

State: Ohio

Citation	Condition or Requirement
1932(a)(1)(A)	<p>the Act; and the recipient has a choice of at least two primary care providers within the entity. (California only.)</p> <p><input checked="" type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p> <p>5. <input checked="" type="checkbox"/> The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.</p> <p><input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p>
1932(a)(4) 42 CFR 438.50	<p>J. <u>Disenrollment</u></p> <ol style="list-style-type: none"><li>1. The state will <input checked="" type="checkbox"/> /will not <input type="checkbox"/> use lock-in for managed care.</li><li>2. The lock-in will apply for <u>up to 12</u> months (up to 12 months).</li><li>3. Place a check mark to affirm state compliance.</li></ol> <p><input checked="" type="checkbox"/> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).</p> <ol style="list-style-type: none"><li>4. Describe any additional circumstances of "cause" for disenrollment (if any).</li></ol> <p><i>Per Ohio Administrative Code rules, membership termination for just cause, includes a situation, as determined by ODJFS, in which continued membership in the MCO would be harmful to the interests of the member.</i></p> <p>K. <u>Information requirements for beneficiaries</u></p> <p>Place a check mark to affirm state compliance.</p>
1932(a)(5) 42 CFR 438.50 42 CFR 438.10	<p><input checked="" type="checkbox"/> The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)</p>
1932(a)(5)(D) 1905(t)	<p>L. <u>List all services that are excluded for each model (MCO &amp; PCCM)</u></p> <p><i>Details regarding MCO service exclusions, limitations and clarifications are outlined in Ohio Administrative Code and the MCO's provider agreement with the state.</i></p>

TN: 11-033  
Supersedes:  
TN: 09-023

Approval Date: **MAR 15 2012**  
Effective Date: 10/1/2011

State: Ohio

Citation	Condition or Requirement
1932 (a)(1)(A)(ii)	<p data-bbox="789 462 1570 628"><del>Effective February 1, 2010, pharmacy benefits (specified prescribed drugs and certain medical supplies) for MCO enrollees were removed from the risk-based managed care program and placed under the Medicaid fee-for-service delivery system. MCO enrollees will access the carved-out pharmacy benefits through the Medicaid fee-for-service delivery system. Pharmaceuticals administered in certain provider settings will continue to be provided by MCOs.</del></p> <p data-bbox="733 707 1280 734">M. <u>Selective contracting under a 1932 state plan option</u></p> <p data-bbox="789 765 1593 819">To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.</p> <ol data-bbox="789 849 1593 1067" style="list-style-type: none"><li data-bbox="789 849 1593 904">1. The state will <input checked="" type="checkbox"/> /will not <input type="checkbox"/> intentionally limit the number of entities it contracts under a 1932 state plan option.</li><li data-bbox="789 934 1593 988">2. <input checked="" type="checkbox"/> The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.</li><li data-bbox="789 1019 1593 1067">3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option.</li></ol> <p data-bbox="830 1097 1593 1369"><i>(Example: a limited number of providers and/or enrollees.)ODJFS may limit the number of entities it contracts with for a specific service area if we already contract with a sufficient number of MCOs to require mandatory enrollment for eligible consumers and sufficient access to participating providers is assured. We do not expect to have a large number of entities that are able to meet our specified provider panel requirements for each service area as the key health care providers have indicated that they are unlikely to contract with more MCOs than they believe the market can realistically sustain. ODJFS would give strong consideration to adding an additional MCO if they would bring services or providers not currently available to MCO members in a particular service area.</i></p> <ol data-bbox="789 1400 1593 1421" style="list-style-type: none"><li data-bbox="789 1400 1593 1421">4. <input type="checkbox"/> The selective contracting provision in not applicable to this state plan.</li></ol>

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