**HEALTHY LOUISIANA REPORTING**

**Report Information**

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Document Name: GeoAccess Mapping

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Subject Matter: Informatics Behavioral Health

Document Type: Mapping

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

Health Plan ID:

Health Plan Name:

Health Plan Contact:

Health Plan Contact Email:

Report Period Start Date:

Report Period End Date:

Date Submitted:

**Definitions and Instructions:**

GEO Mapping: The process of finding associated geographic coordinates (often expressed as latitude and longitude) from other geographic data, such as street addresses or zip codes (postal codes). With geographic coordinates the features can be mapped and entered into Geographic Information Systems or coordinates can be embedded into media.

The MCO shall submit GEO mapping reports quarterly to identify compliance with urban and rural access standards and to demonstrate geographic network capacity. GEO mapping and coding shall additionally be provided upon material change of the network or upon request by LDH.

In addition to maintaining a sufficient number of contracted Network Providers to provide all core services to its Members, the MCO shall meet the Geographic and Capacity Standards for all Members required in the MCO Contract and outlined in the Provider Network Companion Guide.

* Prepare separate and clearly labeled Geographical and Capacity reports by provider type and region demonstrating network compliance. In total, for each provider type with miles and minutes standards, the Contractor shall produce maps and tables according to the prescribed format below, utilizing a recent version of a GeoAccess/GeoCoder software program, which shall be updated periodically as appropriate.
* Use the most recent eligibility files provided by LDH and its most recent Member data to geocode each Member by street address. Identifying Members at zip code centroids or randomly within zip codes is not acceptable.
* Geocode provider network street addresses. Identifying providers at zip code centroids or randomly within zip codes is not acceptable.
* If more than one Provider is located at the same address, all Providers at that address should have the same geographic coordinates. Physicians should be classified based on their primary specialty only. For example, a pediatric cardiologist should be classified as cardiologist, not a psychiatrist.

**The MCO shall utilize radius (circle) plot formatting to depict providers within required access ranges as opposed to dot plotting.**

The accompanying tables shall clearly indicate the total number and percent of Members in each Parish who have and who do not have Provider access as defined by LDH MCO contract standards, as well as overall totals for each geographic access category.

For calculating distance (miles) the MCO must use the “maximums” for the amount of time it takes a Member, using usual travel means in a direct route to travel from their home to the Provider. For calculating time (minutes) the MCO must use the times estimated in GeoAccess/GeoCoder software programs as the amount of time it takes a Member using usual travel means in a direct route to travel from their home to the Provider. LDH recognizes that transportation with vendors may not always follow direct routes due to multiple passengers.

The MCO shall refer to the LDH MCO RFP Contract and the Provider Network Companion Guide for travel time and distance access standards, as well as performance threshold percentages with which access shall be gaged. The MCO shall provide maps and tables reflective of these standards in its report to LDH.

**Maps:**

The MCO shall map and code for each type of service with a designated time/distance standard established by contract and as denoted in the Provider Network Companion Guide. The MCO must include two statewide maps of providers. The first map (#1) must include all applicable providers within the time and distance standards for enrollees residing in Urban Parishes and the second map (#2) must include all applicable providers within the time and distance standards for enrollees residing in Rural Parishes.

The statewide maps shall be clearly labeled according to the format prescribed:

|  |  |  |
| --- | --- | --- |
| **Map Label** | **Geographic Access Category** | **Includes** |
| Map A1 | Psychiatrist access for **all** members in Urban Parishes | Psychiatrists (MD); Doctors of Osteopathy (DO) spec in psychiatry/neurology |
| Map A2 | Psychiatrist access for **all** members in Rural Parishes | Psychiatrists (MD); Doctors of Osteopathy (DO) spec in psychiatry/neurology |
| Map B1 | Behavioral Health Specialist access for **all** members in Urban Parishes | APRN (BH specialty), Licensed Psychologist or LCSW |
| Map B2 | Behavioral Health Specialist access for **all** members in Rural Parishes | APRN (BH specialty), Licensed Psychologist or LCSW |
| Map C1 | Prescriber access for **all** members in Urban Parishes | Psychiatrist (MD or DO), Medical Psychologist, or APRN (NP or CNS) w/ Rx authority (BH spec) |
| Map C2 | Prescriber access for **all** members in Rural Parishes | Psychiatrist (MD or DO), Medical Psychologist, or APRN (NP or CNS) w/ Rx authority (BH spec) |
| Map D1 | PRTF access for **pediatric** members under age 21 | Psychiatric Residential Treatment Facilities (PRTFs), PRTF (3.7WM) & other spec |
| Map E1 | ASAM Level 3.3 access for **adult** members age 21 and over in Urban Parishes | ASAM Level 3.3 SU Residential Treatment Facilities - Adult |
| Map E2 | ASAM Level 3.3 access for **adult** members age 21 and over in Rural Parishes | ASAM Level 3.3 SU Residential Treatment Facilities - Adult |
| Map E3 | ASAM Level 3.5 access for **adult** members age 21 and over in Urban Parishes | ASAM Level 3.5 SU Residential Treatment Facilities - Adult |
| Map E4 | ASAM Level 3.5 access for **adult** members age 21 and over in Rural Parishes | ASAM Level 3.5 SU Residential Treatment Facilities - Adult |
| Map E5 | ASAM Level 3.7 access for **adult** members age 21 and over in Urban Parishes | ASAM Level 3.7 SU Residential Treatment Facilities - Adult |
| Map E6 | ASAM Level 3.7 access for **adult** members age 21 and over in Rural Parishes | ASAM Level 3.7 SU Residential Treatment Facilities - Adult |
| Map E7 | ASAM Level 3.7WM access for **adult** members age 21 and over in Urban Parishes | ASAM Level 3.7WM SU Residential Treatment Facilities - Adult |
| Map E8 | ASAM Level 3.7WM access for **adult** members age 21 and over in Rural Parishes | ASAM Level 3.7WM SU Residential Treatment Facilities - Adult |
| Map E9 | ASAM Level 3.5 access for **pediatric** members under age 21  | ASAM Level 3.5 SU Residential Treatment Facilities - Pediatric |
| Map F1 | Inpatient Psychiatric Hospital access for **all** members in Urban Parishes | Free-Standing Psych Hospital; Distinct Part Psych Unit |
| Map F2 | Inpatient Psychiatric Hospital access for **all** members in Rural Parishes | Free-Standing Psych Hospital; Distinct Part Psych Unit |
| Map G1 | MAT prescriber access for **all** members in Urban Parishes  | Psychiatrist (MD or DO), PAs or APRN-NP (BH spec) w/ MAT Rx authority  |
| Map G2  | MAT prescriber access for **all** members in Rural Parishes  | Psychiatrist (MD or DO), PAs or APRN-NP (BH spec) w/ MAT Rx authority |

**Tables:**

For each Parish, the MCO must calculate and report the time and distance from members’ residences that their total applicable enrollee membership must travel to reach a contract provider for each of the applicable services. For each Parish with less than the performance threshold % with access according to the contract standards for travel time and distance, the MCO must note the network deficiency on the Provider Network Attestation.

The accompanying tables shall also clearly indicate the total number and percent of Members for each type of service with a designated time and distance standard stratified by urban and rural designations who have and who do not have Provider access as defined by LDH MCO contract standards, unless otherwise stated.

Tables shall be compiled and labeled according to the following prescribed format:

|  |  |
| --- | --- |
| **Table Label** | **Geographic Access Category** |
| Table A1 | Total # and % of **all** members in Urban Parishes with & without access to Psychiatrists within time and distance standards |
| Table A2 | Total # and % of **all** members in Rural Parishes with & without access to Psychiatrists within time and distance standards |
| Table B1 | Total # and % of **all** members in Urban Parishes with & without access to Behavioral Health Specialists within time and distance standards |
| Table B2 | Total # and % of **all** members in Rural Parishes with & without access to Behavioral Health Specialists within time and distance standards |
| Table C1 | Total # and % of **all** members in Urban Parishes with & without access to Prescribers within time and distance standards |
| Table C2 | Total # and % of **all** members in Rural Parishes with & without access to Prescribers within time and distance standards |
| Table D1 | Total # and % of **pediatric** members under the age of 21 with & without access to PRTF within time and distance standards |
| Table E1 | Total # and % of **adult** members age 21 and over in Urban Parishes with & without access to ASAM Level 3.3 within time and distance standards |
| Table E2 | Total # and % of **adult** members age 21 and over in Rural Parishes with & without access to ASAM Level 3.3 within time and distance standards |
| Table E3 | Total # and % of **adult** members age 21 and over in Urban Parishes with & without access to ASAM Level 3.5 within time and distance standards |
| Table E4 | Total # and % of **adult** members age 21 and over in Rural Parishes with & without access to ASAM Level 3.5 within time and distance standards |
| Table E5 | Total # and % of **adult** members age 21 and over in Urban Parishes with & without access to ASAM Level 3.7 within time and distance standards |
| Table E6 | Total # and % of **adult** members age 21 and over in Rural Parishes with & without access to ASAM Level 3.7 within time and distance standards |
| Table E7 | Total # and % of **adult** members age 21 and over in Urban Parishes with & without access to ASAM Level 3.7WM within time and distance standards |
| Table E8 | Total # and % of **adult** members age 21 and over in Rural Parishes with & without access to ASAM Level 3.7WM within time and distance standards |
| Table E9 | Total # and % of **pediatric** members under age 21 with & without access to ASAM Level 3.5 within time and distance standards |
| Table F1 | Total # and % of **all** members in Urban Parishes with & without access to Inpatient Psychiatric Hospitals within time and distance standards |
| Table F2 | Total # and % of **all** members in Rural Parishes with & without access to Inpatient Psychiatric Hospitals within time and distance standards |
| Table G1 | Total # and % of **all** members in Urban Parishes with & without access to MAT prescribers within time and distance standards |
| Table G2 | Total # and % of **all** members in Rural Parishes with & without access to MAT prescribers within time and distance standards |

**Attestation:**

Complete, sign and date the **Provider Network Attestation** confirming the information you are reporting to be accurate and true and that you have met the current network adequacy requirements and/or have noted deficiencies. The completed, signed attestation must be attached to or embedded within the 348 GeoAccess Report.

For each area in which the MCO cannot demonstrate that all enrollees have access to the applicable providers within the LDH Medicaid MCO travel time and distance standards, the MCO must:

 1) Acknowledge that the MCO will meet the contract obligation to provide all medically necessary state plan covered services within the prescribed time and distance requirements via out of network providers until such time as available contracted providers of covered services are available in network within the state. If there are no local providers, the MCO must specify the MCO will cover transportation and lodging to an appropriately qualified provider until such time as these services are available in network within prescribed time and distances;

 2) Identify for each applicable area, specific tasks the MCO will take in each of the next three months to mitigate and work to eliminate each identified network deficiency by adding qualified, contracted providers. This shall include submitting a **348 GeoAccess Supplemental Report** inclusive of a *gap analysis* identifying specific member need, as well as a comprehensive *Network Development Plan* outlining detailed strategies, action steps and timelines for achieving goals. Updates to the network plan inclusive of efforts made in achieving resolution and adequacy since the last report, barriers or challenges experienced, and detailed recruiting action steps completed shall be included with each subsequent SBHS quarterly report as a supplement to the 348 GeoAccess Report until such time as access and adequacy are within compliance levels. LDH may request monthly updates at its discretion.

**Resources:**

 LDH MCO RFP Contract

 LDH-MCO RFP Contract – Geographic Access Standards

 [Medicaid Provider Network Companion Guide](http://www.ldh.louisiana.gov/index.cfm/page/37)

**Report Supplement Page**

On this page, embed[[1]](#footnote-1) a copy of the signed attestation and any other related files. Use the provided space to include any notes[[2]](#footnote-2) regarding this submission.

**Attestation:**



**Related Files:**

**Notes regarding this submission:**

1. How to embed files in Word:

	* Click Insert
	* Click Object
	* Choose Create from File
	* Click Display as Icon [↑](#footnote-ref-1)
2. Notes are not required, but should be included if they will aid LDH in analyzing your report. [↑](#footnote-ref-2)