



# **EOHHS Medicaid Managed Care Organization Provider Termination and Network Changes**

## ***Policy and Procedures for Managed Care Core Contract***

Rhode Island Executive Office of Health and Human Services

**September 1, 2020**

**Version 1.2**

## Purpose

The purpose of this Policy and Procedure is to ensure that RI Executive Office of Health and Human Services (EOHHS) and Medicaid Managed Care Organizations (MCOs) have consistent policies for reporting provider terminations and network changes to the State. This includes notifying members and implementing standard member assignment processes in accordance with the Contracts (both Medicaid Managed Care and RiteSmiles) between Rhode Island Executive Office of Health and Human Services and MCOs (CONTRACT), as well as with state and federal requirements.

## Policy

The effective date of this policy December 1, 2020.

This policy documents the processes EOHHS requires MCOs to implement to address provider terminations and network changes that impact members' access to services, in accordance with CONTRACT, state, and federal requirements.

## Network Changes Requirements

### A. Notification Responsibility to EOHHS

MCOs are required to have written policies and procedures to address any provider terminations and/or network changes that impact network composition and/or negatively affect the ability of members to access services in accordance with CONTRACT, state, and federal requirements.

MCOs are required to report to EOHHS monthly, in writing, of any changes in its network composition per the CONTRACT.

MCOs are required to notify EOHHS of any changes to the network composition that materially impacts the MCO's ability to provide all capitated services in a timely manner. This includes, but is not limited to, provider termination for cause and termination of plan/provider contracts.

- MCOs are required to notify EOHHS, in writing via email, as soon as possible but no later than three (3) calendar days from the date of notification of provider termination for any and all network changes, including, but not limited to, large provider groups, PCP, BH/SUD, and Specialists.

- MCOs are required to complete the **EOHHS Provider Termination/Network Change Template** (Attachment A) No later than 30 days of notification of provider termination.
  - Completed templates should be sent to EOHHS Compliance Officer and MCO Oversight Inbox ([OHHS.MCOOversight@ohhs.ri.gov](mailto:OHHS.MCOOversight@ohhs.ri.gov)) using Email Subject Line Naming Convention: <Plan/Vendor>\_Provider Termination Notice\_<date>.
- MCOs must submit to EOHHS, in writing, a member transition plan to address the change in network composition (see Section B. Member Notification Responsibility) as soon as possible but no later than fifteen (15) calendar days prior to the provider termination effective date.
- MCOs must notify EOHHS, in writing, within three (3) calendar days, of any action taken to terminate or suspend a provider from the plan's network due to quality, fraud, waste and abuse, in accordance with contract requirements.

The Provider Termination/Network Changes Policy and Procedures must align with the following CONTRACT, State and federal regulations:

- Plan Change Policy including 'just cause'
- Member to PCP Ratios ratio <Section 2.08.03.06>
- MCO Member Assignment Policy
- Transition of Members Between Plans <Section 2.05.11>

## **B. Member Notification Responsibility**

MCOs are required to have written policies and procedures to address member transition plans when provider terminations and network changes impact network composition and/or negatively affect the ability of members to access services in accordance with CONTRACT, state, and federal requirements.

- MCOs must notify members in writing of provider termination and/or network changes as soon as possible and no later than fifteen (15) calendar days after the date of notification of provider termination.
  - Pursuant to 42CFR438.10(f)(1), Plans will make a good faith effort to provide written notification of termination of provider and/or network changes within fifteen (15) calendar days of issuing termination or effective date of network change
  - MCO is required to make best effort to notify any member who received primary care, current ongoing treatment from or is seen on a regular basis by terminated provider

- Upon request, MCOs must provide [EOHHS Plan Change Request Form](#) to members, as well as provide free translation of the form, if necessary.
- In addition to notifying members, MCOs must conduct member outreach and are required to document said outreach in the **EOHHS Member Transition Plan Template** (Attachment B).
  - Within fifteen (15) calendar days prior to termination effective days, completed templates should be sent to EOHHS Compliance Officer and MCO Oversight Inbox using Email Subject Line Naming Convention:  
<Plan/Vendor>\_Member Transition Plan\_<date>.

## Attachments to this Policy

- A. **EOHHS Provider Termination/Network Change Template**
- B. **EOHHS Member Transition Plan Template**

DRAFT - Final Documents to be provided to awarded Contractor