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**TITLE:** Provider Network Composition and Sufficiency

**PURPOSE:** To establish guidelines for sufficient facilities, service locations, service sites and personnel to provide Covered Services and identify provisions required for Health Care providers contracted with First Coast Advantage. Recognize and maintain capacity to provide Covered Services to all Members up to the maximum enrollment level for Duval County. All Providers included in First Coast Advantage agree to follow provisions of the Contract.

**PROCEDURE:**

A. First Coast Advantage will follow/enforce these general provisions:

1. Maintain a sufficient number, mix and geographic distribution of Providers, including Providers who are accepting new Medicaid patients **Revised 07/23/08: as specified in Section 1932(b)(7) of the Social Security Act, as enacted by Section 4704(a) of the Balanced Budget Act of 1997.**
2. **Revised 07/23/08: All Providers must be enrolled in the Medicaid program or, if FCA is capitated for the Provider's services, the FCA shall ensure that the Provider is eligible for participation in the Medicaid program. If a Provider was voluntarily terminated from the Florida Medicaid program, other than for purposes of inactivity that Provider is not considered an eligible Medicaid provider.**
3. **Revised 07/23/08: Offer an appropriate range of services and accessible preventive and primary care services that can meet the needs of the maximum enrollment level in each county.**
4. The Provider is required to maintain Hospital privileges if Hospital privileges are required for the delivery of Covered Services, including admitting panels.
5. When providers are unable to provide Medically Necessary services to a Member, other providers and services not part of First Coast Advantage will be utilized, in an adequate and timely manner, for as long as First Coast Advantage is unable to provide the Medically Necessary services.
6. **Revised 07/23/08: Require Providers to offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to non-Reform Medicaid Recipients.**
7. Member is permitted to choose his/her Providers to the extent possible and appropriate.
8. Each Provider has a unique Florida Medicaid Provider number.
9. **Revised 01/01/08: Each provider will utilize individual National Provider Identifier (NPI) in accordance with regulatory guidelines by May 2008.**

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10. Documentation of compliance for access requirements will be provided to AHCA:
    - a. Upon the effective date of Contract
    - b. Significant change in operations that would affect adequate capacity and services, including, but not limited to:
      - i. Changes in services or service area
      - ii. Enrollment of a new population
  11. Follow Potential Members and Members Policies regard changes to service delivery and/or the Providers:
  12. Revised 09/01/06: First Coast Advantage shall not discriminate with respect to participation, reimbursement, or indemnification as to any provider, whether participating or non-participating, who is acting within the scope of the provider's license or certification. If FCA declines to include individual providers in its network, it must give the affected providers written notice of the reason for its decision.
  13. **Revised 07/23/08: When designing the Provider network, First Coast Advantage shall take the following into consideration as required by 42 CFR 438.206:**
    - a. The anticipated number of Enrollees;
    - b. The expected utilization of services, taking into consideration the characteristics and health care needs of specific Medicaid populations represented;
    - c. The numbers and types (in terms of training, experience, and specialization) of providers required to furnish the Covered Services;
    - d. The numbers of network providers who are not accepting new Enrollees;
    - e. The geographic location of providers and Enrollees, considering distance, travel time, the means of transportation ordinarily used by Enrollees and whether the location provides physical access for Medicaid enrollees with disabilities; and
    - f. There is to be no discrimination against particular providers that serve high-risk populations or specialize in conditions that require costly treatments.
    - g. PSNs that receive capitations from the Agency for certain services shall register those network service providers with the Agency's Fiscal Agent, in the manner, and format determined by the Agency.
  14. **Revised 07/23/08: First coast Advantage need not obtain an NPI from the following Providers:**
    - a. Individuals or organizations that furnish atypical or nontraditional services that are only indirectly related to the provision of health care (examples include taxis, home and vehicle modifications, insect control, habilitation and respite services); and

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- b. Individuals or businesses that only bill or receive payment for, but do not furnish, health care services or supplies (examples include billing services, reprocessors and value-added networks).
  - c. Require Providers to cooperate fully in any investigation by the Agency, Medicaid Program Integrity (MPI), or Medicaid Fraud Control Unit (MFCU), or any subsequent legal action that may result from such an investigation.
  - d. Comply with all of the requirements of Section 6032 (Employee Education about False Claims Recovery) of the Deficit Reduction Act of 2005, if the provider receives or earns five million dollars or greater annually under the State plan.
- B. PCP Provider composition will include:
- i. At least one (1) FTE PCP including, but not limited to, the following specialties:
    - ii. Family Practice
    - iii. General Practice
    - iv. Obstetrics or Gynecology
    - v. Pediatrics
    - vi. Internal Medicine
  - vii. At least one (1) FTE PCP per 1,500 Members. The ratio may increase by 750 Members for each FTE ARNP or FTE PA affiliated with a PCP.
  - viii. Pregnant Members are permitted to choose an obstetrician as their PCPs to the extent that the obstetrician is willing to participate as a PCP.
  - ix. **Revised 01/01/08: An annual review is made of each PCP site to include but not limited to average wait times, compliance, appointment waiting times and geographic access standards.**
- C. **Revised 07/23/08: Enrollment of a new population for the Plan, First Coast Advantage will have procedures to inform Potential Enrollees and Enrollees of any changes to service delivery and/or the Provider network including the following:**
- i. **Inform Potential Enrollees and Enrollees of any restrictions to access to Providers, including Providers who are not taking new patients, upon request and, for Enrollees, at least on a six (6) month basis.**
  - ii. **An explanation to all Potential Enrollees that an enrolled family may choose to have all family members served by the same PCP or they may choose different PCPs based on each family member's needs.**
  - iii. **Inform Potential Enrollees and Enrollees of objections to providing counseling and referral services based on moral or religious grounds within ninety (90) days after adopting the policy with respect to any service.**

iv. The PSN shall not discriminate with respect to participation, reimbursement, or indemnification as to any provider, whether participating or nonparticipating, who is acting within the scope of the provider's license or certification under applicable State law, solely on the basis of such license or certification, in accordance with Section 1932(b) (7) of the Social Security Act (as enacted by section 4704(a) of the Balanced Budget Act of 1997). The PSN is not prohibited from including providers only to the extent necessary to meet the needs of the PSN's Enrollees or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the PSN. If the PSN declines to include individual providers or groups of providers in its network, it must give the affected providers written notice of the reason for its decision.

D. Behavioral Health Services will be composed of and meets the following requirements:

1. One (1) certified adult psychiatrist
2. One (1) board certified child psychiatrist (or one (1) child psychiatrist who meets all education and training criteria for Board Certification).
3. Outpatient staff includes at least one (1) FTE Direct Service Behavioral Health Provider per 1,500 Members. (Staffing pattern for direct service Providers reflects the ethnic and racial composition of the community.)
4. Direct Service Behavioral Health Providers for **Revised 1/1/08: children under the age of eighteen (18) and adults** includes Providers that are:
  - a. Licensed or eligible for licensure
  - b. Demonstrate two (2) years of clinical experience in the following specialty areas or with the following populations:
    - 1) Adoption
    - 2) Child protection or foster care
    - 3) Dual diagnosis (mental illness and substance abuse)
    - 4) Dual diagnosis (mental illness and developmental disability)
    - 5) Developmental disabilities
    - 6) Behavior analysis
    - 7) Behavior management and alternative therapies for **Revised 1/1/08: children under the age of eighteen (18)**
    - 8) Separation and loss
    - 9) Victims and perpetrators of sexual abuse **Revised 1/1/08: children under the age of eighteen (18) and adults**
    - 10) Victims and perpetrators of violence and violent crimes **Revised 1/1/08: children under the age of eighteen (18) and adults**

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- 11) Court ordered mental health evaluations including assessment of parental mental health issues and parental competency as it relates to mental health; and
  - 12) Expert witness testimony.
5. Direct Service Behavioral Health Providers and mental health targeted case managers serving the **Revised 1/1/08: children under the age of eighteen (18)** shall be certified by DCF to administer CFARS (or other rating scale required by DCF or the Agency).
  6. Mental health targeted case managers are not counted as Direct Service Behavioral Health Providers.
  7. Case Management services staff meets the following minimum requirements:
    - a. Baccalaureate degree from an accredited university, with major course work in the areas of psychology, social work, health education or a related human service field and, if working with **Revised 1/1/08: children under the age of eighteen (18)**, have a minimum of one (1) year full time experience or equivalent experience, working with the target population. Prior experience is not required if working with the adult population.
    - b. Baccalaureate degree from an accredited university and if working with **Revised 1/1/08: children under the age of eighteen (18)**, have at least three (3) years full time or equivalent experience, working with the target population. If working with adults, the case manager meets requirements of two (2) years of experience.
    - c. Case managers certified by the Department prior to July 1, 1999, who do not meet the degree requirements, may provide Case Management services if they meet the other requirements; and have completed a training program within six (6) months of employment. The training program must be prior approved by the Agency. The training must include a review of the local resources and a thorough presentation of the applicable State and federal statutes and promote the knowledge, skills, and competency of all case managers through the presentation of key core elements relevant to the target population. The case managers know and understand the Case Management policies and procedures.
    - d. Case Management supervision provided by a person who has a master's degree in a human services field and three (3) years of professional full time experience serving this target population or a person with a bachelor's degree and five (5) years of full time or equivalent Case Management experience. For supervising case managers who work only with adults, two (2) years of full time experience is required. The supervisors must have had the approved First Coast Advantage training in Case Management or have documentation that they have prior equivalent training.

8. Access to no less than one (1) fully accredited psychiatric community Hospital bed per 2,000 Members, as appropriate for both **Revised 1/1/08: children under the age of eighteen (18)** and adults. Specialty psychiatric Hospital beds may be used to count toward this requirement when psychiatric community Hospital beds are not available within a particular community.
9. Access to sufficient numbers of accredited Hospital beds on a medical/surgical unit to meet the need for medical detoxification treatment.
10. Licensed facilities as required by law and rule, accessible to the handicapped, in compliance with federal Americans with Disabilities Act guidelines, and have adequate space, supplies, good sanitation, and fire, safety, and disaster preparedness and recovery procedures in operation.
11. Qualified Providers to serve Members and experienced in serving severely emotionally disturbed **Revised 1/1/08: children under the age of eighteen (18)** and severely and persistent mentally adults.
12. Maintain documentation of its Providers' experience in the Providers' credentialing file.
13. Staffing ratio of at least one (1) FTE Behavioral Health Care Case Manager for twenty (20) **Revised 1/1/08: children under the age of eighteen (18)** and at least one (1) FTE Behavioral Health Care Case Manager per forty (40) adults. Direct Service Behavioral Health Care Providers shall not count as Behavioral Health Care Case Managers. Prior to commencement of Behavioral Health Services, the First Coast Advantage shall enter into agreements for coordination of care and treatment of Members, jointly or sequentially served, with county community mental health care center(s) that are not a part of First Coast Advantage's Participating Provider network. First Coast Advantage shall enter into similar agreements with agencies funded pursuant to Chapter 394, F.S., 2004.68 The Agency shall approve all model agreements between the First Coast Advantage and county community mental health center(s)/agencies before First Coast Advantage enters into the agreement. This requirement shall not apply if First Coast Advantage provides the Agency with documentation that shows First Coast Advantage has made a good faith effort to contract with county community mental health center(s)/agencies, but could not reach an agreement.
14. First Coast Advantage shall request current behavioral health care provider information from all new Members upon enrollment. First Coast Advantage shall solicit these behavioral health services providers to participate in the First Coast Advantage's network. First Coast Advantage may request in writing that the Agency grant exemption to First Coast Advantage from soliciting a specific behavioral health services provider on a case-by-case basis.

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15. To the maximum extent possible, First Coast Advantage shall contract for the provision of Behavioral Health Services with the State's community mental health centers designated by the Agency and DCF.
- E. Minimum Standards—the following minimum standards will be included in the First Coast Advantage network:
1. Emergency Services and Care twenty-four (24) hours a day, seven (7) days a week.
  2. Fully Accredited General Acute Care Hospital bed per 275 members.
  3. Birth Delivery Facility
  4. Regional Perinatal Intensive Care Centers (RPICC) and access for Members in one (1) or more of Florida's Regional Perinatal Intensive Care Centers (RPICC), 66 or a Hospital licensed by the Agency for Neonatal Intensive Care Unit (NICU) Level III beds.
  5. Neonatal Intensive Care Unit (NICU) for medically high risk perinatal Members with a NICU sufficient to meet the appropriate level of need for the Member.
  6. Certified **Revised: 01/01/08** or Licensed Nurse Midwife Services: **Revised 01/01/08: First Coast Advantage shall ensure access** for low risk Members. (63 Licensed under Chapter 383, F.S., 2004. 64 Licensed under Chapter 395, F.S., 2004. 65 Licensed under Chapter 383, F.S., 2004. 66 See Sections 383.15 through 383.21, F.S., 2004)
  7. Pharmacy - If First Coast Advantage elects to use a more restrictive pharmacy network than the non-Medicaid Reform fee-for-service network, the First Coast Advantage shall provide one (1) licensed pharmacy per 2,500 Members.
    - a. Contracted pharmacies comply with the Settlement Agreement to Hernandez, et. al. v. Medows (case number 02-20964 Civ-Gold/Simonton) (HSA).
  8. Access for Persons with Disabilities
  9. Health, Cleanliness and Safety with adequate space, supplies, proper sanitation, and smoke-free facilities with proper fire and safety procedures in operation.
- F. Specialists and Other Providers—the balance of the First Coast Advantage network will include:
1. The following specialists, as appropriate for both adults and pediatric members, on at least a referral basis and will use Participating Specialists with pediatric expertise for Children/Adolescents when the need for pediatric specialty care is significantly different from the need for adult specialty care (for example a pediatric cardiologist for Children/Adolescents with congenital heart defects).
    - a. Allergist
    - b. Cardiologist
    - c. Endocrinologist
    - d. General Surgeon
    - e. Obstetrical/Gynecology (OB/GYN)
    - f. Neurologist
    - g. Nephrologist

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- h. Orthopedist
  - i. Urologist
  - j. Dermatologist
  - k. Otolaryngologist
  - l. Pulmonologist
  - m. Chiropractic Physician
  - n. Podiatrist
  - o. Ophthalmologist
  - p. Optometrist
  - q. Neurosurgeon
  - r. Gastroenterologist
  - s. Oncologist
  - t. Radiologist
  - u. Pathologist
  - v. Anesthesiologist
  - w. Psychiatrist
  - x. Oral surgeon
  - y. Physical, respiratory, speech and occupational therapists, and
  - z. Infectious disease specialist including infectious disease specialist with expertise in HIV and its treatment and care
2. First Coast Advantage shall make a good faith effort to execute memoranda of agreement with the local CHDs to provide services which may include, but are not limited to, family planning services, services for the treatment of sexually transmitted diseases, other public health related diseases, tuberculosis, immunizations, foster care emergency shelter medical screenings, and services related to Healthy Start prenatal and post natal screenings. **Revised 07/23/08: This agreement shall also require CHD's to provide First Coast Advantage and member's PCP with appropriate medical records and results of any tests associated with office visit. Revised 07/23/08: The PSN shall provide documentation of its good faith effort upon the Agency's request.**
  3. First Coast Advantage shall make a good faith effort to execute memoranda of agreement with school districts participating in the certified match program regarding the coordinated provision of school based services pursuant to sections **Revised 01/01/08: 1011.70** and 409.908(21), F.S. First Coast Advantage shall ensure that duplication of services does not occur and shall provide documentation of its good faith effort upon the Agency's request.
  4. First Coast Advantage shall make a good faith effort to execute a contract with a Federally Qualified Health Center (FQHC) **Revised 01/01/08: and, if applicable Rural Health Clinic (RHC).**
  5. First Coast Advantage shall permit female Members to have direct access to a women's health specialist within the network for Covered Services necessary to provide women's routine and preventive health care services. This is in addition to a Member's designated PCP, if that Provider is not a women's health specialist.