

5101:3-26-11      **Managed health care programs: managed care plan non-contracting providers.**

- (A) For the purposes of this rule, "managed care plan (MCP) non-contracting providers" means any provider with a medicaid provider agreement who does not contract with the MCP but delivers health care services to that MCP's member(s).
- (B) MCP non-contracting providers of emergency services must accept as payment in full from the MCP the lesser of one hundred per cent of the medicaid provider reimbursement rate or billed charges, in effect for the date of service.
- (C) When the Ohio department of job and family services (ODJFS) has approved an MCP's members to be referred to an MCP non-contracting hospital pursuant to paragraph ~~(H)(8)~~ (H)(10) of rule 5101:3-26-03 of the Administrative Code, the MCP non-contracting hospital must provide the service for which the referral was authorized and must accept as payment in full from the MCP one hundred per cent of the current medicaid provider reimbursement rate in effect for the date of service. MCP non-contracting hospitals are exempted from this provision when:
- (1) The hospital is located in a county in which eligible individuals are required to enroll in an MCP prior to January 1, 2006;
  - (2) The hospital is contracted with a least one MCP serving the eligible individuals specified in paragraph (C)(1) of this rule prior to January 1, 2006; and
  - (3) The hospital remains contracted with at least one MCP serving eligible individuals who are required to enroll in MCPs in the service area where the hospital is located.
- (D) MCP non-contracting qualified family planning providers (QFPPs) must accept as payment in full from the MCP the lesser of one hundred per cent of the medicaid provider reimbursement rate or billed charges, in effect for the date of service.
- (E) A non-contracting provider may not bill an MCP member unless all of the following conditions are met:
- (1) The member was notified by the provider of the financial liability in advance of service delivery.
  - (2) The notification by the provider was in writing, specific to the service being rendered, and clearly states that the recipient is financially responsible for the specific service. A general patient liability statement signed by all patients is not sufficient for this purpose.

- (3) The notification is dated and signed by the member.
- (4) The reason the service is not covered by the MCP is specified and is one of the following:
  - (a) The service is a benefit exclusion;
  - (b) The provider is not contracted with the MCP and the MCP has denied approval for the provider to provide the service because the service is available from a contracted provider, at no cost to the member; or
  - (c) The provider is not contracted with the MCP and has not requested approval to provide the service.
- (F) A non-contracting provider may not bill an MCP member for a missed appointment.
- (G) MCP non-contracting providers must contact the twenty-four hour post-stabilization services phone line designated by the MCP to request authorization to provide post-stabilization services in accordance with paragraph (G) of rule 5101:3-26-03 of the Administrative Code.
- (H) MCP non-contracting providers must allow the MCP and/or ODJFS or its designee access to all enrollee medical records for a period not less than six years from the date of service or until any audit initiated within the six year period is completed. Access must include at least one copy of the medical record at no cost for the purpose of the annual quality review specified in rule 5101:3-26-07 of the Administrative Code.
- (I) When MCPs elect to impose member co-payments in accordance with rule 5101:3-26-12 of the Administrative Code, applicable co-payments shall also apply to services rendered by MCP non-contracting providers.

Effective:

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Certification

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Date

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