**Bayou Health Reporting**

**Report Information**

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Template

**Information to be completed by the Dental Plan**

Dental Plan ID: [Dental Plan ID]

Dental Plan Name: [Dental Plan Name}

Dental Plan Contact:

Dental Plan Contact Email:

Report Period Start Date:

Report Period End Date:

Date Completed:

*(This plan can be submitted in any format. However, this document must be completed and submitted with the required plan)*

**Definitions and Instructions:**

The Dental Benefit Plan Manager shall develop and maintain a provider Network Development and Management Plan which ensures that the provision of core dental benefits and services will occur [42 CFR §438.207(b)]. The Network Development and Management Plan shall be submitted to DHH within thirty (30) days from the date the DBPM signs to contract with DHH for evaluation and approval, as well as when significant changes occur and annually thereafter within thirty (30) days of the start of each contract year. The Network Development and Management Plan shall include the DBPM’s process to develop, maintain and monitor an appropriate provider network that is supported by written agreements and is sufficient to provide adequate access of all required services included in the Contract. When designing the network of providers, the DBPM shall consider the following (42 CFR §438.206):

* Anticipated maximum number of Medicaid members;
* Expected utilization of services, taking into consideration the characteristics and Dental care needs of the members in the Dental Plan;
* The numbers and types (in terms of training, experience, and specialization) of providers required to furnish Medicaid core benefits and services;
* The numbers of Dental Plan providers who are not accepting new Dental Plan members; and
* The geographic location of providers and members, considering distance, travel time, the means of transportation ordinarily used by members, and whether the location provides physical access for Medicaid enrollees with disabilities.

The Network Provider Development and Management Plan shall demonstrate the ability to provide access to Services and Benefits as defined in this RFP, access standards in 42 CFR §438.206 and shall include:

* Assurance of Adequate Capacity and Services
* Access to Primary Care Dentist
* Access to Specialists
* Timely Access
* Service Area
* Out-of-Network Providers

The Network Provider Development and Management Plan shall identify gaps in the DBPM’s provider network and describe the process by which DBPM shall assure all covered services are delivered to DBPM members. Planned interventions to be taken to resolve such gaps shall also be included.

The DBPM shall provide GEO mapping and coding of all network providers for each provider type by the deadline specified in the Schedule of Events, to geographically demonstrate network capacity. The DBPM shall provide updated GEO coding to DHH quarterly, or upon material change (as defined in the Glossary) or upon request.

The DBPM shall develop and implement Network Development and Management policies and policies detailing how the Dental Plan will [42 CFR 438.214(a)]:

Communicate and negotiate with the network regarding contractual and/or program changes and requirements;

Monitor network compliance with policies and rules of DHH and the Dental Plan, including compliance with all policies and procedures related to the grievance/appeal processes and ensuring the member’s care is not compromised during the grievance/appeal processes;

Evaluate the quality of services delivered by the network;

Provide or arrange for medically necessary covered services should the network become temporarily insufficient within the contracted service area;

Monitor the adequacy, accessibility and availability of its provider network to meet the needs of its members, including the provision of care to members with limited proficiency in English; and

Process expedited and temporary credentials. Recruit, select, credential, re-credential and contract with providers in a manner that incorporate quality management, utilization, office audits and provider profiling;

Provide training for its providers and maintain records of such training;

Track and trend provider inquiries/complaints/requests for information and take systemic action as necessary and appropriate;

Ensure that provider calls are acknowledged within 3 business days of receipt; resolve and/or state the result communicated to the provider within 30 calendar days of receipt (this includes referrals from DHH). If not resolved in 30 days the Dental Plan must document why the issue goes unresolved; however, the issue must be resolved within 90 calendar days.

An evaluation of the initial Network Provider Development and Management Plan, including evaluation of the success of proposed interventions and any needed revisions, shall be submitted to DHH at the end of the first year of operations and annually thereafter.

The DBPM Network Development and Management policies shall be subject to approval by DHH, Medicaid Coordinated Care Section and shall be monitored through operational audits.

**RFP Reference: Network Provider Development Management Plan**