

POLICY AND PROCEDURE

POLICY NAME: Provider Directory for Members	POLICY ID: LA.MRKT.14
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Marketing
EFFECTIVE DATE: 2/15, 12/15	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 8/15, 8/16, 4/17, 4/18, 2/19, 2/20, 9/21, 1/22, 8/22, 32 /23	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

The purpose of this policy is to describe Louisiana Healthcare Connection provider directory to members.

PURPOSE:

The purpose of this policy is to describe Louisiana Healthcare Connection provider directory to members.

SCOPE:

Louisiana Healthcare Connections (Plan or LHCC)

DEFINITIONS:

POLICY:

2.13.8.1 The Plan shall develop and maintain a Provider Directory in three (3) formats:

- 2.13.8.1.1 A hard copy directory, a copy of which shall be provided to Enrollees and Potential Enrollees upon request;
- 2.13.8.1.2 Web-based machine readable and searchable, mobile-enabled, online directory for Enrollees and the public; and
- 2.13.8.1.3 Electronic file of the directory to be submitted and updated weekly to the FI, the Enrollment Broker, or other designee as determined by LDH.

2.13.8.2 The Plan shall submit templates of its Provider Directory to LDH or its designee as part of Readiness Review.

2.13.8.3 The Plan shall provide the Provider Directory in a manner agreeable to the Enrollee either by mail or by utilizing the Plan's website. The Plan shall distribute information regarding provider directories to new Enrollees within thirty (30) Calendar Days of receipt of notification of Enrollment. Such information shall include how to access the Provider Directory, including the right to request a hard copy and to contact the Plan's Enrollee services line to inquire regarding a provider's participation in the network. Enrollees receiving a hard copy of the Provider Directory shall be advised that the network may have changed since the directory was printed and how to access current information regarding the Network Providers.

2.13.8.4 The hard copy directory for Enrollees shall be revised with updates at least quarterly. Inserts may be used to update the hard copy directories monthly to fulfill requests by Enrollees and Potential Enrollees. The web-based online version shall be updated in real time, but no less than weekly.

2.13.8.5 The online directory shall be made readily accessible to Enrollees. This means the directory shall have a clearly identifiable link or tab and shall not require an Enrollee account or policy number to access the directory. The directory must accommodate the communication needs of individuals with ~~disabilities, and disabilities, and~~ include a link to or information regarding available assistance for persons with limited English proficiency.

2.13.8.6 The Plan shall include, in both electronic and paper directories, a customer service email address, telephone number and/or electronic link that individuals may use to notify the Plan of inaccurate Provider Directory information.

2.13.8.7 In accordance with 42 CFR §438.10(h), the Provider Directory shall include, but not be limited to: ~~42.14.1. The MCO shall develop and maintain a Provider Directory in four (4) formats:~~

~~42.14.1.1. A hard copy directory, when requested, for members and potential members;~~

~~42.14.1.2. Web-based, searchable, web-based machine readable, online directory for members and the public;~~

~~12.14.1.3. Electronic file of the directory to be submitted and updated weekly to the Medicaid FI, the Enrollment Broker, or other designee as determined by LDH; and~~

~~12.14.1.4. Hard copy, abbreviated version upon request by the Enrollment Broker.~~

~~12.14.2. The MCO shall utilize LDH-approved templates for its provider directory.~~

~~12.14.3. The hard copy directory for members shall be revised with updates at least monthly or no more than 30 days after the receipt of updated provider information.. Inserts may be used to update the hard copy directories monthly to fulfill requests by members and potential members. The web-based online version shall be updated in real time, but no less than weekly. While daily updates are preferred, the MCO shall at a minimum submit no less than weekly. The abbreviated hard copy version for the Enrollment Broker will be available to all Medicaid enrollees when requested by contacting the Enrollment Broker. Format for this version will be in a format specified by LDH.~~

~~12.14.4. In accordance with 42 CFR §438.10(f)(6), the provider directory shall include, but not be limited to:~~

~~12.14.4.1. Names, locations, telephone numbers of, website URLs, specialties, whether the provider is accepting new members, and cultural and linguistic capabilities by current contracted providers by each provider type specified in the Medicaid MCO contract in the Medicaid enrollee's service area. Cultural and linguistic capabilities shall include languages offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competency training. The provider directory shall also indicate whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment;~~

2.13.8.7.1 Identification of qualified Network Providers divided into specific provider and service types and specializations, including but not limited to, PCPs, specialists, hospital PCP groups, pharmacies, behavioral health providers, clinic settings, home and community-based services, outpatient therapy, residential substance use, youth residential services, inpatient mental health and residential substance use services, and FQHCs and RHCs in the service area. This shall include a child serving Provider list that is both monitored and frequently updated to ensure viable options are identified and available for OJJ, DCFS and LDOE field staff. Providers specializing in serving individuals with dual diagnosis of behavioral health and developmental disabilities shall be clearly identified. Provider types shall be delineated by parish and zip code;

- 2.13.8.7.1.1 The hard copy and online Provider Directories shall not include Network Providers who have
- submitted no Claims within the six (6) calendar months prior to publication, unless the Network Provider was newly contracted during this six (6) month period;
- 2.13.8.7.2 Names, group affiliations, street addresses, telephone numbers, website URLs, specialties, whether the provider is accepting new Enrollees, and cultural and linguistic capabilities by current Network Providers by each provider type specified in this Contract. Cultural and linguistic capabilities will include languages offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competency training. The Provider Directory shall also indicate whether the Network Provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment;
- 2.13.8.7.3 Note of Prior Authorization or referral requirement for Network Providers, if applicable;
- 2.13.8.7.4 Identification of any restrictions on the Enrollee's freedom of choice among Network Providers
- 2.13.8.7.5 Identification of hours of operation including identification of providers with non-traditional hours (before 8 a.m. or after 5 p.m., Central Time, or any weekend hours);
- 2.13.8.7.6 Identification of pharmacies that provide vaccine services and delivery services
- 2.13.8.7.7 Instructions for the Enrollee to contact the Plan's toll-free Enrollee services telephone line for assistance in finding a Network Provider or a convenient pharmacy; and
- 2.13.8.7.8 Customer service email address, telephone number, and/or electronic link that individuals may use to notify the Plan of inaccurate Provider Directory information.

2.13.8.8 LDH reserves the right to request in writing additional data needed for enhancements to the provider search function.

2.13.8.9 The Plan shall audit Provider Directory information for accuracy in accordance with this Contract and the MCO System Companion Guide for all PCPs, OB/GYNs, hospitals, and behavioral health providers at least quarterly, and audit at least a statistically valid sample size of its Provider Directory information on a more frequent, periodic basis. Documentation of such audits shall be retained and made available to LDH upon request.

2.13.8.10 LDH reserves the right to conduct periodic audits to verify the accuracy of the Plan's Provider Directory data. LDH will utilize full discretion in determining the audit type, criteria, and methodology. LDH may penalize the Plan for inaccurate Provider Directories using one (1) or more remedies in the Contract Non-Compliance section and Attachment G, Table of Monetary Penalties.

~~12.14.4.2. Identification of qualified providers divided into specific provider and service types and specializations, including but not limited to, primary care physicians, specialists, and hospitals PCP groups, clinic settings, CSoC, home and community-based services, outpatient therapy, residential substance use, youth residential services, inpatient mental health and residential substance use services, FQHCs and RHCs in the service area. This shall include a child serving list that is both monitored and frequently updated to ensure viable options are identified and available for OJJ, DCFS and LDOE field staff. The MCO provider types shall be delineated by parish and zip code;~~

~~12.14.4.3. Identification of any restrictions on the enrollee's freedom choice among network providers; and~~

~~12.14.4.4. Identification of hours of operation including identification of providers with non-traditional hours (Before 8 a.m. or after 5 p.m. or any weekend hours) and appointment availability.~~

~~12.14.4.5. LDH reserves the right to require additional functionality for the provider search function.~~

~~12.14.5. The hard copy and online provider directories shall not include providers who have submitted no claims within the six (6) calendar months prior to publication, unless the provider was newly credentialed during this six (6) month period.~~

~~12.14.6. To assist Medicaid potential enrollees in identifying participating providers for each MCO, the Enrollment Broker will maintain and update weekly an electronic provider directory that is accessible through the website www.myplan.healthy.la.gov and will make available, (by mail) paper provider directories which comply with the member material requirements of the Medicaid MCO contract.~~

PROCEDURE:

1. Any report of violating the rules listed in the policy above will coordinated with:
 - a. Plan Compliance Officer
 - b. Director, Marketing/Communications
2. The report of nonconformance is investigated.
3. The investigation is documented and retained in [Compliance-360Archer](#).

REFERENCES: Louisiana Medicaid Contract Statement of Work Section [2.14.102.13.8](#)

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

~~Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact~~[HB 434, Act 319 applies to material changes to this Policy.](#)

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Revised per the behavioral health carve-in contract revisions	8-2015
Annual Review	Changed DHH to LDH	8/16
Annual Review	Reviewed with no changes	4/17
Annual Review	Revised to reflect State Medicaid Contract Amendment 11	4/18
Annual Review	No revisions	2/19
Annual Review	Revisions to align with latest LDH Medicaid contract, including LDH template requirement.	2/20
Annual Review	No Revisions	9/21
Annual Review	Revised 12.14.5 to reflect new criteria for including providers in the Provider Directory, from Amendment 7 to the Emergency Contract.	1/22
Annual Review	No Revisions	8/22
<u>Annual Review</u>	<u>Update to match model contract</u> <u>Reformatted to latest Policy Template</u> <u>Updated Procedure #3 from "compliance 360" to "Archer"</u>	<u>203/14/23</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.

©2023 Louisiana Healthcare Connections. All rights reserved. All materials are exclusively owned by Louisiana Healthcare Connections and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Louisiana Healthcare Connections. You may not alter or remove any trademark, copyright, or other notice contained herein. Louisiana Healthcare Connections is a registered trademark exclusively owned by Louisiana Healthcare Connections.