

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

(A) For the purposes of this rule, MCP managed care plan (MCP) non-contracting providers mean 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 at the lesser of one hundred per cent of the current medicaid provider reimbursement rate or billed charges.

(C) For services identified in paragraph (F) of 5101:3-26-03 of the Ohio Administrative Code, MCP non-contracting hospitals and providers of hospital services must accept as payment in full from the MCP the lesser of one hundred per cent of the current medicaid provider reimbursement rate or billed charges.

~~(C)~~(D) MCP non-contracting ~~QFPs~~ qualified family planning provider (QFPP) must accept as payment in full from the MCP at the lesser of one hundred per cent of the current medicaid provider reimbursement rate or billed charges.

~~(D)~~(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; and,

(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; or,

(c) The provider is not contracted with the MCP and has not requested

approval to provide the service.

~~(E)~~(F) A non-contracting provider may not bill an MCP member for a missed appointment.

~~(F)~~(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.

~~(G)~~(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. 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.

Effective:

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WITHDRAWN ELECTRONICALLY

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Certification

11/24/2004

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Date

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