

REQUEST FOR APPLICATIONS (RFA) – STATEWIDE EXPANSION FOR COVERED FAMILY AND CHILDREN (CFC) MEDICAID CONSUMERS

REGIONAL PROVIDER PANEL SPECIFICATIONS

1. GENERAL PROVISIONS

In addition to achieving and maintaining compliance with the minimum provider panel requirements specified by the Ohio Department of Job and Family Services (ODJFS), a contracting managed care plan (MCP) must ensure access to appropriate provider types on an as needed basis. For example, if an MCP meets the minimum pediatrician requirement but a member is unable to obtain a timely appointment from a pediatrician on the MCP's provider panel in that region, the MCP will be required to secure an appointment from a panel pediatrician or arrange for an out-of-panel referral to a pediatrician. MCPs are required to make transportation available to any member that **must** travel 30 miles or more from their home to receive a medically-necessary Medicaid-covered service. [Ohio Administrative Code rule 5101:3-26-01(KK) defines an MCP as a health plan that contracts with ODJFS. For the purposes of this document, however, the term MCP will be used to describe both contracting health plans and health plans who are submitting an application to secure a contract with ODJFS.]

In developing the minimum provider panel requirements for the Request for Applications (RFA) for the statewide expansion of the Medicaid managed care program, ODJFS considered, on a county-by-county basis, the population size and utilization patterns of the Covered and Families and Children (CFC) consumers, as well as the potential availability of the designated provider types. ODJFS has tried to integrate the existing utilization patterns into the minimum provider network requirements to avoid disruption of care. Most provider panel requirements, therefore, are county-specific but a certain number of the required providers can be located anywhere in the region.

Although ODJFS does offer some latitude in where the minimum required provider panel members may be located, MCPs are strongly urged to consider the importance of geographic accessibility and existing utilization patterns in developing their entire provider panel. Available and accessible providers have been found to be the essential element in attracting and retaining members.

If a sufficient number of MCPs are not able to meet the ODJFS-specified minimum provider panel requirements for a specific region, ODJFS may approve an exception to one or more of those requirements if:

- the MCP presents sufficient documentation to ODJFS to verify that they have been unable to meet certain minimum provider panel requirements in a particular region despite all reasonable efforts on their part to secure such a contract(s),
- when notified by ODJFS, the provider(s) in question fails to provide a reasonable argument why they would not contract with the MCP, and

- the MCP presents sufficient assurances to ODJFS that their members will have adequate access to the services in question.

In determining whether to grant a request for a provider panel exception, ODJFS will give preference to those MCPs who have had the greatest success in meeting the minimum provider panel requirements for that specific region(s) and/or who have scored the highest in other components of the RFA.

ODJFS will aggressively monitor access to any services provided pursuant to the approval of a provider panel exception request through a variety of data sources, including: consumer satisfaction surveys; member appeals/grievances/complaints and state hearing notifications/requests; member just-cause for termination requests; clinical quality studies; encounter data volume; provider complaints, and clinical performance measures.

Charts outlining the specific minimum provider panel requirements for each region are attached.

2. PROVIDER SUBCONTRACTING

Unless otherwise specified in this document or OAC rule 5101:3-26-05, 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 Addenda incorporate all applicable Ohio Administrative Code rule requirements specific to provider subcontracting and therefore cannot be modified except to add identifying information such as the MCP's name.

ODJFS must prior approve all MCP providers in any of the ODJFS-required provider type categories before they can begin to provide services to that MCP's members. 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. As part of the prior approval process, MCPs must submit documentation verifying that all necessary contract documents have been appropriately completed. ODJFS will verify the approvability of the submission and process this information using the ODJFS Provider Verification System (PVS). The PVS is a database system that maintains information on the status of all MCP-submitted providers.

Only those providers who meet the applicable criteria specified in this document will be approved by ODJFS. 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 of an alternate industry standard) and must have initiated 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 been met all applicable credentialing criteria before the provider can render services to the MCP's members. If an MCP determines that an ODJFS-approved provider does not meet credentialing requirements they must notify ODJFS within one working day of this determination.

MCPs must notify ODJFS of the addition and deletion of their providers as specified in OAC rule 5101:3-26-05, and must notify ODJFS within one working day in instances where the MCP has identified that they are not in compliance with the specified provider panel requirements.

3. PROVIDER PANEL REQUIREMENTS

The provider network criteria that must be met by each MCP are as follows:

a. Primary Care Physicians (PCPs)

Primary Care Physicians (PCPs) may be individuals or group practices/clinics. Acceptable specialty types for PCPs are family/general practice, internal medicine, pediatrics and obstetrics/gynecology (OB/GYNs). As part of their subcontract with an MCP, PCPs must stipulate the total Medicaid member capacity that they can ensure for that individual MCP. Each PCP must have the capacity and agree to serve at least 50 Medicaid members at each practice site in order to be approved by ODJFS as a PCP and included in the MCP's provider directory and the MCP's total PCP capacity calculation. The capacity by site requirement must be met for all ODJFS-approved PCPs.

In determining whether an MCP has sufficient PCP capacity for a region, ODJFS considers a physician who can serve as a PCP for 2000 Medicaid MCP members as one full-time equivalent (FTE). ODJFS reviews the capacity totals for each PCP to determine if they appear excessive. ODJFS reserves the right to request clarification from an MCP for any PCP whose total stated capacity for all MCP networks added together exceeds 2000 Medicaid members (i.e., 1 FTE). ODJFS may also compare a PCP's capacity against the number of members assigned to that PCP, and/or the number of patient encounters attributed to that PCP to determine if the reported capacity number reasonably reflects a PCP's expected caseload for a specific MCP. Where indicated, ODJFS may set a cap on the maximum amount of capacity that we will recognize for a specific PCP. ODJFS will allow up to an additional 750 member capacity for each nurse practitioner or physician's assistant that is used to provide clinical support for a PCP.

For PCPs contracting with more than one MCP, the MCP must ensure that the capacity figure stated by the PCP in their Medicaid Addendum reflects only the capacity the PCP intends to provide for that MCP. ODJFS utilizes each approved PCP's capacity figure to determine if an MCP meets the minimum provider panel requirements and this stated capacity figure does not prohibit a PCP from actually having a caseload that exceeds the capacity figure indicated in their subcontract.

ODJFS expects that MCPs will need to utilize specialty physicians to serve as PCPs for some special needs members. Also, in some situations (e.g., continuity of care) a PCP may only want to serve a very small number of members for an MCP. In these situations the MCP is not to submit these PCPs to ODJFS for prior approval. These PCPs will not be included in the ODJFS PVS database and therefore may not appear as PCPs in the MCP's provider directory. Also, no PCP capacity will be counted for these providers. These PCPs will, however, need to execute a subcontract with the MCP which includes the appropriate Model Medicaid Addendum.

The minimum PCP requirement is based on an MCP having sufficient PCP capacity to serve 55% of the eligibles in region. At a minimum, each MCP must meet both the PCP minimum FTE requirement for that region, and, once they have a provider agreement, a minimum ratio of one PCP FTE for each 2,000 of their Medicaid members in that region. All MCPs must also satisfy a PCP geographic accessibility standard. ODJFS will match the PCP practice sites and the stated PCP capacity with the geographic location of the eligible population in that region (on a county-specific basis) and perform analysis using Geographic Information Systems (GIS) software. The analysis will be used to determine if at least 40% of the eligible population is located within 10 miles of PCP with available capacity in urban counties and 40% within 30 miles in rural counties. [Rural areas are defined pursuant to 42 CFR 412.62(f)(iii).]

In addition to the PCP FTE capacity requirement, MCPs must also contract with the specified number of pediatric PCPs for each region. These pediatric PCPs will have their stated capacity counted toward the PCP FTE requirement.

These must be pediatricians who maintain a general pediatric practice (e.g., a pediatric neurologist would not meet this definition unless this physician also operated a practice as a general pediatrician) at a site(s) located within the county/region or an alternate provider area, and be listed as a pediatrician with the Ohio State Medical Board. In addition, half of these pediatric PCPs must also be certified by the American Board of Pediatrics.

b. Non-PCP Minimum Provider Network

In addition to the PCP capacity requirements, each MCP is also required to meet and maintain the ODJFS minimum provider panel requirements within the following categories: hospitals, dentists, vision care providers, obstetricians/gynecologists (OB/GYNs), allergists, general surgeons, otolaryngologists, orthopedists, certified nurse midwives (CNMs), certified nurse practitioners (CNPs), federally qualified health centers (FQHCs)/rural health centers (RHCs) and qualified family planning providers (QFPPs), CNMs, CNPs, FQHCs/RHCs and QFPPs are federally-required provider types.

All Medicaid-contracting MCPs must provide all medically-necessary Medicaid-covered services to their members and therefore their complete provider network will include many other additional specialists and provider types. MCPs must ensure that all non-PCP network providers follow community standards in the scheduling of routine appointments (i.e., the amount of time members must wait from the time of their request to the first available time when the visit can occur).

Although there are currently no FTE capacity requirements for any of the non-PCP required provider types, MCPs are required to ensure that adequate access is available to members for all required provider types. Additionally, in order to meet the ODJFS requirements for certain non-PCP required provider types, MCPs must ensure that these providers maintain a full-time practice at a site(s) located in the specified county/region (i.e., the ODJFS-specified county within the region or anywhere within the region if no particular county is specified). A full-time practice is defined as one where the provider is available to patients at their practice site(s) in the specified county/region for at least 25 hours a week.

ODJFS will monitor access to services through a variety of data sources, including: consumer satisfaction surveys; member appeals/grievances/complaints and state hearing notifications/requests; clinical quality studies; encounter data volume; provider complaints, and clinical performance measures.

Hospitals - MCPs must contract with the number and type of hospitals specified by ODJFS for each county/region. ODJFS utilizes each hospital's most current Annual Hospital Registration and Planning Report, as filed with the Ohio Department of Health, in verifying what types of services that hospital provides. Although ODJFS now has the authority, under certain situations, to obligate a non-contracting hospital to provide non-emergency hospital services to an MCP's members, MCPs must still contract with the specified number and type of hospitals unless ODJFS approves a provider panel exception (see General Provisions).

If an MCP-contracted hospital elects not to provide specific Medicaid-covered hospital services because of an objection on moral or religious grounds, then the MCP must ensure that these hospital services are available to its members through another MCP-contracted hospital in the specified county/region.

OB/GYNs - MCPs must contract with the specified number of OB/GYNs for each specified county/region, all of whom must maintain a full-time obstetrical practice at a site(s) located in the specified county/region. All MCP-contracting OB/GYNs must have current hospital delivery privileges at a hospital under contract with the MCP in the region.

Certified Nurse Midwives (CNMs) and Certified Nurse Practitioners (CNPs) - MCPs must ensure access to at least one CNM and one CNP in the region, if such provider types are present within the region. Access to additional CNMs and CNPs must be added on an as needed basis to ensure that no member is denied access to such services. For this provider panel requirement, the MCP may contract directly with the CNM or CNP, or with a physician or other provider entity who is able to obligate the participation of the CNM or CNP. If an MCP does not contract with a CNM or CNP and such providers are present within the region, the MCP will be required to allow members to receive CNM or CNP services outside of the MCP's provider network.

Contracting CNMs must have hospital delivery privileges at a hospital under contract to the MCP in the region. The MCP must always ensure a member's access to CNM and CNP services if such providers are practicing within the region.

Vision Care Providers - MCPs must contract with the specified number of ophthalmologists/optometrists for each specified county/region, all of whom must maintain a full-time practice at a site(s) located in the specified county/region. All ODJFS-approved vision providers must regularly perform routine eye exams. (MCPs will be expected to contract with an adequate number of ophthalmologists as part of their overall provider panel but only ophthalmologists who regularly perform routine eye exams can be used to meet the minimum vision care provider panel requirement.) If optical dispensing is not sufficiently available in a region through the MCP's contracting ophthalmologists/optometrists, the MCP must separately contract with an adequate number of optical dispensers located in the region.

Dentists - MCPs must contract with the specified number of dentists. In order to assure sufficient access to adult MCP members, no more than two-thirds of the dentists used to meet the minimum provider panel requirement may be pediatric dentists.

Federally Qualified Health Centers/Rural Health Clinics (FQHCs/RHCs) - MCPs are required to ensure member access to any federally qualified health center or rural health clinic (FQHCs/RHCs), regardless of contracting status. (ODJFS maintains a list of FQHCs/RHCs on our website.) Even if no FQHC/RHC is available within the region, MCPs must have mechanisms in place to ensure coverage for FQHC/RHC services in the event that a member accesses these services outside of the region. In order to assure FQHC/RHC access to members, MCPs must make provisions for the following:

- Non-contracting FQHC/RHC providers serving as a PCP for an MCP's member must be allowed to refer that member to another provider in the MCP's provider panel.
- MCPs may require that their members request a referral from their PCP in order to access FQHC/RHC providers; however, such referral requests must be approved.

In order to ensure that any FQHCs/RHCs has the ability to submit a claim to ODJFS for the state's supplemental payment, MCPs must offer FQHCs/RHCs reimbursement pursuant to the following:

- MCPs must provide expedited reimbursement on a service-specific basis in an amount no less than the payment made to other providers for the same or similar service.
- If the MCP has no comparable service-specific rate structure, the MCP must use the regular Medicaid fee-for-service payment schedule for non-FQHC/RHC providers.
- MCPs must make all efforts to pay FQHCs/RHCs as quickly as possible and not just attempt to pay these claims within the prompt pay time frames.

Qualified Family Planning Providers (QFPPs) - All MCP members must be permitted to self-refer to family planning services provided by a QFPP. (ODJFS maintains a list of QFPPs on our website.) A QFPP is defined as any public or not-for-profit health care provider that complies with Title X guidelines/standards, and receives either Title X funding or family planning funding from the Ohio Department of Health. MCPs must reimburse all medically-necessary Medicaid-covered family planning services provided to eligible members by a QFPP provider (including on-site pharmacy and diagnostic services) on a patient self-referral basis, irrespective of the provider's status as a panel or non-panel provider. MCPs will be required to work with QFPPs in the region to develop mutually-agreeable policies and procedures to preserve patient/provider confidentiality, and convey pertinent information to the member's PCP and/or MCP.

Behavioral Health Providers – MCPs must assure member access to all Medicaid-covered behavioral health services for members as specified in Appendix G.b.ii of the ODJFS-MCP provider agreement. 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 in some areas, MCPs must maintain an adequate number of contracted mental 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. MCPs are advised not to contract with community mental health centers as all services they provide to MCP members are to be billed to ODJFS.

Other Specialty Types (pediatricians, general surgeons, otolaryngologists, allergists, and orthopedists) - MCPs must contract with the specified number of all other ODJFS-designated specialty provider types. In order to be counted toward meeting the minimum provider panel requirements, these specialty providers must maintain a full-time practice at a site(s) located within the specified county/region. Contracting general surgeons, orthopedists and otolaryngologists must have admitting privileges at a hospital under contract with the MCP in the region.

4. Preferred Providers

The RFA will be structured to award “bonus” points to MCPs who exceed certain minimum RFA criteria. The Preferred Provider sections of the attached minimum provider panel charts specify the additional provider contracts that must be secured in order for the MCP to receive bonus points for this component of the RFA.

North East Region - Hospitals

Minimum Provider Panel Requirements											Preferred Providers ¹	
	Total Required Hospitals	Ashtabula	Cuyahoga	Erie	Geauga	Huron	Lake	Lorain	Medina	Additional Required Hospitals: Out-of-Region	Preferred Hospitals: In-Region	Preferred Hospitals: Out-of-Region
General Hospital												
Hospital System												

¹ The RFA will be structured to award "bonus" points to MCPs who exceed certain minimum RFA criteria. Preferred Providers are the additional provider contracts that must be secured in order for the MCP to receive bonus points for this component of the RFA.

North East Region - Practitioners

Minimum Provider Panel Requirements											Preferred Providers (In-Region)
Provider Types	Total Required Providers ¹	Ashtabula	Cuyahoga	Erie	Geauga	Huron	Lake	Lorain	Medina	Additional Required Providers ²	Total Preferred Providers ³
Pediatricians ⁴											
OB/GYNs											
Vision											
General Surgeons											
Otolaryngologist											
Allergists											
Orthopedists											
Dentists ⁵											

¹ All required providers must be located within the region.

² Additional required providers may be located anywhere within the region.

³ The RFA will be structured to award "bonus" points to MCPs who exceed certain minimum RFA criteria. Preferred Providers are the additional provider contracts that must be secured in order for the MCP to receive bonus points for this component of the RFA.

⁴ Half of this number must be certified by the American Board of Pediatrics.

⁵ No more than two-thirds of this number can be pediatric dentists.

This chart is a summary of the Regional Provider Panel Requirements. For the complete requirements, see [RFA - Regional Provider Panel Specifications](#).