APPENDIX F
PROVIDER PANEL

Appendix F assesses an Applicant's ability and readiness to ensure access to required provider types for the ABD population. In developing the provider panel requirements, ODJFS considered, on a county-by-county basis, the population size and utilization patterns of the ABD consumers, as well as the potential availability of the designated provider types in each region. ODJFS integrated existing utilization patterns into the provider network requirements to avoid disruption of care.

Ohio Medicaid managed care plans must dedicate adequate resources for provider contracting and are strongly urged to consider the importance of 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 and line of business (Medicaid and Commercial/Medicare) that are located within the Medicaid ABD region(s). While an Applicant does not have to be compliant with provider panel requirements at the time this application is scored, the Applicant must comply with all program requirements prior to providing services to members, including meeting all the ODJFS ABD provider panel requirements. If selected, Applicant's compliance must be demonstrated during the readiness review process, including, but not limited to submitting copies of contracts with the providers listing in Applicant's application.

Applicants are to follow the instructions below in completing the Applicant's Provider Panel Excel tables.

INSTRUCTIONS

An Applicant must complete the spreadsheet, as applicable, entitled "Appendix F Spreadsheet" located in the Applicant Library and include an electronic copy of the completed spreadsheet as part of the Application. The electronic copy must be submitted on a read-only CD-ROM. The spreadsheet contains four (4) tabs:

1. Northeast Panel
2. NE Region Listing
3. Northwest Panel
4. NW Region Listing

Applicants applying for only one of the two regions shall complete the two tabs related to the region of interest (e.g., Applicants applying for the Northeast must complete the Northeast Panel and NE Region Listing tabs). Applicants applying for both the Northeast and Northwest regions must complete all four tabs. When completing the tabs, the guidelines outlined below must be followed:

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.

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

Primary Care Provider (PCP): Enter the PCPs contracting with Applicant. 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), Rurual Health Clinics (RHCs), and the acceptable group practices/clinics specified by ODJFS.

Hospitals: Enter the number of General Hospitals (stand alone) and Hospital Systems. General Hospitals that are part of a Hospital System should be included in the count of General Hospitals. Note: ODJFS considers Metro Health System in the Northeast region as a hospital system.

Specialists: Enter the number of physicians (no practices) that are qualified to practice the listed specialty. Only those physicians that maintain a full-time practice in the region may be included. 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.

*Note for primary care providers and specialists: when completing the tabs an **Applicant may only include a provider in one classification**. For example, if a physician operates as both a primary care provider (PCP) and a gastroenterologist then the Applicant must choose whether to count and list the physician as either a PCP or under the specialty, but not under both categories. Should an Applicant include a provider in more than one classification the provider shall not be counted when scoring the "Panel" tab.

The tabs referring to "Panel" require the Applicant to provide a count of the number of providers currently contracted that fit the classification within the boundary of the applicable region. Providers that are listed must have a physical location within the applicable region. The provider must be actively providing patients from this in region location with the type and scope of medical services that fit the classification for which the Applicant is reporting the provider. In order for the Applicant to include a provider as being a Medicaid provider, the Applicant's contract with the provider must (1) require the PCP to accept at least 50 Medicaid members and (2) the Applicant **must** have a current, operational contract with the provider that meets the subcontract requirements listed in OAC 5101:3-26-05(D). A copy of the Medicaid addendum may be found at http://www.jfs.ohio.gov/ohp/bmhc/ModelAddendums.stm. If the Applicant has a contract with a provider that meets the requirements to be counted as a Medicaid provider and the provider also provides services to the commercial or Medicare members under the contract, it is permissible for the Applicant to include the provider contract under both the Medicaid provider column and the Commercial/Medicare column.

The tabs referring to "Listing" are for detailed listings of those providers that have been recorded in the "Panel" tab. Applicant must fully complete the information requested in the "Listing" tab for each provider that is recorded in the "Panel" listing. ODJFS will review the information contained

in the “Listing” tab and compare it to the numbers of providers recorded in the “Panel” tab. ODJFS will reduce the numbers reported on the “Panel” tab if the counts are not supported by the information contained in the “Listing” tab.

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 in terms of how well their current provider panel(s) meet the ABD provider panel requirements listed in the “Panel” tabs of the spreadsheet.

APPENDIX F
PROVIDER PANEL
SCORING METHODOLOGY

The following score sheet will be used by ODJFS to evaluate each applicant's submitted information for this Appendix. Applicants are NOT to fill out and return the "Score Sheet" for this or any section. The score sheets are presented within this RFA to establish the criteria, and their relative importance within the entire RFA scoring process, on which applications will be evaluated and through which the successful applicant selected. Applicants are strongly encouraged to use all score 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 of those regions of interest as marked in Appendix A of the application. Each regional listing (Northeast and Northwest) will be scored independently. An applicant may receive no more than a score of 2,000 for each regional listing.

I. Scoring of regional listing: for each provider type (row) use the following scoring methodology:

1. No one will receive additional credit for a number of providers more than the total required providers listed in Column (1) of the Excel Appendix F spreadsheet. Note: Column (1) in Exhibit F-1 is identical to Column (1) in the Appendix F worksheets.

2. Countable Number of Providers: Calculate the countable number of providers for each line of business (Medicaid and Commercial/Medicare):

    a. Medicaid: Column (2) [Medicaid] not to exceed Column (1) [Total Required Providers].

    b. Commercial/Medicare: Column (3) [Commercial/Medicare] minus Column (2) [Medicaid], but not to exceed Column (1) [Total Required Providers] and not less than zero.

3. Calculate Scores for Each Provider Type & Line of Business: Calculate the number of points by provider type for each line of business (Medicaid and Commercial/Medicare) by taking the Countable Number of Providers (Step 2 above) multiplied by the point value displayed in Exhibit F-1 as follows:

    a. Medicaid: Countable Number of Providers - Medicaid (2a above) multiplied by the appropriate assigned point value in Exhibit F-1.

    b. Commercial/Medicare: Countable Number of Providers – Commercial/Medicare (2b above) multiplied by the appropriate assigned point value in Exhibit F-1.

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

5. For examples of scoring for a provider type see Exhibit F-2.

II. Calculate the Final Score for Each Regional Listing: Sum of point values assigned pursuant to Section I for each provider type with the total not to exceed 2,000 points.