West Virginia Managed Care Organization (MCO) Program for Vulnerable Youth
Provider Network Standards
Updated January 2019

To ensure appropriate access to providers and comply with state and federal regulations, the Bureau for Medical Services (BMS) and Bureau for Children and Families (BCF) conducts a thorough analysis of the adequacy of MCO provider networks entering the MCO for Vulnerable Youth program.

The following document summarizes the network standards and methodology for the managed care organization (MCO) serving vulnerable youth, including foster care and adoption assistance children. The information provided represents minimum standards; the State encourages the MCO to provide broad access to services wherever possible. The MCO must also comply with the provider network requirements in the MCO contract, including appointment availability timeframes. It is expected that updates to this document will be needed based on changes to utilization of services that may occur upon transition of the vulnerable youth population to managed care. The MCO is required to work with the State to identify where there are deficiencies in the standards so they may be updated accordingly.

In developing these standards, recent experience in West Virginia and current practices in use by other state Medicaid programs were taken into account by reviewing recent utilization and patterns of care and consulting provider network standards used by other states. A scan of provider network standards was conducted for 16 states, with more in-depth analysis focusing on states that are located in CMS Region 3, are close geographically to West Virginia, and/or have significant rural populations. Many of these states use thresholds for certain provider types, time and distance standards, member-to-provider ratios, or a combination of strategies to assess the adequacy of MCO networks.

Medical Network Requirements

The MCO must establish and maintain provider networks in geographically accessible locations for the populations to be served. These networks must be comprised of hospitals, primary care providers (PCPs), and specialty care providers in sufficient numbers to make available all covered services in a timely manner.

As described below, the provider network standards for West Virginia's MCO program include travel time and member-to-provider ratios. The member-to-provider ratios ensure that MCO provider networks have adequate capacity, while the travel time standards establish choice and geographic accessibility of providers. These updated standards are designed to ensure that MCO provider networks include a sufficient number of providers with reasonable geographic distribution, assuring that medical services are accessible throughout the State.

In establishing and maintaining a network, MCOs must consider the following:

- Anticipated Medicaid enrollment,
- Expected utilization of services,
- Numbers and types of providers required,
- Numbers of providers who are not accepting new Medicaid patients, and
- Geographic location of providers and Medicaid enrollees.

In order to meet access requirements, each MCO must meet the member-to-provider ratios and time standards identified in the following sections for each county. In the calculation for

member-to-provider ratios, MCOs may only count *unique providers* located within the county. For the time standard, MCOs may count *all provider locations* within the county or within the appropriate travel time from the county border.

The network standards are consistent across the counties. The MCO is responsible for ensuring access to all services included in the MCO benefits package, even in instances where a standard for the specialty type has not been defined.

For review purposes, providers are grouped into the following categories: primary care providers, OB/GYNs, often-used specialists, and other specialists. The requirements for each specialty group are outlined below.

The intent of these standards is to provide for access to services at least as good, if not better, than access to care under the traditional Medicaid program. Exceptions to the network requirements will be considered based on current patterns of care and where the travel time standard differs significantly than what exists in the community at large, as allowed in West Virginia's 1915(b) Waiver.

Primary Care Providers (PCPs)

Several of the goals of West Virginia's MCO program -- improved EPSDT compliance, better birth outcomes, and preventive health maintenance -- can best be achieved by ensuring a high level of access to the types of services provided by PCPs.

The MCO may designate the following providers as PCPs, as appropriate: (1) physicians with specialties in general practice, family practice, internal medicine, obstetrics/gynecology, and pediatrics; (2) certified nurse midwives; (3) physician assistants; and (4) advanced practice nurses (nurse practitioners).[1] MCOs must contract with certified pediatric or family nurse practitioners and certified nurse midwives, even if such providers are not designated as PCPs. The MCO will be allowed to designate physicians outside of these specialties as PCPs for specific individuals, including those within the disabled population whose underlying health conditions are best managed by specialists.

For each county, MCOs must provide at least one active PCP for every 500 MCO members in a single MCO. Only active PCPs (defined as PCPs who have assigned MCO members and/or are listed in the MCO provider directory as accepting new patients) will be counted toward the member-to-provider ratio. Specialists designated as PCPs for certain individuals will not be counted towards the standard unless these providers are also willing to serve as the PCP for other enrollees. (Please note that the member-to-provider ratio is distinct from the existing requirement in the MCO contract regarding the total assigned panel size for any individual PCP. BMS monitors compliance with the PCP panel size requirement through the MHT quarterly reports.)

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1 Certified nurse midwives are required to practice in a collaborative relationship with a licensed physician (West Virginia Code §30-15-7). Nurse practitioners with prescriptive authority must practice in a collaborative relationship with a licensed physician (West Virginia Code §30-7-15a). MCOs must ensure compliance with all relevant federal and state regulations related to certified nurse midwives and nurse practitioners.

In addition, MCO members must have access to two active PCPs within 30 minutes travel time of their residence.

MCOs will be required to contract with a mix of PCPs to ensure that the primary care needs of both adults and children are met based on the representation of internists, general practitioners, family practitioners, and pediatricians in the network.

OB/GYNs

MCOs must provide members access to OB/GYNs. MCOs may also contract with certified nurse midwives to meet the OB/GYN network requirement.[2]

For each county, MCOs must provide at least one OB/GYN and/or nurse midwife for every 1,000 MCO members in a single MCO. In addition, MCO members must have access to two OB/GYNs and/or nurse midwives that are accepting new patients within 30 minutes travel time of their residence.

Frequently-Used Specialists

Review of specialty physician utilization data from the fee-for-service program shows that ophthalmology/optometry (ophthalmologist, optometrist, vision group), otolaryngology/otorhinolaryngology, pediatricians and general surgery are essential specialties.

MCO members must have access to two frequently-used specialists of each type that are accepting new patients within 30 minutes travel time of their residence.

Other Specialists

Other specialists include allergy, audiology, cardiology, chiropractic, dermatology, dialysis, durable medical equipment, endocrinology, gastroenterology, hematology, home IV therapy, neurology, neurosurgery, nephrology, oncology, orthopedics, orthotics and prosthetics, personal care, physical therapy, plastic surgery, podiatry, psychiatry, pulmonary, speech therapy, thoracic surgery, and urology. MCO members must have access to at least one specialist of each type that is accepting new patients within 60 minutes travel time of their residence.

MCOs will also be required to contract with specialists or facilities providing anesthesiology, laboratory, pathology, and radiology services. We understand that MCO beneficiaries often access these services through the MCO's contracted hospitals. As a result, each MCO will be required to submit separate information on how it provides beneficiaries access to these services.

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2 Certified nurse midwives are required to practice in a collaborative relationship with a licensed physician (West Virginia Code §30-15-7). MCOs must ensure compliance with all relevant federal and state regulations related to certified nurse midwives.

Hospitals

MCO members must have access to one contracted hospital within: (1) 30 miles or 45 minutes travel time of their residence for urban areas; and (2) 60 miles or 90 minutes in rural areas. These standards are identical to the hospital network standards used by the Offices of the Insurance Commissioner in granting a Certificate of Authority, as described in West Virginia Informational Letter No. 112.[3] Regarding tertiary services, MCO members must have access to a certain set of tertiary services within the same time and distance requirements as basic hospital services. Tertiary services include: (1) acute care services to pediatric patients in medical and surgical units; (2) obstetrics services; and (3) a neo-natal intensive care unit. A list of hospitals that offer at least one of these services can be found in Appendix A.

Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)

The MCO must contract with as many FQHCs and RHCs as necessary to permit beneficiary access to participating FQHCs and RHCs without having to travel a significantly greater distance past a non-participating FQHC or RHC. The MCO must have contracts directly with the FQHCs and RHCs (contracts with individual physicians at FQHCs and RHCs do not suffice for this requirement).

If an MCO cannot satisfy the standard for FQHC and RHC access at any time while the MCO holds a Medicaid contract, the MCO must allow its Medicaid members to seek care from non-contracting FQHCs and RHCs and must reimburse these providers at Medicaid fees.

MCO members must have access to one FQHC and/or RHC within 30 minutes travel time of their residence.

Children's Dental Network Requirements

Due to the rural nature of the state, many beneficiaries travel beyond county lines to receive care. In most cases, beneficiaries primarily use providers within the region or contiguous counties. With this in mind, BMS established thresholds of providers who served FFS beneficiaries residing in each of 12 designated regions. Beneficiaries may also sometimes travel greater distances for services; however, providers in counties that are not contiguous to a defined region have not been included in these network standards, which define a geographically accessible provider network. If an MCO serves only one county in a region, BMS will provide individual county benchmarks.

The thresholds include providers who treated at least 25 patients statewide according to FFS claims data from State Fiscal Year 2012. Appendix B contains the FFS dental benchmarks and network criteria, including allowable contiguous counties, for MHT beneficiaries.

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[3] http://www.wvinsurance.gov/Portals/0/pdf/pol_leg/info_letters/info_112.pdf

Residential Treatment/Emergency Shelter Providers

The MCO shall be required to contract with all currently enrolled fee-for-service Residential Treatment Facilities, including both in-state and out-of-state providers. The state shall define the categories by which these providers are classified based on the Family First Services Prevention Act. The State shall provide a listing of all providers currently enrolled.

Socially Necessary Service Providers

The MCO shall be required to contract with all currently enrolled socially necessary services (SNS) providers through the Bureau for Children and Families (BCF). BCF shall have the responsibility of approving SNS providers that are qualified to offer services to members, and the MCO shall enroll all approved providers. The State shall provide a listing of all providers currently enrolled.

Network Submission and Review Process

As described above, the network submission and corresponding review process will include:

1. The MCO must demonstrate (for review and approval by BMS) that the ratio requirements are met for PCPs and OB/GYNs.

2. The MCO must demonstrate (for review and approval by BMS) that the time standards are met for all provider types. The table below outlines MCO reporting requirements related to the network standards.

3. The MCO must demonstrate (for review and approval by BMS) that the threshold requirements are met for dental providers.

4. The MCO must demonstrate (for review and approval by BMS) that the requirements for contracting with high-volume pharmacy providers are met.

Reporting Requirements

MCO Submission	Frequency
MCOs submit geographic data maps and supporting tables by county for each provider or facility type to demonstrate compliance with time standards. Format to be specified by BMS.	Annually (Due October 31st)
MCOs submit a file listing all providers in the network. Format and data file layout to be specified by BMS.	Annually (Due October 31st)
MCOs would submit quarterly reports showing provider network changes by specialty. Format to be specified by BMS.	Quarterly (Due 45 Days After the Close of a Quarter)

BMS will review each MCO's network for a county based on the standards described above. This section describes BMS' review for determining if an MCO network is adequate to serve a specific county.

BMS will calculate a ratio based on the number of members enrolled in the MCO and the number of unique contracted providers located within the county. To calculate the member-to-provider ratio, the number of unique providers located within the county will be divided by the number of MHT members in the county, adjusted for MCO market share. BMS will calculate the MCO's market share as the greater of 1) the MCO's current market share in the county or 2) minimum adequacy based on the number of MCOs operating in the county, as follows:

Current Model	Minimum Adequacy (% of MCO-eligible members)
One MCO	**100%**
Two MCOs	66.67%
Three MCOs	50%
Four MCOs	33.3%

BMS reserves the right to increase the percent adjustment based on expected increases in MCO enrollment in a county.

To review compliance with time standards, BMS will review geographic data maps and supporting tables to verify appropriate member access to provider locations, including out-of-state providers. Given the single MCO model for this population, 100% adequacy must be achieved.

Review of Specialists

BMS will review the MCO's complete specialist network to determine adequacy. If any specialty services cannot be provided by a contracted provider, the MCO must demonstrate how it will ensure access to this type of specialty care for Medicaid enrollees (e.g., allowing out-of-network referrals when appropriate). BMS will evaluate the number and location of contracted specialists and provisions to ensure access where contracted specialists are not available in determining the overall adequacy of the specialist network in a given county.

In addition, MCO networks will also be compared to the list of State Title V Children with Special Health Care Needs (CSHCN) providers. As these providers are an important source of care to children with special health care needs, MCOs should ensure that these providers are represented in the network.

Network Submission to BMS

MCOs should submit a statewide network file to BMS electronically via email in a format to be specified by BMS. Network files should include information on individual providers as well as

hospitals and other facilities. If providers have more than one office location, all locations should be provided. All providers listed in the network submission must be under contract to the MCO (letters of intent are not sufficient).

MCOs should also submit geographic data maps and supporting tables using mapping software (e.g., GeoAccess, Qwest) to demonstrate appropriate access across each county. Within the geographic data mapping, MCOs should include all locations for providers located both within and outside of the county, including out-of-state providers.

BMS or its contractor will assess the network against BMS' network requirements and provide an assessment of network adequacy to the MCO in a timely manner.

Appendix A- Hospitals

Hospital Name	Pediatric Medical/Surgical Unit	Obstetrics Unit	Neonatal Intensive Care Unit
Beckley ARH	YES	NO	NO
Bluefield Regional	YES	YES	NO
Boone Memorial	NO	NO	NO
Braxton County	NO	NO	NO
Broaddus Hospital	NO	NO	NO
CAMC - General Division	YES	YES	YES
CAMC - Memorial Division	YES	YES	YES
CAMC - Teays Valley (Putnam)	YES	YES	NO
CAMC - Womens & Childrens	YES	YES	YES
Cabell Huntington	YES	YES	YES
Camden-Clark Memorial	YES	YES	NO
City Hospital	YES	YES	NO
Davis Memorial	YES	YES	NO
Fairmont General	YES	YES	NO
Grant Memorial	NO	YES	NO
Greenbrier Valley	YES	YES	NO
Jackson General	NO	YES	NO
Jefferson Memorial	YES	YES	NO
Logan Regional	YES	YES	NO
Monongalia General	YES	YES	NO
Ohio Valley Medical Center	YES	YES	NO
Pleasant Valley	YES	YES	NO
Preston Memorial	NO	YES	NO
Princeton Community	YES	YES	NO
Raleigh General	YES	YES	YES
Reynolds Memorial	YES	YES	NO
Roane General Hospital	NO	YES	NO
St Joseph's Buckhannon	YES	YES	NO
St Joseph's Parkersburg	YES	YES	NO
St Mary's Medical Center	YES	YES	NO
Stonewall Jackson	NO	YES	NO
Summersville Memorial	YES	YES	NO
Thomas Memorial	YES	YES	YES
United Hospital Center	YES	YES	NO
WVU Hospitals	YES	YES	YES
Webster County	YES	NO	NO
Weirton Medical Center	YES	YES	NO
Welch Community	NO	YES	NO
Wetzel County	NO	YES	NO
Wheeling Hospital	YES	YES	NO

Source: WV Health Care Authority, http://www.comparecarewv.gov/resultsAHAStatic.aspx

Appendix B - Children's Dental Network Evaluation Benchmarks

Table 1. Regional Standards for General Dentists

Region	Counties	# of FFS Providers
1	Hancock, Brooke, Ohio, Marshall	35
2	Wetzel, Monongalia, Marion, Taylor, Preston	46
3	Grant, Hardy, Pendleton	10
4	Mineral and Hampshire	6
5	Morgan, Berkeley, Jefferson	18
6	Wood, Wirt, Pleasants, Ritchie, Tyler	22
7	Doddridge, Harrison, Gilmer, Lewis, Upshur, Braxton	31
8	Barbour, Randolph, Tucker	33
9	Jackson, Roane, Calhoun	63
10	Mason, Cabell, Wayne, Lincoln	35
11	Putnam, Kanawha, Boone, Clay	68
12	Raleigh, Fayette, Nicholas, Webster	39
13	Greenbrier and Pocahontas	8
14	Logan and Mingo	9
15	Wyoming, McDowell, Mercer, Summers, Monroe	24

Notes on providers included in regional standards:

- Region 8 also includes providers in Harrison County
- Region 9 also includes providers in Kanawha County
- Region 15 also includes providers in Raleigh County

Table 2. Regional Standards for Oral Surgeons

Region	Counties	# of FFS Providers
1	Hancock, Brooke, Ohio, Marshall	1
2	Wetzel, Monongalia, Marion, Taylor, Preston	4
3	Grant, Hardy, Pendleton	0
4	Mineral and Hampshire	0
5	Morgan, Berkeley, Jefferson	2
6	Wood, Wirt, Pleasants, Ritchie, Tyler	2
7	Doddridge, Harrison, Gilmer, Lewis, Upshur, Braxton	2
8	Barbour, Randolph, Tucker	2
9	Jackson, Roane, Calhoun	9
10	Mason, Cabell, Wayne, Lincoln	1
11	Putnam, Kanawha, Boone, Clay	10
12	Raleigh, Fayette, Nicholas, Webster	3
13	Greenbrier and Pocahontas	0
14	Logan and Mingo	0
15	Wyoming, McDowell, Mercer, Summers, Monroe	1

Notes on providers included in regional standards:

- Region 8 also includes providers in Harrison County
- Region 9 also includes providers in Kanawha County
- Region 15 also includes providers in Raleigh County

Table 3. Regional Standards for Orthodontists

Region	Counties	# of FFS Providers
1	Hancock, Brooke, Ohio, Marshall	1
2	Wetzel, Monongalia, Marion, Taylor, Preston	6
3	Grant, Hardy, Pendleton	0
4	Mineral and Hampshire	0
5	Morgan, Berkeley, Jefferson	1
6	Wood, Wirt, Pleasants, Ritchie, Tyler	1
7	Doddridge, Harrison, Gilmer, Lewis, Upshur, Braxton	1
8	Barbour, Randolph, Tucker	1
9	Jackson, Roane, Calhoun	3
10	Mason, Cabell, Wayne, Lincoln	1
11	Putnam, Kanawha, Boone, Clay	5
12	Raleigh, Fayette, Nicholas, Webster	2
13	Greenbrier and Pocahontas	1
14	Logan and Mingo	0
15	Wyoming, McDowell, Mercer, Summers, Monroe	0

Notes on providers included in regional standards:

- Region 8 also includes providers in Harrison County
- Region 9 also includes providers in Kanawha County
- Region 15 also includes providers in Raleigh County