

TO BE RESCINDED

5101:3-26-03.1 **Managed health care programs: availability and access to services.**

(A) Emergency care in the enrollee's county of residence.

- (1) The MCP must ensure, through the development and application of ODJFS-approved written procedures, services are available on an emergency basis in accordance with rule 5101:3-26-03 of the Administrative Code.
- (2) If emergency care is provided at an MCP-contracted delivery site other than the site where the enrollee's medical records are permanently maintained, the MCP must assure that a system exists to transmit treatment information promptly to the enrollee's PCP.

(B) Urgent care services.

- (1) The MCP must develop and submit for approval a written policy indicating how urgent care services are provided.
- (2) The MCP must develop and submit for ODJFS approval written policies and procedures establishing how enrollees are to access and utilize urgent care services. Procedures must include a mechanism whereby the PCP will be promptly notified of an enrollee's receipt of such services.
- (3) All policies and procedures related to urgent care services, and all subsequent changes, must be approved prior to implementation.

(C) Twenty-four-hour toll-free call-in system available within the enrollee's county of residence.

- (1) The MCP must ensure through the development and application of ODJFS-approved written procedures that a centralized twenty-four-hour toll-free call-in system is available. This call-in system must be staffed by trained medical professionals who will provide enrollees with medical advice and direct enrollees to the appropriate care setting. Such system must also provide information to enrollees and/or providers as necessary to assure access, including but not limited to enrollment status. MCPs may not require enrollees to contact their PCP or any other entity prior to contacting the twenty-four-hour toll-free call-in system for advice or direction concerning emergency and/or after-hours services.

- (2) A log for the twenty-four-hour toll-free call-in system must be maintained which includes at a minimum:
 - (a) Identification of the enrollee;
 - (b) Date and time of call;
 - (c) Enrollee's question, concern or presenting problem;
 - (d) Disposition of call;
 - (e) PCP or other provider contacted by MCP, if applicable; and
 - (f) Name and title of person taking the call.
 - (3) The twenty-four-hour toll-free call-in system must have services available to assist a hearing impaired or LEP enrollee in the primary language of the enrollee.
- (D) MCPs must have ODJFS-approved written triage procedures which ensure that PCPs are in compliance with the following:
- (1) Enrollees with emergency care needs must be triaged and treated immediately on presentation at the PCP site.
 - (2) Enrollees with urgent care needs must be triaged and treated within one hour of presentation at the PCP site.
 - (3) Enrollees with persistent symptoms must be treated within forty-eight hours after their initial contact with the PCP site.
 - (4) Enrollees with requests for routine care must be seen within six weeks.
- (E) MCPs must have ODJFS-approved written triage procedures which ensure that specialists and dentists who provide services to the MCP's enrollees are in compliance with the following:
- (1) Enrollees with urgent care needs must be triaged and treated within two working days of contacting the provider.

(2) Enrollees with requests for routine care must be seen within six weeks.

(F) Case management.

- (1) Each MCP must submit a written description of its case management program to ODJFS for prior approval. The case management program description must:
 - (a) Describe the MCP's process used to identify which enrollees require case management;
 - (b) Describe the authorization and referral process that assures timely access to services and service coordination;
 - (c) Describe any circumstances in which a specialist is the PCP;
 - (d) Describe under what circumstances care plans are developed, implemented, and evaluated and which MCP staff are responsible and involved;
 - (e) Describe the procedures to be followed by the MCP and/or providers to follow-up with enrollees in the event of missed appointments;
 - (f) Describe the policy regarding the enrollees' responsibility for and participation in their care, including a description of how the policy is implemented and monitored with providers and enrollees.
- (2) The MCP may subcontract all or any portion of its case management program subject to review and prior approval by ODJFS.

Effective:

R.C. 119.032 review dates: 04/15/2003

Certification

Date

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