

APPENDIX C

PROCEDURES FOR ACCEPTING AND RESOLVING TRANSITION OF MEMBERSHIP ISSUES AND JUST CAUSE REQUESTS

Procedures for Accepting and Forwarding Termination of MCP Membership for Transition of Membership Issues (refer to data fields in Appendix N)

Purpose: The following describes procedures used when consumers call the Managed Care Enrollment Center (MCEC) to select a managed care plan (MCP) or have been assigned to an MCP, but cannot access health related services because their providers do not participate with the selected MCP. Consumers can call through the first month of MCP membership.

Transition of Membership requires MCPs to allow their new members or pending members that are transitioning from Medicaid fee-for-service to receive services from out-of-panel providers if the members contact the MCP to discuss the scheduled health services in advance of the service date and one of the following applies:

ABD Consumers

1. The member has been approved to receive an organ, bone marrow, or hematopoietic stem cell transplant pursuant to OAC rule 5101:3-2-07.1;
2. The member is in her third trimester of pregnancy and has an established relationship with an obstetrician and/or delivery hospital;
3. The member has been scheduled for an inpatient/outpatient surgery and has been prior-approved and /or precertified pursuant to OAC rule 5101:3-2-40 (surgical procedures would also include follow-up care as appropriate);
4. The member is receiving ongoing chemotherapy or radiation treatment;
5. The member has appointments within the **initial three months** of MCP membership with **primary physician or specialty physicians** that were scheduled prior to the effective date of MCP membership;
6. The member has been released from the hospital within the last thirty days and is following a treatment plan; and
7. The member has been pre-certified to receive durable medical equipment (DME) which has not yet been received.

CFC Consumers

1. The member has been approved to receive an organ, bone marrow, or hematopoietic stem cell transplant pursuant to OAC rule 5101:3-2-07.1;

2. The member is in her third trimester of pregnancy and has an established relationship with an obstetrician and/or delivery hospital;
3. The member has been scheduled for an inpatient/outpatient surgery and has been prior-approved and /or precertified pursuant to OAC rule 5101:3-2-40 (surgical procedures would also include follow-up care as appropriate);
4. The member has appointments within the **initial month** of MCP membership with **specialty physicians** that were scheduled prior to the effective date of membership; or
5. The member is receiving ongoing chemotherapy or radiation treatment.

MCPs must reimburse these out-of-panel providers at 100% of the current Medicaid fee-for-service provider rate for the service(s).

1. As expeditiously as the situations warrant, MCPs must contact the provider's office via telephone to confirm that the services meet the above criteria;
2. For the services that meet the above criteria, MCPs must inform the providers that they are sending a form for signature to document that they accept/do not accept the terms for the provision of the services and copy members on the forms;
3. If the providers agree to the terms, MCPs must notify the members and providers of the authorization and ensure that the claims processing system will not deny the claim payment because the providers are out-of-panel;
4. If the providers do not agree to the terms, MCPs must notify the members and assist the members with locating a panel provider/provider as expeditiously as the members' conditions warrant;
5. MCPs must use the ODJFS-specified model language for the provider and member notices;
6. MCPs must maintain documentation of all member and /or provider contacts, including but not limited to telephone calls and letters.

The MCEC shall adhere to the following procedures when a consumer reports a Transition of Membership issue:

1. The MCEC shall enroll all eligible consumers in a managed care plan regardless of the consumer's need to report a transition of membership issue or concern. If a consumer refuses to select an MCP, the customer service representative (CSR) shall provide MCP member service numbers available in the consumer's service area, selection by mail packet (SMP) and remind consumers of their requirement to select an MCP or an MCP will be selected for them.

2. If a consumer calls to select an MCP, or calls during their first month of membership, and the consumer claims to **meet** one of the five conditions listed above, the MCEC shall warm transfer the consumer's call to the selected MCPs' member services to report a Transition of Membership issue or concern. The MCEC should remind the consumer to have their provider's name and phone number along with a brief description of the situation when calling the MCP's member services.
3. If a consumer calls to select an MCP, or calls during their first month of membership and the consumer **does not meet** one of the five conditions listed above, the MCEC shall refer the consumer to the selected MCPs member services to discuss their issue or concern.
4. If a consumer calls the MCEC before or during their first month of membership and claims to have contacted the MCP, but the MCP has not satisfactorily resolved the Transition of Membership issue, the MCEC shall warm transfer the call to the Bureau of Managed Health Care (BMHC) at 614-466-4693 if the circumstances **meet** one of the five conditions listed above. The CSR shall indicate this is a "transition issue" to the BMHC representative.
5. If a consumer calls the MCEC before or during their first month of membership and claims to have contacted the MCP, but the MCP has not satisfactorily resolved their issue or concern, the MCEC shall take a transition of membership request if the circumstances **do not meet** one of the five conditions listed above.
6. The MCEC forwards the completed Transition of Membership request forms to ODJFS no later than 9:00 a.m. the next business day by way of electronic file transfer (EFT) or by secure e-mail.
7. The MCEC shall also follow the above procedures for assistance group additions during their first month of enrollment.

Procedures for Accepting, Forwarding and Resolving MCP Termination Requests for Just Cause

Purpose: To put forth procedures for processing a member's request to terminate membership from an managed care plan (MCP) for Just Cause in accordance with Ohio Administrative Code rule 5101:3-26-021 (D)(9)(a).

The following establishes procedures for the Ohio Medicaid Managed Care Enrollment Center to follow when processing a membership termination request for Just Cause:

Procedures for Accepting and Forwarding Just Cause Requests

1. The Managed Care Enrollment Center (MCEC) shall enroll all consumers regardless of the consumer's need to complete a Just Cause request;
2. The consumer contacts the MCEC identifying possible problems with their managed care membership;
3. MCEC shall complete a Just Cause request based on information provided by the consumer and only for those consumers who are at least in their second month of MCP enrollment except for consumers who meet the criteria for membership exemptions;
4. MCEC shall indicate whether the consumer has third party coverage on the Just Cause request form. Third party coverage information should include at a minimum, the name of the third party carrier, the policy number, and the third party phone number [5101:3-26-021 (C)(2)(m)];
5. MCEC shall inform the consumer that as part of the Just Cause process, the consumer has three (3) business days from the date of the request to contact the MCP so that the MCP can assist the consumer in resolving their concern(s). The request form must indicate whether contact has been made with the MCP. The MCEC shall remind the consumer to have their provider's name and phone number along with a brief description of the situation when calling the MCP's member services;
6. During MCP regular business hours, the MCEC shall warm transfer the consumer to the MCP's 800 member services line after completing the Just Cause form unless the consumer indicates there has been previous contact with the MCP within the last 30 days regarding the same concern(s);
7. After MCP regular business hours, the MCEC shall give the consumer the MCP's 800 member services telephone number after completing the Just Cause request form and inform the consumer that they must contact the MCP within three days;
8. MCEC shall forward the completed Just Cause request forms to ODJFS no later than 9:00 a.m. the next business day by way of electronic file transfer (EFT) mailbox or by secure e-mail.

Procedures for Accepting and Resolving Just Cause Requests

1. The MCEC shall follow procedures outlined above;
2. MCEC shall resolve those Just Cause requests where primary care physicians (PCPs) are not contracted with the consumer's MCP provider panel. Completed requests from consumers who also have commercial insurance shall be forwarded to ODJFS for resolution;
3. If the consumer has not attempted to contact the MCP at the time of the Just Cause request, MCEC personnel shall contact the MCP on the fourth working day following

the receipt of the request to verify whether the consumer has contacted the MCP. If contact has been made, the MCP must indicate what steps, if any, have been taken or will be taken to resolve the consumer's concerns;

4. If the consumer has contacted the MCP at the time of the Just Cause request, MCEC personnel shall contact the MCP no later than the end of the next business day to verify the contact and steps taken by the MCP to resolve the consumer's concerns;
5. If the MCP has not taken action or only logged the call with no information regarding the reason for the call, the MCP will be directed by MCEC personnel to contact the member and offer assistance in resolving the member's concern as reported on the Just Cause request;
6. If the consumer has made contact with the MCP and the MCP reports the issue(s) leading to the request has been resolved, the MCEC shall notify the consumer by letter to establish that contact was made with the MCP and that a resolution(s) to the consumer's concern(s) was provided by the MCP;
7. If the consumer did not contact the MCP within 3 days from the date of initial request or in the last 30 days with the same problem, the MCEC shall notify the consumer by letter that since no contact was made with the MCP, a determination on the request cannot be made;
8. The consumer shall be given 10 additional days from the date of the letter to contact the MCP. If the consumer does not contact the MCP by the end of the additional 10 days, the request will be closed as a result of lack of contact. The MCEC shall date and note on the initial notification letter "withdrawn due to lack of contact". If contact has been made by the consumer, the MCP must indicate what steps, if any, have been taken or will be taken to resolve the consumer's concerns.
9. The MCEC shall complete a new Just Cause request if the original request has been closed 1) due to lack of contact and 2) the date of the original request is more than 30 days old;
10. If the consumer contacts the MCEC within 30 days of the original Just Cause request, to indicate contact with the MCP has been made, the MCEC shall contact the MCP to verify what steps, if any, have been taken or will be taken to resolve the consumer's concerns;
11. Letters to consumers shall be completed and ready for mailing no later than 7 days from the date contact is made with the MCP.

1. Sample “No MCP Contact” Letter

(Date)

(Name)

(Address)

(City/State/Zip)

Re: Case Name: xxxxxxxx
Case Number: xxxxxxxx
Billing Number:

Dear (name)

The Managed Care Enrollment Center (MCEC) has reviewed your (Date), Just Cause request to end your (son/daughter, etc.) (name’s) membership in (MCP Name). You asked that your assistance group be allowed to (change managed care plans (MCPs) or return to regular Medicaid) because your primary care provider does not accept (MCP name) OR (any of the MCPs available in your county).

You were informed at the time you filed your Just Cause request that you must contact your managed care plan for help. This is necessary so that your MCP has a chance to help you solve the problem you called about.

When the MCEC contacted (MCP Name), the MCEC was told that there was no record of any calls from you in the last 30 days regarding your provider problem. Since you did not contact your MCP as required, MCEC cannot make a decision on your request at this time. OR

When the MCEC contacted (MCP Name), the MCEC was told that you did call in the last 30 days; however, you did not indicate what your problem was or the reason why you wanted to end your membership. Since you did not contact your MCP for the same reason(s) as stated on your Just Cause request, the MCEC cannot make a determination on your request at this time.

You still, however, have a chance to call your managed care plan. You will need to call (MCP Name)’s Member Services Department at (1-800 number) to discuss your problem and to seek a resolution. If you fail to call (MCP Name) by (Date-10 days from date of letter), MCEC will withdraw your Just Cause request.

If you have any questions, please contact the MCEC at 1-800-605-3040.

2. Sample Call Me Letter

(Date)

(Name)

(Address)

(City/State/Zip)

Re: Case Name:
Case Number:

Dear (Name)

The Managed Care Enrollment Center (MCEC), has received your (Date), Just Cause request to end your (son/daughter, etc) (name's) membership in (MCP Name). The MCEC has tried to contact you by telephone, but has not been able to reach you. You will need to contact the MCEC so we can discuss your reason for asking for a Just Cause. You can contact the MCEC by calling 1-800-605-3040. If we do not hear from you by (date) (Date-10 days from the date of the letter), your Just Cause request will be withdrawn.

3. Sample “Consumer Satisfaction” Letter

(Date)

(Name)

(Address)

(City/State/Zip)

Re: Case Name: xxxxxxxx
Case Number: xxxxxxxx
Billing Number:

Dear (name)

The Managed Care Enrollment Center (MCEC) has reviewed your (date), Just Cause request to end your (son/daughter) (name’s) membership in (MCP Name). You indicated that you wanted to (change managed care plans or return to regular Medicaid) because your primary care provider does not accept (MCP name) OR (any of the Medicaid managed care plans available in your county).

After you called (MCP Name), the MCEC also called (MCP Name) to see if they were able to help solve the problem you identified on your Just Cause request. (MCP Name) indicated that (indicate what the MCP did). To assure that you are satisfied with how (MCP’s name) provided assistance, MCEC is requesting that you call our office by (Date-10 days from date of letter). If you don’t call our office by the date indicated in the letter, MCEC will consider that you are satisfied with how (MCP name) helped you in resolving your problem.

If you have any questions, please contact the MCEC at 1-800-605-3040.

4. Sample “Non-acceptance of Resolution” Letter

(Date)

(Name)

(Address)

(City/State/Zip)

Re: Case Name: xxxxxxxx
Case Number: xxxxxxxxxx
Billing Number:

Dear (name)

The Managed Care Enrollment Center (MCEC) has reviewed your (date), Just Cause request to end your (son/daughter, etc.) (name’s) membership in (MCP Name). You indicated that you wanted to (change managed care plan or return to regular Medicaid) because your primary care provider does not accept (MCP name) OR (any of the Medicaid managed care plans available in your county).

After you called (MCP Name), the MCEC also called (MCP Name) to see if they were able to help you with the problem you identified on your Just Cause request. (MCP Name) indicated that (indicate what the MCP did). (MCP Name), however, indicated that you declined to accept and/or were not happy with their assistance in resolving your problem. In reviewing how (MCP Name) planned to help you, the MCEC felt that (MCP Name) offered you a reasonable resolution to the problem that led to your initial request to end your membership. If you need to further discuss your problem, you will need to contact our office by (Date).

As a reminder, your next chance to request a change in your health care coverage will be your open enrollment period. You can call the Managed Care Enrollment Center at 1-800-605-3040 during that time period to change your health care coverage or to ask questions.