

## Kentucky Medicaid Managed Care Network Adequacy

Network adequacy measures a managed care organizations (MCO) ability to deliver Covered Services by providing reasonable access to primary care, specialty, and other types of providers. Consistent with KRS 304.17A-515, the MCO shall have a provider network that meets the following accessibility requirements:

1. For urban areas, a provider network that is available to all persons enrolled in the plan within thirty (30) miles or thirty (30) minutes of each person's place of residence or work, to the extent that services are available; or
2. For areas other than urban areas, a provider network that makes available primary care physician services, hospital services, and pharmacy services within thirty (30) minutes or thirty (30) miles of each enrollee's place of residence or work, to the extent those services are available. All other providers shall be available to all persons enrolled in the plan within fifty (50) minutes or fifty (50) miles of each enrollee's place of residence or work, to the extent those services are available.

The primary care physician (PCP) is the enrollee's initial and most important point of contact in facilitating referrals to other providers.

### **For assistance in locating providers:**

Enrollees may contact the Member Services department at their MCO. The phone number is located on the back of their MCO Member ID card. The MCOs also have a provider directory on their website.

**If the enrollee wants or needs to see a provider who is not in the MCO's network**, the enrollee should contact the MCO's member services department for assistance in locating a similar provider that is in the MCO's network. If the MCO cannot locate an appropriate provider in their network, the MCO is encouraged to seek a contract or letter of agreement with an appropriate provider. Out of network services are not a covered benefit unless it is an emergency and/or has been approved by the MCO.

### **An enrollee may disenroll *with cause* from the MCO and choose another in the following instances:**

- The enrollee moves out of the MCOs service area;
- The MCO does not, because of moral or religious objections, cover the service the enrollee needs;
- The enrollee needs related services (i.e., a cesarean section and a tubal ligation) to be performed at the same time; not all related services are available within the MCO network; and the beneficiary's physician determines that receiving the services separately would be an unnecessary risk; or
- Other reasons, including poor quality of care, lack of access to services covered under the contract or lack of access to providers experienced in dealing with the enrollee's special needs.

The request for disenrollment for cause should be sent to the MCOs Member Services Department. Find additional instructions at: <https://chfs.ky.gov/agencies/dms/member/Documents/changemco.pdf>



## Medicaid Managed Care Member Services Contact information

Aetna Better Health of Kentucky	1-855-300-5528	<a href="http://www.aetnabetterhealth.com/kentucky">www.aetnabetterhealth.com/kentucky</a>
Anthem Blue Cross Blue Shield	1-855-690-7784	<a href="http://mss.anthem.com/ky">mss.anthem.com/ky</a>
Humana Healthy Horizons in Kentucky	1-800-444-9137	<a href="http://www.humana.com/medicaid/kentucky-medicaid">www.humana.com/medicaid/kentucky-medicaid</a>
Passport Health by Molina Healthcare	1-800 578-0603	<a href="http://www.molinahealthcare.com/members/ky/en-US">www.molinahealthcare.com/members/ky/en-US</a>
UnitedHealthcare Community Plan	1-866-293-1796	<a href="http://www.uhccommunityplan.com/ky">www.uhccommunityplan.com/ky</a>
WellCare of Kentucky	1-877-389-9457	<a href="http://www.wellcare.com/Kentucky">www.wellcare.com/Kentucky</a>

