

Medicaid Managed Care News

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<http://jfs.ohio.gov/ohp/bmhc/index.stm>

As reported in previous editions of Managed Care Monthly, nearly 400 individuals attended regional "listening sessions" to offer suggestions on how to improve cost efficiency, consumer access and health care outcomes for the Medicaid managed care program. This edition of Medicaid Managed Care News provides a status report on the topic of "Health Care Providers' Experience with Managed Care."

Variation in MCP Prior Authorization requirements

Medicaid managed care plans (MCPs) educate providers on prior authorization requirements and offer Quick Reference Guides

Medicaid MCPs are authorized to review clinical documentation to determine whether services are medically necessary. MCPs educate providers on these requirements and also provide Quick Reference Guides that outline administrative requirements. Some MCPs have implemented programs that lessen some of these requirements for their contracted providers once a provider demonstrates an adherence to the MCPs' administrative and clinical protocols.

ODJFS collaborates with MCPs and provider associations to standardize prior authorization request requirements

Medicaid MCPs have responded to provider concerns about variation in the documentation they require by developing standard authorization request forms for certain services. The MCPs have worked directly with statewide provider associations in order to develop easy-to-use forms for providers.

MCP Claims Payment Requirements

MCPs pay claims timely

MCPs are required to comply with the federal prompt payment standards. MCPs report their compliance with timely payment to ODJFS. All Medicaid MCPs are currently in compliance and have been found to be compliant by an independent auditor.

ODJFS adds incentive to keep payments timely

ODJFS recently implemented a performance-based auto-assignment policy for consumers who do not voluntarily select an MCP. MCPs submit performance results for their consumer call centers, provider call centers, prompt payment of claims and prior authorization timeframes. MCPs are scored and then ranked; the highest-performing MCP on these measures receives more auto-assignments.

ODJFS measures complaint rate of MCP providers

ODJFS maintains a provider complaint online submission process. During calendar year (CY) 2008, providers submitted 5.3 complaints per 100,000 member months and 2.4 complaints for every 100,000 claims. This is a very small number of complaints considering that 15 million member months of service were provided and more than 33.5 million claims were processed during 2008. These complaints will be used by the MCPs to improve provider service in 2009.

MCP Provider Reimbursement Rates

MCPs reimburse primary care providers more than traditional fee-for-service Medicaid

Medicaid providers have often expressed dissatisfaction with Ohio Medicaid rates. Medicaid MCPs have contracted with primary care physicians at rates higher than traditional Medicaid, anticipating more appropriate and less costly utilization of services.

Additional information about the Medicaid Managed Care Program is available at <http://jfs.ohio.gov/OHP/bmhc/>. Providers who have questions may call 614-466-4693 or e-mail bmhc@jfs.ohio.gov.