Provider Network Monitoring Plan
Access and Adequacy

Statement of Purpose

The purpose of this plan is to establish guidelines for monitoring member access to specialized behavioral healthcare services and behavioral health provider network adequacy in Louisiana Medicaid managed care.

Type I: Administrative Desk Reviews

Provider access and adequacy reports submitted by the Healthy Louisiana Plans are reviewed by Office of Behavioral Health Provider Network Monitoring Section staff to determine compliance with target goals and contract requirements.

Reports include:
1. Provider Network Sufficiency
2. Out-of-Network (Non-PAR)
3. Appointment Access
4. Geo Access Density and Mapping
5. Claims and Encounter Data
6. Member and Provider Grievance Reports
7. Provider Directories

Type II: Provider Access Audits

OBH Provider Network Monitoring staff contact providers directly to inquire about location, appointment and provider availability, wait times, and after-hours protocols.

1. “Secret Shopper” Method: Contact provider offices by telephone attempting to schedule an appointment with a specific provider
   - A list of providers is compiled using a method of randomly selected behavioral health providers and specialists in urban and rural areas of the state enrolled with the Healthy Louisiana Plans.
     i. Topics covered by telephone inquiry include:
        1. Verifying the status and the location of provider
        2. Determining if the provider is accepting new referrals
        3. Determining earliest date available for a routine appointment with the provider
     ii. Responses are documented by OBH Provider Network Monitoring Section staff including:
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1.准确性提供者位置和联系信息在文件中的准确性和完整性（即地址、电话号码等）
2. 提供者的状态准确性（即提供者不在位置，仍位于位置，参加计划等）
3. 接受新转介
4. 预约常规预约的等待时间
5. 预约的先决条件，如有必要（需要医疗记录，拒绝接受某些行为健康状况，等）

2. Provider Office On-Site Visits
   • 包括对预约系统和/or预约簿的视觉审查以评估下一个可用的预约等待时间，与办公室工作人员访谈，观察成员等待被提供者看到的时间（候诊室到检查室/办公室）。

3. Healthy Louisiana Plans/MCO On-Site Visits
   • 包括对预约系统的视觉审查以评估紧急、急诊和常规预约的安排、预约等待时间，以及与MCO工作人员的访谈。

Type III: Qualified Provider Audits

OBH Provider Network Monitoring staff perform administrative desk reviews and on-site visits of providers and the Healthy Louisiana Plans to monitor compliance with Louisiana requirements for providers rendering specialized behavioral health services.

1. Provider Office On-Site Visits
   • 一个名单的提供者由随机选取的行为健康提供者和专家在城市和农村地区组成

   i. 人员记录和其他记录由监测人员审查验证，其他要求包括：
      1. 必需的许可
      2. 教育和临床经验
      3. 为特定服务提供的培训
      4. 遵守路易斯安那州法律，如刑事背景检查，肺结核（TB）测试等。

   ii. 合格提供者的合规要求由利用OBH开发的现场访问工具进行详细记录。
2. Provider Administrative Desk Review
   - OBH Provider Network Monitoring staff additionally utilize administrative desk review as a means to monitoring provider organizations and independent practitioners of specialized behavioral health services. In these instances, providers send copies of policies, personnel records and requested materials to OBH for review.

3. Healthy Louisiana Plans On-Site Visits
   - Includes visual review of credentialing and re-credentialing files in monitoring that network providers are qualified to render specialized behavioral health services as required by Louisiana law, DHH policy, waiver authorities (if applicable), State Plan Amendments (SPA) and other source documents.

Type IV: Member Access to Care Tracking Studies

The member access to care tracking method consists of a random sampling outreach to members with filed claims and serves to measure satisfaction with several topics related to access and experience with providers.

Utilization of Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys or Similar Type
   - Provides ability to assess and benchmark providers against other behavioral health providers regionally and nationally. Surveys capture members’ reports and ratings of their experiences with behavioral healthcare services in an indirect, constructive manner. (annual)

i. Topics covered by the surveys may include:
   1. Verifying services were rendered by the provider
   2. Ability to schedule an appointment when care is needed
   3. Ability to access the provider by telephone during regular office hours and/or after office hours
   4. Office wait time to be seen for scheduled appointments
   5. Ability to address behavioral health needs with provider
   6. Familiarity of provider with member’s healthcare history
   7. Satisfaction with provider’s explanation of member’s healthcare treatment and care
   8. Ability to rate provider on a Likert type scale

ii. Responses are captured via HIPAA compliant secure online survey program(s) and are analyzed by OBH Provider Network Monitoring Section staff.
### Reporting

1. **Analyze and Interpret Data**  
   - at quarterly and annual intervals

2. **Write OBH Monitoring Reports**  
   - at quarterly and annual intervals

3. **Submit OBH Monitoring Reports to Healthy Louisiana (Medicaid)**  
   - at quarterly and annual intervals  
   - allow time for review and comments

4. **Monitoring Reports are shared with Healthy Louisiana Managed Care Organizations (MCOs)**  
   MCOs will have 30 days to submit corrective action plans for any outcomes identified as needing remediation.
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Specialized Behavioral Health Services (SBHS)
Access and Appointment Availability Standards

Travel Time and Distance
The Healthy Louisiana Managed Care Organizations (MCOs) are responsible for developing and maintaining networks of behavioral health providers sufficient in numbers and types of providers and facilities to ensure that all covered services are accessible to members without reasonable delay. Adequacy is determined by a number of factors, including but not limited to geographic access and travel distance.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Geo Classification</th>
<th>Standard</th>
<th>Target Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialists (i.e. psychologists, medical psychologists, APRN CNS in mental health, or LCSWs) and psychiatrists</td>
<td>Urban</td>
<td>≤ 15 Miles</td>
<td>90% of members</td>
</tr>
<tr>
<td>Specialists (i.e. psychologists, medical psychologists, APRN CNS in mental health, or LCSWs) and psychiatrists</td>
<td>Rural</td>
<td>≤ 30 Miles</td>
<td>90% of members</td>
</tr>
<tr>
<td>ASAM Level III.3 and ASAM Level III.5</td>
<td>All</td>
<td>≤ 30 Miles</td>
<td>90% of members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>≤ 60 Miles</td>
<td>100% of members</td>
</tr>
<tr>
<td>ASAM Level III.7</td>
<td>All</td>
<td>≤ 60 Miles</td>
<td>90% of members</td>
</tr>
<tr>
<td>ASAM Level III.7D</td>
<td>All</td>
<td>≤ 60 Miles</td>
<td>90% of members</td>
</tr>
<tr>
<td>Psychiatric Residential Treatment Facilities (PRTFs)</td>
<td>All</td>
<td>≤ 200 Miles</td>
<td>90% of members</td>
</tr>
</tbody>
</table>

MONITORING

<table>
<thead>
<tr>
<th>Methods of Assessing Compliance</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Member and Provider Grievance Reports - Review</td>
<td>Monthly</td>
</tr>
<tr>
<td>Out-of-Network (Non-PAR) Report - Review</td>
<td>Monthly</td>
</tr>
<tr>
<td>Geo Access Density Summary Report - Review</td>
<td>Quarterly</td>
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<tr>
<td>Geo Access Mapping - Review</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Geo Prescriber Sufficiency Summary Report – Review</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Provider Directories – Review</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Claims and Encounter Data – Review</td>
<td>Quarterly</td>
</tr>
<tr>
<td>“Secret Shopper” Calls</td>
<td>Quarterly</td>
</tr>
<tr>
<td>External Quality Review/Organization (EQRO) - Review</td>
<td>Annual</td>
</tr>
<tr>
<td>Network Development and Management Plan – Review</td>
<td>Annual</td>
</tr>
<tr>
<td>Member and Provider Satisfaction Surveys</td>
<td>Annual</td>
</tr>
<tr>
<td>Consumer Assessment of Healthcare Providers and Subsystems (CAHPS)</td>
<td>Annual</td>
</tr>
<tr>
<td>Quality Assessment and Performance Improvement (QAPI) Reports</td>
<td>Annual (if applicable)</td>
</tr>
<tr>
<td>Performance Improvement Projects (PIPs) – Review</td>
<td>Annual (if applicable)</td>
</tr>
</tbody>
</table>
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Provider to Member Ratios
Each MCO must demonstrate that their network has a sufficient number of providers and facilities to allow adequate access for members. Though not contractually responsible for meeting specific provider to member ratios for specialized behavioral health, target goals have been established and will be informally monitored.

<table>
<thead>
<tr>
<th>PROVIDER TO MEMBER RATIOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Type</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Prescribers: psychiatrists, medical psychologists, APRN Rx</td>
</tr>
<tr>
<td>Non-Prescribers</td>
</tr>
</tbody>
</table>

Appointment Availability
Network adequacy is determined by a number of factors, including but not limited to appointment availability, waiting times and hours of provider operations. Network providers must be available and accessible within appropriate timeframes to meet members’ medical needs. The following appointment availability standards have been established as minimum requirements to ensure members’ needs are sufficiently met.

<table>
<thead>
<tr>
<th>APPOINTMENT AVAILABILITY STANDARDS</th>
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<tbody>
<tr>
<td>Appointment Type</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Emergent or Crisis</td>
</tr>
<tr>
<td>Urgent Care</td>
</tr>
<tr>
<td>Routine, Non-Urgent</td>
</tr>
</tbody>
</table>

MONITORING
Methods of Assessing Compliance | Frequency |
--- | --- |
Member and Provider Grievance Reports - Review | Monthly |
“Secret Shopper” Calls | Quarterly |
Provider Office On-Site Visits | Quarterly |
MCO On-Site Visits (Review of Scheduling) | Quarterly |
Provider Directories – Review | Quarterly |
Claims and Encounter Data – Review | Quarterly |
External Quality Review/Organization (EQRO) - Review | Annual |
Network Development and Management Plan - Review | Annual |
Member and Provider Satisfaction Surveys Consumer Assessment of Healthcare Providers and Subsystems (CAHPS) | Annual |
Quality Assessment and Performance Improvement (QAPI) Reports | Annual (if applicable) |
Performance Improvement Projects (PIPs) – Review | Annual (if applicable) |

Note: Healthy Louisiana Plans are contractually required to update online provider directories in real-time, but no less than weekly. Provider directories shall include, but not be limited to: names, locations, telephone numbers and non-English languages spoken by contracted providers in the Medicaid enrollee’s service area, including identification of behavioral health providers, PCPs and other specialists that are not accepting new patients.