

LOUISIANA DEPARTMENT OF HEALTH

Medicaid MCO Provider Network Attestation for 348 Report

Contractor:

Date:

The Contractor hereby attests that the information it has provided in the accompanying 348 Report is accurate and true. By signing this form, the Contractor attests its compliance (or a deficiency as noted below) with the LDH network standards for each Parish in which it operates as delineated in the LDH Medicaid Contract.

I hereby attest that our MCO provider network, as reflected in this report and in our provider registry and provider directory, **fully meets** the LDH MCO Network Standards identified in the Contract for each of the 64 parishes.

I hereby attest that our provider network, as reflected in this report and in our Provider Registry and Provider Directory, **does not fully meet** the LDH MCO Network Standards identified in the Contract for each of the following marked parishes.

Acadia	De Soto	Lincoln
Allen	East Baton Rouge	Livingston
Ascension	East Carroll	Madison
Assumption	East Feliciana	Morehouse
Avoyelles	Evangeline	Natchitoches
Beauregard	Franklin	Orleans
Bienville	Grant	Ouachita
Bossier	Iberia	Plaquemines
Caddo	Iberville	Pointe Coupee
Calcasieu	Jackson	Rapides
Caldwell	Jefferson	Red River
Cameron	Jefferson Davis	Richland
Catahoula	La Salle	Sabine
Claiborne	Lafayette	St. Bernard
Concordia	Lafourche	St. Charles

St. Helena	Tangipahoa	Webster
St. James	Tensas	West Baton Rouge
St. John the Baptist	Terrebonne	West Carroll
St. Landry	Union	West Feliciana
St. Martin	Vermilion	Winn
St. Mary	Vernon	
St. Tammany	Washington	

(CHECK EACH PARISH)

In each Parish marked above that does not fully meet the Network Standards identified in the LDH Medicaid Contract, for each of the noted provider network deficiencies, the Contractor agrees to provide all medically necessary state plan covered services within the prescribed time and distance requirements via out-of-network providers until such services are available in network and if there are no local providers the Contractor will cover transportation and lodging to an appropriate provider until such time as these services are available within prescribed time and distances;

In each Parish marked above that does not fully meet the Network Standards identified in LDH Medicaid Contract for each of the noted provider network deficiencies, the Contractor agrees to submit a proposed quarterly work plan and related monthly reports to LDH on the Contractor's progress and results related to the specific tasks undertaken to address network deficiencies.

Network Administrator Signature:

Date:

Printed Name/Title of Network Administrator

Email:

Phone Number: