MCO. The CHC-MCO must demonstrate access to the provider types outlined below through application of the specified access criteria. The Network Gap Analysis must be detailed and include all reasonable efforts to fill network gaps.

a. PCPs

Make available to every Participant a choice of at least two (2) appropriate PCPs who are accepting new patients whose offices are located within a travel time no greater than thirty (30) minutes (Urban) and sixty (60) minutes (Rural).

Participants may, at their discretion, select PCPs located further from their homes.

b. Specialists

For the following Provider types, the CHC-MCO must ensure a choice of at least two (2) Providers who are accepting new patients within the travel time limits (thirty (30) minutes Urban, sixty (60) minutes Rural).

General Surgery	Orthopedic Surgery
Optometry	Allergy and Immunology
Physical Medicine and Rehabilitation	Otolaryngology
Neurological Surgery	Neurology
Urology	Cardiology
Dermatology	Gastroenterology
Oral Surgery	Podiatry
Durable Medical Equipment and Supplies	
Common Laboratory and Diagnostic Service	
Obstetrical and Gynecological Service	
Pharmacy	Chiropractor
Physical Therapy	Occupational Therapy

Home Health Including RN and LPN Nursing Services and Home Health Aide
Radiology
General Dentistry
Nursing Facility
Ophthalmology
Opioid Use Disorder Centers of Excellence

For the following provider types, the CHC-MCOs must ensure at least one (1) provider who is accepting new patients within the travel time limits (30 minutes Urban, 60 minutes Rural) and a second choice, within the CHC Zone.

Endocrinologist
Hematology/Oncology
Rheumatology
Nephrology
Speech and Language Therapy

All Other Provider Types must meet the Participants needs through in-network or out-of-network arrangements. CHC-MCOs should make all reasonable efforts to offer at least two (2) or more Specialty Providers when possible.

c. Hospitals

Ensure at least one (1) hospital within the travel time limits (thirty (30) minutes Urban, sixty (60) minutes Rural) and a second (2^{nd}) choice within the CHC zone.

d. LTSS Providers

For the following Provider types, the CHC-MCO must ensure a choice of at least two (2) Providers who are accepting new patients within the travel time limits (thirty (30) minutes Urban, sixty (60) minutes Rural).

Adult Day – Basic
Adult Day-Enhanced
Behavior Therapy
Benefits Counseling
Career Assessment
Community Integration
Counseling Services
Nursing Facility
Employment Skills Development
Home Health Aide Services
Job Coaching
Job Finding
Nutritional Consultation
Physical Therapy Services
Residential Habilitation
Structured Day Habilitation Services
Cognitive Rehabilitation Therapy Services

Teleservices- Cognitive Rehabilitation Therapy

Teleservices- Counseling

Teleservices- Nutritional Consultation

Occupational Therapy Services

Specialized Medical Equipment and Supplies

For the following Provider type, the CHC-MCO must ensure at least one (1) Provider who is accepting new patients within the travel time limits (thirty (30) minutes Urban, sixty (60) minutes Rural) and one (1) additional Provider within the CHC zone.

Speech and Language Therapy Services

For the following Provider types, the CHC-MCO must ensure a choice of at least two (2) Providers servicing the county.

Assistive Technology	Home Adaptations
Home Delivered Meals	Non-Medical Transportation
Pest Eradication	Telecare
Vehicle Modifications	Chore Services

Community Transition Services

Personal Emergency Response Services (PERS)

For in lieu of services (ILOS) the CHC-MCO is required to contract with at least one (1) ILOS provider who offers each ILOS service in each zone in which the plan is approved to offer the ILOS service.

Network adequacy for the following Provider types is based on the full-time equivalent (FTE) calculations developed by the Department.

Licensed Practical Nurse	Personal Assistance Services
Registered Nurse	Respite

e. Out-of-Network Access

Ensure the provision of Covered Services to all Participants such that if the CHC-MCO does not have at least two (2) specialists or sub-specialists qualified to meet the particular needs of the individuals who are accepting new patients and within the travel time requirements, then the CHC-MCO must allow Participants to pick an Out-of-Network Provider if not satisfied with the Network Provider.
The CHC-MCO must develop a system to determine Prior Authorization

for Out-of-Network Services through the Person-Centered Planning Team and UM, depending on the service for which the Out-of-Network Provider is being authorized, including provisions for informing the Participant of how to request this authorization for Out-of-Plan Services.

If the CHC-MCO is unable to ensure a Participant's access to Provider or specialty Provider services within the Provider Network, within the travel times set forth in this exhibit, the CHC-MCO must make all reasonable efforts to ensure the Participant's access to these services within the travel times herein through Out-of-Network Providers. In locations where the CHC-MCO can provide evidence that it has conducted all reasonable efforts to contract with Providers and specialists and can provide verification that no Providers or specialists exist to ensure a Participant's access to these services within the travel times set forth in this exhibit, the CHC-MCO must work with Participants to offer reasonable Provider alternatives.

f. Medicare Network Compliance

If the Medicare Network standards would require more Providers for any Provider type or Service Area, the CHC-MCO must meet the Medicare standards in its CHC-MCO.

h. Rehabilitation Facilities

Ensure a choice of at least two (2) rehabilitation facilities within the Provider Network, at least one (1) of which must be located within this CHC zone.

i. CNMs / CRNPs, Other Providers

Ensure access to Certified Nurse Midwives (CNMs), Certified Registered Nurse Practitioners (CRNPs) and other Providers. The CHC-MCO must demonstrate its attempts to contract in good faith with a sufficient number of CNMs, CRNPs and other Providers and maintain payment policies that reimburse CNMs, CRNPs and other Providers for all services provided within the scope of their practice and allow them to practice to the fullest extent of their education, training and licensing.

j. Qualified Providers

The CHC-MCO must limit its PCP Network to appropriately Qualified Providers. The CHC-MCO's PCP Network must meet the following:

- Seventy–five to one hundred percent (75-100%) of the Network consists of PCPs who have completed an approved Primary Care

residency in family medicine, osteopathic general medicine, or internal medicine.

- No more than twenty-five percent (25%) of the Network consists of PCPs without appropriate residencies but who have, within the past seven (7) years, five (5) years of post-training clinical practice experience in family medicine, osteopathic general medicine, internal medicine. Post-training experience is defined as having practiced at least as a 0.5 full-time equivalent in the practice areas described.

k. Participant Freedom of Choice

The CHC-MCO must demonstrate its ability to offer its Participants freedom of choice in selecting a PCP. At a minimum, the CHC-MCO must have or provide one (1) full-time equivalent (FTE) PCP who serves no more than one thousand (1,000) Participants. For the purposes of this section, a full- time equivalent PCP must be a physician involved in clinical care. The minimum weekly work hours for one (1.0) FTE is the number of hours that the practice considers to be a normal work week, which may be thirty-seven-and-one-half (37.5), forty (40), or fifty (50) hours. A physician cannot be counted as more than one (1.0) FTE regardless of the number of hours worked. If the PCP/PCP Site employs Certified Registered Nurse Practitioners (CRNPs)/Physician Assistants (PAs), then the Provider/Provider Site will be permitted to add an additional one thousand (1,000) Participants to the panel. The number of Participants assigned to a PCP may be decreased by the CHC-MCO if necessary to maintain the appointment availability standards.

l. PCP Composition and Location

The CHC-MCO and the Department will work together to avoid the PCP having a caseload or medical practice composed predominantly of Participants. In addition, the CHC-MCO must organize its PCP Sites so as to ensure continuity of care to Participants and must identify a specific PCP within the PCP site for each Participant. The CHC-MCO may apply to the Department for a waiver of these requirements on a PCP Site-specific basis. The Department may waive these requirements for good cause demonstrated by the CHC-MCO.

m. FQHCs/RHCs/Certified Perinatal Doulas

The CHC-MCO must contract with a sufficient number of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to ensure access to FQHC and RHC services. If the CHC-MCO's Primary care Network includes FQHCs and RHCs, these sites may be designated as PCP Sites. If a CHC-MCO cannot contract with a sufficient number of FQHCs and RHCs, the CHC- MCO must demonstrate in writing it has

attempted to reasonably contract in good faith.

The CHC-MCO must demonstrate its attempts to contract in good faith with a sufficient number of Doulas who have been certified by the Pennsylvania Certification Board as Certified Perinatal Doulas and enrolled as MA Providers to provide its Participants in this CHC Zone with access to quality Participant care through participating professionals, in a timely manner, and without the need to travel excessive distances.

n. Medically Necessary Emergency Service

The CHC-MCO must comply with the provisions of Act 112 of 1996 (H.B. 1415, P.N. 3853, signed July 11, 1996), the Balanced Budget Reconciliation Act of 1997, as amended, and Act 68 of 1998, the Quality Healthcare Accountability and Protection Provisions, 40 P.S. §§ 991.2101 et seq. pertaining to coverage and payment of Medically Necessary Emergency Services. The definition of such services is set forth at Section IIt, Definitions.

o. ADA Accessibility Guidelines

The CHC-MCO must inspect the office of any Provider who provides services on site at the Provider's location and who seeks to participate in the Provider Network to determine whether the office is architecturally accessible to persons with mobility impairments. Architectural accessibility means compliance with ADA accessibility guidelines with reference to parking (if any), path of travel to an entrance, and the entrance to both the building and the office of the Provider, if different from the building entrance.

The CHC-MCO must submit quarterly reports to the Department, in a format to be specified by the Department, on the results of the inspections. OLTL will also utilize other reporting mechanisms, such as Physical Health HealthChoices reports and licensing visits.

If the office or facility is not accessible under the terms of this paragraph, the office or facility may participate in the Provider Network provided that the office or facility: 1) requests and is determined by the CHC-MCO to qualify for an exemption from this paragraph, consistent with the requirements of the ADA; or 2) agrees in writing to remove the barrier to make the office or facility accessible to persons with mobility impairments within one hundred-eighty (180) days after the CHC-MCO identified the barrier.

The CHC-MCO must document its efforts to determine architectural accessibility. The CHC-MCO must submit this documentation to the Department upon request.

p. Laboratory Testing Sites

The CHC-MCO must ensure that all laboratory testing sites providing services have either a Clinical Laboratory Improvement Amendment (CLIA) certificate of waiver or a certificate of registration along with a CLIA Community HealthChoices Agreement identification number in accordance with CLIA 1988. Those laboratories with certificates of waiver will provide only the eight (8) types of tests permitted under the terms of their waiver. Laboratories with certificates of registration may perform a full range of laboratory tests. The PCP must provide all required demographics to the laboratory when submitting a specimen for analysis.

q. CHC-MCO Discrimination

The CHC-MCO may not discriminate with respect to participation, reimbursement, or indemnification as to any Provider who is acting within the scope of the Provider's license or certification under applicable State law, solely on the basis of such license or certification or on the basis that the provider serves high risks populations or specializes in conditions that require costly treatment. This paragraph must not be construed to prohibit a CHC-MCO from including Providers only to the extent necessary to meet the needs of the organization's Participants or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the CHC-MCO.

r. Declined Providers

If the CHC-MCO declines to include individual Providers or groups of Providers in its Network, it must give the affected Providers written notice of the reason for its decision.

s. Second Opinions

The CHC-MCO must provide for a second opinion from a qualified Provider within the Network, at no cost to the Participant. If a qualified Provider is not available within the Network, the CHC-MCO must assist the Participant in obtaining a second opinion from a qualified Provider outside the Network, at no cost to the Participant, unless co-payments apply.

2. Appointment Standards

The CHC-MCO will require the PCP, dentist, or specialist to conduct or contact the Services Coordinator to conduct affirmative outreach whenever a Participant misses an appointment and to document this in the medical record. Such an effort shall be deemed to be reasonable if it includes three (3) attempts to contact the Participant. Such attempts may include, but are not limited to: written attempts, telephone calls and home visits. At least one (1) such attempt must be a follow-up telephone call. Service Coordinators will evaluate any barriers to Participant attendance at appointments and develop any necessary plan to facilitate and improve Participant compliance with appointments scheduled.

a. General

PCP scheduling procedures must ensure that:

i. Emergency Medical condition cases must be immediately seen or referred to an emergency facility.

ii. Urgent Medical Condition cases must be scheduled within twenty- four (24) hours.

iii. Non-Urgent Sick Visits must be scheduled with a PCP within seventy-two (72) hours of request, as clinically indicated.

iv. Routine appointments must be scheduled within ten (10) business days. Health assessment/general physical examinations and first examinations must be scheduled within three (3) weeks of Enrollment.

v. The CHC-MCO must provide the Department with its protocol for ensuring that a Participant's average office waiting time for an appointment for Routine Care is no more than thirty (30) minutes or at any time no more than up to one (1) hour when the physician encounters an unanticipated Urgent Medical Condition visit or is treating a Participant with a difficult medical need. The Participant must be informed of scheduling timeframes through educational outreach efforts.

vi. The CHC-MCO must monitor the adequacy of its appointment processes and reduce the unnecessary use of ED visits.

b. Specialty Appointments

For specialty providers that utilize appointment scheduling, the CHC-MCO must be able to provide for:

i. Emergency Medical Condition appointments immediately upon

referral.

ii.Urgent Medical Condition care appointments within twenty-four (24) hours of referral.

iii.Scheduling of appointments for routine care shall be scheduled to occur within thirty (30) days for all specialty Provider types.

c. Pregnant Women

Should the IEB or Participant notify the CHC-MCO that a new Participant is pregnant or there is a pregnancy indication on the files transmitted to the CHC-MCO by the Department, the CHC-MCO must contact the Participant within five (5) days of the Start Date to assist the woman in obtaining an appointment with an OB/GYN or Certified Nurse Midwife. For maternity care, the CHC-MCO must arrange initial prenatal care appointments for enrolled pregnant Participants as follows:

i.First trimester — within ten (10) business days of the Participant being identified as being pregnant.

ii.Second trimester — within five (5) business days of the Participant being identified as being pregnant.

iii.Third trimester — within four (4) business days of the Participant being identified as being pregnant.

iv.High-risk pregnancies — within twenty-four (24) hours of identification of high risk to the CHC-MCO or maternity care Provider, or immediately if an emergency exists.

3. Policies and Procedures for Appointment Standards

The CHC-MCO will comply with the program standards regarding service accessibility standards that are set forth in this exhibit and in Section V.BB.2. of the Agreement, Provider Agreements.

The CHC-MCO must have written policies and procedures for disseminating its appointment standards to all Participants through its Participant Handbook and through other means. In addition, the CHC-MCO must have written policies and procedures to educate its Provider Network about appointment standard requirements. The CHC-MCO must monitor compliance with appointment standards and must have a corrective action plan when appointment standards are not met.

4. LTSS Access Standards

a. Initiation of Services

When new Personal Assistance, Home Adaptations, Assistive Technology, Personal Emergency Response (PERS), Vehicle Modifications, Pest Eradication, Residential Habilitation, Structured Day Habilitation, In-Person and Virtual Cognitive Therapy, Adult Day Basic, and Adult Day Enhanced are authorized or services are increased via inclusion on a Participant's PCSP, the new service or increased service level must commence within seven (7) business days of the approval, unless the Participant requests a longer timeframe for the services to start.

b. Non-Medical Transportation Services

The CHC-MCO must provide 86% of requested non-medical transportation trips as authorized on the PCSP.

c. Home Delivered Meals

90% of Participant responses must indicate the Participant was "Always" or "Usually Satisfied" with their Home Delivered Meals.

5. Compliance with Access Standards

a. Mandatory Compliance

The CHC-MCO must comply with the access standards in accordance with this exhibit and Section V.BB.2 of the Agreement, Provider Agreements. If the CHC-MCO fails to meet any of the access standards by the dates specified by the Department, the Department may terminate this Agreement. To the extent the Department designates new provider types in the future, the CHC-MCOs must adhere to distance standards for those new provider types when it promotes the objectives of the Medicaid program for the provider type to be subject to time and distance access standards, as determined by CMS, if the provider type is covered under the Agreement.

b. Reasonable Efforts and Assurances

The CHC-MCO must make reasonable efforts to honor a Participant's choice of Providers among Network Providers as long as:

i. The CHC-MCO's Agreement with the Network Provider covers the services required by the Participant.

ii. The CHC-MCO has not determined that the Participant's choice is clinically inappropriate.

The CHC-MCO must provide the Department adequate assurances that the CHC-MCO, with respect to this CHC zone, has the capacity to serve the expected Enrollment in this CHC zone. The CHC-MCO must provide assurances that it will offer the full scope of Covered Services as set forth in this Agreement and access to preventive and Primary Care services. The CHC-MCO must also maintain a sufficient number, mix and geographic distribution of Providers and services in accordance with the standards set forth in this exhibit and Section V.BB.2 of the Agreement, Provider Agreements.

c. Compliance with Access Standards

The CHC-MCO must continuously monitor its contracted networks throughout the contract year to ensure participant access to services within the access criteria set forth above. The CHC-MCO must comply with the access standards in accordance with this exhibit and Section V.BB.2 of the Agreement, Provider Agreements. If the CHC-MCO fails to meet any of the access standards by the dates specified by the Department, the Department may terminate this Agreement. To the extent the Department designates new provider types in the future, the CHC-MCOs must adhere to designated standards for those new provider types or as determined by CMS, if the provider type is covered under the Agreement d. CHC-MCO's Corrective Action

The CHC-MCO must take all necessary steps to resolve, in a timely manner, any demonstrated failure to comply with the access standards. Prior to a termination action or other sanction by the Department, the CHC-MCO will be given the opportunity to institute a corrective action plan. The CHC-MCO must submit a corrective action plan to the Department for approval within thirty (30) days of notification of such failure to comply, unless circumstances warrant and the Department demands a shorter response time. The Department's approval of the CHC-MCO's corrective action plan will not be unreasonably withheld. The Department will make its best effort to respond to the CHC-MCO within thirty (30) days from the submission date of the corrective action plan. If the Department rejects the corrective action plan, the CHC-MCO shall be notified of the deficiencies of the corrective action plan. In such event, the CHC-MCO must submit a revised corrective action plan within fifteen (15) days of notification.

If the Department does not receive an acceptable corrective action plan, the Department may impose sanctions against the CHC-MCO, in accordance with Section VIII.C. of the Agreement, Sanctions. Failure to

implement the corrective action plan may result in the imposition of a sanction as provided in this Agreement.