DEPARTMENT OF MENTAL HEALTH
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DEPARTMENT OF MENTAL HEALTH
(DMH)

QUALITY ASSURANCE DIVISION

JUNE 5, 2019

NETWORK ADEQUACY CERTIFICATON TOOL

In order to streamline processes and eliminate duplicate work, DMH's in-house solution, the NACT web application, allows providers to submit both network adequacy and provider directory data.

FEE-FOR-SERVICE (FFS) PROVIDERS

## NETWORK ADEQUACY CERTIFICATON TOOL (N.A.C.T.)

Purpose

The NACT application provides a method for providers to submit and update network adequacy and provider directory information.

Network Adequacy: Ensuring we have enough providers to meet the needs of the clients we serve.

Provider Directory: enables each beneficiary to make informed decisions when choosing a provider to access care.

Accessing

Contracted Providers: https://lacdmhnact.dynamics365portals.us/ or https://lacdmhnact.dynamics365portals.us/SignIn
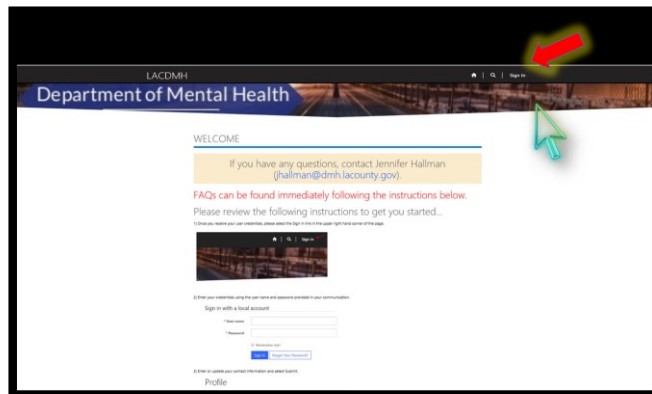
The link to sign in (or sign-in button) is on the top at the right of the initial/ home screen. Click the link at the top, and another window will open for you to enter your username and password.
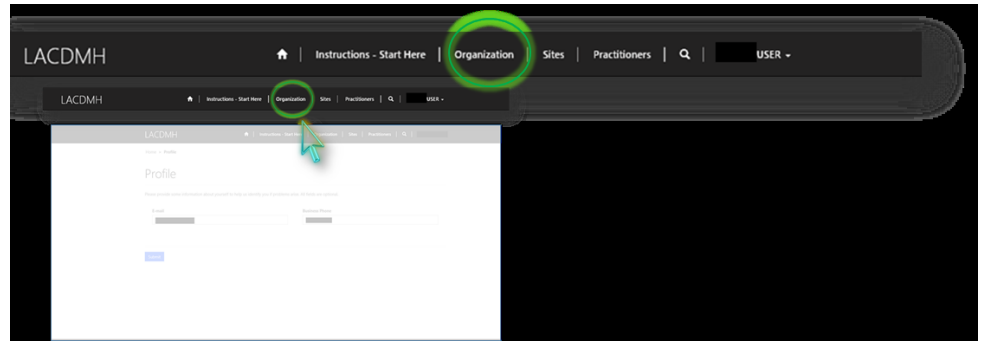
Requirements

• All providers who provide outpatient services (e.g. Assessment, Individual Therapy, Medication Support) must ensure that all data is up-to-date for the Organization, Provider Site, and Individual Rending Practitioner(s).

• All other providers must ensure that Organization and Provider Site data is up-to-date. This information feeds our Provider Directory.

Information addresses such topics as:

- Ability to accept new clients
- Age groups
- Culture/cultural competency training
- Populations served
- Services provided
- Language/ Translation Services

Frequency

Quarterly

Data related to network adequacy requires verification of completeness and accuracy quarterly in March, June, September, and December. The verification/submission in March is critical. The states uses the March data for our annual certification as the mental health plan (MHP) for Los Angeles County.

Navigation

Use the black ribbon at the top to navigate to the different levels/forms.

- A red asterisk (*) indicates a mandatory field.
- Click the "Submit" button at the bottom to save any changes.

Important Things to Remember

1. Some of the key fields needed to be included in the data for our network assessment:

- Discipline Type
- Number of Hours Available to Serve Medi-Cal Beneficiaries;
- and Maximum Number of Medi-Cal Beneficiaries.

2. **Also, a practitioner needs to be associated to a site (or service location) in order to show as part of our network.**
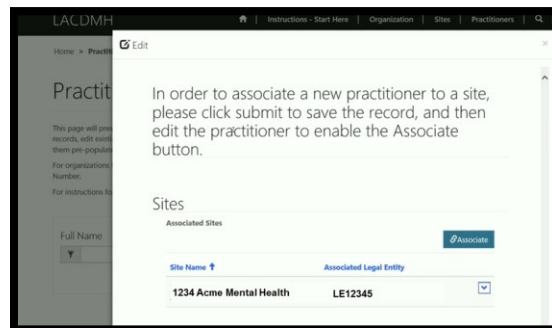
Because of the unique status of FFS providers, some of the data entered at the organizational, site, and practitioner levels may appear redundant. This is something that we plan to address in the near future with the next version of NACT application.

3. The Number of Hours Available to Serve Medi-Cal Beneficiaries is also referred to as Full-Time Equavalent (FTE). For FTE in the NACT, we **_not_** looking for the practitioner's "employment status", but instead, we are looking for number of hours available for direct client services in a 40-hour work week.

4. If a practitioner has a full FTE (40 hours) for direct services, there should be a direct correlation between the FTE and Maximum Number of Medi-Cal Beneficiaries. This means a higher FTE would result in a higher Maximum Number of Medi-Cal Beneficiaries. A lower FTE would result in a lower Maximum Number of Medi-Cal Beneficiaries.

Providers should update data real-time and keep it current at all times. Enter major changes to capabilities immediately. Minimally review data every 30 days.

NOTES

Username: _____

Password: _____

For Fee-For-Service Providers, the username is your legal entity number and the password is the last 5 characters of your legal entity number.