

Medicaid Managed Care Weekly

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Provider Contracting and Provider Network Standards for Medicaid Managed Care

Ohio Medicaid uses a number of oversight mechanisms to assure that Medicaid consumers have access to medically necessary covered services. In Medicaid managed care, one very important means to assure access is to set and enforce minimum standards for health care provider panels contracted by Medicaid managed care plans (MCPs). ODJFS requires MCPs to establish provider panels that are specific to each geographic managed care region and to the Medicaid population they will be serving: Covered Families and Children and/or Aged, Blind or Disabled. ODJFS sets minimum standards for MCP provider panels by analyzing historic patterns of Medicaid service utilization by consumer subpopulation and by geographic region. ODJFS standards are also set to comply with Federal regulations.

Prior to contracting with MCPs, ODJFS reviews all provider networks to assure that Medicaid consumers enrolled in managed care will have adequate access to services. After provider agreements are signed with MCPs, ODJFS continues to monitor health care provider panels to assure that access standards are maintained. MCPs are also required to notify ODJFS and take corrective action if changes occur in their provider networks.

In addition to assuring access to care, MCPs must also credential certain types of providers to verify that the provider is licensed and qualified to provide the type of services for which they are contracted. Credentialing is required for MCPs to comply with National Committee on Quality Assurance (NCQA) guidelines. Credentialing can take weeks or months to accomplish, particularly during the initial phase of provider panel development. Once an MCP completes the credentialing process for providers, they sign business contracts with them containing provider specific-business arrangements as well as a standard ODJFS Model Medicaid Addendum.

The Medicaid Addendum defines the population to be served by the provider (Covered Families and Children and/or Aged, Blind or Disabled) and the managed care regions the provider agrees to serve. The Addendum also requires that providers comply with specific state and federal requirements including non-discrimination, confidentiality, and records maintenance, among others.

Ongoing support for Medicaid managed care providers is maintained individually by each MCP via toll free telephone information systems. MCPs respond directly to questions from health care providers within their networks about contracting, service delivery to Medicaid consumers, eligibility and service coverage. If providers wish to verify a Medicaid consumer's enrollment in an MCP, they may contact the MCP(s) with whom they are contracted. Providers may also obtain this information by contacting the Ohio Medicaid Interactive Voice Response System (IVR) at 1-800-686-1516. Providers who utilize the Medicaid IVR should note that there is a pause of 5-7 seconds between the information that verifies the consumer's Medicaid eligibility and information that verifies MCP enrollment and the name of the MCP.

General information about Medicaid managed care and how to contact managed care plans can be found on the Ohio Health Plans Web site via the Bureau of Managed Health Care at the following internet address: <http://jfs.ohio.gov/ohp/bmhc/pro-man-care.stm>

Questions may also be sent via e-mail to bmhc@odjfs.state.oh.us.

**Ohio Medicaid
Interactive Voice Response System (IVR):
1.800.686.1516**

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