

MAC Binder Section 5 – Network Adequacy Reports

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Located online at <http://chfs.ky.gov/dms/mac.htm>

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For specified MCO, this monthly document reflects challenges regarding Adequacy/Capacity.

2 – Anthem Network Adequacy-Capacity Challenges_Apr16:

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For specified MCO, this monthly document reflects challenges regarding Adequacy/Capacity.

MCO Network Adequacy and Capacity for the Medicaid Advisory Council (MAC)

MCO Name _____ Aetna Better Health of Kentucky _____

Date Submitted to DMS _____ April 28, 2016 _____

Please ensure your Narrative includes the following (Regional and Statewide challenges):
Provider and specialty types that present member access challenges for your MCO (please identify whether it is a network challenge or capacity).
Dermatology and Independent Behavioral Health providers. Both of these would be considered network challenges.
What actions steps is your MCO taking to address these challenges (i.e. recruitment of these provider and specialty groups).
Aetna Better Health is currently working on two network access issues, Dermatology and Independent Behavioral Health providers. The access target goal for Dermatologist is 95%. Aetna was successful in finding a Dermatologist to address the Plan's deficit in Region 2 and will be submitted in the upcoming provider state report. In reviewing our network and other MCOs to look for recruitment opportunities, Aetna Better Health became aware of a provider in Region 1 that has deceased. This now puts the MCO out of the target/goal for Region 1. The Plan is researching options.
Aetna received a CAP for not having 500 Independent Behavioral providers as outlined in the new contract with the State. From an access Standpoint, Aetna has member accessibility when including BHSOs and CHMCs but these entities cannot be counted in the target count as an Independent provider. Aetna enacted a recruitment project as well as a system review of the contracted providers. Aetna has been able to identify more than 500 providers and is currently preparing a provider report to share with the State to show compliance and will be captured on each provider report going forward.

Please talk about how your MCO ensures that your Directory is accurate (and updated) as it relates to Network Adequacy and Capacity. Include what measures have been taken during this time frame.

Aetna Better Health continues to work any fallout from the reports sent to the Department as well as we continue to ensure that our system correctly identifies all of our providers in our network. As a result of the CAP for behavioral health, we have identified that we actually have the required 500 plus providers, but due to system set up issues identified, they were not identified for the reporting requirement.

MCO Network Adequacy and Capacity for the Medicaid Advisory Council (MAC)

MCO Name Anthem Blue Cross and Blue Shield Medicaid

Date Submitted to DMS 4/25/16

Please ensure your Narrative includes the following (Regional and Statewide challenges):

Provider and specialty types that present member access challenges for your MCO (please identify whether it is a network challenge or capacity).

Anthem has a very comprehensive, statewide network that includes over 18,000 providers. The overall network composition is as follows:

Network Composition:

- Hospitals 99
- PCP Over 3,500
- Specialist Over 13,000
- Behavioral Health Over 1,700

Anthem closely monitors network adequacy and compliance with access standards through quarterly Geo Access reports. We also review and respond to the monthly DMS network adequacy analysis. In addition, network access issues are tracked from member disenrollment requests and member grievances. If a circumstance arises where a participating provider cannot be located, Anthem will negotiate a single case agreement with a non-participating provider to ensure access to care.

Anthem continues to pursue contractual arrangements with key non-participating hospitals:

- Cincinnati Children’s Hospital Medical Center
- Owensboro Health Regional Hospital – region 2
- Highlands Regional Medical Center – region 8
- St. Claire Regional Medical Center – region 7

What actions steps is your MCO taking to address these challenges (i.e. recruitment of these provider and specialty groups).

In 2016, Anthem will also be conducting a network analysis on other key provider types: Hospitals, Primary Care Providers, and certain specialties (Obstetrics, Dermatology, Orthopaedic, and Home Health). As network opportunities are identified, Anthem will pursue contractual arrangements where possible. The goal is to have this initiative completed by the end of the second quarter.

Anthem has secured agreements with several key providers during the first quarter to increase member access:

- Commonwealth Orthopaedic - region 6 – effective 1/1/16
- Frankfort Regional Hospital – region 5 – effective 2/1/16
- Greenview Regional Hospital – region 4 – effective 2/1/16
- The Little Clinic – various regions – effective 5/1/16

Please talk about how your MCO ensures that your Directory is accurate (and updated) as it relates to Network Adequacy and Capacity. Include what measures have been taken during this time frame.

Anthem produces both a paper and online provider directory. The paper directory is produced on an annual schedule and includes the following provider types: Primary Care Providers, Urgent Care Providers, Behavioral Health Providers, Hospitals, and Obstetricians/Gynecologists. The 2016 edition of the paper directory will be available on 5/21/16. On the Anthem website, a PDF of the paper directory is available, as well as a provider search tool. The provider search tool provides the most up-to-date provider information and participation status. A link to the search tool has been included below. In compliance with Section 29.13 of the Medicaid Managed Care Contract – Maintaining Current Provider Network Information for Members - Anthem updates the provider file within ten (10) days of receipt of the notice from the provider. The provider search tool is updated on a weekly basis.

<https://mediproviders.anthem.com/ky/pages/findadoc.aspx>

MCO Network Adequacy and Capacity for the Medicaid Advisory Council (MAC)

MCO Name: Humana CareSource

Date Submitted to DMS: April 27, 2016

<p>Please ensure your Narrative includes the following (Regional and Statewide challenges):</p>
<p>Provider and specialty types that present member access challenges for your MCO (please identify whether it is a network challenge or capacity).</p>
<p>BH- As reported last month the Beacon behavioral health network is a mature network with little or no gaps. As new providers are added, Beacon continues to outreach and recruit new provider types (i.e. 62 - Licensed Art Therapists and 63 - Behavioral Analysts) as well as BHSO's across the state. To date, no access issues have been identified. Although not a specialty type, Beacon is also actively recruiting suboxone providers (BHSO's, Multi-specialty groups and individual practitioners). The 100-patient limit for suboxone providers will likely continue to serve as a challenge requiring an increase in the number of providers in the future until there is a sufficient saturation throughout the state but mostly in regions 3 and 8.</p> <p>Medical- As reported last month the state's adequacy report identifies Osteopathy (Provider type 348) inadequate in Regions 2 & 8.</p> <ul style="list-style-type: none">• Region 2 - Out of the 5 Osteopathy Doctors listed on MPL, HCS has 3 in network.• Region 8 - Out of the 5 Osteopathy Doctors listed on MPL, HCS 3 in network. <p>State's adequacy report identifies Teleradiology (Provider Type 543) inadequate in Regions 4,5 and 8.</p> <ul style="list-style-type: none">• Region 8 – Both Drs. listed on MPL are in HCS network.• Region 4 – Both Drs. listed on MPL are in HCS network for other locations than Campbellsville location.• Region 5 – There is the only provider listed on MPL. Contracting has reached out to the provider for network participation. <p>Dental- Statewide:</p> <p>Humana CareSource's dental network is in compliance with DMS Network Adequacy requirements. Base on a GEO assessment completed on February 29, 2016, 100% of Humana CareSource's Medicaid members have access to a dental provider within sixty (60) miles of their residence. The dental network includes 767 unique dentists that practice at 609 locations.</p> <p>Regional:</p> <p>Avēsis identified the following regions as oral surgery shortage areas:</p> <ul style="list-style-type: none">- Northern Kentucky- Eastern Kentucky- Western Kentucky

What actions steps is your MCO taking to address these challenges (i.e. recruitment of these provider and specialty groups).

BH- Providers are identified and recruited from a number of referral sources. A recruitment letter was developed and mailed to provider types 62 and 63 listed on the state master provider list (MPL). Additionally, outreach has been made to both professional associations (Art Therapy and Behavioral Analysis) as a way to recruit and obtain email addresses. Beacon also uses a single case agreement process to allow any interested provider to deliver services to Humana CareSource Medicaid members while they are in the credentialing process. Also, the MPL is used to identify and outreach new BHSO's who have recently obtained their Medicaid numbers. To increase the number of suboxone providers, CareSource developed an enhanced rate structure that makes it more attractive to join the network. Phone calls were made to physicians identified throughout the state as possible suboxone providers. Humana, CareSource, and Beacon have formed a workgroup that meets regularly to identify and target suboxone providers for recruitment. Also, credentialing applications for behavioral health providers offering suboxone services are closely monitored and expedited.

Dental-Oral Surgeons:

Avēsis continues to recruit specialist within all regions. The following outlines the initiatives and recruitment activities Avēsis implemented to address the oral surgeon shortage challenges:

Northern Kentucky - The University of Kentucky's College of Dentistry Department of Oral Surgery implemented a new program improving patients' access to oral surgery services. Residents of Northern Kentucky will receive an oral surgery consultation and oral surgery treatments on the same date of service. Previously the consultation and surgery were completed on separate dates of service.

Eastern Kentucky - Dr. Jerry Mayer in north eastern Kentucky has agreed to treat Medicaid members over 21. The University of Kentucky's College of Dentistry Department of Oral Surgery implemented a new program improving patients' access to oral surgery services. Residents of Eastern Kentucky will receive an oral surgery consultation and oral surgery treatments on the same date of service. Previously the consultation and surgery were completed on separate dates of service.

Western Kentucky Avēsis is actively recruiting oral surgeons in Western Kentucky:

- Dr. Michael Bobo (Murray, KY) – signed the Humana CareSource agreement. Effective 4/1/2016
- Dr. Robert Wagner (Henderson, KY)
- Heine & Heine Oral & Maxillofacial Surgery (Paducah, KY)

Please talk about how your MCO ensures that your Directory is accurate (and updated) as it relates to Network Adequacy and Capacity. Include what measures have been taken during this time frame.

BH- There are a number of Beacon processes that serve as quality checks to ensure the Beacon network is updated and sufficient to meet the needs of Humana CareSource Medicaid members. Requests for single case agreements are rare and are used as a way to identify any possible gaps or providers who may be interested in joining the Beacon network.

Medical- Currently, our print provider directory includes information on all participating PCPs, hospitals, and urgent care centers. We are in the process of updating our print directory so that specialists are also included. Our provider directory that is posted online will include hospital affiliations and board certifications of our

participating providers to assist members in choosing a qualified provider. Additionally, we have developed a work plan to add a quality review component to our process for creating the hard copy directory to ensure that the content provided is accurate and up-to-date for members to access.

Dental-Avēsis validates the dental network adequacy and capacity using the following resources:

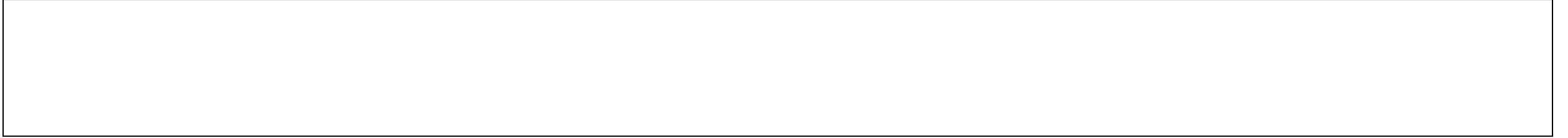
- Avēsis Provider Relations Representatives validate provider information and the practice's demographic information during on-site visits
- Avēsis Provider Relations Representatives validate provider information and the practice's demographic information during annual provider seminars
- Avēsis Provider Relations Representatives validate provider information and the practice's demographic information during bi-annual provider webinars
- Avēsis validates provider information with the provider's re-credentialing packages
- Avēsis will conduct a Kentucky Practice Demographic Validation Project during the third quarter of 2016

MCO Network Adequacy and Capacity for the Medicaid Advisory Council (MAC)

MCO Name: Passport Health Plan

Date Submitted to DMS: 4/29/2016

Please ensure your Narrative includes the following (Regional and Statewide challenges):
Provider and specialty types that present member access challenges for your MCO (please identify whether it is a network challenge or capacity).
Passport Health Plan conducts reviews of the MCO Network Adequacy Reports as well as measuring network access and availability by the two standard methods of physical distance and time between members and providers. As a result of these analyses, Passport has noted an opportunity to increase access to Psychiatrists in Fulton County. Passport notes that the challenge of recruiting providers in Fulton County has increased since the closure of Parkway Regional Hospital in 2015.
What actions steps is your MCO taking to address these challenges (i.e. recruitment of these provider and specialty groups).
As there are no Medicaid participating psychiatrists in Fulton County, KY, a Passport Provider Relations Representative has made in-person visits to 100% of the Medicaid eligible counseling, behavioral health, and psychiatry practices in Union City, TN. Union City is located approximately 15 miles from Fulton County, KY and the addition of these practices would represent a significant increase in behavioral health and psychiatry access for the members residing in Fulton County. In addition to making personal visits, Passport's Contracting team has provided each of these practices with contracts. The Provider Relations team will continue to outreach to these providers in support of bringing them into Passport's network.
Please talk about how your MCO ensures that your Directory is accurate (and updated) as it relates to Network Adequacy and Capacity. Include what measures have been taken during this time frame.
Passport Health Plan produces both a paper and online provider directory. The online provider directory includes a dynamic search tool that is updated daily and is compliant with applicable DMS and NCQA standards. Passport utilizes the following methods to ensure that the directory remains updated and accurate: <ul style="list-style-type: none">• Automated and manual audits• Provider Relations Representatives validate provider demographic data during site visits• Validation of provider demographic data during re-credentialing



MCO Network Adequacy and Capacity for the Medicaid Advisory Council (MAC)

MCO Name: WellCare of Kentucky

Date Submitted to DMS: May 2, 2016

Please ensure your Narrative includes the following (Regional and Statewide challenges):

Provider and specialty types that present member access challenges for your MCO (please identify whether it is a network challenge or capacity).

WellCare is proud of our status as the largest managed care plan within the Commonwealth. As the plan with the largest membership, we take our members' access to care very seriously. The Network Management area within WellCare of Kentucky is responsible for maintaining and monitoring our Provider and Specialty network. Our team utilizes a variety of methods to ensure a provider network that is meeting all our contractual requirements as well as meets our members' needs. Some of the monitoring methods utilized by WellCare include:

- Internal monthly GeoAccess reporting that maps coverage of our membership by county based on the defined criteria within our contract with the Commonwealth
- Monitoring quarterly grievance, appeal and State Fair Hearing activity
- Direct referrals from our internal teams including our Appeals and Grievance Departments, Provider Relations, Case and Disease Management Teams, and Customer Service Department
- Submission of contractual required reports to DMS:
 - 1) Monthly provider network file,
 - 2) Quarterly Report #13 that requires plans to submit "specific information on Access Issues/Problems Identified on the nature of any access problems identified and any plans or remedial action taken",
 - 3) Quarterly "secret shopper" surveys conducted by an independent, NCQA certified vendor. The results are provided to DMS quarterly via our Quality Workplan (Report #17), and
 - 4) Annual GeoAccess reporting to DMS via Report #12A
- Monitoring of the DMS provider roster to identify active Medicaid providers that may be interested in joining the WellCare network

These activities combined have resulted in WellCare having the largest Network of all the MCOs that includes over 22,000 providers including:

- Hospitals: 110
 - PCPs: 5,000
 - Specialists: 19,000
 - Behavioral Health and Substance Abuse: 1,500

Within the latest DMS MCO network adequacy report (February data), there were a few specialties identified as not meeting the FFS standard. Most of those identified are not “true” deficiencies for the following reasons:

- 1) We completed the mapping for all of the 003 and 005 specialties and expect 004 to be completed within WellCare’s next provider file submission.
- 2) Chiropractors will be correctly reflected in WellCare’s next provider network file submission.
- 3) 334 General Internist & 348 Osteopathy: These discrepancies are the result of DMS logic and have been previously identified to the Department by WellCare. We have not received a solution for this discrepancy at this time.
- 4) 630 Licensed Behavior Analyst; there appears to be a discrepancy between the number of provider reported on the Department’s report vs. what was submitted on our 2/24/16 provider network file (the file we assumed was used for the report generation). The Department’s report is showing 7 providers with this specialty however our file from 2/24/16 has 9 listed.
- 5) 819 Licensed Professional Clinical Counselor Group, 879 Physical Therapist Group & 899 Psychologist Group; our provider load does not support contracts at the group level. Our contracts are issued at the individual provider level therefore groups are not captured within our system.

What actions steps is your MCO taking to address these challenges (i.e. recruitment of these provider and specialty groups).

WellCare continually monitors our network through various methodologies referenced above and develops recruitment/contracting strategies accordingly based on unique situations. For example, our dental administrator Avesis is currently collaborating with dental schools within the Commonwealth to recruit newly graduating dental students as Medicaid providers. There are several initiatives that we are reviewing with regards to oral health providers and will be happy to share with the Committee once those initiatives are finalized.

Please talk about how your MCO ensures that your Directory is accurate (and updated) as it relates to Network Adequacy and Capacity. Include what measures have been taken during this time frame.

WellCare of Kentucky actively monitors the adequacy and quality of our network which includes the continuous review of our provider network data and on-line directory. These activities are ongoing and are outlined as follows:

- A weekly review of provider data files used to populate our directory to ensure the accuracy of provider type, specialty classification and demographic data
- Our on-line provider directory is updated nightly with the most current information from our provider enrollment system. <https://www.wellcare.com/en/Kentucky/Find-a-Provider#/Search>
- WellCare contracts with an external NCQA accredited vendor to conduct quarterly “secret shopper” audits of both PCPs and specialists within our network to ensure providers are adhering to contractually required standards such as:
 - 1) Timeframes for the scheduling of appointments (routine and urgent)
 - 2) Validation of provider information
 - 3) Panel status

Direct outreach is conducted by our Provider Relations team to explain the audit results to the providers and to re-enforce the need for appropriate action(s). This team works to educate providers of their contractual obligations (i.e., notifying the plan of a phone or address change) and will recommend corrective action plans (CAPs) for any provider that falls below the acceptable compliance standards. A secondary audit is conducted approximately ninety (90) days following notice to a provider of non-compliance. Providers who are not compliant after the second audit, or who fail to respond to the CAP request, are referred to WellCare’s Kentucky Medical Director and the Provider Relations Director for further action. Providers who provide an acceptable CAP response are sent a

communication confirming that sufficient documentation has been provided and their status will be changed from non-compliant to compliant.

- Delegated vendors perform similar “secret shopper” audits whereby results are reported back to the MCO and DMS through our quarterly Quality Workplan.