

**Government Business Division**

**Policies and Procedures**

<b>Section (Primary Department)</b> Network Development		<b>SUBJECT (Document Title)</b> <u>LA 47607</u> Provider Network and Management - <u>LA 47607</u>	
<b>Effective Date</b> <u>09/27/2023</u>	<b>Date of Last Review</b>	<b>Date of Last Revision</b>	<b>Dept. Approval Date</b> <u>09/27/2023</u>
<b>Department Approval/Signature:</b>			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

**POLICY:**

Healthy Blue ensures Covered Services are reasonably accessible to Enrollees and are provided promptly in accordance with the urgency of the situation and the accessibility standards in this Contract.

Healthy Blue develops, maintains and monitors a provider network that is supported by written agreements and is sufficient to provide adequate access to all required services included in the Contract. When designing the network of providers, and entering into Network Provider Agreements, Healthy Blue shall consider the number of individuals enrolled in Healthy Blue; the expected utilization of services; the characteristics of specific populations included in this Contract; the number and types of providers required to furnish services; the number of contract providers who are not accepting new Enrollees; the geographic location of providers and Enrollees; distance, and the means of transportation ordinarily used by Enrollees; and whether a provider location provides physical access for Enrollees with disabilities.

Healthy Blue shall provide advance written notice to LDH prior to any Network Provider Agreement termination that causes a Material Change in the Healthy Blue provider network, whether terminated by Healthy Blue or the provider, and such notice shall include the reason(s) for the proposed action. The notification shall include Healthy Blue's plans to notify Enrollees of such change and the strategy to ensure timely access through other in-network and/or out-of-Network Providers to prevent stoppage or interruption of services to the Enrollee.

Healthy Blue shall provide or arrange for medically necessary Covered Services if the network becomes temporarily insufficient within a service area.

Healthy Blue shall submit required information on Material Changes to its provider network in accordance with the MCO Manual in the time period specified by LDH.

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**Network Provider Agreement Requirements**

**It is Healthy Blue's responsibility to ensure its providers comply with DCFS licensing requirements as applicable and can submit proof of compliance upon request. Healthy Blue shall follow communication protocols as established by DCFS if necessary.**

**Healthy Blue shall ensure its payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for services to Enrollees are greater than or equal to the payment amounts described in 42 U.S.C. §1396a(bb). In order to comply with this requirement, Healthy Blue shall pay FQHCs and RHCs at least the amount LDH would pay for such services through FFS as defined by the Prospective Payment System (PPS) rate or the Alternative Payment Methodology rate in effect on the date of service for each Encounter.**

**If Healthy Blue is unable to contract with an FQHC or RHC, Healthy Blue is not required to reimburse that FQHC or RHC without Prior Authorization for out-of-network services unless:**

- **The medically necessary services are required to treat an Emergency Medical Condition; or**
- **FQHC/RHC services are not available through at least one (1) MCO within LDH's established distance travel standards.**

**Healthy Blue may stipulate that reimbursement will be contingent upon receiving a Clean Claim and all the medical information required to update the Enrollee's medical record.**

**DEFINITIONS:**

**Material Change**

**One which affects, or can reasonably be foreseen to affect, Healthy Blue's ability to meet the performance and network standards as described in the Contract, including but not limited, to the following:**

- **A termination or non-renewal of a hospital or residential treatment facility;**
- **A termination or non-renewal of an Opioid Treatment Program;**

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- A termination or non-renewal of community health center or community mental health center;
- A termination or non-renewal of a chain pharmacy within the Contractor's network;
- A change to one (1) of the Contractor's Material Subcontractors, including its behavioral health Subcontractor, if applicable;
- Any change that would cause more than five percent (5%) of Enrollees within the parish to change the location where services are received or rendered;
- A decrease in the total of individual PCPs by more than five percent (5%);
- A loss of any participating specialist which may impair or deny an Enrollee's adequate access to providers;
- A decrease in a behavioral health provider type by more than five percent (5%);
- A loss of any participating behavioral health specialist which may impair or deny the Enrollee's adequate access to providers; or
- Other adverse changes to the composition of the Contractor's network which result in the Contractor's inability to meet the network adequacy and Timely access to care standards of this Contract or which impair or deny an Enrollee's adequate access to providers such as capping of patient loads by Network Providers impacting availability of qualified specialists in a region.

**PROCEDURE:**

Network Development Managers shall identify and contract with providers as needed to meet network adequacy.

Credentialing shall ensure providers comply with state's licensing requirements as applicable.

Provider Relations shall monitor established network of providers, assuring compliance with the Healthy Blue provider agreement and Provider Manual.

Compliance shall provide advance written notice to LDH prior to any Network Provider Agreement termination that causes a Material Change in the Healthy Blue provider network.

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Provider Relations shall notify affected Enrollees of Material Change in Healthy Blue network.

**REFERENCES:**

- LA 47607
- Section 2.9.27.1 - 2.9.27.3 of the Louisiana MCO Contract
- Section 2.9.28.1 of the Louisiana MCO Contract
- Section 2.9.28.2 of the Louisiana MCO Contract
- Section 2.9.28.2.1 – 2.9.28.2.11 of the Louisiana MCO Contract
- Section 2.9.28.3 - 2.9.28.4 of the Louisiana MCO Contract
- Section 2.9.29 of the Louisiana MCO Contract
- Section 2.9.31 of the Louisiana MCO Contract
- Section 2.11.2.1 – 2.11.2.2 of the Louisiana MCO Contract
- Section 2.11.2.2.1 - 2.11.2.2.3 of the Louisiana MCO Contract

**RESPONSIBLE [MCV1] DEPARTMENTS:**

**Primary Department:**

- Network Development
- ~~Provider Relations~~
- ~~Compliance~~

**Secondary Department [MCV2](s):** N/A

- Compliance
- Provider Relations
- ~~Compliance~~

**EXCEPTIONS:**

None

**REVISION HISTORY:**

<u>Review Date</u>	<u>Changes</u>
<del>xx/xx/20xx</del> 09/27/2023	• <u>New Policy</u>
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