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8.307.6 PROVIDER NETWORKS

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TITLE 8 SOCIAL SERVICES
CHAPTER 307 COORDINATED LONG-TERM SERVICES
PART 6 PROVIDER NETWORKS

8.307.6.1 ISSUING AGENCY: Human Services Department
[8.307.6.1 NMAC - N, 8-1-08]

8.307.6.2 SCOPE: This rule applies to the general public.
[8.307.6.2 NMAC - N, 8-1-08]

8.307.6.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended, and by the state human services department pursuant to state statute. See NMSA 1978 Section 27-2-12 et. seq.
[8.307.6.3 NMAC - N, 8-1-08]

8.307.6.4 DURATION: Permanent
[8.307.6.4 NMAC - N, 8-1-08]

8.307.6.5 EFFECTIVE DATE: August 1, 2008, unless a later date is cited at the end of a section.
[8.307.6.5 NMAC - N, 8-1-08]

8.307.6.6 OBJECTIVE: The objective of these rules is to provide policies for the service portion of the New Mexico medicaid coordination of long-term services program.
[8.307.6.6 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.7 DEFINITIONS: See 8.307.1.7 NMAC.
[8.307.6.7 NMAC – N, 8-1-08]

8.307.6.8 MISSION STATEMENT: The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their community.
[8.307.6.8 NMAC – N, 8-1-08; A, 9-1-09]

8.307.6.9 GENERAL NETWORK REQUIREMENTS: The coordination of long-term services managed care organization (CoLTS MCO) and the behavioral health statewide entity (SE) shall establish and maintain a comprehensive network of providers willing and capable of serving its members.

A. **Service coverage:** The CoLTS MCO/SE shall provide or arrange for the provision of services described in 8.307.7 NMAC, *Benefit Package*, in a timely manner. The CoLTS MCO/SE is solely responsible for the provision of covered services and must ensure that its network includes providers in sufficient numbers and required specialists to make all services included in the package available and in accordance with access standards.

B. **Comprehensive network:** The CoLTS MCO/SE shall contract with the full array of providers necessary to deliver a level of service at least equal to, or better than, community norms. The CoLTS MCO shall contract with a number of providers sufficient to maintain equivalent or better access than that available under medicaid fee-for-service (FFS). The CoLTS MCO shall have at least a single case agreement with all current medicaid nursing facility, disabled and elderly (D&E) waiver, and personal care option (PCO) providers as either out-of-network or contracted providers for at least the minimum 60 days during which the prior authorization for these services is being honored. Unless otherwise provided for, the CoLTS MCO shall pay at least the HSD/MAD fee-for-service rates for services provided to members if the CoLTS MCO is unable to reach a negotiated rate with a provider. The CoLTS MCO/SE shall take into consideration the characteristics and health/long-term service needs of its individual medicaid populations. The CoLTS MCO/SE must contractually require that all network providers and subcontractors be in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In establishing and maintaining the network of appropriate providers, the CoLTS MCO/SE shall consider the following:

(1) the numbers of network providers who are not accepting new medicaid members and have a process for checking the open/closed panel status;

(2) the geographic location of providers and medicaid members, considering distance, travel time, the means of transportation ordinarily used by medicaid members; and

(3) whether the location provides physical access for medicaid members, including members with disabilities.

C. **Maintenance of provider network:** The CoLTS MCO/SE shall notify the human services department (HSD) or its designee within five working days of unexpected changes to the composition of its provider network that negatively affect members' access or the CoLTS MCO's/SE's ability to deliver services included in the benefit package in a timely manner. The CoLTS MCO/SE shall regularly update open and closed panel status and post this information on their website. Anticipated material changes in a CoLTS MCO/SE provider network shall be reported to HSD or its designee in writing within 30 days prior to the change, or as soon as the CoLTS MCO/SE knows of the anticipated change. A notice of material change must contain:

(1) the nature of the change;

(2) how the change affects the delivery of or access to covered services; and

(3) the CoLTS MCO's/SE's plan for maintaining access and the quality of member services.

D. **Required policies and procedures:** The CoLTS MCO/SE shall maintain policies and procedures on provider recruitment and termination of provider participation with the CoLTS MCO/SE. Recruitment policies and procedures shall describe how a CoLTS MCO/SE will respond to a change in its network that affects access and its ability to deliver services in a timely manner. The state shall have the right to review these policies and procedures upon request. The CoLTS MCO/SE:

(1) must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment;

(2) must not discriminate against providers with respect to participation, reimbursement, or indemnification for any provider acting within the scope of that provider's license or certification under applicable state law solely on the basis of the provider's license or certification;

(3) must not decline to include individual or groups of providers in its network without giving the affected providers written notice of the reason for its decision;

(4) shall not be required to contract with providers beyond the number necessary to meet the needs of its members;

(5) shall be allowed to use different reimbursement amounts for different specialties or for different service providers within the same specialty;

(6) shall be allowed to establish measures that are designed to maintain quality of services and control costs and are consistent with its responsibility to members;

(7) may not employ or contract with providers excluded from participation in federal health care programs because of misconduct;

(8) shall require that each service provider either billing or rendering services to members has a unique identifier in accordance with the provisions of Section 1173(b) of the Social Security Act;

(9) shall ensure that subcontracted direct care agencies initiate and maintain records of criminal history and background investigations for employees providing services;

(10) shall establish mechanisms to ensure that network providers comply with timely access requirements; monitor network providers regularly to determine compliance; and take corrective action with network providers for failure to comply;

(11) shall ensure that network providers are conducting abuse registry screenings in accordance with the Employee Abuse Registry Act and Sections 7.1.12 and 8.11.6 NMAC, *Employee Abuse Registry*;

(12) shall require network providers to report any changes in their capacity to take new medicaid participants or serve current members; and

(13) shall not be required to contract with service providers who are ineligible to receive reimbursement under medicaid fee-for-service.

E. **General information submitted to HSD:** The CoLTS MCO shall maintain an accurate unduplicated list of contracted, subcontracted and terminated primary care providers (PCPs), specialists, hospitals, and other service providers participating or affiliated with the CoLTS MCO. The SE shall maintain an accurate unduplicated list of contracted, subcontracted, and terminated behavioral health providers for both mental health and substance abuse. The CoLTS MCO/SE shall submit this list to HSD or its designee on a quarterly basis, and include a clear delineation of all additions and terminations that have occurred since the last submission.

[8.307.6.9 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.10 PROVIDER QUALIFICATIONS AND CREDENTIALING: The CoLTS MCO/SE shall verify that each contracted or subcontracted service provider (practitioner or facility) participating in or employed by the CoLTS MCO/SE meets applicable federal and state requirements for licensing, certification, accreditation, credentialing, and recredentialing for the type of care or services within the scope of practice as defined by federal medicaid statutes and state law. The CoLTS MCO shall have written policies, procedures and standards for service providers that are not required to be licensed, certified or credentialed.

A. **Individual professional service providers:** For individual professional service providers, the CoLTS MCO shall:

(1) have written policies and procedures for the credentialing process, including the CoLTS MCO's initial credentialing of practitioners and service providers and its subsequent recredentialing, recertifying or reappointment of providers;

(2) designate a credentialing committee or other peer review body to make recommendations regarding credentialing decisions;

(3) identify those service providers who fall under the scope of credentialing authority and action; this shall include, at a minimum, all physicians, dentists and other licensed independent practitioners;

(4) comply with all HSD standards for credentialing and recredentialing; and

(5) formally recredential network service providers at least every three years.

B. **Organizational providers:** For organizational providers, the CoLTS MCO shall:

(1) have written policies and procedures for the initial and ongoing assessment of all organizational providers with which the CoLTS MCO intends to contract or with which it is contracted; providers include, but are not limited to, hospitals, home health agencies, nursing facilities, personal care service providers, and free-standing surgical centers;

(2) confirm that the service provider is in good standing with state and federal regulatory bodies;

(3) confirm that the service provider has been reviewed and approved by applicable accrediting bodies; and

(4) develop and implement standards of participation that demonstrate that the service provider is in compliance with provider participation requirements under applicable federal law and regulations, if the service provider has not been approved by an accrediting body.

C. **Primary source verification:**

(1) HSD or its designee and the CoLTS MCO shall mutually agree to a single primary source verification entity to be used by the CoLTS MCO and its subcontractors in its service provider credentialing process. All CoLTS MCOs shall use one standardized credentialing form. The state shall have the right to mandate a standards credentialing application to be used by the CoLTS MCO and its subcontractors in its service provider credentialing process.

(2) The CoLTS MCO shall provide HSD or its designee copies of all medicaid service provider specific forms used in its health system operations and credentialing/recredentialing process for prior approval. The forms shall be user-friendly. The CoLTS MCO shall participate in a workshop to consolidate and standardize forms across all CoLTS MCOs and for its credentialing/recredentialing process and applications.

[8.307.6.10 NMAC- N, 8-1-08; A, 9-1-09]

8.307.6.11 UTILIZATION OF OUT-OF-STATE PROVIDERS: To the extent possible, the CoLTS MCO/SE is encouraged to utilize in-state and border service providers, which are defined as those service providers located within 100 miles of the New Mexico border, Mexico excluded. The CoLTS MCO/SE may include out-of-state service providers in its network.

[8.307.6.11 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.12 PRIMARY CARE PROVIDERS: The primary care provider (PCP) must be a participating CoLTS MCO medical provider that has the responsibility for supervising, coordinating and providing primary health services to members, initiating referrals for specialist services and maintaining the continuity of the member's services. The CoLTS MCO shall have a formal process for provider education regarding medicaid, the conditions of participation in the network and the provider's responsibilities to the CoLTS MCO and its members. The training shall also include the identification of special populations and their service needs.

A. **Primary care for dual eligibles:** These PCP regulations apply to all coordination of long-term services program recipients except members who are dually eligible for medicare and medicaid (dual eligibles), and whose primary and acute physical health services are covered by medicare. For dual eligible members, the CoLTS

MCO is responsible for coordinating the member's primary, acute and long-term care services with the medicare PCP.

B. **Primary care for Native Americans:** The CoLTS MCO shall develop policies and procedures to ensure that services are coordinated with the Indian Health Service (IHS), tribal 638 programs and facilities, and other tribal entities as appropriate.

C. **Primary care responsibilities:** The CoLTS MCO shall develop policies and procedures to ensure that the following primary care responsibilities are met by the PCP or in another manner:

(1) 24-hour, seven-day a week access to services;

(2) coordination and continuity of services with providers who participate within the CoLTS MCO's network and with providers outside the CoLTS MCO network according to CoLTS MCO policy;

(3) maintenance of a current medical record for the member, including documentation of services provided to the member by the PCP and specialty or referral services not in contract;

(4) ensuring the provision of services under the EPSDT program based on the periodicity schedule for members under age 21;

(5) requiring PCPs contracted with the CoLTS MCO to vaccinate members in their offices and not refer members elsewhere for immunizations; CoLTS shall encourage its PCPs to participate in the vaccines for children program administered by the department of health (DOH);

(6) ensuring the member receives appropriate prevention services for the member's age group;

(7) ensuring that services are coordinated with other types of health and social program providers and that PCPs are identifying and referring members to specialty providers including but not limited to behavioral health, mental health and substance abuse , children youth and families department (CYFD), and juvenile justice division; as medically necessary;

(8) governing how coordination with the PCP will occur with hospitals that require in-house staff to examine or treat members having outpatient or ambulatory surgical procedures performed;

(9) governing how coordination with the PCP and hospitalists will occur when an individual with a special health care need is hospitalized; and

(10) requiring PCPs to comply with timely access to care requirements, monitor regularly to determine this compliance and take corrective action if there is failure to comply.

D. **Types of PCPs:** The CoLTS MCO may designate the following providers as PCPs, as appropriate:

(1) medical doctors or doctors of osteopathic medicine with the following specialties: general practice, family practice, internal medicine, gerontology, obstetrics, gynecology, and pediatrics;

(2) certified nurse practitioners, certified nurse midwives and physician assistants;

(3) specialists, on an individualized basis, for members whose services are more appropriately managed by a specialist, such as members with infectious diseases, chronic illnesses or disabilities;

(4) primary care teams consisting of residents and a supervising faculty physician for contracts with teaching facilities or teams that include certified mid-level practitioners who, at the member's request, may serve as the point of first contact; in both instances, the CoLTS MCO shall organize its teams to ensure continuity of services to members and shall identify a "lead physician" within the team for each member; the "lead physician" shall be an attending physician; medical students, interns and residents cannot serve as the "lead physician"; or

(5) other service providers who meet the CoLTS MCO credentialing requirements as a PCP.

E. **Providers that shall not be excluded as PCPs:** The CoLTS MCO's shall not exclude providers as PCPs based on the proportion of high-risk patients in their caseloads.

F. **Selection or assignment to a PCP:** The CoLTS MCO's shall maintain written policies and procedures governing the process of member selection of a PCP and requests for a change in PCP.

(1) **Initial enrollment:** At the time of enrollment into a CoLTS MCO, the CoLTS MCO shall ensure that each member may choose a PCP within a reasonable distance from the member's residence.

(a) The CoLTS MCO shall assume responsibility for assisting members with PCP selection.

(b) The process whereby the CoLTS MCO assigns members to PCPs shall include at least the following features:

(i) the CoLTS MCO shall contact the member within five business days of enrollment and provide information on options for selecting a PCP;

(ii) the CoLTS MCO must offer freedom of choice to members in making a selection;

(iii) a member shall choose a PCP within five business days of enrollment with the CoLTS MCO; a member may select a PCP from the information provided by the CoLTS MCO; a member may choose a PCP anytime during this selection period;

(iv) the CoLTS MCO shall make auto-assignments no later than five business days from enrollment for any member who has not selected a PCP in that timeframe; the CoLTS MCO shall assign a PCP based on factors such as the member's age, residence and, if known, current provider relationship;

(v) the CoLTS MCO shall notify the member in writing of the name, location and office telephone number of the member's PCP; and

(vi) the CoLTS MCO shall provide the member with an opportunity to select a different PCP if the member is dissatisfied with the assigned PCP.

(2) **Subsequent change in PCP initiated by member:** Members may initiate a PCP change at any time, for any reason. The request for PCP change may be made in writing or by telephone. If the change is requested by the 20th day of the month, it will become effective on the first day of the following month. If the request is made after the 20th day of the month, it will become effective no later than the first day of the second month following the request. A PCP change may also be initiated on behalf of a member by the member's parent(s) or legal guardian(s) of a minor or incapacitated adult.

(3) **Subsequent change in PCP initiated by the CoLTS MCO:** In instances that a PCP has been terminated or suspended for potential quality or fraud and abuse issues, the CoLTS MCO shall allow affected members to select another PCP or make an assignment within 15 calendar days of the termination effective date. The CoLTS MCO shall notify the member in writing of the PCP's name, location and office telephone number. The CoLTS MCO may initiate a PCP change for a member under certain circumstances such as:

(a) the member and CoLTS MCO agree that assignment to a different PCP in the CoLTS MCO network is in the member's best interest, based on the member's medical condition;

(b) a member's PCP ceases to participate in the CoLTS MCO's network;

(c) a member's behavior toward the PCP is such that it is not feasible to safely or prudently provide medical services and the PCP has made all reasonable efforts to accommodate the member;

(d) a member has initiated legal action against the PCP; or

(e) a member's PCP is suspended for potential quality or fraud and abuse issues.

(4) **PCP lock-in:** HSD shall allow the CoLTS MCO to require that a member see a certain provider while ensuring reasonable access to quality services when utilized services have been identified as unnecessary, when a member's behavior is detrimental, or when a need is indicated to provide case continuity. Prior to placing a member on PCP lock-in, the CoLTS MCO shall inform the member of the intent to lock-in, including the reasons for imposing the PCP lock-in and notice that the restriction does not apply to emergency services furnished to the member. The CoLTS MCO's grievance procedure shall be made available to a member disagreeing with the PCP lock-in. The PCP lock-in shall be reviewed and documented by the CoLTS MCO and reported to the state every quarter. The member shall be removed from PCP lock-in when the CoLTS MCO has determined that the utilization problems or detrimental behavior have ceased and that recurrence of the problems is judged to be improbable. The state shall be notified of all lock-in removals at the time they occur.

(5) **Pharmacy lock-in:** HSD shall allow the CoLTS MCO to require that a member see a certain pharmacy provider for whom compliance or drug seeking behavior is suspected. Prior to placing the member on pharmacy lock-in, the CoLTS MCO shall inform the member and the member's representative(s) of the intent to lock-in. The pharmacy lock-in shall be reviewed and documented by the CoLTS MCO and reported to the state every quarter. The member shall be removed from pharmacy lock-in when the CoLTS MCO has determined that the compliance issue or drug seeking behavior has been resolved and that the recurrence of the problems is judged to be improbable. The state shall be notified of all lock-in removals at the time they occur.

G. **CoLTS MCO responsibility for PCP services:** The CoLTS MCO shall be responsible for monitoring PCP actions to ensure compliance with CoLTS MCO and HSD policies. The CoLTS MCO shall communicate with and educate PCPs about special populations and their service needs. The CoLTS MCO shall ensure that PCPs are successfully identifying and referring members to specialty providers as medically necessary. [8.307.6.12 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.13 LONG-TERM SERVICES PROVIDERS: The CoLTS MCO shall contract with medical providers, home and community based providers, and institutional providers that have the responsibility for supervising, coordinating and providing long-term services to members.

A. The CoLTS MCO is prohibited from excluding long-term services providers based on the proportion of high-risk members in their caseloads.

B. The CoLTS MCO shall have a formal process for provider education regarding the coordination of long-term services program, the conditions of participation in the program, and the provider's responsibilities to the

CoLTS MCO and its members. The state shall be provided with documentation, upon request, that such provider education is being conducted.

C. The CoLTS MCO shall retain responsibility for monitoring long-term services provider activities to ensure compliance with the CoLTS MCO's policies, and state and federal policies and regulations. The CoLTS MCO shall educate long-term services providers about special populations and their service needs. The CoLTS MCO shall ensure that long-term services providers successfully identify and refer members to PCPs for referral to specialty providers as medically necessary.

[8.307.6.13 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.14 SPECIALTY PROVIDERS:

A. The CoLTS MCO/SE shall contract with a sufficient number of specialists with the applicable range of expertise to ensure that the anticipated needs of its members will be met within the CoLTS MCO/SE network of service providers. The CoLTS MCO/SE shall have a system in place to refer members to service providers who are not affiliated with the [~~CLTS MCO/SE~~] CoLTS MCO/SE network if providers with the necessary qualifications or certifications to provide the required services do not participate in the CoLTS MCO's/SE's network.

B. The CoLTS MCO/SE shall have written policies and procedures for coordination of services and the arrangement and documentation of all referrals. The CoLTS MCO/SE policies and procedures shall designate the process used by the CoLTS MCO/SE to ensure that referrals for all medically necessary services are available to members. The CoLTS MCO/SE referral process shall be effective and efficient and not impede timely access to and receipt of services.

C. A woman in her third trimester of pregnancy at the time of enrollment, who has an established obstetrical provider, may maintain that relationship. (Refer to Paragraph (4) of Subsection H of 8.307.11.9 NMAC, *reimbursement for women in the third trimester of pregnancy*.)

D. The CoLTS MCO/SE or a specialist may initiate a change of specialists when the member's/guardian's behavior toward the specialist is such that all reasonable efforts have been made to accommodate the member/guardian and address the member's problems, but those efforts have been unsuccessful.

[8.307.6.14 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.15 ACCESS TO SERVICES: The CoLTS MCO/SE shall demonstrate that its network is sufficient to meet the health service needs of enrolled members. HSD or its designee shall assess the sufficiency of this network throughout the contract period. The CoLTS MCO/SE shall notify HSD or its designee of changes in its network as required. Changes affecting member access to services shall be communicated to HSD or its designee and remedied by the CoLTS MCO/SE in an expeditious manner.

A. **Provider to member ratios:**

(1) **PCP to member ratios:** The CoLTS MCO shall ensure that the member caseload of any PCP in its network does not exceed 1,500 of its own members. Exceptions to this limit may be made with the consent of the CoLTS MCO and HSD or its designee. Reasons for exceeding the limit may include continuation of established services, assignment of a family unit or availability of mid-level clinicians in the practice that expand the capacity of the PCP.

(2) **Specialist to member ratios:** HSD shall not establish specific specialist to member ratios. The CoLTS MCO/SE must ensure that its members have adequate access to specialty services.

B. **Compliance with specified access standards:** The CoLTS MCO/SE shall comply with all access standards delineated under the terms of the medicaid coordination of long-term services contract with respect to geographic location and scheduling and wait times.

C. **Requirements for [~~CLTS MCO/SE~~] CoLTS MCO/SE policies and procedures:** The CoLTS MCO/SE shall maintain written policies and procedures describing how members and service providers receive instructions on accessing services, including prior authorization and referral requirements for various types of medical or surgical treatments, emergency room services, and behavioral health services. The policies and procedures shall be made available in an accessible format, upon request, to HSD or its designee, network providers and members.

[8.307.6.15 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.16 OTHER PROVIDERS: The CoLTS MCO/SE shall demonstrate how it incorporates and utilizes certain other service providers that serve many of the special needs of medicaid members and are considered important in maintaining continuity of services.

A. **Federally qualified health centers (FQHCs) and rural health centers:** The CoLTS MCOs/SE shall contract with FQHCs and rural health centers to the extent that access is required by federal law and pursuant to state regulations.

B. **Public health providers:** The CoLTS MCOs/SE shall contract with public health service providers, including local and district public health offices, pursuant to state law and regulations.

(1) **Specific requirements for local and district health offices:** The CoLTS MCO must contract with local and district public health offices to provide the following services:

(a) family planning services;

(b) the CoLTS MCO may require PCPs to participate in the vaccines for children (VFC) program administered by the department of health; and

(c) the CoLTS MCO may contract with local and district health offices for other clinical preventive services not otherwise available in the community, such as prenatal services or perinatal case management.

(2) **Shared responsibility between CoLTS MCO and public health offices:** The CoLTS MCO shall coordinate with public health offices regarding the following services:

(a) screening, diagnosis, treatment, follow-up and contact investigations of sexually transmitted disease;

(b) HIV prevention counseling, testing and early intervention;

(c) screening, diagnosis and treatment of tuberculosis;

(d) disease outbreak prevention and management, including reporting according to state law requirements, responding to epidemiology requests for information and coordination with epidemiology investigations and studies;

(e) referral and coordination to ensure maximum participation in the supplemental food program for women, infants and children (WIC);

(f) health education services for individuals and families with a particular focus on injury prevention including, but not limited to, car seat use, domestic violence, substance use, and lifestyle issues including tobacco use, exercise and nutrition;

(g) development and support for family support programs, such as home visiting programs for families of newborns and other at-risk families and parenting education;

(h) participating in and support for local health councils to create healthier and safer communities with a focus on coordination of efforts such as DWI councils, maternal and child health councils, tobacco coalitions, safety councils, safe kids and others; and

(i) vaccines for children program.

C. **Children's medical services:** The CoLTS MCO shall contract with children's medical services, which administers outreach clinics at sites throughout the state. The children's medical service clinics offer pediatric sub-specialty services in local communities, which include cleft palate, neurology, endocrine, asthma and pulmonary services.

D. **School-based providers:** The CoLTS MCO/SE must make every effort to include school-based health clinics as network providers or provide the same level of access in the school setting.

E. **Assisted living facilities:** The CoLTS MCO shall ensure that assisted living network providers meet the fundamental principles of practice for home and community-based services, as set forth in the [~~coordinated~~] coordination of long-term services contract.

F. The CoLTS MCO shall contract with other service providers, as needed, to provide services identified in the member's individualized service plan (ISP).

G. **Indian health services (IHS) and tribal health centers:** The CoLTS MCO/SE shall allow members who are Native American to seek services from IHS, tribal or urban Indian program service providers defined in the Indian Health Care Improvement Act (25 U.S.C. Sections 1601 et seq.), whether or not the service provider participates as part of the CoLTS MCO's or SE's provider network. The CoLTS MCO/SE may not prevent members who are IHS beneficiaries from seeking services from IHS, tribal or urban Indian service providers. The CoLTS MCO/SE shall make good faith efforts to contract with service providers that include, but are not limited to, IHS, 638 tribal programs and service providers serving particular linguistic or cultural groups. The CoLTS MCO/SE shall track IHS utilization and expenditures by Native American members. The CoLTS MCO/SE shall not require prior authorization for services provided within the IHS and tribal 638 network. The CoLTS MCO/SE shall accept an individual service provider employed by the IHS or tribal 638 facility who holds a current license to practice in the United States or its territories as meeting licensure requirements.

H. **State-run institutions.** The CoLTS MCO/SE shall make every effort to use certain state-run institutions that provide highly specialized services and provide a "safety net" function for certain high-risk populations.

[8.307.6.16 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.17 FAMILY PLANNING PROVIDERS: Federal law does not allow restricting access to family planning services for individuals enrolled in medicaid.

A. The CoLTS MCO shall maintain written policies and procedures defining how members are educated about their right to family planning services, freedom of provider choice and method of accessing such services. The CoLTS MCO shall ensure that its policies and procedures for accessing family planning services meet specified requirements for member communication.

B. The CoLTS MCO shall give each member, including adolescents, the opportunity to use the member's PCP, or go to any family planning center, for family planning services without requiring a referral. Each female member shall also have the right to self-refer to a women's health specialist within the CoLTS MCO's network for covered services necessary to provide women's routine and preventive health care services. This right to self-refer is in addition to the member's designated source of primary care if that source is not a women's health specialist.

C. Clinics and service providers, including those funded by Title X of the Public Health Service Act, shall be reimbursed by the CoLTS MCO, regardless of whether they are network or non-network providers. The CoLTS MCO shall implement procedures to reimburse out-of-network family planning providers that serve its members.

D. Non-participating service providers are responsible for keeping family planning information confidential in favor of the individual patient, even if the patient is a minor.

[8.307.6.17 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.18 PROVIDER EDUCATION AND COMMUNICATION:

A. The CoLTS MCO/SE shall establish and maintain policies and procedures governing the development and distribution of education and informational materials regarding coordination of long-term services, including behavioral health, to its network providers. Policies and procedures shall:

(1) inform service providers of the conditions of participation with the CoLTS MCO/SE;

(2) inform service providers of their responsibilities to the CoLTS MCO/SE and to medicaid members;

(3) inform service providers of medicaid-specific policies and procedures, including information on primary and specialized medical services and related information and services specific to the needs of individuals with special health care needs (ISHCN) and other special populations;

(4) inform service providers regarding cultural competency and provide ongoing educational opportunities for providers and their staff on cultural competency;

(5) provide information on credentialing and recredentialing, prior authorization and referral processes and how to request and obtain a second opinion;

(6) inform service providers on how to access service coordination services for physical, behavioral and social support needs, including covered benefits and services outside the benefit package;

(7) inform service providers regarding the delivery of federally mandated EPSDT services; and

(8) furnish service providers with information on the CoLTS MCO's/SE's internal provider grievance process by which providers can dispute a CoLTS MCO/SE action or file a complaint.

B. In addition to the above, the CoLTS MCO/SE shall:

(1) conduct an annual service provider satisfaction survey, the results of which will be incorporated into the CoLTS MCO's/SE's quality improvement (QI) program; survey results will be forwarded to HSD or its designee;

(2) actively solicit input from its network providers in an effort to improve and resolve problem areas related to the coordination of long-term services program; the information provided will be incorporated into the CoLTS MCO's or SE's QI program; and

(3) submit an annual service provider educational training schedule to HSD or its designee that includes the scheduled trainings for its network providers; the CoLTS MCO/SE shall provide HSD or its designee with evidence, when requested, of ongoing provider educational activities scheduled throughout the year and throughout the state; evidence of such activities may include: a provider education schedule of events held throughout the state; provider manuals distributed to contracted providers and updated at least quarterly;

publications, such as brochures and newsletters; media, such as films, videotaped presentations and seminars; and schedules of classroom instruction.

C. The CoLTS MCO/SE shall maintain and continue these activities with its network providers throughout the term of the CoLTS MCO/SE provider contractual relationship.

[8.307.6.18 NMAC - N, 8-1-08; A, 9-1-09]

8.307.6.19 CoLTS MCO/SE PROVIDER TRANSITION OF CARE: The CoLTS MCO/SE shall notify HSD or its designee of unexpected changes in the composition of its service provider network that would have a significantly negative effect on member access to services or on the CoLTS MCO's/SE's ability to deliver services included in the benefit package in a timely manner. In the event that provider network changes are unexpected, or when it is determined that a provider is unable to meet its contractual obligation, the CoLTS MCO/SE shall be required to submit a transition plan(s) to HSD or its designee for all affected members.

[8.307.6.19 NMAC - N, 8-1-08; A, 9-1-09]

HISTORY OF 8.307.6 NMAC: [RESERVED]