APPENDIX E
PROVIDER RELATIONS

Delivery of medical services and effective care coordination depend on good working relationships with Ohio's health care providers. Applicants that have working relationships with a wide variety of providers are better positioned to meet Ohio's goal of improving health outcomes. In general, Medicaid rules and regulations along with the characteristics of the Medicaid population present unique challenges to health care providers. Therefore the Applicant's history of working relationships with Ohio providers is valuable to ODJFS.

Note: Ohio Medicaid managed care plans must dedicate adequate resources to provider relations and must consider geographic accessibility and existing utilization patterns in developing their provider panel. Medicaid managed care plans may not employ or contract with providers excluded from participation in federal health care programs under either section 1128 or section 1128A of the Social Security Act and must ensure that providers have met all applicable credentialing criteria.

For purposes of the RFA, an Applicant must submit the number of contracted providers for each designated provider type within the Medicaid region(s). This information is to be completed and submitted on Exhibit E-1 Application for Submission (Excel spreadsheet).

Applicants are to follow the instructions below in completing Exhibit E-1 Application for Submission. Exhibit E-2 Scoring and Example illustrates how Exhibit E-1 Application for Submission will be scored.

Overview of Exhibit E-1 <u>Application for Submission</u> (Excel spreadsheet)

<u>An Applicant must complete Exhibit E-1 Application for Submission (Excel spreadsheet) located in the Applicant Library and include an electronic copy of the completed Excel spreadsheet as a part of the Application.</u> The spreadsheet contains six (6) tabs:

1. Central/Southeast Panel Summary
2. C/SE Region Provider Listing
3. West Panel Summary
4. West Region Provider Listing
5. Northeast Panel Summary
6. NE Region Provider Listing

An electronic copy must be submitted on a read-only CD-ROM. For each region, there are two (2) tabs that must be completed; a Panel Summary tab and a Region Provider Listing tab. Applicants must only complete those tabs that relate to the regions for which the Applicant is applying. (e.g., Applicants applying for the Northeast region must complete the Northeast Panel Summary and NE Region Provider Listing tabs). Applicants applying for statewide coverage (all three regions) must complete all six tabs.

<u>Instructions for Completing Panel Summary Tab(s):</u>

For each Panel Summary tab, Applicants must enter the total number of providers with whom they have contracts for each provider type that fits the classification within the boundary of the applicable region's Metropolitan Statistical Areas (MSAs) and Rural area. The counties that comprise each MSAs and Rural areas are as follows:

Central/Southeast Region:

Columbus MSA – Delaware County, Fairfield County, Franklin County, Licking County, Madison County, Morrow County, Pickaway County, Union County

Huntington-Ashland, WV-KY-OH MSA – Boyd County, KY; Greenup County, KY; Lawrence County, OH; Cabell County, WV; Wayne County, WV

Parkersburg-Marietta-Vienna, WV-OH MSA – Washington County, OH; Pleasants County, WV; Wirt County, WV; Wood County, WV

Steubenville-Weirton OH-WV MSA - Jefferson County, OH; Brooke County, WV; Hancock County, WV

Wheeling, WV-OH MSA – Belmont County, OH; Marshall County, WV; Ohio County, WV

Northeast Region:

Akron MSA – Portage County, Summit County

Canton-Massillon MSA – Carroll County, Stark County

Cleveland-Elyria-Mentor MSA – Cuyahoga County, Geauga County, Lake County, Lorain County, Medina County

Mansfield MSA – Richland County

Sandusky MSA – Erie County

Youngstown-Warren-Boardman, OH-PA MSA – Mahoning County, OH; Trumbull County, OH; Mercer County, PA

West Region:

Cincinnati-Middletown MSA – Dearborn County, IN; Franklin County, IN; Ohio County, IN; Boone County, KY; Bracken County, KY; Campbell County, KY; Gallatin County, KY; Grant County, KY; Kenton County, KY; Pendleton County, KY; Brown County, OH; Butler County, OH; Clermont County, OH; Hamilton County, OH; Warren County, OH

Dayton MSA – Greene County, Miami County, Montgomery County, Preble County

Lima MSA – Allen County

Springfield MSA - Clark County

Toledo MSA - Fulton County, Lucas County, Ottawa County, Wood County

Rural:

"Rural" for a particular region means all Ohio counties that are not associated with any MSAs in the region as listed above. Please refer to the regional listing contained within the body of the RFA for a listing of all counties that comprise a particular region.

Providers that are listed must have a physical location within the applicable region. Column (1) shows the maximum number of providers that will be counted for scoring purposes for each provider type and MSA/rural area. Applicants should enter the total number of providers with which the Applicant has "established" contracts in column (2) and "other" contracts in column (3). [Please see "Requirements for Reporting a Provider" below for definitions and criteria for the two different types of provider contracts.].

Requirements for Reporting a Provider:

- An "**established contract**" is a written, executed contract with a healthcare provider that (1) is currently operational and (2) by its terms, or lack of terms, does not terminate or require a renewal/extension before one (1) year of the date of its initial execution.

- **"Other" contracts** are current written contracts for the provision of health care services with providers that by their terms lasts less than one year and/or are pre-operational agreements (e.g., established through a letter of intent).

- **Please note an Applicant should report all of its "Established" and "Other" provider contracts as applicable.**

- When completing the panel tabs, an **Applicant may only include a provider in one classification and one region**. For example, if a physician qualifies as both a PCP and a gastroenterologist, the Applicant must choose whether to count and list the physician as either a PCP or under the gastroenterologist specialty, but not under both categories. Should an Applicant include a provider in more than one classification or region, the provider will not be counted when scoring the application.

Instructions for Completing Provider Listing Tab(s):

In the tabs labeled "Provider Listing" enter the detailed information for each provider that is included in the count in columns (2) and (3) of the "Panel Summary" tab. Applicants must fully complete the information requested in the "Provider Listing" tab for each provider that is recorded in the "Panel Summary " tab. ODJFS will review the information contained in the "Panel Listing" tab and compare it to the number of providers recorded in the "Panel Summary" tab. ODJFS will reduce the numbers reported on the "Panel Summary" tab if the counts are not correctly and accurately documented by the information contained in the

"Panel Listing" tab. Should the "Provider Listing" display more providers than specified on the corresponding "Panel Summary" tab, ODJFS will not make an adjustment. The following are definitions of the fields that must be completed:

Name of Applicant: Enter the name of the health insuring corporation as it appears on the license issued, or the licensure application currently under review, by the Ohio Department of Insurance (ODI).

Name of Individual Completing the Form: Enter the name of the individual completing the form.

Category: Choose the proper category that describes the type of provider from the list of categories on the spreadsheet. The following provides additional information regarding a few of the provider types:

Primary Care Provider (PCP): A PCP for the purpose of completing this application is an individual physician (M.D. or D.O.), certain physician group practice/clinic (Primary Care Clinics [PCCs]), or an advanced practice nurse (APN) as defined in ORC 4723.43 or advanced practice nurse group practice within an acceptable specialty, contracting with a managed care plan (MCP) to provide services as specified in paragraph (B) of OAC rule 5101:3-26-03.1. Acceptable specialty types for PCPs include family/general practice, internal medicine, and obstetrics/gynecology (OB/GYN). Acceptable PCCs include Federally Qualified Health Clinics (FQHCs), Rural Health Clinics (RHCs), and the acceptable group practices/clinics specified by ODJFS. In the case of urban vs rural, a provider is considered rural if primary operations occur in a county that meets the federal definition of "rural" [42 CFR 412.62(f)(1)(iii)]. If it does not meet the criteria for rural then it is urban (within an MSA).

Hospital: in order to be listed, a hospital must meet Medicare (Title XVIII) conditions of participation as described in 42 C.F.R 482 or is a hospital that is currently determined to meet the requirements for Title XVIII participation and has in effect a hospital utilization review plan applicable to all patients who receive medical assistance under Title XIX of the Social Security Act.

Hospital System: A system that includes a single hospital or multiple hospitals controlled by the same central organization for the purpose of coordinating and delivering health services to the local community.

Specialist: A specialist is a physician practicing in a sub-field within the broad field of medicine. Examples are cardiology and neurosurgery. All specialists must be board-certified in the appropriate specialty.

Subspecialist: A subspecialist is a physician practicing in a field of health care expertise requiring a minimum of 1-2 years of post-residency training or fellowship in a recognized program. For example, psychiatry is a specialty of medicine and child psychiatry is a subspecialty. Only those physicians that maintain a full-time practice in the region may be included. All subspecialists must be board-certified in the appropriate specialty. In the case of general surgeons, orthopedists, otolaryngologists, cardiologists, gastroenterologists, nephrologists, neurologists, oncologists, urologists, and OB/GYNs, only those physicians that have admitting privileges at a hospital also under contract with the Applicant may be included in the specialist classification listing.

Vision: Vision providers include ophthalmologists/optometrists that regularly perform routine eye exams and maintain a full time practice at the site listed in the application.

Provider information: Enter, in the appropriate column, the last name, first name, practice/group name (if available) and 10 digit phone number for each provider listed.

Address information: Enter the provider's office location where the provider sees patients, starting with the street, city, 2-digit state abbreviation and zip code.

Line of business: Indicate whether the provider's contract with the Applicant is for the Medicaid, Medicare or Commercial line of business.

Type of contract: Enter whether the type of contract is "Established" or "Other"

Applicants are not to submit information for any other provider types with their application, other than the provider types specified by ODJFS in the Excel file. For this Appendix, Applicants will be scored based on how well their current provider panel(s) meet the provider panel numbers listed in the "Panel Summary" tabs of the spreadsheet.

APPENDIX E
PROVIDER RELATIONS
SCORING METHODOLOGY
Exhibit E-2 <u>Scoring and Example</u>

Exhibit E-2 <u>Scoring and Example</u> describes the methodology that will be used by ODJFS to evaluate each Applicant's submitted information for this appendix. <u>Applicants are NOT to fill out and return Exhibit E-2</u>. The scoring tabs in Exhibit E-2 ("Central-Southeast Scoring," "West Scoring" and "Northeast Scoring") establish the maximum number of countable providers for each provider type in each MSA and rural area and the point value for each provider type in each MSA or rural area. Applicants are strongly encouraged to use these scoring sheets to evaluate their own application packages for completeness, quality, and compliance with instructions and requirements prior to submitting them to ODJFS.

ODJFS will score the provider panel listings for those regions (Central/Southeast, Northeast and West) that the Applicant marked in Appendix A of the application. Each regional listing (Central/Southeast, Northeast and West) will be scored independently. An Applicant may receive no more than 10,000 points for each region of this appendix.

I.   Within each region there are several provider types within each MSA/rural area. They include:

- Allergist
- Cardiovascular
- Child Psychiatry
- Dentist
- Gastroenterology
- General Hospital
- General Surgeon
- Hospital System
- Nephrology
- Neurology
- OB/GYN
- Oncology
- Orthopedist
- Otolaryngologist
- Primary Care Provider - Rural
- Primary Care Provider - Urban
- Pediatrician
- Physical Med Rehab
- Podiatry
- Psychiatry
- Urology
- Vision

Scoring methodology for each region:

1. No Applicant will receive additional credit for additional providers more than the maximum countable providers listed in Column (1) of the Exhibit E-2 spreadsheet. Note: for a particular region, Column (1) in Exhibit E-1 Application for Submission is identical to Column (1) in the Exhibit E-2.

2. Countable Number of Providers: Calculate the countable number of providers (both Established and Other) for each MSA/rural area within the region:

   a. First, count "Established" contracts in Column (2) [Established Provider Contracts] not to exceed Column (1) [Maximum Countable Provider Contracts] .

   b. Second, count "Other" contracts in Column (3) [Other Provider Contracts] minus Column (2) [Established Provider Contracts], but not to exceed Column (1) [Maximum Countable Provider Contracts], but not less than zero.

3. Calculate Scores for each provider type & contract type (i.e. "Established" or "Other"): For each MSA/rural area multiply the provider type point value by the Countable Number of Providers from step 2 above as follows:

   a. Established: Countable Number of "Established" Providers (2a above) multiplied by the appropriate assigned point value in Column (2) "Established" of Exhibit E-2.

   b. Other: Countable Number of "Other" Providers (2b above) multiplied by the appropriate assigned point value in Column (3) "Other" of Exhibit E-2.

4. Calculate the Total Value for Each Provider Type within a Region: Sum of lines 3a and 3b (above). The total point value per provider type may not exceed Column (1) [Maximum Countable Providers] multiplied by the point value in Column (2) [Established] found in Exhibit E-2.

5. For an example of scoring for a provider type refer to the "Example" tab in Exhibit E-2.

II.   Calculate the Final Score for the regional listing: Sum of point values assigned pursuant to Section I for each provider type with the total not to exceed 10,000 points.