



H.B. 596

123rd General Assembly
(As Introduced)

Reps. D. Miller, Allen, Sullivan, Sutton, Bender, Barrett

BILL SUMMARY

- Allows a Medicaid managed care recipient to obtain medical services from a provider outside the managed care organization if the provider otherwise participates in Medicaid, is willing to accept the managed care organization's terms and payment procedures, and has treated the recipient or a family member of the recipient within the preceding two years.

CONTENT AND OPERATION

Using a provider outside a Medicaid managed care organization

(R.C. 5111.17)

Under current law, the Department of Human Services (or Department of Job and Family Services as of July 1, 2000) operates a Medicaid managed care program under which Medicaid recipients must receive their medical services through managed care organizations that contract with the Department. The Department is required to conduct the program in Franklin, Hamilton, and Lucas counties, and may conduct it in other counties. Information obtained from the Department's web site indicates 16 counties are or have been participating in the program.

The bill authorizes a Medicaid recipient in one of the managed care counties to obtain medical services from a provider outside the recipient's managed care organization if all of the following conditions are met:

--The provider is otherwise a participating Medicaid provider under an agreement with the Department;

--The provider is willing to accept the terms, conditions, and payment procedures established by the Department or managed care organization for its designated providers;

--The recipient or a family member of the recipient has received medical advice, diagnosis, care, or treatment from the provider within the preceding two years. ("Family member" is defined as a spouse, child, parent, or sibling residing in the same household as the recipient.)

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	03-02-00	p. 1636

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