

## MCP Provider Panels and Provider Subcontracting

MCPs must provide or arrange for the delivery of all medically necessary, Medicaid-covered health services, as well as assure that they meet all applicable provider panel requirements for their entire designated service area. If an MCP is unable to provide all medically necessary, Medicaid-covered health services through their contracted provider panel, the MCP must ensure access to these services on an as needed basis.

### MCP PROVIDER PANELS

Each MCP is required to maintain adequate capacity in its provider network for the following provider types:

Primary care providers,<sup>1</sup>  
Pediatricians,  
Hospitals,  
Pharmacies,  
Dentists,  
Vision care providers (ophthalmologists/optometrists),  
Obstetricians/gynecologists (OB/GYNs),  
Allergists,  
General surgeons,  
Otolaryngologists,  
Orthopedists,  
Federally qualified health centers (FQHCs),<sup>2</sup>  
Rural health centers (RHCs),<sup>2</sup>  
Qualified family planning providers (QFPPs),<sup>2</sup>  
Certified Nurse Midwives (CNMs)<sup>2</sup> – if present in the region,  
Certified Nurse Practitioners (CNP)<sup>2</sup> – if present in the region.

*Complete Provider Networks* - All Medicaid-contracting MCPs must provide all medically-necessary Medicaid-covered services to their members and therefore their complete provider networks will include many additional specialists and provider types.

*Behavioral Health Providers* - MCPs must assure member access to all Medicaid-covered behavioral health services for members. Although ODJFS is aware that certain outpatient substance abuse services may only be available through Medicaid providers certified by the Ohio Department of Drug and Alcohol Addiction Services (ODADAS) in some areas, MCPs must maintain an adequate number of contracted behavioral health providers in the region to assure access for members who are unable to timely access services or unwilling to access services through community mental health centers.

<sup>1</sup>Primary Care Provider (PCP) means an individual physician (M.D. or D.O.), certain physician group practice/clinic (Primary Care Clinics [PCCs]), or an advanced practice nurse (APN) as defined in ORC 4723.43 or advanced practice nurse group practice within an acceptable specialty, contracting with an MCP to provide services as specified in paragraph (B) of OAC rule 5101: 3-26-03.1. The APN capacity can count up to 10% of the total requirement for the region. Acceptable specialty types for PCPs include family/general practice, internal medicine, pediatrics, and obstetrics/gynecology (OB/GYN). Acceptable PCCs include FQHCs, RHCs and the acceptable group practices/clinics specified by ODJFS. As part of their subcontract with an MCP, PCPs must stipulate the total Medicaid member capacity that they can ensure for that individual MCP.

<sup>2</sup>FQHCs/RHCs, QFPs, CNMs, and CNPs are federally-required provider types. MCPs are required to ensure member access to any federally qualified health center or rural health clinic (FQHCs/RHCs), regardless of contracting status. MCPs must permit members to self-refer to family planning services provided by a QFPP.

## **PROVIDER SUBCONTRACTING**

With few exceptions, all MCPs are required to enter into fully-executed subcontracts with their providers. These subcontracts must include a baseline contractual agreement, as well as the appropriate ODJFS-approved Model Medicaid Addendum. The Model Medicaid Addendum incorporates all applicable Ohio Administrative Code rule requirements specific to provider subcontracting and therefore cannot be modified except to add personalizing information such as the MCP's name.

MCPs may not employ or contract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Social Security Act.

MCPs must credential/recredential providers in accordance with the standards specified by the National Committee for Quality Assurance (or receive approval from ODJFS to use an alternate industry standard) and must have completed the credentialing review before submitting any provider to ODJFS for approval. Regardless of whether ODJFS has approved a provider, the MCP must ensure that the provider has met all applicable credentialing criteria before the provider can render services to the MCP's members.

Provider information for the Medicaid managed care plans may be found at:  
<http://jfs.ohio.gov/ohp/bmhc/pro-man-care2.stm>