



United Behavioral Health

Network Adequacy		Policy Identifier/Number: AD-11	
Annual Review Completed Date: January 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) has developed and maintains a network of contracted behavioral health care providers that is sufficient in number, mix, and geographical distribution with a wide range of specialties and levels of care to meet the needs of individuals and families enrolled in behavioral health care and the anticipated number of enrollees in its service area.

To describe Optum Pierce BHO efforts to establish and maintain a network of providers to meet the needs of consumers and families.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. Optum Pierce BHO's Provider Relations Unit has primary responsibility for developing, managing, and monitoring the adequacy of the provider network, and works continuously to maintain a network of behavioral health care providers capable of providing care in compliance with all state and federal regulations and the Washington State PIHP and state contracts.
2. Provider Relations staff of the Optum Pierce BHO monitor the status of the network, projecting future needs and identifying any network deficiencies or gaps.
3. Optum Pierce BHO maintains a network of behavioral health care providers supported by written agreements which provide adequate access to all services covered under the contract.

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

4. Optum Pierce BHO Provider Relations personnel monitor the status of the network, projecting future needs and identifying any network deficiencies or gaps and providing requested reports to the DSHS-Health Resources and Services Administration office in a timely fashion.
5. Optum Pierce BHO engages in a variety of monitoring activities to identify any concerning trends in network access. Tools for identifying trends include:
 - 5.1. Analysis of current and projected enrollee and consumer needs;
 - 5.1.1. Medicaid and state-funded enrollment (current and projected) and penetration rate:
 - 5.1.1.1. Analysis by age group (0-17, 18-20, 21-59, 60+);
 - 5.1.1.2. Analysis by gender;
 - 5.1.1.3. Analysis by race/ethnicity;
 - 5.1.1.4. Analysis by primary language.
 - 5.1.2. Medicaid and state-funded utilization of services (current and projected):
 - 5.1.2.1. Analysis by age group (0-17, 18-20, 21-59, 60+);
 - 5.1.2.2. Analysis by gender;
 - 5.1.2.3. Analysis by race/ethnicity;
 - 5.1.2.4. Analysis by primary language.
 - 5.2. Review of behavioral health care provider input through monthly meetings as well as month end meetings individually with providers;
 - 5.3. Review of individual and family input through the Quality Review Team, Ombuds, and QA/PI Committees;
 - 5.4. Review of grievance trends and analysis;
 - 5.5. Review of annual enrolled Individuals satisfaction survey trends and analysis;
 - 5.6. Review of critical incidents involving access to services concerns;
 - 5.7. Analysis of current and projected network capacity;
 - 5.7.1. Numbers and types of behavioral health care providers available to deliver contracted Medicaid services (including individual clinician licenses, specialists and cultural/linguistic capacity);
 - 5.8. Geographic location of providers and Medicaid consumers;
 - 5.8.1. GeoAccess reports verify the adequacy of the network and map the membership to the contracted providers.
 - 5.8.1.1. GeoAccess reports annually by age group (0-17, 18-20, 21-59, 60+) and race/ethnicity;
 - 5.8.1.2. Travel time analysis from Behavioral Health Agencies;
 - 5.8.1.3. Review of other data sources (medical record reviews, grievances) regarding pertinent issues (such as means of transportation, physical access for consumers with disabilities);
 - 5.8.2. Through analysis of these reports, Provider Relations staff target zip codes that might be identified as at risk for failure to meet standards.
 - 5.9. Access data analysis and review:
 - 5.9.1. Timeliness for routine service requests ;

- 5.9.2. Timeliness for urgent service requests;
 - 5.9.3. Timeliness for emergent service requests;
 - 5.9.4. Other access indicators, from medical record reviews, grievances and other data sources.
- 5.10. Optum Pierce BHO also conducts analyses of Medicaid enrollee access to specialty services by monitoring out-of-network utilization in addition to the regular GeoAccess reports. These analyses help Optum Pierce BHO understand any patterns of access to care that may need attention by Provider Relations or Clinical staff.
6. Optum Pierce BHO addresses service gaps through focused network recruitment and development efforts in geographic areas that do not have optimal access to behavioral health care providers.
7. In accordance with *WAC Chapter 388-865*, Optum Pierce BHO documents efforts to acquire the services of the required behavioral health professionals and specialists. These efforts are documented in the Optum Pierce BHO *Network Development and Management Plan*.
- 7.1. The Network Development and Management Plan is designed to:
- 7.1.1. Provide access to and support a “behavioral health home” for all Medicaid enrollees/consumers;
 - 7.1.2. Provide all Washington State Plan-covered services to Medicaid enrollees/consumers;
 - 7.1.3. Provide an intake evaluation by a Behavioral Health Professional within ten (10) working days of an enrollee’s request;
 - 7.1.4. Ensure covered services are provided promptly and are reasonably accessible in terms of location and hours of operation;
 - 7.1.5. Provide crisis services on a 24 hour a day, 7 day a week basis;
 - 7.1.6. Ensure that Medicaid enrollees/consumers have access equal to, or better than, community norms;
 - 7.1.7. Ensure that services are accessible to enrollees/consumers in terms of timeliness, amount, duration and scope;
 - 7.1.8. Provide Washington State Plan-covered services within designated time and distance limits according to DSHS standards;
 - 7.1.9. Meet the unique cultural and linguistic needs of all enrollees/consumers;
 - 7.1.10. Maintain the ability to adjust the number, mix and geographic distribution of behavioral health care providers to meet access and distance standards as the population of enrollees/consumers shifts within the service area;
 - 7.1.11. Maintain the ability to shift reimbursement amounts for different specialties to meet access and distance standards;
 - 7.1.12. Adhere to the principles of Recovery & Resiliency.
8. If more than 500 persons in the total population in an BHO geographic area report in the U.S. census that they belong to racial/ethnic groups, the BHO is to contract or otherwise establish a working relationship with the required specialists to:
- 8.1. Provide all or part of the care and services for these populations; or
 - 8.2. Supervise or provide consultation to staff members providing care and services to these populations.

9. Optum Pierce BHO systematically evaluates the overall adequacy of its provider network and the success of its interventions to fill current and future gaps and presents these findings annually in the updated *Network Development and Management Plan*.
 - 9.1. Measures of success include:
 - 9.1.1. GeoAccess Mapping reports;
 - 9.1.2. Quantitative analysis of current and anticipated service needs:
 - 9.1.2.1. Monthly reports of Medicaid enrollees/Individuals, Medicaid enrollees/Individuals served, Washington State-funded enrollees/Individuals served, and service provided are made available to the QA/PI Committee and Provider Services staff.
 - 9.1.2.2. Breakdowns by age, gender, and race/ethnicity are incorporated into all of these reports.
 - 9.1.2.3. The reports are reviewed in month end review meetings with agency executive directors, clinical directors, and financial and information system managers.
 - 9.1.3. Medical Record Reviews:
 - 9.1.3.1. Data from network contracted behavioral health care provider medical records conducted during the administrative and clinical reviews for each provider specifically address cultural competency, including the appropriateness of services provided and their responsiveness to age, gender, and cultural needs.
 - 9.1.3.2. These reviews include a 25% representative sample of enrollees/consumers who are members of special populations as defined by the Department of Social and Health Services/Division of Behavioral Health and Recovery.
 - 9.2. Cultural Competency Subcommittee
 - 9.2.1. In addition to quantitative and medical record reviews, issues related to cultural competency are proactively addressed at the quarterly *Cultural Competency Subcommittee* meeting.
 - 9.2.2. These meetings proactively identify and address system stakeholders' perceptions of culturally competent services required of all providers, including availability of minority specialists and interpreters, network adequacy, and provider adherence to Optum Pierce BHO's *Clinical Practice Standards for Cultural Competency*.
 - 9.3. Age group specific service provider reviews:
 - 9.3.1. Monthly meetings are held with the leadership from major providers serving each primary age group of Medicaid and Washington State-Funded consumers.
 - 9.3.2. These meetings proactively identify and address behavioral health care provider perceptions of network adequacy for the age groups of consumers they serve.
 - 9.3.3. Agency-specific data on persons served, with breakdowns by age, gender and race/ethnicity; compliance with access standards; and overall network adequacy are addressed.
10. Further detail regarding current network development and maintenance activities can be found in the Optum Pierce BHO *Network Development and Management Plan*.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization policy: AD-03 - *Provider Credentialing and Re-Credentialing*
- Pierce Behavioral Health Organization policy: AD-13 - *Provider Training*
- Pierce Behavioral Health Organization policy: QA-01 – *QA-PI Program Description and Work Plan*
- Pierce Behavioral Health Organization policy: QA-06 – *QA-PI Committee Structure*
- Pierce Behavioral Health Organization policy: QA-08 - *Clinical and Administrative Review*

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 10/26/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 9/22/2014
- Policy and Procedure Committee review and approval: 9/28/2015
- Operational Procedures and Standards Committee reviewed and accepted: 12/28/2016
- Optum Pierce BHO reviewed and accepted: January 2018