

Attachment A: Network Adequacy Review

In order to ensure adequate member access to covered services, the Bureau for Medical Services (BMS) has established MCO provider network standards, including standards specific to the behavioral health benefits. BMS assessed CoventryCares of West Virginia (Coventry), The Health Plan of the Upper Ohio Valley (THP), UniCare Health Plan of West Virginia, and West Virginia Family Health's (WVFH) adherence to the established standards in preparation for the behavioral health benefit and the Medicaid Alternative Benefit Plan (ABP).

The following document summarizes MCOs' adherence to the network standards for a medical and pharmacy benefit, detailing the behavioral health component as a critical change to the MCOs' provider networks.

Network Standards and Review Process

The network standards for medical services require MCOs to maintain provider networks in geographically accessible locations for the populations to be served. These networks must be comprised of sufficient hospitals, primary care providers, and specialty care providers. The provider network standards for West Virginia's MCO program include both travel time and member-to-provider ratios to ensure adequate capacity as well as choice and geographic accessibility.

The behavioral health network standards are described in attachment X of the waiver amendment submission and include three components:

- Psychiatrist and psychologist provider counts;
- Behavioral health facility geographic access standards; and
- Required high-volume providers.

To demonstrate adherence to the geographic access time and distance standards, the MCOs submitted a listing of contracted providers and maps which were reviewed by the State.

Medical Services Network Evaluation

As the MCOs already have established medical services networks in place, these were re-assessed to ensure that sufficient providers are available to access services for the ABP adult expansion population. All of the MCOs medical services networks were recently evaluated for adequacy and demonstrated adherence to the geographic access time and distance standards. In anticipation of the addition of the new ABP adult expansion population, the numbers of required providers to meet the member-to-provider ratios were updated to account for the new ABP membership. Each of the four MCOs was required to demonstrate minimum adequacy (the greater of the MCO's market share or 33.3% of MCO-eligible members). Each MCO has contracted with a number of providers that exceeds the minimum member-to-provider ratios. In addition, pharmacy networks remain robust and in excess of the required standards.

Behavioral Health Provider Network Evaluation

Behavioral Provider Count

MCOs are required to meet a specified threshold of behavioral health providers (i.e., psychologists and psychiatrists) in each of 15 geographic regions in West Virginia. These provider threshold counts are based on the number of currently available Fee-For-Service (FFS) providers. Tables 1 and 2 show the regions in which each MCO meets the provider count threshold for psychologists and psychiatrists, respectively. The numbers in parenthesis indicate how many providers the MCO is missing in order to meet the specified threshold for each region. The MCOs have demonstrated that they have additional psychologists and psychiatrists available through their contracts with behavioral health clinics. Clinic providers are not included in the counts of individually-contracted providers shown below.

Table 1: Summary of MCO Regional Provider Count: Adherence for Psychologists

Region	Required Providers	Coventry	THP	UniCare	WVFH
1	7	Yes	Yes	No (4)	Yes
2	18	Yes	Yes	Yes	Yes
3	0	Yes	Yes	Yes	Yes
4	0	Yes	Yes	Yes	Yes
5	2	No (1)	Yes	Yes	Yes
6	6	No (6)	Yes	No (3)	Yes
7	2	Yes	Yes	Yes	Yes
8	2	No (2)	Yes	Yes	Yes
9	18	No (18)	No (18)	No (18)	No (12)
10	6	Yes	Yes	Yes	Yes
11	21	No (11)	Yes	Yes	Yes
12	5	No (5)	Yes	Yes	Yes
13	1	No (1)	Yes	Yes	Yes
14	1	No (1)	Yes	Yes	Yes
15	4	No (2)	Yes	Yes	Yes

Table 2: Summary of MCO Regional Provider Count: Adherence for Psychiatrists

Region	Required Providers	Coventry	THP	UniCare	WVFH
1	1	Yes	Yes	Yes	Yes
2	9	Yes	Yes	Yes	Yes
3	0	Yes	Yes	Yes	Yes
4	2	No (2)	No (2)	No (2)	No (1)
5	1	No (1)	Yes	Yes	Yes
6	5	No (3)	Yes	Yes	Yes
7	7	No (3)	Yes	No (7)	Yes

Region	Required Providers	Coventry	THP	UniCare	WVFH
8	5	No (5)	No (3)	No (4)	Yes
9	14	No (13)	No (14)	No (14)	No (8)
10	5	Yes	Yes	Yes	Yes
11	16	No (6)	Yes	Yes	Yes
12	8	No (4)	Yes	No (8)	Yes
13	4	No (3)	Yes	No (4)	Yes
14	3	No (3)	No (3)	No (2)	Yes
15	7	No (5)	Yes	No (6)	Yes

Geographic Access Standards

The following table notes the regions where the MCOs **comply with** the GeoAccess standards by provider type. The numbers of compliant counties are in parentheses. In many cases where counties are non-compliant, only a small portion of the county does not have access within 50 miles. Additionally, there are certain regions of the State where specific facility types, particularly outpatient facilities, do not exist within the 50 mile/60 minute standard.

Provider Type	Coventry	THP	UniCare	WVFH
Carve Out Facility <21	Regions 1, 2, 4, 5, 6, 7, 9, 10, 11, 15 (46)	Regions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 14, 15 (44)	Regions 2, 6, 9, 10, 11, 14 (27)	Regions 1, 2, 7, 8, 10, 11, 12, 14, 15 (42)
Freestanding Psych Facility <21	Regions 1, 2, 4, 5, 6, 7, 9, 10, 11, 15 (46)	Region 1 (3)	Regions 1, 2, 6, 9, 10, 11 (27)	Regions 2, 6, 7, 8, 9, 10, 11, 14 (39)
Psych Unit Adult	Regions 1, 2, 4, 5, 6, 7, 9, 10, 11, 15 (46)	Regions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 14, 15 (46)	Regions 2, 6, 7, 9, 10, 11, 13, 14 (33)	Regions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 (52)
Behavioral Health Clinic	All regions	Regions 1, 2, 6, 7, 8, 9, 10, 11, 14, 15 (43)	All regions	Regions 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 (51)
Behavioral Health Rehab	Regions 1, 3, 4, 5, 6, 9, 10, 11, 12, (35)	Regions 1, 2, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 (50)	All regions	All regions

The MCOs are continuing their active outreach and contracting efforts and expect to meet the standards prior to July 1, 2015.

High Volume Behavioral Providers

The MCOs have not secured contracts with all of the high-volume FFS behavioral providers. However, they are continuing their efforts to engage and contract with all FFS high-volume providers. Based on the stakeholder engagement and education efforts by the MCOs, the State

expects the FFS facilities to become more attuned to the new delivery system as the implementation date approaches and provider involvement increases.

While the MCOs have not contracted with all high-volume FFS providers, they secured access by contracting with a number of facilities that are not under current FFS contracts with the State Medicaid Agency. Such facilities will be able to provide members with comparable covered behavioral health benefits, including but not limited to:

- Behavioral Health Rehabilitation for Individuals Under Age 21, Residential Treatment;
- Behavioral Health Outpatient Services;
- Psychological Services;
- Hospital Services, Inpatient – Behavioral Health and Substance Abuse Stays; and
- Inpatient Psychiatric Services for Individuals Under Age 21.

Access Plan Summary

The MCOs have submitted plans focusing on gaps in services access within their behavioral health networks. The access plans submitted describe strategies and processes for how the network gaps will be addressed and member access to all covered behavioral health services will be ensured. Each MCO's access plan outlined contracting strategies for missing providers, as well as a process for allowing members to access services with out-of-network providers, if necessary (e.g., single case agreements, reimburse out-of-network providers at 100% of Medicaid rate).

A brief summary of the access plans is below:

- **Coventry:** The MCO has contracted with other providers that can deliver the same services as those high-volume providers missing from their network. However, Coventry will also provide out-of-network coverage to high-volume facilities.
- **THP:** The MCO will reimburse out-of-network providers at 100% of the Medicaid rate until MCO closes its network gaps.
- **UniCare:** The MCO has contracted with other providers that can deliver many of the same services provided by missing high-volume providers. In addition, UniCare will use single case agreements to ensure enrollees have access to necessary services.
- **WVFH:** The MCO will grant single case agreements to ensure members have access to high-volume providers that they have not yet contracted with.

Monitoring MCO Behavioral Health Network

Given the importance of ensuring that members with behavioral health needs have adequate access to services on July 1, 2015, BMS will monitor the MCOs contracting efforts and networks for at least 90 days following July 1, 2015. Such monitoring will include provider contracting counts, adequacy margin analysis, and live conference calls with the MCOs provider contracting staff. In addition, the amended MCO contract includes transition requirements for

implementing behavioral benefits expansion. Regular reporting will focus on the following areas:

- **Biweekly report behavioral health network report:** MCOs will be required to report on their behavioral health networks on a biweekly basis until all gaps are sufficiently addressed. Information that will be reported in the biweekly report includes:

Psychiatrist and psychologist standards	<ul style="list-style-type: none"> • Number of the existing contracted providers by provider type by region • Number of the new contracted providers by provider type by region • Number of the new pending contract providers by provider type by region • Number of providers by provider type by region missing
Geographical access standards	<ul style="list-style-type: none"> • Counties not meeting geographical access standards by provider type • For non-compliant counties, list of providers that are being involved in the contacting efforts and the impact on the margin of adequacy by the involved providers
High volume provider standards	<ul style="list-style-type: none"> • Number of FFS high-volume providers contracted by facility type • List of FFS high-volume providers not contracted with, including status of contracting efforts
All types	<ul style="list-style-type: none"> • Each MCO will be required to produce a monthly report that indicates behavioral health provider network changes and evaluates the margin of adequacy.

- **Utilization of non-participating providers:** MCOs will be required to track out-of-network providers utilized by members for services and report such utilization on a monthly basis.
- **Overall utilization of services:** MCOs will report key utilization measures for behavioral health services on a weekly basis for the first month post go-live and bi-weekly for subsequent two months of the transition. The findings in these reports will be compared to the utilization for other benefits provided through the MCOs and to national utilization patterns for the behavioral health benefit to ensure members are obtaining services.
- **Grievances and appeals:** MCOs will report grievances and appeals for members receiving behavioral health services. This data will identify any potential barriers to care and will be collected on a monthly basis during the transition phase or beyond.
- **Customer service:** MCOs will report the standard key measures on responsiveness to members. This data will help to identify any systematic issues members are having in accessing service and will be collected on a weekly basis for the first month post go-live and bi-weekly for the subsequent two months of the transition.

In addition, BMS will continue to monitor regular MCO contract reports submissions which will incorporate behavioral health services component, and will follow-up with each MCO as the need arises based on findings from the interim reports, quarterly reports, and from member and provider feedback.