



Ohio Medicaid Managed Care Provider Complaints

Excerpt from:

Ohio Medicaid Managed Care Provider (MCP) Agreement (amended 2/1/2023)

MyCare Ohio (MCOP) Provider Agreement (amended 1/1/2023)

ProviderWeb Portal Complaints:

The MCP/MCOP should check the ProviderWeb portal (hereinafter referred to as HealthTrack) complaint inbox daily for updates and new complaints assigned to them.

1. The MCP/MCOP shall acknowledge receipt of a HealthTrack complaint within 5 business days of the complaint's submission by outreaching to the provider through an in-person visit, a phone call, or an email. If attempting to make contact via phone and the person is unavailable, a voicemail must be left. Outreach must include that the complaint was received and that the MCP/MCOP will respond by the assigned due date.
2. The MCP/MCOP shall document initial provider contact within 6 business days of the complaint's submission, including the following:
 - a. The date(s) that outreach was made to the provider (a future date of contact will not be accepted);
 - b. A call reference number if applicable;
 - c. The method(s) of contact;
 - d. The person that made the contact; and
 - e. The name of the individual(s) contacted.
3. The MCP/MCOP shall perform internal research, contact the provider, and present its findings to the provider within 15 business days.
 - a. Provider Contact shall include:
 - i. Outreach Monday through Friday between the hours of 8:00am and 5:00pm Eastern Standard Time;
 - ii. The assigned provider representative's contact information;
 - iii. The HealthTrack complaint number or call reference number; and
 - iv. The MCP/MCOP's findings, including all relevant information, to ensure the provider is educated on how to access all supporting policies or procedures.
 - b. If the provider is non-responsive, prior to closure of the complaint, a minimum of three outreach attempts must be made to the provider by the MCP/MCOP.

- c. The MCP/MCOP shall document the following in HealthTrack by the assigned due date:
 - i. The date(s) contact was made, including all attempted contacts, with the provider (a future date of contact will not be accepted);
 - ii. The method(s) of contact;
 - iii. The name of the individual(s) contacted;
 - iv. The findings shared with the provider;
 - v. The policies and procedures to support the findings; and
 - vi. Root cause analysis or CPSE details. If already reported to ODM as a CPSE then the MCP/MCOP shall include the report month and row number.
- d. If the MCP/MCOP requires additional time to research a provider complaint, the MCP/MCOP shall:
 - i. Contact the provider, advise the provider of the delay in response, and indicate that the MCP/MCOP will ask ODM to grant an extension. ODM will not grant the MCP/MCOP an extension if the request does not include evidence that the MCP/MCOP contacted the provider; and
 - ii. Document this outreach in HealthTrack, including the date of the provider contact, the name(s) of the individual(s) contacted, the requested extension date, and the justification for the delay in resolution.
- e. ODM reserves the right to shorten the length of time the MCP/MCOP is allotted to address a complaint. ODM will enter a comment in HealthTrack advising the MCP/MCOP that the due date has been shortened.

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