

# Attachment VII

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- Provider Network Review Summary Worksheet

**MEDICAID HEALTH PLAN NETWORK REVIEW WORKSHEET**

<b>PLAN NAME:</b>		<b>COUNTY:</b>	
<b>Contract Section</b>	<b>REQUIREMENT</b>	<b>Number of Providers</b>	<b>COMMENTS</b>
VII.B.1	<b>Primary Care Providers</b>	Unduplicated Provider Count	
VII.B.1.b.	At least one (1) FTE PCP per county, per 1,500 enrollees including, but not limited to, the following specialties: (May increase the ratio by 750 Enrollees for each FTE ARNP or FTE PA affiliated with a PCP with supporting documentation)		
VII.B.1.b.(1)	(a) Family Practice;		
	(b) General Practice;		
	(c) Pediatrics; and		
	(d) Internal Medicine.		
VII.B.4.b.	Accredited General Acute Care Hospitals (at least one per 275 enrollees unless waived)		
<b>Accredited =Y/N</b>	<b>Hospital Name</b>	<b># of Acute Care Beds</b>	<b>Max. Enrollment Level= Divide maximum enrollment level by 275 to get the total beds needed</b>
	<b>Total Accredited Beds =</b>		<b>Total Beds Needed=</b>
VII.B.4.c.	Birth Delivery Facility (freestanding or as a part of a hospital)		
VII.B.4.d	RPPIC or Level III NICU		
VII.B.4.e	NICU		
VII.B.2.d.	Certified or Licensed Nurse Midwives		
VII.B.4.f.	Pharmacy		

VII.B.2.	SPECIALISTS AND OTHER PROVIDERS	Unduplicated Provider Count		Please explain any 0's or blanks.
		Adult	Ped	
VII.B.2.a.1.	Allergist,			
VII.B.2.a.2.	Anesthesiologist,			
VII.B.2.a.3	Cardiologist *			
VII.B.2.a.4	Chiropractic			
VII.B.2.a.5.	Dermatologist,			
VII.B.2.a.6.	Endocrinologist*			
VII.B.2.a.7.	Gastroenterologist,			
VII.B.2.a.8	General Surgeon,			
VII.B.2.a.9.	Infectious disease specialist			
VII.B.2.a.1	Nephrologist*			
VII.B.2.a.1	Neurologist *			
VII.B.2.a.1	Neurosurgeon,			
VII.B.2.a.1	Obstetrician/ Gynecologist			
VII.B.2.a.1	Oncologist,			
VII.B.2.a.1	Ophthalmologist,			
VII.B.2.a.1	Optometrist,			
VII.B.2.a.1	Oral surgeon,			
VII.B.2.a.1	Orthopedist *			
VII.B.2.a.1	Otolaryngologist			
VII.B.2.a.2	Pathologist,			
VII.B.2.a.2	Pediatrician			
VII.B.2.a.2	Podiatrist			
VII.B.2.a.2	Pulmonolgist			
VII.B.2.a.2	Radiologist,			
VII.B.2.a.2	Physical Therapy*			
VII.B.2.a.2	Occupational Therapy*			
VII.B.2.a.2	Respiratory Therapy*			
VII.B.2.a.2	Speech Therapy*			
VII.B.2.a.2	Urologist			
VII.B.2.b	Alternate HIV provider (if needed)			
	<b>MEMORANDA OF AGREEMENT</b>			
VII.B.3.a	County Health Department			
VII.B.3.e	FQHC			
V.II.B.3.f	School-Based Services			

Comments:
