

Attention All Unison Subcontractors

New OAC Rules Impact Your Contract

ODJFS recently advised Unison of various recent changes to the Ohio Administrative Code (OAC) that impact Unison's subcontracts with its providers and vendors. OAC rule 5101:3-26-05 (D) (4) requires managed care plans like Unison to notify their subcontractors of any such changes in applicable law, regulations, or contractual obligations. Pursuant to that OAC rule, your subcontract with Unison is automatically amended to conform to such changes without the necessity for executing written amendments. The following italicized text identifies the changes to the managed care subcontracting rules effective July 1, 2007.*

- *New member means a Medicaid consumer as specified in OAC rule 5101:3-26-02(B) who has selected MCP membership or has been assigned to an MCP for the purpose of receiving health care services and is subsequently enrolled in the MCP.*
- Provider shall be bound by the same standards of confidentiality which apply to ODJFS and the state of Ohio as described in OAC rule 5101:1-1-02 and *45 CFR Parts 160 and 164*, including *standards for unauthorized uses of or disclosures of personal health information (PHI)*.
- Provider agrees to allow the MCP access to all member medical records for a period of not less than six years from the date of service *or until any audit initiated within the six year period is completed* and allow access to all record keeping, audits, financial records, and medical records to ODJFS or its designee or other entities as specified in OAC rule 5101:3-26-06(B).
- Provider agrees that this Agreement and Addendum is governed by, and is construed in accordance with all laws, regulations, and contractual obligations of the MCP.
 - *The MCP shall notify the provider of all applicable contractual obligations.*
- *Provider agrees that with the exception of any member co-payments the MCP has elected to implement in accordance with OAC rule 5101:3-26-12, the MCP's payment constitutes payment in full for any covered service and will not charge the member or ODJFS any co-payment, cost sharing, down-payment, or similar charge, refundable or otherwise. This agreement does not prohibit Nursing Facilities (NFs) from collecting patient liability payments from members as specified in OAC rule 5101: 1-39-24 or Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) from submitting claims for*

supplemental payments to ODJFS as specified in OAC rules 5101:3-28-07 and 5101:3-26-05.

- *MCP shall notify the provider whether MCP has elected to implement any member co-payments and if applicable under what circumstances member co-payments will be imposed in accordance with OAC rule 5101-3-26-12.*
- *Provider agrees that member notification regarding any applicable co-payment amounts must be carried out in accordance with OAC rules 5101:3-26-12.*
- *Provider agrees not to hold liable both ODJFS and the member in the event that the MCP cannot or will not pay for covered services performed by the provider pursuant to the Agreement with the exception that:*
 - *Federally Qualified Health Care Centers (FQHCs) and Rural Health Clinics (RHCs) may be reimbursed by ODJFS in the event of MCP insolvency pursuant to Section 1902(bb) of the Social Security Act, or*
 - *The notification by the provider was in writing, specific to the service being rendered, and clearly states that the member is financially responsible for the specific service. A general patient liability statement signed by all patients is not sufficient for this purpose; The provider may bill the member when the MCP has denied prior authorization or referral for the services and the following conditions are met:*
- *Provider and all employees of the provider are duly registered, licensed or certified under applicable state and federal statutes and regulations to provide the health care services that are the subject of the Agreement and provider and all employees of the provider have not been excluded from participating in federally funded health care programs.*
- *The MCP shall disseminate written policies that include detailed information about the False Claims Act and other provisions named in 1902(a)(68)(A) of the Social Security Act, any laws, as well as the MCP's policies and procedures for detecting and preventing fraud, waste and abuse; and the subcontract agrees to abide by the MCP's written policies regarding the False Claims Act and the detection and prevention of fraud, waste and abuse.*
- *Home health providers must meet the eligible provider requirements specified in OAC rule Chapter 5101:3-12 and comply with the requirements for home care dependent adults as specified in section 121-36 of the Ohio Revised Code.*
- *Provider, in performance of the subcontract or in the hiring of any employees for the performance of services under the contract, shall not by reason of race, color, religion, gender, sexual orientation, age disability, national origin, veteran's*

health status or ancestry, discriminate against any citizen of Ohio in the employment of a person qualified and available to perform the services to which the subcontract relates.

* Please be advised that additional subcontracting rules are not new but have been revised to update referenced OAC rule sites and names of programs and to clarify the requirement. If you would like additional information, you can contact Provider Services at 1-800-600-9007.

Unison Health Plan of Ohio values your participation in our network of quality providers that serve our members and hope that you find this information useful.