

## 2 PROVIDER NETWORK

Revision Dates: August 15, 2014, March 1, 2017

Effective Date: January 1, 2014

### ASSURANCES OF ADEQUATE CAPACITY AND SERVICES

In accordance with CFR 438.207, MCOs must provide, on an annual basis, HSD/MAD assurances and supporting documentation that they have the capacity to serve the expected enrollment. Supporting documentation must demonstrate that MCOs offer an appropriate range of preventive, primary care, specialty services, and LTSS that is adequate for the number of enrolled members. Supporting documentation must also demonstrate that MCOs maintain a network of providers that is sufficient in number, mix, and geographic distribution.

### General Requirement TERMINATIONS & TRANSITIONS

Anticipated changes in the MCO provider network shall be reported to the MAD Contract Manager in writing within thirty (30) calendar days prior to the change, or as soon as the MCO knows of the anticipated change. Unexpected changes shall be reported within five (5) calendar days.

The MCO is required to submit a Notification, Narrative and Transition Plans A, and Transition Plan B as appropriate, to its Contract Manager on anticipated changes to the network. The Manager for either the Behavioral Health (BH) Unit or the Long-Term Support Services (LTSS) Unit shall be copied on any network change related to either BH or LTSS. Notification is expected whenever a provider informs the MCO of its intent to change or terminate a service(s), which may result in the need for members to transition from one service provider to another, or when a service provider becomes incapable of performing a contracted service. In all instances, the MCO is expected to report how the changes will affect the service delivery system.

In both expected and unexpected changes in the network, the MCO shall assess the significance of the change or closure within ten (10) calendar days of a confirmation by the provider. If the MCO determines the change will not have a significant impact on the system, the Narrative template must be submitted within ten (10) calendar days from the date of notification of change or closure to the Contract Manager. The MCO must explain in the Narrative factors considered

in making a determination that the change will not significantly impact the system and provide assurances that all consumers will be transitioned to new providers (if applicable). If the MCO determines that the change or closure will significantly impact the delivery system, the MCO is required to submit Transition Plan A (Overall), Transition Plan B (Client Specific) and the Narrative to the Contract Manager within fifteen (15) calendar days of official notification to HSD. In the event that HSD determines a network change is significant, the MCO will be required to submit all transition information as requested.

Transition information will be submitted on the templates provided by HSD with all columns completed. The Narrative will be submitted in text format. Updates will be submitted every other week after the initial submission. A final update will be submitted when all consumers are transitioned. The Notification, Narrative and Transition Plan A will be submitted via email to the Contract Manager. Transition Plan B will be submitted by fax or via a secure website as determined by the MCO and HSD.

#### **NOTIFICATION:**

##### **The Notification must include the following on the HSD approved forms:**

1. Date
2. Name of Provider or Facility
3. Type of Service Region
4. Location (address)/City of the provider or facility closing
5. Total Number of members affected and number of Consumers  $\leq 21$  and  $> 21$
6. Nature of the change
7. Anticipated Date of Closure
8. Transition Plans Required?
9. Narrative Due Date
10. If the MCO determines that transition plans will be required, the Notification will also include the following information:
  - a.** Narrative, Transition Plan A and Transition Plan B due dates
  - b.** Name of MCO staff responsible for the Transition and deliverables

## **NARRATIVE:**

### **The Narrative will include the following:**

1. How the change affects delivery of, or access to, covered services
2. The MCO's plan for maintaining access and the quality of consumer care
3. Factors considered in making the determination that the change will not significantly impact the system and provide assurances that all consumers will be transitioned to new providers (if applicable)
4. Transition issues must be identified

### **Transition Plan A – Overall Transition Template**

1. Preplanning
2. Network Operations
3. Transition Planning
4. Communication with the state
5. Care Coordination
6. Other requirements as needed depending on circumstances of closure
7. Transition Process Finalized

### **Transition Plan B – Client Specific Template**

1. Client Name
2. Medicaid Number
3. Date of Birth
4. Parent or Legal Guardian (if applicable)
5. Services currently receiving
6. Current Provider
7. Date of Discharge (if applicable)
8. New Provider (or anticipated new provider)
9. Date or anticipated date of transition
10. First appointment date (for outpatient services)
11. Care Coordination and CSA (if applicable)
12. Special Conditions/Arrangements/Comments (e.g. barriers to transition)

### 13. CYFD – JJS or PS staff involvement (if applicable)

#### **PROVIDER MONITORING**

HSD/MAD monitors access and provider networks in a variety of ways and through various reports. The following methods are utilized to monitor MCO provider access and network adequacy:

- Provider Satisfaction Survey
- Member Satisfaction Survey
- Secret Shopper Survey
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) results
- External Quality Review Organization (EQRO) Reviews
- MCO Call Center Reports
- Grievance & Appeals Reports
- PCP Report
- Geo Access Report
- Network Adequacy Report
- Ad Hoc Reports

#### **CORE SERVICES AGENCIES (CSA)**

~~The MCOs, in designating additional or new Cores Services Agencies (CSAs) shall work together to:~~

- ~~1. Develop a Request for Application (RFA) in conjunction with the HSD (MAD and BHSD on behalf of the Collaborative). The RFA must include all services to be provided by the CSA, all eligibility requirements, all expectations regarding reporting, intake, discharge, outcomes and required activities to be performed by the CSA as well as any other contractual requirements determined jointly between the MCOs and the state staff.~~
- ~~2. Develop one system for processing the applications that ensures that all proposals are received and tracked. Agencies must receive a receipt confirmation and the MCOs will maintain a complete inventory of all proposals received.~~
- ~~3. Screen all applications according to defined pre-screening qualifications as required in the RFA in accordance with the time line in the RFA.~~

- ~~4. Prepare summary documents detailing the applicants who met the pre-qualifications and those who did not for review by the HSD.~~
- ~~5. Hold the mandatory bidder's conference as described in the RFA and time line.~~
- ~~6. Develop a process for receiving questions from applicants and write a draft set of responses to be submitted to HSD staff in accordance with the time line established in the RFA.~~
- ~~7. Revise and post the final answers in accordance with the time line in the RFA.~~

### **CSA/RFA Review process**

The MCOs will ensure the fairness and integrity of its RFA review process and complete the following steps in the RFA review process:

- ~~1. Identify a review team that will include state staff.~~
- ~~2. Provide training to the review team regarding the RFA process and scoring document.~~
- ~~3. Distribute the provider RFA applications to the review team along with score sheets and any written guidance and the questions and responses.~~
- ~~4. Coordinate the logistics of the review process.~~
- ~~5. Maintain written documentation of the review team recommendations. This will include narratives for each section and an over-all score for each applicant.~~
- ~~6. Draft a summary of the recommendations for HSD staff.~~
- ~~7. Participate in the presentation of recommendations at a designated Collaborative meeting.~~
- ~~8. Send notification letters to all applicants and maintain a tracking system of the notifications.~~
- ~~9. Identify in writing performance issues of individual awardees for insertion into the CSA contract.~~
- ~~10. Notify the designated HSD staff of any formal complaints or protests from unsuccessful applicants.~~

### **Implementation and Oversight of CSA's**

- ~~1. The MCOs will
  - ~~a. Draft the scope of work language for each CSA and submit to the HSD staff for review and approval.~~~~

- ~~b. Develop a tracking process for contract execution and the return of the signed contracts.~~
- ~~c. Assist each agency with the development and execution of an implementation plan.~~
- ~~2. The MCOs will meet regularly with the HSD staff to:~~
  - ~~a. Participate in the development of topics for implementation and training and coordinate all logistics for trainings and meetings with HSD staff.~~
  - ~~b. Identify and address problems and ongoing needs and concerns of the CSAs.~~