

Health Plan	PCP	Hospitals	Specialist	Ancillary
Community Health Solutions (PCCM)	✓	N/A	N/A	N/A
United Healthcare (PCCM)	✓	N/A	N/A	N/A
AmeriGroup (MCO)	✓	✓	✓	✓
LaCare (MCO)	✓	✓	✓	✓
Louisiana Healthcare Connections (MCO)	✓	✓	✓	✓

**Network Requirements Shared Savings (PCCM):**

In accordance with the requirements in the RFP, and the members’ needs, the proposed network shall contract with a sufficient number of Primary Care providers to provide core benefits and services within designated time and distance limits. The health plan shall ensure that in accordance with usual and customary practices primary care provider services are available on a timely basis. Travel distance for members living in rural parishes shall not exceed 30 miles; and shall not exceed 20 miles distance for members living in urban parishes. Each Health Plan shall agree to provide at least one (1) full-time equivalent (FTE) PCP per twenty-five hundred (2,500) BAYOU HEALTH members. The plan shall ensure each individual PCP shall not exceed a linkage total of 2,500 Medicaid eligibles across all BAYOU HEALTH plans in which the PCP may be a network provider.

**Documentation Submitted by Health Plan** – Provider Directory/Registry of all contracted PCPs servicing the GSA, geocoded maps of the GSA depicting time and distance coverage, and letter of attestation certifying compliance with network adequacy requirements.

**Network Requirements Pre-paid Model (MCO):**

In accordance with the requirements in the RFP each health plan must provide a comprehensive network to ensure its membership has access at least equal to, or better, than community norms. Services shall be accessible to plan members in terms of timeliness, amount, duration and scope as those are available to Medicaid recipients within the same GSA who are not enrolled in the Bayou Health Program [42 CFR 438.210.(a)(2)]. The plan is encouraged to have available non-emergent after-hours physician or primary care services within its network. If the network is unable to provide medically necessary services required under contract, the plan shall ensure timely and adequate coverage of these services through an out of network provider until a network provider is contracted. Each plan is required at a minimum to have an a contract with sufficient providers to provide in network services for the mandatory providers listed in appendix E of the RFP.

**Primary Care** – The health plan shall ensure that in accordance with usual and customary practices primary care provider services are available on a timely basis. Travel distance for members living in rural parishes shall not exceed 30 miles; and shall not exceed 20 miles distance for members living in urban parishes. Each Health Plan shall agree to provide at least one (1) full-time equivalent (FTE) PCP per twenty-five hundred (2,500) BAYOU HEALTH members. The plan shall ensure each individual PCP shall not exceed a linkage total of 2,500 Medicaid eligibles across all BAYOU HEALTH plans in which the PCP may be a network provider.

**Hospitals** – Travel distance shall not exceed thirty (30) minutes of a member’s residence for urban areas; or thirty (30) miles for rural areas.

**Specialist** – Travel distance shall not exceed sixty (60) miles for at least 75% of members; and shall not exceed ninety (90) miles for all members. Access standards to specialists that cannot be met may be satisfied utilizing telemedicine with prior DHH approval.

**Lab and Radiology Services** – Travel distance shall not exceed thirty (30) minutes or thirty (30) miles;

**Documentation Submitted by Health Plan** – Provider Directory/Registry of all contracted providers servicing the GSA, geocoded maps of the GSA for each provider type depicting time and distance coverage, appendix E - summary totals for all required providers, and letter of attestation certifying compliance with network adequacy requirements.



**Community Health Solutions**  
**of Louisiana**

**Attestation of Provider Network Submission**

For GSA A

11/7/2011

I, Kyle Moll, as Executive Vice President for Community Health Solutions of Louisiana, do hereby attest that the information provided concerning our proposed network (subcontracts) is (are) accurate, true, and complete.

I attest that the necessary information for these providers will be loaded into our organization's system prior to providing services to Louisiana Medicaid/CHIP members. Additionally, I attest that the following requirements will be met:

- All subcontracts and amendments will utilize a model sub contract approved by DHH, or any modifications to the model subcontract have been approved by DHH prior to execution,
- All subcontracts will be properly signed, dated and executed by both parties, and
- All provider files will contain information regarding hospital privileges (if appropriate) and a list of group practice members.

In addition to the services provided through its subcontracted network, Community Health Solutions of Louisiana will provide access to enhanced primary care case management and PCP primary care management services consistent with the Contract with DHH.

I understand that should DHH determine at a later date that the submitted information is inaccurate, untrue, or incomplete, Community Health Solutions of Louisiana may be subject to sanctions and/or fines as outlined in the Contract with DHH.

Signature/Title

11/7/2011

Date

## **Attestation of Provider Network Submission**

For: GSA A

Date: November 23, 2011

I, April Golenor, as Plan President for United HealthCare of Louisiana, Inc., do hereby attest that the information provided concerning our proposed network (letters of intent and/or subcontracts) is (are) accurate, true, and complete.

I attest that the necessary information for these providers will be loaded into our organization's system prior to providing services to Louisiana Medicaid/CHIP members. Additionally, I attest that the following requirements will be met:

- All subcontracts and amendments will utilize a model sub contract approved by DHH, or any modifications to the model subcontract have been approved by DHH prior to execution,
- All subcontracts will be properly signed, dated and executed by both parties, and
- All provider files will contain information regarding hospital privileges (if appropriate) and a list of group practice members.

In addition to the services provided through its subcontracted network, United HealthCare of Louisiana, Inc. will provide access to enhanced primary care case management and PCP primary care management services consistent with the Contract with DHH.

I understand that should DHH determine at a later date that the submitted information is inaccurate, untrue, or incomplete, United HealthCare of Louisiana, Inc. may be subject to sanctions and/or fines as outlined in the Contract with DHH.



Plan President, November 23, 2011

Signature/Title Date



## Attestation of Provider Network Submission

For GSA A

Date 11/09/11

I, George Bucher, as CEO for AMERIGROUP Louisiana, Inc., do hereby attest that the information provided concerning our proposed network is accurate, true, and complete.

I attest that the necessary information for these providers will be loaded into our organization's system prior to providing services to Louisiana Medicaid/CHIP members. Additionally, I attest that the following requirements will be met:

- All subcontracts and amendments will utilize a model sub contract approved by DHH, or any modifications to the model subcontract have been approved by DHH prior to execution,
- All subcontracts will be properly signed, dated and executed by both parties, and
- All provider files will contain information regarding hospital privileges (if appropriate) and a list of group practice members.

In addition to the services provided through its subcontracted network, AMERIGROUP Louisiana will provide access consistent with the Contract with DHH.

I understand that should DHH determine at a later date that the submitted information is inaccurate, untrue, or incomplete, AMERIGROUP Louisiana may be subject to sanctions and/or fines as outlined in the Contract with DHH.

  
\_\_\_\_\_  
Signature/Title

11/9/11  
\_\_\_\_\_  
Date

3850 North Causeway Boulevard  
Suite 600  
Metairie, Louisiana 70002  
504.834.1271

[www.amerigroupcorp.com](http://www.amerigroupcorp.com)

**AmeriGroup**  
**List of Required and Optional Providers Serving GSA A\*\*\* - as of 12/07/2011**

Provider		Required/O ptional	Maximum Members/Provider (RFP 7.7.3.4)	Number of Providers with EXECUTED CONTRACTS only****
<b>ANCILLARY SERVICES</b>				
Ambulance Services		required	n/a	0
Durable Medical Equipment		required	n/a	13
NEMT		required	n/a	3
Orthotics/Prosthetics		required	n/a	3
Home Health		required	n/a	4
Infusion Therapy		required	n/a	11
See access standards for Specialty Care Services				
Laboratory/X-Ray		required	n/a	23
			n/a	
<b>HOSPITALS</b>				
See access standards for Specialty Care Services		required	n/a	23
<b>PRIMARY CARE PROVIDERS</b>				
Family/Gen. Practice		required	2,500	240
Internal Medicine		required	2,500	280
RHC's/FQHC's		optional	2500/PCP	20
Not required but may be utilized as PCP provider				
Pediatrics		required	2,500	159
May function as PCP				
OB/GYN		required	2,500	178
May function as PCP				
<b>SPECIALISTS</b>				
Allergy/Immunology		required	100,000	25
Anesthesiology		required	n/a	136
Audiology		required	n/a	32
Cardiology		required	20,000	140
Chiropractic		required	n/a	13
Dermatology		required	40,000	41
Emergency Medical		required	n/a	78
Endocrinology and Metab		required	25,000	22
Gastroenterology		required	30,000	31
Hematology/Oncology		required	80,000	34
Infectious Diseases		required	n/a	42
Neonatology		required	n/a	24
Nephrology		required	50,000	46
Neurology		required	n/a	51
Nuclear Medicine		required	n/a	2
Ophthalmology		required	20,000	108
Optician/Optomety		required	n/a	116
Orthopedics		required	15,000	51
Otorhinolryngology/Otolaryngology		required	30,000	57
Pathology		required	n/a	53
Pediatrics, Allergy		required	n/a	2
Pediatrics, Cardiology		required	n/a	30
Podiatry		required	n/a	41
Pulmonary Medicine		required	n/a	36
Radiology, Diagnostic		required	n/a	144
Radiology, Therapeutic		required	n/a	14
Rheumatology		required	n/a	18
Surgery - General		required	n/a	94
Surgery - Thoracic		required	n/a	22
Surgery - Cardiovascular		required	n/a	12
Surgery - Colon and Rectal		required	n/a	6
Surgery - Neurological		required	45,000	13
Surgery - Pediatric		required	n/a	5
Surgery - Plastic		required	n/a	13
Urology		required	30,000	33
Private Physical Therapy		required	n/a	19
Private Speech Therapy		required	n/a	39
Private Occupational Therapy		required	n/a	6
Physical Therapy**		required	n/a	19
Speech Therapy**		required	n/a	39
Occupational Therapy**		required	n/a	6
In reviewing networks, DHH considers both the Access Standards, and utilization trends of the regular Medicaid Fee-For-Service system. DHH may grant exceptions to these criteria on a case-by-case basis.				
The CCN – P Systems Companion Guide contains all Provider Type and Specialty Type codes necessary for completing the CCN Network Provider and Contractor Registry. <a href="http://new.dhh.louisiana.gov/index.cfm/page/37/n/78">http://new.dhh.louisiana.gov/index.cfm/page/37/n/78</a>				
* - The term Trade Area refers to the state of Louisiana and those counties located in Mississippi, Arkansas and Texas that border the state of Louisiana. The Hospitals located within these counties will be treated the same as those within the state.				
** - Therapies are in-patient or out-patient based.				
*** - Providers who are contracted and located within the boundaries of GSA A, as well as providers within appropriate distance as defined in the network adequacy standards of measure in nearby counties, are the population of these counts. Additional providers may be contracted by AGP and not reflected in these counts as they were deemed to be too far from the potential membership locations of GSA A to be included.				
**** - Counts are distinct, or unique, by provider regardless of service locations				



A program of AmeriHealth Mercy of Louisiana, Inc.

## Attestation of Provider Network Submission

For GSA A

November 25, 2011

I, Kathleen E. Stone, as Executive Director for LaCare, a program of AmeriHealth Mercy of Louisiana, Inc., do hereby attest that the information provided concerning our proposed network is accurate, true, and complete.

I attest that the necessary information for these providers will be loaded into our organization's system prior to providing services to Louisiana Medicaid/CHIP members. Additionally, I attest that the following requirements will be met:

- All subcontracts and amendments will utilize a model sub contract approved by DHH, or any modifications to the model subcontract will have been approved by DHH prior to execution,
- All subcontracts will be properly signed, dated and executed by both parties, and
- All provider files will contain information regarding hospital privileges (if appropriate) and a list of group practice members.

In addition to the services provided through its subcontracted network, LaCare will provide access consistent with the Contract with DHH.

I understand that should DHH determine at a later date that the submitted information is inaccurate, untrue, or incomplete, LaCare may be subject to sanctions and/or fines as outlined in the Contract with DHH.

11-25-11

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

LaCare  
List of Required and Optional Providers Serving GSA A - as of 11/30/2011

Provider		Required/O ptional	Maximum Members/Provid er (RFP 7.7.3.4)	Number of Providers with EXECUTED CONTRACTS only
<b>ANCILLARY SERVICES</b>				
Ambulance Services		required		In contract negotiation with Acadian Ambulance
Durable Medical Equipment		required	3,000,000	40
NEMT		required		In contract negotiation with MTM
Orthotics/Prosthetics		required	600,000	8
Home Health		required	2,400,000	32
Infusion Therapy		required		In contract negotiation with Care Partners
See access standards for Specialty Care Services				
Laboratory/X-Ray		required		In contract negotiation with Labcorp/Ameripath
<b>HOSPITALS</b>				
See access standards for Specialty Care Services		required	750,000	10
<b>PRIMARY CARE PROVIDERS</b>				
Family/Gen. Practice		required	872,500	349
Internal Medicine		required	180,000	72
RHC's/FQHC's		optional	2500/PCP	Rolled up to Family/General Practice
Not required but may be utilized as PCP provider				
Pediatrics		required	2,500	Rolled up to Family/General Practice
May function as PCP				
OB/GYN		required	277,500	111
May function as PCP				
<b>SPECIALISTS</b>				
Allergy/Immunology		required	1,000,000	10
Anesthesiology		required	8,925,000	119
Audiology		required	600,000	8
Cardiology		required	1,300,000	65
Chiropractic		required	525,000	7
Dermatology		required	16,000,000	40
Emergency Medical		required	10,800,000	144
Endocrinology and Metab		required	200,000	8
Gastroenterology		required	690,000	23
Hematology/Oncology		required	1,440,000	18
Infectious Diseases		required	2,250,000	30
Neonatology		required	975,000	13
Nephrology		required	1,450,000	29
Neurology		required	2,175,000	29
Nuclear Medicine		required		Rolled up to radiology
Ophthalmology		required	1,480,000	74
Optician/Optometry		required	3,075,000	41
Orthopedics		required	990,000	66
Otorhinolryngology/Otolaryngology		required	3,150,000	42
Pathology		required	3,225,000	43
Pediatrics, Allergy		required		0
Pediatrics, Cardiology		required	300,000	4
Podiatry		required	675,000	9
Pulmonary Medicine		required	2,100,000	28
Radiology, Diagnostic		required	10,200,000	146
Radiology, Therapeutic		required		Rolled up to radiology
Rheumatology		required	375,000	5
Surgery - General		required	4,425,000	59
Surgery - Thoracic		required	900,000	12
Surgery - Cardiovascular		required	300,000	4
Surgery - Colon and Rectal		required		0
Surgery - Neurological		required	315,000	7
Surgery - Pediatric		required	75,000	1
Surgery - Plastic		required	450,000	6
Urology		required	510,000	17
Private Physical Therapy		required	375,000	5
Private Speech Therapy		required	3,000,000	40
Private Occupational Therapy		required	450,000	6
Physical Therapy**		required	450,000	6
Speech Therapy**		required	450,000	6
Occupational Therapy**		required	450,000	6
In reviewing networks, DHH considers both the Access Standards, and utilization trends of the regular Medicaid Fee-For-Service system. DHH may grant exceptions to these criteria on a case-by-case basis.				
*. The term Trade Area refers to the state of Louisiana and those counties located in Mississippi, Arkansas and Texas that border the state of Louisiana. The Hospitals located within these counties will be treated the same as those within the state.				
**Therapies are in-patient or out-patient based.				
The CCN – P Systems Companion Guide contains all Provider Type and Specialty Type codes necessary for completing the CCN Network Provider and Contractor Registry. <a href="http://new.dhh.louisiana.gov/index.cfm/page/37/n/78">http://new.dhh.louisiana.gov/index.cfm/page/37/n/78</a>				



## Attestation of Provider Network Submission

For GSA- A

Date: November 9, 2011


I, Randy Guillory, as Senior Director Contracting/Network Development for Louisiana Health Care Connections, do hereby attest that the information provided concerning our proposed network is accurate, true, and complete.

I attest that the necessary information for these providers will be loaded into our organization's system prior to providing services to Louisiana Medicaid/CHIP members. Additionally, I attest that the following requirements will be met:

- All subcontracts and amendments will utilize a model sub contract approved by DHH, or any modifications to the model subcontract have been approved by DHH prior to execution,
- All subcontracts will be properly signed, dated and executed by both parties, and
- All provider files will contain information regarding hospital privileges (if appropriate) and a list of group practice members.

In addition to the services provided through its subcontracted network, Louisiana HealthCare Connections will provide access consistent with the Contract with DHH.

I understand that should DHH determine at a later date that the submitted information is inaccurate, untrue, or incomplete, Louisiana HealthCare Connections may be subject to sanctions and/or fines as outlined in the Contract with DHH.

  
Signature/Title  
SR Director Contracting / Network  
Development

11/9/11  
Date

Louisiana Healthcare Connections  
List of Required and Optional Providers Serving GSA A - as of 12/07/11

Provider		Required/ Optional	Maximum Members/Provider (RFP 7.7.3.4)	Number of Providers with EXECUTED CONTRACTS only
ANCILLARY SERVICES				
Ambulance Services		required		5
Durable Medical Equipment		required		38
NEMT		required		3
Orthotics/Prosthetics		required		15
Home Health		required		9
Infusion Therapy		required		2
See access standards for Specialty Care Services				
Laboratory/X-Ray		required		10
HOSPITALS		required		11
See access standards for Specialty Care Services				
PRIMARY CARE PROVIDERS				
Family/Gen. Practice		required	2,500	78
Internal Medicine		required	2,500	80
RHC's/FQHC's		optional	2500/PCP	17
Not required but may be utilized as PCP provider				
Pediatrics		required	2,500	169
May function as PCP				
OB/GYN		required	2,500	85
May function as PCP				
SPECIALISTS				
Allergy/Immunology		required	100,000	12
Anesthesiology		required		347
Audiology		required		9
Cardiology		required	20,000	54
Chiropractic		required		5
Dermatology		required	40,000	30
Emergency Medical		required		116
Endocrinology and Metab		required	25,000	4
Gastroenterology		required	30,000	18
Hematology/Oncology		required	80,000	14
Infectious Diseases		required		17
Neonatology		required		8
Nephrology		required	50,000	27
Neurology		required		12
Nuclear Medicine		required		4
Ophthalmology		required	20,000	7
Optician/Optometry		required		41
Orthopedics		required	15,000	26
Otorhinolryngology/Otolaryngology		required	30,000	28
Pathology		required		38
Pediatrics, Allergy		required		2
Pediatrics, Cardiology		required		7
Podiatry		required		11
Pulmonary Medicine		required		20
Radiology, Diagnostic		required		61
Radiology, Therapeutic		required		5
Rheumatology		required		3
Surgery - General		required		43
Surgery - Thoracic		required		3
Surgery - Cardiovascular		required		2
Surgery - Colon and Rectal		required		1
Surgery - Neurological		required	45,000	6
Surgery - Pediatric		required		2
Surgery - Plastic		required		4
Urology		required	30,000	16
Private Physical Therapy		required		17
Private Speech Therapy		required		27
Private Occupational Therapy		required		4
Physical Therapy**		required		
Speech Therapy**		required		
Occupational Therapy**		required		
In reviewing networks, DHH considers both the Access Standards, and utilization trends of the regular Medicaid Fee-For-Service system. DHH may grant exceptions to these criteria on a case-by-case basis.				
*. The term Trade Area refers to the state of Louisiana and those counties located in Mississippi, Arkansas and Texas that border the state of Louisiana. The Hospitals located within these counties will be treated the same as those within the state.				
**Therapies are in-patient or out-patient based.				
The CCN – P Systems Companion Guide contains all Provider Type and Specialty Type codes necessary for completing the CCN Network Provider and Contractor Registry. <a href="http://new.dhh.louisiana.gov/index.cfm/page/37/n/78">http://new.dhh.louisiana.gov/index.cfm/page/37/n/78</a>				