

Medicaid Managed Care Weekly

Issue 21

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

November 29, 2006

Ensuring Consumer Access to Medicaid Services Under Managed Care

The Ohio Department of Job and Family Services (ODJFS) uses multiple processes to ensure that Medicaid enrollees in managed care have access to all medically necessary Medicaid-covered services. The primary process used to assure access is to require managed care plans (MCP) to ensure that their panel of providers is adequate to meet the needs of their Medicaid members. Specific standards for access to health care services are required in ODJFS's provider agreements with Medicaid MCPs.

Below is a summary of the MCP provider panel requirements designed to ensure that Medicaid consumers have adequate access to needed medical care.

- For the most commonly used services, MCPs must either contract with a sufficient number of certain types of providers or allow open access to those providers. Examples of these types of providers are: primary care physicians, hospitals, dentists, pharmacies, vision care providers, obstetricians/gynecologists, allergists, general surgeons, otolaryngologists, etc.
- ODJFS verifies that MCPs have contracts with a sufficient number of each required provider type specified above.
- MCPs must document that they have contracted with a sufficient number of primary care physicians (PCPS) to ensure adequate capacity to serve all Medicaid members. ODJFS further assures sufficient geographic access by matching the primary care physician practice site location with the location of Medicaid consumers.
- MCPs must ensure that consumers also have access to appropriate specialists in order for members to receive all medically necessary Medicaid-covered services.

In addition to the access standards outlined above, if a Medicaid member is unable to obtain medically necessary Medicaid-covered services through the MCP provider panel, the MCP must ensure that the consumer has adequate and timely access out of panel. In certain situations, MCPs are required to provide transportation to a Medicaid consumer who must travel 30 miles or farther from their home to receive medically necessary Medicaid-covered services.

Medicaid managed care access standards are based on historic utilization patterns among the Medicaid population within a fee-for-service delivery system. In particular, this data was analyzed to understand geographic utilization patterns of Medicaid consumers; for example, do consumers seek medical care within or outside their county of residence? These utilization patterns are then factored into the minimum panel requirements for MCPs in an effort to avoid disruption of existing medical care patterns.