

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Network Development & Management	<b>POLICY ID:</b> LA.CONT.05
<b>BUSINESS UNIT:</b> LHCC	<b>FUNCTIONAL AREA:</b> Contracting and Network Development
<b>EFFECTIVE DATE:</b> 10/01/2011	<b>PRODUCT(S):</b> Medicaid
<b>REVIEWED/REVISED DATE:</b> 11/13, 9/14, 11/14, 07/15, 09/16, 11/16, 8/17, 07/18, 05/19, 02/20, 03/21, 03/22, 12/22, 03/2/23	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> n/a	

### POLICY STATEMENT:

This policy outlines contracting and network development.

### PURPOSE:

To describe the development of a plan outlining the strategy undertaken by Louisiana Healthcare Connections (LHCC) to build and maintain a provider network.

### SCOPE:

Contracting and Network Development

### DEFINITIONS:

#### POLICY:

The LHCC ~~has~~shall developed and maintains a Provider Network Development and Management Plan that will evaluate the quality of services delivered by the network and ~~which will also ensure~~shall be that the provision of core benefits and services will occur [42 CFR 438.207(b)]. The Network Development and Management Plan ~~shall be~~is submitted to LDH as part of the proposal, as well as when significant changes occur and annually thereafter. The Network Development and Management Plan ~~shall include~~includes LHCC'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.

This plan ~~shall~~contains separate sections for each specialized behavioral health provider type for all covered specialized behavioral health services for both children and adults and satisfy all service delivery requirements described in the ~~is~~is contract.

#### PROCEDURE:

The Contracting and Network Development Department ~~will~~has developed and maintains a Network Provider Development and Management Plan (NPD&MP). An evaluation of the NPD&MP, including evaluation of the success of proposed interventions and any needed revisions, if applicable, ~~shall be~~are submitted to LDH at the end of the first year of operations and annually thereafter. LHCC NDP&P policies ~~shall be~~are subject to approval by LDH, Medicaid Managed Care section and shall be monitored through operational audits.

The bulk of the NPD&MP will address network adequacy (LA.CONT.01).

1. Contracting and Network Development will follow the NPD&MP.
2. In addition, the following provisions will be followed, but may not be explicitly stated in the NPD&MP:
  - a. LHCC will communicate and negotiate with the provider network regarding contractual and/or program changes and requirements, based on terms in the Provider Agreement and is sufficient to provide adequate access to all required services included in the LDH Contract.
  - b. When designing the network of providers, and entering into provider agreements, LHCC ~~shall~~considers the Medicaid enrollment; the expected utilization of services; the characteristics of specific populations included in the LDH Contract; the number and types of providers required to furnish services; the number of contracted providers who are not accepting new enrollees; the geographic location of providers and enrollees; distance, travel time, and the means of transportation ordinarily used by enrollees; and whether a provider location provides physical access for enrollees with disabilities.
  - c. The NPD&MP will assist in monitoring network compliance with policies and rules of LDH and LHCC, 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.

- d. Contracting and Network Development ~~will monitor~~shall 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.
- e. Provide or arrange for medically necessary covered services should the network become temporarily insufficient within the contracted service area.
- f. The efforts given to recruit specialized behavioral health providers and specialty providers to address any unmet need.

When designing the network of providers, LHCC ~~shall consider the following~~shall (42 CFR 438.68)

- LHCC's Network Development and Management Plan ~~shall include~~shall the following requirements for specialized behavioral health providers:
  - The methodology LHCC ~~will utilize~~shall for the evaluation of specialized behavioral health providers' ability to perform activities associated with this contract;
  - The numbers and types (in terms of training, experience, and specialization) of specialized behavioral health providers required to furnish the contracted specialized behavioral health services, including providers of specialized services (e.g., DD population, sexual offending behaviors, and early childhood development);
  - GEO mapping and coding of all specialized behavioral health network providers for each specialized behavioral health provider type to geographically demonstrate network capacity. ~~The LHCC shall provide~~shall updated GEO mapping and coding to LDH quarterly by contract year, upon material change of the network, or upon request;
  - An annual needs assessment to identify unmet service needs in the specialized behavioral health service delivery system. The needs assessment ~~shall analyze~~shall and ~~includes~~shall:
  - Volume of single case agreements and out-of-network, out-of-state and telemedicine referrals for specialized behavioral health services;
  - Specialized behavioral health service needs of members; and
  - Growth trends in eligibility and enrollment, including:
  - Current and anticipated numbers of Title XIX and Title XXI eligibles; and
  - Current and desired specialized behavioral health service utilization trends, including prevalent diagnoses, age, gender, and race/ethnicity characteristics of the enrolled population by region; best practice approaches; and network and contracting models consistent with LDH goals and principles.
  - Accessibility of services, including:
    - The number of current qualified specialized behavioral health service providers by individual specialized behavioral health service in the network who are not accepting new Medicaid referrals and a plan for updating on a regular, reoccurring basis as close to real time as possible;
    - The geographic location of specialized behavioral health providers and members considering distance, travel time, and available means of transportation;
    - Availability of specialized behavioral health services and appointments with physical access for persons with disabilities; and
    - Any service access standards detailed in a SPA or waiver.

Request exceptions, if and when necessary, from LDH and if LDH approves the exception, LHCC ~~shall monitor~~shall member access to the specific provider type on an ongoing basis and ~~provides~~shall the findings to LDH as part of its annual NPD&MP.

#### **Overall Network Management:**

LHCC ~~shall make~~shall collected information, monitoring reviews and findings, Corrective Action Plans and follow-up related to provider network management available to LDH upon request. At LDH's direction, LHCC ~~shall have~~shall modified its network management strategy, tools, and processes to comply with the state contract and the MCO Manual.

LHCC ~~shall submit~~shall to LDH as part of its annual Network Development and Management Plan, and upon request of LDH, specialized behavioral health provider profiling data, which ~~shall include~~shall:

- Member eligibility/enrollment data;
- Specialized behavioral health service utilization data;
- The number of single case agreements by specialized behavioral health service type;
- Specialized behavioral health treatment and functional outcome data;
- The number of members diagnosed with developmental/cognitive disabilities;
- The number of prescribers required to meet specialized behavioral health members' medication needs;
- The efforts given to recruit specialized behavioral health providers and specialty providers to address any unmet need;

- Provider grievance, appeal, and request for arbitration data; and issues, concerns and requests identified by other state agency personnel, local agencies and community stakeholders.

For adults, LHCC ~~shall include~~ in its Network Development and Management Plan strategies for continued transformation of the specialized behavioral health service delivery system into a comprehensive system that:

- Includes qualified specialized behavioral health service;
- Providers and community resources designed and contracted to deliver specialized behavioral healthcare that is strength-based, community-based, and culturally competent;
- Includes specific specialized behavioral health services for adults eligible for services as defined in this contract;
- Is of sufficient size and scope to offer members a choice of providers for all covered specialized behavioral health services;
- Makes uniformly available over time recognized EBPs, best practices and culturally competent services that promote resiliency through nationally recognized integrated service models; and
- Provides adequate, proactive development and monitoring of community-based options that limit reliance on hospital-based services.

For children, LHCC ~~shall include~~ in its Network Development and Management Plan strategies for continued transformation of the specialized behavioral health service delivery system into a comprehensive system that includes the above elements for adults as well as:

- Includes specific specialized behavioral health services for children;
- Targets the development of family and community-based services for children/youth in out-of-home placements; Increases access to family and community-based services, optimizing the use of natural and informal supports and reduces reliance on out-of-home placements; and provides adequate proactive development and monitoring of in-state regional out-of-home options to serve the needs of youth in the state.

The Network Development and Management Plan ~~shall state~~ that LHCC's provider network meets requirements with regard to cultural competence and linguistics as follows:

Cultural competence and linguistic needs, including the member's prevalent language(s) and sign language in accordance with 42 CFR §438.206;

Provides effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. This ~~shall be~~ achieved by:

- Collecting member demographic data, including but not limited to ethnicity, race, gender, sexual orientation, religion, and social class, so that the provider will be able to respond appropriately to the cultural needs of the community being served (note: members must be given the opportunity to voluntarily disclose this information, it cannot be required);
- Assessing the cultural competence of the providers on an ongoing basis, at least annually;
- Assessing member satisfaction of the services provided as it pertains to cultural competence at least annually. Assessment shall capture necessary demographics of the member including, but not limited to, race/ethnicity, age, gender, parish, etc.;
- Assessing provider satisfaction of the services provided by ~~the MCO~~ LHCC at least annually; and
- Requiring and providing training on cultural competence, including tribal awareness, (or obtaining proof of attendance at other trainings on cultural competence) to ~~MCO~~ LHCC staff and behavioral health network providers for a minimum of three (3) hours per year and as directed by the needs assessments.

LHCC will make collected information, monitoring reviews and findings, Corrective Action Plans and follow-up related to provider network management available to LDH upon request. At LDH's direction, LHCC will modify its network management strategy, tools, and processes to comply with the Contract and the MCO Manual.

The Network Development and Management Plan shall be inclusive of an evaluation of the initial Network Development and Management Plan in each subsequent year, which shall include evaluation of the success of proposed interventions, barriers to implementation, and any needed revisions pertaining to the delivery of specialized behavioral healthcare.

#### REFERENCES:

LHCC Network Provider Development Management Plan  
LA.CONT.01 Network Adequacy  
42 CFR §438.207(b), §438.20 and §438.214 (a)

<b>ATTACHMENTS:</b>
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<b>ROLES &amp; RESPONSIBILITIES:</b>
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<b>REGULATORY REPORTING REQUIREMENTS:</b> Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.
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#### REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Reviewed with no revisions	09/14
Ad Hoc Review	Changes-Added 'consideration' language to make consistent with RFP language. RFP requirement – 7.9	11/19/14
Ad Hoc Review	Added references to 42 CFR	07/15
Ad Hoc Review	Grammatical edits & changed all DHH references to LDH	09/26/16
Ad Hoc Review	RFP requirements 7.9.5.4, 7.9.5.6, 7.9.8	11/16
Ad Hoc Review	Grammatical edit	08/24/17
Ad Hoc Review	7.3 RFP Amendment 11 edits and grammatical edits	07/24/18
Ad Hoc Review	Requirements: 2.9.26.3	05/16/19
Ad Hoc Review	Grammatical & formatting edits	02/25/20
Ad Hoc Review	Formatting edits	03/25/21
Annual Review	No revisions	03/28/22
Ad Hoc Review	Revised to add Model Contract language for 2.9.6.5 Reformatted to new policy template	12/02/22
<u>Ad Hoc Review</u>	<u>Contract Assessment – added language to meet requirements; Updated language to reflect current work processes; replaced all references to 'MCO' with 'LHCC' language</u>	<u>032/2014/23</u>

#### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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