LOUISIANA DEPARTMENT OF HEALTH
Office of Behavioral Health

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:

1. Accuracy of provider location and contact information on file (i.e. address, telephone number, etc.)
2. Accuracy of provider status (i.e. provider not at location, still at location, participating in plan, etc.)
3. Acceptance of new referrals
4. Wait time for scheduling routine appointment
5. Prerequisites for scheduling an appointment, if any (needs medical records, refuses to accept certain behavioral health conditions, etc.)

2. Provider Office On-Site Visits

- Includes visual review of scheduling systems and/or appointment books to assess next available appointment wait times, interviews with office staff, observing lengths of time members wait to be seen by provider (waiting room to exam room/provider office).

3. Healthy Louisiana Plans/MCO On-Site Visits

- Includes visual review of scheduling systems to assess scheduling of emergent, urgent and routine appointments, appointment wait times, and interviews with MCO staff.

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

- 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. Personnel records and other records are reviewed by monitors verifying among other requirements:
        1. Required licensure
        2. Educational and clinical experience
        3. Training for specific services provided
        4. Compliance with Louisiana law, e.g. criminal background checks, tuberculosis (TB) testing, etc.

    ii. Compliance with qualified provider requirements is documented utilizing OBH developed site visit tools.

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.

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.

ACCESS STANDARDS			
Provider Type	Geo Classification	Standard	Target Goal
Specialists (i.e. psychologists, medical psychologists, APRN CNS in mental health, or LCSWs) and psychiatrists	Urban	≤ 15 Miles	90% of members
Specialists (i.e. psychologists, medical psychologists, APRN CNS in mental health, or LCSWs) and psychiatrists	Rural	≤ 30 Miles	90% of members
ASAM Level III.3 and ASAM Level III.5	All	≤ 30 Miles ≤ 60 Miles	90% of adult members 100% adolescent members
ASAM Level III.7	All	≤ 60 Miles	90% of adult members
ASAM Level III.7D	All	≤ 60 Miles	90% of adult members
Psychiatric Residential Treatment Facilities (PRTFs)	All	≤ 200 Miles	90% of members

MONITORING	
Methods of Assessing Compliance	Frequency
Member and Provider Grievance Reports - Review	Monthly
Out-of-Network (Non-PAR) Report - Review	Monthly
Geo Access Density Summary Report - Review	Quarterly
Geo Access Mapping - Review	Quarterly
Geo Prescriber Sufficiency Summary Report – Review	Quarterly
Provider Directories – Review	Quarterly
Claims and Encounter Data – Review	Quarterly
“Secret Shopper” Calls	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)

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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.

PROVIDER TO MEMBER RATIOS	
Provider Type	Target Goal
Prescribers: psychiatrists, medical psychologists, APRN Rx	2:10,000
Non-Prescribers	8:10,000

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.

APPOINTMENT AVAILABILITY STANDARDS		
Appointment Type	Appointment Standard	Appointment Arranged
Emergent or Crisis	24 hours per day, 7 days per week	Within one (1) hour of request
Urgent Care	24 hours per day, 7 days per week	Within 48 hours of request
Routine, Non-Urgent		Within 14 days of referral/request

MONITORING	
Methods of Assessing Compliance	Frequency
Member and Provider Grievance Reports - Review	Monthly
Out-of-Network (Non-PAR) Report – 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.