



Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

TO: Contracted Medicaid Managed Care Plans
Contracted MyCare Ohio Plans

FROM: Megan Powell, Section Chief
Office of Managed Care, Policy and Program Development Section

DATE: August 17, 2020

SUBJECT: July 2020 Provider Agreement Clarifications

This correspondence provides additional information and clarification regarding requirements outlined in the July 1, 2020 Medicaid managed care plan (MCP) and MyCare Ohio plan (MCOP) provider agreements.

Appendix M, Table 1 (MCP)

- There is an error in Table 1 (SFY 2019, SFY 2020 and SFY 2021 Performance Measures, Measurement Sets, Standards, and Measurement Years) related to the *Follow-Up After Hospitalization Mental Illness* measure. For CY 2020, the minimum performance standard for this measure should be listed as “MPSO” (standard will be based on outliers identified when all MCPs’ results are compared). This measure will be updated in the January 2021 provider agreement amendment.

Measure	Measurement Set	SFY 2019 Minimum Perf. Std.	SFY 2019 Measurement Year	SFY 2020 Minimum Perf. Std.	SFY 2020 Measurement Year	SFY 2021 Minimum Perf. Std.	SFY 2021 Measurement Year
Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	7-Day Follow-up, Total QW	CY 2018	7-Day Follow-up, Total QW	CY 2019	7-Day Follow-up, Ages 6-17 MPSO	CY 2020
		30-Day Follow-up, Total Reporting Only **		30-Day Follow-up, Total ≥ 40.00%		7-Day Follow-up, Ages 18-64 MPSO	
						30-Day Follow-up, Total MPSO	

Appendix N.2.b.ii.22-24 (MCP) and Appendix N.2.b.ii.17-19 (MCOP)

- There is an error (oversight) related to the noncompliance penalty percentages for prior authorization notification, appeal resolution, and grievance resolutions. The percentages will be updated in the January 2021 provider agreement amendment to what is included below (this was communicated to the plans via the Q&A document for the July provider agreement). Until that time, MCPs and MCOPs will be held to the following requirements:

Noncompliance with Prior Authorization requirements.

- a. If the [MCP/MCOP] fails to resolve at least **98%** of expedited prior authorizations within the specified timelines, then ODM may impose a nonrefundable financial sanction in the amount of \$10,000 for each month of noncompliance.
- b. If the [MCP/MCOP] fails to resolve at least **95%** of standard prior authorization within the specified timelines, then ODM may impose a nonrefundable financial sanction in the amount of \$10,000 for each month of noncompliance.

Noncompliance with Appeal Resolution requirements.

- a. If the [MCP/MCOP] fails to resolve at least **98%** of expedited appeals within the specified timelines, then ODM may impose a nonrefundable financial sanction in the amount of \$10,000 for each month of noncompliance.
- b. If the [MCP/MCOP] fails to resolve at least **95%** of standard appeals within the specified timelines, then ODM may impose a nonrefundable financial sanction in the amount of \$10,000 for each month of noncompliance.

Noncompliance with grievance resolution.

- a. If the [MCP/MCOP] fails to resolve and report at least **98%** of access related member grievances within the specified timelines, then ODM may impose a nonrefundable financial sanction in the amount of \$10,000 for each month of noncompliance.
- b. If the [MCP/MCOP] fails to resolve and report at least **95%** of non-access related member grievances within the specified timelines, then ODM may impose a nonrefundable financial sanction in the amount of \$10,000 for each month of noncompliance.

Questions or comments regarding the information included in this memo should be sent to ManagedCarePolicy@medicaid.ohio.gov.

Thank you.