



Department of  
Job and Family Services

John R. Kasich, Governor  
Michael B. Colbert, Director

November 10, 2011

Dear Vendor:

On October 5, 2011, the Ohio Department of Job and Family Services issued a Request for Proposals (RFP) to solicit proposals from qualified vendors capable of operating and managing the Ohio Medicaid Consumer Hotline, a toll-free customer service call center for Ohio Medicaid consumers and the general public who have questions about Ohio's Medicaid program. This letter is to identify and amend fifteen items in the Ohio Medicaid Consumer Hotline RFP#: JFS-R-1213-07-8018, which should be restated for clarity of intent or otherwise corrected.

Collectively these fifteen items constitute Amendment 1 to this RFP. Each of the items is identified by its location and section designation within the original RFP and provides the revised information to be substituted. Only one numbered issue or section/subsection for substitution is provided per page (or per multiple page-set) so that vendors may print off each and insert it in the appropriate area in the RFP. At the end of each item within this Amendment 1, vendors will read, "This Amendment 1 continues next page." After all clarifications in this Amendment 1 have been presented, vendors will read, "**This concludes this Amendment 1 to RFP # JFS-R-1213-07-8018.**"

Vendors are reminded that amendments to the RFP or to any documents related to it will be accessible to interested vendors only through the original DAS website established for the RFP. All interested vendors must refer to this website regularly for amendments or other announcements. ODJFS will not specifically notify any vendor of changes or announcements related to this RFP except through the website posting. It is the affirmative responsibility of interested vendors to be aware of and fully respond to all updated information posted on this web page. Vendor proposals must be responsive to these amended items, to the original RFP where it remains unchanged by this or any further amendments, and to the ODJFS final Question and Answer document (see Section 2.2 of the RFP).

All other provisions of the RFP as issued remain unchanged at this time. Thank you again for your interest in this ODJFS project.

Sincerely,

Linette Alexander, A.P.O.  
Deputy Director  
Contracts and Acquisitions

30 East Broad Street  
Columbus, Ohio 43215  
jfs.ohio.gov

An Equal Opportunity Employer and Service Provider

Amendment 1, item 1:

Section 3.2 D, This note shall now read as follows:

**Note:** Multiple references from the same project will not be considered as separate references. All letters of reference must either be included in proposals as submitted by vendors, or, in cases of references that will not, as a matter of policy, provide letters of reference to the vendor but will only provide them to parties seeking vendor's references, be mailed to the following address:

Ohio Department of Job and Family Services  
Contracts and Acquisitions  
30 E. Broad St., 31<sup>st</sup> Floor  
Columbus, Ohio 43215-3414  
Attn: RFP/RLB Unit for JFS-R-1213-07-8018

Those letters must be received at that ODJFS location before the deadline for receipt of proposals. ODJFS is not responsible for any misdirected submission. Only letters of reference will be accepted as separately mailed submission. No other information or documents submitted separately from vendors' proposals will be considered.

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Amendment 1, item 2:

Section 2.1, Anticipated Procurement Timetable, the June 30, 2013 date shall now read as follows:

June 30, 2013	Project Completion - All work must be completed and approved by ODJFS Contract Manager
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Amendment 1, item 3:

Section 4.4 Deliverable C. Managed Care Enrollment Services, Bullet 3, shall now read as follows (the underscored text indicates the specific changes made.):

- Provide to potential enrollees the ability to electronically select a managed care plan using criteria in section 4.4.C.3;

Amendment 1, item 4:

Section 4.4, Deliverable I. Premium Collection, has been amended to remove the final paragraph and the deliverable title, it shall now read as follows:

**Deliverable I. Premium**

ODJFS has a Medicaid program, which requires consumers to pay a monthly premium to maintain coverage, Medicaid Buy-In for Workers with Disabilities (MBIWD). A summary of consumer's who owe a premium is included in Appendix H. ODJFS may develop additional programs, which would require the payment of premiums in the future, for which the vendor will be required to collect premiums. The addition of such programs may increase the number of premiums to be collected significantly. The contractor will be required to provide the mechanism for collecting the premiums, reconciling consumer accounts, and reporting premium information to ODJFS. The requirements include, but not limited to:

1. The contractor must manage a state-owned lock box account. This will be held by a bank chosen by ODJFS not the vendor.
2. The contractor will be responsible for paying all banking fees associated with the account including fees for checks returned for non-sufficient funds. A list of lockbox fees is included in Appendix J. List of State-Owned Lock Box Fees. The vendor is permitted to choose what services it wishes the bank to perform, e.g., having the bank electronically transmit deposit and remittance information or having the documentation transmitted via ground or air courier as long as the vendor is able to meet the needs of ODJFS.
3. The contractor will generate and mail invoices to consumers by the 20<sup>th</sup> of each month with a due date of the first of the following month. The vendor will continue generating and mailing invoices from the 20<sup>th</sup> through to the end of the month for consumers who are newly enrolled in the programs after the 20<sup>th</sup> with a due date of 10 days after the invoice mailing date. The vendor will use the invoice template approved by ODJFS. Invoice Template.
4. The contractor must demonstrate the ability to process electronic fund transfers and credit card payments through the bank. Currently, ODJFS only accepts checks and money orders for premium payment.
5. The contractor must generate letters to consumers, which identify non-payment or payment discrepancy, e.g., full payment not received, and other letters as defined by ODJFS.
6. The contractor will be responsible for ongoing maintenance of premium accounts.
7. The vendor is responsible for daily reconciliation of accounts by program. The contractor must:
  - Document what was deposited and what was applied and any unresolved/ suspense items;
  - What suspense items have been resolved;
  - What is to be refunded (ODJFS authorizes any refunds and issues the check to the payer);
  - Breakdown of types of deposits, e.g., money order, check, etc.; and
  - Identify return deposit items that are returned for non-sufficient funds, lack of endorsement, or account closed and back the item out of the vendor financial system.
  - Identify account status as: current, under review, certified to the Ohio Attorney General, collected by Ohio Attorney General, direct payment, stop collection proceedings, or delinquent (under five dollars).

This Amendment 1, item 4, continues next page

Amendment 1, item 4 - Continued

8. The vendor will create and maintain a process for misapplied payments. The vendor must back out misapplied payments and reapply the item to the correct case or identify the item for refund if it was not intended for Medicaid. The vendor must create a business process to notify consumers of misapplied payments.
9. The vendor must create and maintain a process for “non-postable” payments (for example, payments that did not include enough information to post the payment to the appropriate account). The payment must have a resolution within 30 days or forward to ODJFS for a refund.
10. The vendor must respond to consumer payment questions.

(The concluding paragraph originally included in this deliverable has been deleted).

Amendment 1, item 5:

Section 4.4, Deliverable J. Managed Care Enrollment Exception Requests, shall now read as follows (the underscores indicates changes):

**Deliverable J. Managed Care Enrollment Exception Requests**

1. Implement and maintain procedures to process Children in Custody (CIC), Title IV-E foster care or adoption assistance, Bureau for Children with Medical Handicaps (BCMh), Supplemental Security Income (SSI) or Medicare exception requests (refer to Appendix O)
2. Accept and verify CIC status, Title IV-E foster care or adoption assistance, receipt of BCMh services, receipt of SSI or Medicare benefits as specified in Appendix O. The selected vendor shall be responsible for:
  - Processing consumer initiated CIC, foster care or adoption assistance under Title IV-E, BCMh, SSI and Medicare exception requests. CIC or foster care or adoption assistance under Title IV-E status and BCMh or SSI benefits are verified for consumers electing not to select an MCP because of CIC or Title IV-E foster care or adoption assistance or approved BCMh/SSI benefits;
  - Notifying consumers of the approval or denial of an exception for BCMh or SSI, Medicare or if CIC or Title IV-E foster care or adoption assistance cannot be confirmed;
  - Accepting and processing electronic lists from Public Children’s Services Agencies (PCSAs) intended to enroll, disenroll or prevent MCP enrollment of children in custody (CIC) or Title IV-E foster care or adoption assistance ;
  - Communicating the results to the PCSAs (in a format or manner as specified by ODJFS) upon completion of processing the electronic lists;
  - Forwarding those currently enrolled consumers who qualify for a BCMh, SSI, CIC or Title IV-E foster care or adoption assistance exception and have scheduled medical appointments prior to the disenrollment effective date to ODJFS for adjustment no later than 9:00 a.m. the next business day utilizing FTP or as designated by ODJFS; and,
  - Maintaining a record of the request and outcome for reporting purposes in the contractor’s MIS. The record shall be maintained by case name, case number, consumer name, billing number, county, region, MCP, reason for request, and date received;

This Amendment 1 continues next page

Amendment 1, item 6:

Section 4.4, Deliverable K., #3, Managed Care Transition of Membership and Just Cause, shall now read as follows (the underscoring indicates the changes):

3. Complete and forward to ODJFS all Just Cause change requests discussed with callers (except as described below) as part of the enrollment process or Just Cause change requests as described in Appendix P. The selected vendor will be responsible for:
  - Confirming that the consumer has contacted the MCP about the reason for the Just Cause request; if not the consumer must be advised they have three business days to contact the MCP;
  - Completing, logging and forwarding to ODJFS all requests not resolved by the Hotline utilizing the ODJFS-approved format and procedures (Appendix C);
  - Forwarding applicable requests to ODJFS no later than 9:00 a.m. the next business day utilizing FTP or as designated by ODJFS; and,
  - Maintaining a record of the request for reporting purposes in the contractor's MIS. The record shall be maintained by case name, case number, consumer name, billing number, county, MCP, reason for request, and date received.

This Amendment 1 continues next page

Amendment 1, item 6:

Section 4.4, Deliverable K., #3, Bullet #2, shall now read as follows:

Section 4.4, Deliverable K., #3, Managed Care Transition of Membership and Just Cause, shall now read as follows (the underscoring indicates the changes):

3. Complete and forward to ODJFS all Just Cause change requests discussed with callers (except as described below) as part of the enrollment process or Just Cause change requests as described in Appendix P. The selected vendor will be responsible for:
  - Confirming that the consumer has contacted the MCP about the reason for the Just Cause request; if not the consumer must be advised they have three business days to contact the MCP;
  - Completing, logging and forwarding to ODJFS all requests not resolved by the Hotline utilizing the ODJFS-approved format and procedures (refer to Appendices A and P);
  - Forwarding applicable requests to ODJFS no later than 9:00 a.m. the next business day utilizing FTP or as designated by ODJFS; and,
  - Maintaining a record of the request for reporting purposes in the contractor's MIS. The record shall be maintained by case name, case number, consumer name, billing number, county, MCP, reason for request, and date received.

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Amendment 1, item 7:

Section 4.4, Deliverable M. Survey and Other Miscellaneous Activities, first paragraph after 1 through 3 only, shall now read as follows (the underscoring indicates the changes):

**Deliverable M. Surveys and Other Miscellaneous Activities**

The information above is a summary of the duties and responsibilities that would be contractually required of the selected vendor. In order to receive consideration for contract award, all aspects of the requirements described in this section must be addressed in **Tab 3** of the vendor's technical proposal.

All other information in Deliverable M remains unchanged.

This Amendment 1 continues next page

Amendment 1, item 8:

Section 4.5. Selected Vendor Compensation Structure, first paragraph, shall now read as follows (the underscore indicates the change):

Vendors are to propose their compensation rates as a fixed monthly fee using the Cost Proposal Form found in Attachment D. There will be two phases of the project. The first phase will begin approximately April 1, 2012 and must be completed by June 30, 2012. The selected vendor will be responsible for the deliverables as described in Section 4.4, including all preparatory and intervening steps, whether or not ODJFS has explicitly specified or delineated them within the RFP, at no additional cost to ODJFS. The first phase excludes the managed care enrollment functions. There must be a fee for phase 2 of the transition and throughout the life of the contract. The vendor may propose separate fees for each renewal period. For the performance of the deliverables described in Section 4.4 of the RFP, vendors must provide invoices on a monthly basis as specified by ODJFS. The compensation structure and rates will be in effect throughout the contract, including any renewal periods. No additional fees or costs of any sort will be paid under this contract.

All else in Section 4.5 remain unchanged.

This Amendment 1 continues next page

Amendment 1, item 9:

5.2, Format for Organization of the Proposal, C, third paragraph, shall now read as follows:

Section 4.4 Specifications of Deliverables. Vendors are to use their professional comprehension of the effort required to perform those services and to offer to ODJFS its flat, all-inclusive fee for performing each. The prices offered in the vendor's Cost Proposal will be the prices in effect throughout the contract period as described in Section 1.5, Time Frames & Funding Source, of this RFP.

This Amendment 1 continues next page

Amendment 1, item 10:

Section IX. ATTACHMENTS AND THEIR USES, Attachment D, Cost Proposal Form, revision to form, shall now read as follows:

See the following attachment.

This Amendment 1, item 10, continues next page

**ODJFS RFP # JFS-R-1213-07-8018 – Ohio Medicaid Consumer Hotline  
Attachment D. Cost Proposal Form**

Vendors are to complete and sign this form (or a reasonable facsimile) and include it as their cost proposal, according to instruction in the RFP, Section V.

The selected vendor for this project will be required to manage and operate the Ohio Medicaid Consumer Hotline. Vendor proposals submitted in response to this RFP must reflect the vendor’s understanding of, and commitment to, perform this Scope of Work fully.

The transition from current contracts to the new Hotline services contract will combine all Hotline functions and Managed Care Enrollment Center (MCEC) functions. The transition will have two phases. The first phase will begin approximately April 1, 2012 and must be completed by June 30, 2012. The selected vendor will be responsible for the preparing to assume all deliverables except the managed care enrollment services as described in Section 4.4, at no cost to ODJFS.

<b>PHASE 1- APRIL 1, 2012 through JUNE 30, 2012</b>	
<b>NO MONTHLY FEE TO PERFORM DELIVERABLES IN PHASE 1</b>	

Phase two of the transition will begin approximately July 1, 2012 and must be completed by September 30, 2012. The vendor must offer one flat, all-inclusive monthly price from July 1, 2012 through September 30, 2012 for the full and satisfactory performance of all applicable deliverables, tasks and functions, primary and incidental (whether explicitly identified by ODJFS in this RFP or not), the work as described in the RFP. The vendor’s offered monthly fee must take into account all costs incurred in the performance of this work.

The second phase includes all managed care enrollment functions:

<b>PHASE 2 - APPROXIMATELY JULY 1, 2012 TO SEPTEMBER 30, 2012</b>	
<b>MONTHLY FEE TO PERFORM ALL DELIVERABLES</b>	\$

Beginning October 1, 2012 and ending June 30, 2013, the vendor must offer one flat, all-inclusive monthly price, for the full and satisfactory performance of all deliverables, tasks and functions, primary and incidental (whether explicitly identified by ODJFS in this RFP or not), necessary to complete the work related as described in the RFP. The vendor’s offered monthly fee must take into account all costs incurred in the performance of this work.

<b>OCTOBER 1, 2012 to JUNE 30, 2013</b>	
<b>MONTHLY FEE TO PERFORM ALL DELIVERABLES</b>	\$

The vendor must offer one flat, all-inclusive monthly price for each renewal (i.e., SFY14 through SFY15 and SFY16 through SFY17) for the full and satisfactory performance of all applicable deliverables, tasks and functions, primary and incidental (whether explicitly identified by ODJFS in this RFP or not), necessary to complete the work related to the transition as described in the RFP. The vendor’s offered monthly fee must take into account all costs incurred in the performance of this work.

<b>MONTHLY FEE TO PERFORM ALL DELIVERABLES BY SFY</b>	<b>July 1, 2013 through June 30, 2015</b>	<b>July 1, 2015 through June 30, 2017</b>
	\$	\$

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Vendor Name: \_\_\_\_\_

**July 1, 2012 – September 30, 2012 Monthly Fee:** \_\_\_\_\_

**October 1, 2012 – June 30, 2013 Monthly Fee:** \_\_\_\_\_

**July 1, 2013 through June 30, 2015 Monthly Fee:** \_\_\_\_\_

**July 1, 2015 through June 30, 2017 Monthly Fee:** \_\_\_\_\_

The price offered for each period listed above is firm, fixed, and all-inclusive.

Signature of vendor's authorized representative: \_\_\_\_\_

Printed name, title, and contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amendment 1, item 11:

Section X., APPENDICES AND THEIR USES, additional documentation to Appendix C, shall now read as follows:

See following attachment.

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## **APPENDIX C. ASSIGNMENT UTILIZATION FILE (AUF) FORMAT AND PROCESS**

### Assignment Utilization File (AUF) Format:

- Medicaid billing number for each assistance group member;
- case number;
- category;
- sequence;
- The county/region of residence
  - Northwest region – R1
  - Northeast region – R2
  - East Central region – R3
  - Northeast Central region – R4
  - West Central region – R5
  - Central region – R6
  - Southeast region – R7
  - Southwest region – R8;
- The Medicaid provider number of the most recent regularly visited primary care physician (PCP) (according to Medicaid fee-for-service (FFS) claims data);
- The ODJFS-recommended MCP match for each AG;
- The pathway code used in making the MCP selection. This code is to be included on the CCR sent to the MCP.

### Mandatory County Assignment Procedure:

All Aged, Blind or Disabled (ABD) managed care plan (MCP) eligible individuals and Covered Families and Children (CFC) MCP eligible assistance groups (AG) in mandatory managed care enrollment counties that are unable or do not make a choice of an MCP following receipt of a notification of mandatory selection (NMS) must be assigned to an MCP using the following procedure:

- (A) Access, on a daily basis, data provided by ODJFS via the daily eligibility file and utilize the data to populate the contractor's management information system (MIS). The file provides identifying information on every assistance group (AG) and member of the AG the day after the AG is authorized for Medicaid in an MCP eligible category and sent an NMS by ODJFS. The AG is defined by case number, category and sequence;
- (B) Identify, on a daily basis, all individuals and AGs reported on the daily eligibility file that have failed to voluntarily select an MCP within the date specified on the AG's NMS (currently 18 days from authorization);
- (C) Utilize the ODJFS-provided AUF when assigning eligibles to an MCP. The file,

## Appendix C. Assignment Utilization File (AUF) Format and Process

in CRIS-E case number order, will be updated minimally on a monthly basis and will provide, in text delimited ASCII file format, information for each AG member as referenced in the AUF format above;

- (D) All eligibles on the AUF in the ABD program are MCP enrolled on an individual level. All eligibles listed on the AUF in the same AG for the CFC program will be in the same MCP. MCP membership is by AG for the CFC program;
- (E) Assign individuals/AGs that have no members appearing on the AUF to the MCP using ODJFS-determined defined parameters (currently known as discretionary assignments);
- (F) Notify the individuals/AG, by mail, of its assignment to an MCP. The notice shall:
  - a. Identify the MCP to which the individual/AG was assigned;
  - b. Explain the importance of selecting an MCP;
  - c. Remind the individual/AG that if the individual/AG does not contact the contractor, it will be assumed that the individual/AG agrees with the MCP assignment and the selection will be processed. The notice shall be concise and easily understood by the individual or AG representative. It shall be placed in a sealed envelope or folded and sealed to assure confidentiality;
  - d. Include language regarding transition of care as defined in the Ohio Administrative Code (OAC) rules, which explains access when transitioning from regular Medicaid to an MCP. Include other information as required by ODJFS.
- (G) After a predetermined number of days defined by ODJFS (currently 18 days after authorization for Medicaid), data enter the assignment in MITS via the nightly batch process referred to in Section 4.4 (E) (4) and Appendix E of the RFP. The selection effective date must be the first day of the next available month based on state cut-off. Assign CFC eligibles (case additions) who were not listed on the AUF, but appear in the same AG in MITS, to the same MCP as the rest of the AG listed on the AUF; and
- (H) All identified PCP Medicaid provider numbers, as found in FFS history and listed on the AUF, must be included with the selection data forwarded to the MCP as specified in Section 4.4 (E) (4) and Appendix B.

revised 10/31/11

Amendment 1, item 12:

Section X., APPENDICES AND THEIR USES, Appendix J, revised State-Owned Lockbox Fee List, shall now read as follows:

See following attachment.

This Amendment 1 continues next page

**Exhibit #8 to the Banking Services Agreement: Fee Schedule**

2008 AFP Code	2008 AFP Code Description	Alternate AFP Code	Bank Service ID Code	Bid Price	Billable Unit
<b>10000</b>	<b>General Account Services</b>				
010000	Demand Deposit Account Maintenance		010000	5.00	Per Account/Month
010020	Zero Balance Account Maintenance - Master		010020	10.00	Per Account/Month
010021	Zero Balance Account Maintenance - Sub-Account		010021	5.00	Per Account/Month
01002Z	Zero Balance Account Maintenance - Bundled		N/A		Per Account/Month
010100	General Account Activity - Debit Posting		000321	0.00	Per Item
010101	General Account Activity - Credit Posting		000321	0.00	Per Item
010306	DDA Statement - Automated - Network		010306	0.00	Per Account/Month
	DDA Statement-Duplicate Copy		010320	10.00	Per Month
	DDA Statement-Special Cut		010320	5.00	Per Cut
010400	Account Analysis - Automated - Maintenance		010406	0.00	Per Account/Month
			010406	5.00	Per Account/Month
010402	Account Analysis - Automated - Transmission				Per Account/Month
	Account Analysis- Duplicate Copy		010411	10.00	Per Month
	Analysis Charge		010411	3.00	Per Month
000230	FDIC Assessment		000230	Pass Through	
<b>50000</b>	<b>Lockbox Services</b>				
050000	Wholesale Lockbox Maintenance		050000	100.00	Per Account/Month
050002	Wholesale Lockbox Maintenance - P.O. Box Rental		050002	Pass Through	Per P.O. Box/ Month
050010	Retail Lockbox Maintenance				Per Account/Month
050012	Retail Lockbox Maintenance - P.O. Box Rental		050002	Pass Through	Per P.O. Box/ Month
050020	Whole-tail Lockbox Maintenance		050000	100.00	Per Account/Month
050100	Wholesale Lockbox Remittance Processing		050100	0.37	Per Item
050104	Wholesale Lockbox Minimum Charge		050104	0.00	Per Account/Month
050111	Wholesale Lockbox Detail Sorting - Functional/Divisional		050113	0.01	Per Item
05011A	Wholesale Lockbox Photocopy		05011A	0.05	Per Item
05011I	Wholesale Lockbox Hand Open Mail		N/A		Per Item
05011L	Wholesale Lockbox Delivery Preparation Charge		N/A		Per Delivery
05011M	Wholesale Lockbox Correspondence		05011M	0.20	Per Item
05011P	Wholesale Lockbox Special Handling		N/A		Per Item
05011R	Wholesale Lockbox Image		05011R	0.03	Per Item
	Lockbox Image File Transmission		05010R	10.00	Per File/Per Day
	Wholesale Lockbox Envelope Return		05011F	0.05	
	Wholesale Lockbox Add'l Payee		50131	0.00	
	Wholesale Re-association w/o staple		50115	0.05	
	Wholesale Lockbox Fax Charge		50320	5.00	

2008 AFP Code	2008 AFP Code Description	Alternate AFP Code	Bank Service ID Code	Bid Price	Billable Unit
	<i>Wholesale Lockbox Re-association w/ staple</i>		50117	0.05	
050120	Wholesale Lockbox Data Capture - Fixed Charge				Per Item
050121	Wholesale Lockbox Data Capture - MICR Line		050221	0.03	Per Item
050122	Wholesale Lockbox Data Capture - OCR/MICR Line		050221	0.03	Per Item
50129	Wholesale Lockbox Data Capture		050126	0.013	Per keystroke
05013A	Wholesale Lockbox Merchant Card Processing		05013A	0.50	Per Item
05013B	Wholesale Lockbox Cash Payment Processing		050000	0.00	Per Item
05013F	Wholesale Lockbox Non-Standard Processing		05013F	10.00	Per Item
05013H	Wholesale Lockbox Mail Forwarding		050410	1.25	Per Item
050200	Retail Lockbox Remittance - Machine Readable Item - Matched		N/A		Per Item
050202	Retail Lockbox Remittance - Machine Readable Item - Multiples		050202	0.03	Per Item
050218	Retail Lockbox Microfilm		N/A		Per Item
05021A	Retail Lockbox Photocopy		N/A		Per Item
05021L	Retail Lockbox Delivery Preparation Charge		N/A		Per Delivery
05021P	Retail Lockbox Special Handling		N/A		Per Item
05021Q	Retail Lockbox Image		05011R	0.03	Per Item
050224	Retail Lockbox Data Capture - Numeric Single Entry		050126	0.013	Per Item
050238	Retail Lockbox Merchant Card Processing		05013A	0.50	Monthly
05023A	Retail Lockbox Cash Payment Processing		05023A	0.00	Per Item
05023D	Retail Lockbox Mail Forwarding		05011M	1.25	Per Item
050300	Lockbox Deposit		N/A		Per Deposit
050303	Lockbox Deposit - Special		N/A		Per Deposit
050310	Lockbox Deposit Reporting - Automated - Total		N/A		Per Account/Month
	KT Lockbox Image Base Fee		50400	25.00	Per Month
050400	Lockbox Information Delivery - Automated - Maintenance		050404	5.00	Per Month
050401	Lockbox Information Delivery - Automated - Transmission		050401	5.00	Per Account/Month
050405	Lockbox Information Delivery - Automated - Diskette/CD ROM		050405	15.00	Per CD
050413	Lockbox Information Delivery - Manual - Courier/Messenger		050413	6.50	Per Delivery
050414	Lockbox Information Delivery - Manual - Interbranch		N/A		Per Delivery
050424	Lockbox Information Delivery - Image - Internet		050404	0.10	Per Item
050530	Lockbox Reject Items - Unprocessable		050114	0.00	Per Item
	Lockbox Deposited Item Clearing		050300	0.06	Per Item
100000	<b>Depository Services</b>				
100000	Branch Deposit/Night Bag Deposited Cash		100000	0.0005	Per Deposit
	Same Bag Multiple Deposit Fee		100002	0.00	
	Standard Night Bag Fee		100005	0.00	
100004	Branch Deposit-Night Deposit Reuse Bag		100004	0.00	Per Deposit

2008 AFP Code	2008 AFP Code Description	Alternate AFP Code	Bank Service ID Code	Bid Price	Billable Unit
100015	Branch Deposited Currency - Loose		100015	0.0005	Per Deposit
10001Z	Branch Deposited Coin and Currency - Bundled		N/A		Per Deposit
100040	Branch Coin and/or Currency Order - Manual		100040	0.00	Per Order
100044	Branch Furnished Coin - Rolled		100044	0.05	Per Roll
100046	Branch Furnished Coin - Full Box		N/A		Per Full Box
100048	Branch Furnished Currency - Loose		N/A		Per Order
10004A	Branch Furnished Currency - Fed Standard Strap		1004A	0.20	Per Strap
	Branch Envelope Deposit		109999	0.00	
100100	Vault Deposit		100100	0.0005	Per Deposit
100101	Vault Deposit - Coin		100101	1.00	Per Deposit
100140	Vault Coin and/or Currency Order - Manual		100140	7.00	Per Order
100141	Vault Coin and/or Currency Order - Automated		100141	0.00	Per Order
	Vault Coin & Currency Rush		100143	10.00	Per Order
100146	Vault Furnished Coin - Full Box		100146	2.50	Per Full Box
10014A	Vault Furnished Currency - Fed Standard Strap		10014A	0.20	Per Strap
	Vault Furnished Coin -Rolled		100144	0.05	Per Roll
100200	Check Deposit Processing	100200	100020	0.08	Per Deposit
	Vault Deposit Envelope Balancing		100104	1.00	Per Envelope
100210	Encoded Checks-On-U's		100210	0.06	Per Item
100212	Encoded Checks - Local Clearinghouse		100214	0.06	Per Item
100213	Encoded Checks - Local Fed		100213	0.06	Per Item
100214	Encoded Checks - Other Fed		10021Z	0.06	Per Item
100215	Encoded Checks - Fed RCPC		100215	0.06	Per Item
100218	Encoded Checks-Direct Sends		100218	0.03	Per Item
100220	Unencoded Checks-On-U's		100220	0.08	Per Item
100222	Unencoded Checks - Local Clearinghouse		100222	0.08	Per Item
100223	Unencoded Checks-Local Fed		100223	0.08	Per Item
100224	Unencoded Checks-Other Fed		100224	0.08	Per Item
100225	Unencoded Checks - Fed RCPC		100225	0.08	Per Item
100226	Unencoded Checks - Direct Sends		100218	0.03	Per Item
100228	Check Encoding Surcharge		N/A		Per Item
10022Z	Unencoded Checks-Bundled		N/A		Per Item
100230	Checks Deposited - MICR Reject/Repair		100230	0.50	Per Item
	Electronic Item Clearing Agent		10021B	0.07	Per Item
	Electronic Item OnUs		100210	0.03	Per Item
100240	Clearing Surcharge		N/A		Per Item
100400	Return Item Processing - Regular		100400	1.00	Per Item
	Return Item-RCK 1st & 2nd Presentment		100450	0.50	Per Item
	Return Item-incoming return buybacks		100404	5.00	Per Return Items
100401	Return Item Processing - Special Handling		N/A		Per Item
100402	Return Item Processing - Reclear Item		100402	3.00	Per Item
100403	Return Item Processing - Delivery		N/A		Per Item
100410	Return Item Notification - Terminal		100414	5.00	Per Item
100411	Return Item Notification - Transmission		100411	5.00	Per Item
100414	Return Item Notification - Network		100414	5.00	Per Item
100420	Return Item Notification - Manual		100420	4.00	Per Item
100430	Return Item Notification - Data Capture		100414	0.50	Per Item

2008 AFP Code	2008 AFP Code Description	Alternate AFP Code	Bank Service ID Code	Bid Price	Billable Unit
	Incoming Return Multi Advice		100401	0.00	Per Account
	Return Item Driver License		100430	0.00	Per Item
	Return Item Trans Detail		100411	0.00	Per Item
	Return Item Image		100415	0.50	Per Item
100500	Deposit Adjustment Processing		109999	1.00	Per Deposit Adjustment
100501	Deposit Adjustment Processing - Coin and/or Currency		100501	1.00	Per Deposit Adjustment
100600	Deposit Reconciliation Maintenance		100600	0.00	Per Account/Month
	Deposit Recon per item		100610	25.00	Per Item
100800	Depository Supplies Furnished - Currency Straps		1008ZZ	1.00	Per Item
100830	Depository Supplies Furnished - Disposable Deposit Bags		100800	Pass Through	Per Item
	Key Capture Scanned Item		109999	0.01	Per Item
	Key Capture Maint		109999	50.00	monthly
	Key Capture ACH Conversion		Unassigned	25.00	monthly
	Key Capture Plus Fee		109999	300.00	monthly
	Key Capture Reporting Module		109999	20.00	monthly
	Key Capture- ARC		Unassigned	0.04	Per Item
	Key Capture- Draft		Unassigned	0.50	Per Item
150000	Paper Disbursement Services				
1500ZZ	Paper Disbursement Maintenance - Bundled		N/A		Per Account/Month
150100	Checks Paid - Regular		150100	0.045	Per Item
150120	Checks Paid - Positive Pay		N/A		Per Item
150130	Payable Through Drafts - Processed		150130	0.045	Per Item
	CDA Admin Fee		150000	25.000	Per Account
	CDA Checks		150130	0.05	Per Item
	Warrants		150130	0.03	Per Warrant
150240	Checks Paid - Maximum Dollar Verification		N/A		Per Item
150300	Check Rejects		150300	0.50	Per Item
150320	Returned Checks		150320	33.00	Per Item
150340	Non-Sufficient Funds (NSF) - Check Handling Fee		N/A		Per Item
150341	Non-Sufficient Funds (NSF) - Item Paid		020200	33.00	Per Item
	Uncollected Fund Direct Charge		00211H	Prime +3%	Per Occurrence
150410	Stop Payment - Automated		150410	2.50	Per Item
150800	Check Stock		150810	Pass Through	Based on Order
150810	Check Supplies		150810	Pass Through	Based on Order
151300	Check Retention Maintenance		N/A		Per Account/Month
151310	Check Retention and Destruction		151320	0.015	Per Item
151342	Check Retrieval - Photocopy - Manual		151342	3.00	Per Item
151350	Check Imaging - Maintenance		151350	5.00	Per Account/Month
151351	Check Image Capture		151351	0.15	Per Item
151355	Check Image - Internet		151352	0.10	Per Item

2008 AFP Code	2008 AFP Code Description	Alternate AFP Code	Bank Service ID Code	Bid Price	Billable Unit
151360	Check Return - Original Checks		151360	5.00	Per Item
	Check Image-Long Term Maint		151350	20.00	Per Month
	Check Image-Long Term per item fee		151351	0.00	Per Item
151710	Online Inquiry/Stop Payment Software - Maintenance		400210	25.00	Per Account/Month
200000	<b>Paper Disbursement and Reconciliation Services</b>				
200010	Paper Disbursement Reconciliation Maintenance - Full		200010	10.00	Per Account/Month
	ARP Full Recon w/s per item		200100	0.00	Per Item
	ARP Full Recon Minimum		200010	25.00	Per Account
	ARP Full Payee per item		200110	0.02	Per Item
	ARP Full Payee Minimum		200010	0.00	Per Account
	ARP Safekeeping per item		151320	0.02	Per Item
200301	Paper Disbursement Reconciliation Reports - Transmission		200201	5.00	Per Transmission
	Positive Pay Trans Daily Input		200201	70.00	Per Month
	Positive Pay Trans Wkly Input		200201	20.00	Per Month
250000	<b>ACH Services</b>				
250000	General ACH Maintenance		250000	10.00	Per Account/Month
250100	ACH Originated-Debit		250100	0.025	Per Item
250101	ACH Originated-Credit		250101	0.025	Per Item
250102	ACH Originated-Debit/Credit		N/A		Per Item
250110	ACH Originated - Minimum Charge		250110	10.00	Per File
250120	ACH Originated - Addenda Records		N/A		Per Item
250130	ACH Originated - Prenotification		N/A		Per Item
250140	ACH Originated - Night Cycle Surcharge		250140	0.00	Per File
250200	ACH Received - Debit		250200	0.025	Per Item
250201	ACH Received - Credit		250201	0.025	Per Item
250202	ACH Received - Debit/Credit		N/A		Per Item
250220	ACH Received - Addenda Records		N/A		Per Item
250302	ACH Return Item - Debit/Credit		250302	1.00	Per Item
250400	ACH Return Item Notification - Automated		250400	5.00	Per Item
250401	ACH Return Item Notification - Manual		250401	5.00	Per Item
	ACH Manual Corrections		25010F	5.00	
250501	ACH Input - Automated - Transmission		250501	5.00	Per Transmission
250505	ACH Input - Automated - Internet		N/A		Per File
250610	ACH Exception Processing - Item Modification		250000	10.00	Per Item
250620	ACH Exception Processing - Item Deletion		250000	10.00	Per Item
250640	ACH Exception Processing - Item Reversal		250000	10.00	Per Item
250701	ACH Activity Reporting - Automated - Previous Day - Detail		400002	5.00	Per Month
250702	ACH Activity Reporting - Automated - Intraday - Summary		400005	5.00	Per Month
250710	ACH Activity Reporting - Manual - Previous Day - Summary		N/A		Per Account/Month

2008 AFP Code	2008 AFP Code Description	Alternate AFP Code	Bank Service ID Code	Bid Price	Billable Unit
	CAR Report via KTT info Rept		250701	5.00	Per Month
250810	ACH Master File Copy - Automated		N/A		Per File
251030	Special ACH Service - Membership File		N/A		Per File
251040	Special ACH Services - Vendor Input		N/A		Per File
251050	Special ACH Service - Debit Authorization		251051	5.00	Per Authorization
251052	Special ACH Service - Debit Authorization-Update		251052	5.00	Per Authorization
251070	Special ACH Service - Notification of Change - Automated		251070		Per Item
251079	Special ACH Services - Vendor Input		N/A		Per Item
251100	ACH Software - Maintenance		251100	25.00	Per Month
251110	ACH Software - Usage		N/A		Per Account/Month
	ACH Direct Monthly Maint		250110	15.00	
	EPA Admin Fee w/ ACH Direct		251053	15.00	
<b>260000</b>	<b>ACH Concentration Services</b>				
260000	ACH Concentration Maintenance		N/A		Per Account/Month
260100	Concentration Activity - ACH Item		N/A		Per Item
260301	Concentration Input - Automated - Transmission		N/A		Per Transmission
260310	Concentration Input - Manual		N/A		Per Item
260319	ACH Concentration-Cancellation Input		N/A		Per Item
260400	Concentration Reporting - Automated - Daily		N/A		Per Account/Month
260401	Concentration Reporting - Automated - Cumulative		N/A		Per Account/Month
260501	Concentration Master File - Update		N/A		Per Item
260502	Concentration Master File - Storage		N/A		Per Account/Month
<b>300000</b>	<b>EDI Services</b>				
300000	EDI Maintenance - Origination		300000	25.00	Per Account/Month
300010	EDI Maintenance - Receiving		300010	25.00	Per Account/Month
300100	EDI Origination Transmission - Direct		300200	5.00	Per Transmission
300102	EDI Origination Transmission - Network		300200	5.00	Per Transmission
300200	EDI Receiving Transmission - Direct		300200	5.00	Per Transmission
300210	EDI Receiving Translation		300210	0.05	Per File
300224	EDI Receiving Remittance Advising - Terminal		300102	5.00	Per Account/Month
<b>350000</b>	<b>Wire and Other Fund Transfer Services</b>				
350000	Funds Transfer System Maintenance		350600	25.00	Per Account/Month
350100	Outgoing Fedwire Transfer - Automated - Repetitive		350100	5.00	Per Item
350102	Outgoing Fedwire Transfer - Automated - Freeform Repair		N/A		Per Item

2008 AFP Code	2008 AFP Code Description	Alternate AFP Code	Bank Service ID Code	Bid Price	Billable Unit
350103	Outgoing Fedwire Transfer - Automated - Freeform Straight-Through		350103	6.00	Per Item
350104	Outgoing Fedwire Transfer - Automated - Freeform		350103	6.00	Per Item
350110	Outgoing CHIPS Transfer - Automated - Repetitive		350110	10.00	Per Item
350112	Outgoing CHIPS Transfer - Automated - Unqualified		350112	15.00	Per Item
350113	Outgoing CHIPS Transfer - Automated - Qualified		350112	15.00	Per Item
350123	Outgoing Book Transfer - Automated - Freeform Straight-Through		350550	3.50	Per Item
350124	Outgoing Book Transfer - Automated - Freeform		350550	3.50	Per Item
	Internal Transfer-Debit		35022Z	5.00	Per Item
350200	Outgoing Fedwire Transfer - Manual - Repetitive		350202	9.00	Per Item
350202	Outgoing Fedwire Transfer - Manual - Freeform		350202	10.00	Per Item
350212	Outgoing CHIPS Transfer - Manual - Freeform		350110	25.00	Per Item
350222	Outgoing Book Transfer - Manual - Freeform		350222	5.00	Per Item
350300	Incoming Fedwire Transfer		350300	8.00	Per Item
350310	Incoming CHIPS Transfer		350310	10.00	Per Item
350320	Incoming Book Transfer		350300	5.00	Per Item
350402	Funds Transfer Advice - Automated - Debit/Credit		35400Z	5.00	
350410	Funds Transfer Advice - Manual - Debit		35022Z	2.00	Per Item
350411	Funds Transfer Advice - Manual - Credit		350402	2.00	Per Item
350412	Funds Transfer Advice - Manual - Debit/Credit		350402	2.00	Per Item
350510	Outgoing Fedwire Transfer - Standing Instruction		350510	5.00	Per Item
350521	Drawdown Request - Fedwire Transfer		N/A		Per Item
350524	Drawdown Initiation - Automated		350524	5.00	Per Item
350525	Drawdown Initiation - Manual		350525	10.00	Per Item
350550	Repetitive Funds Transfer Code Origination and Update		N/A		Per Item
	Wire Transfer Special Instructions		350580	0.00	
350560	Funds Transfer Investigation		350560	25.00	Per Item
350600	Funds Transfer Software - Maintenance		356000	25.00	Per Account/Month
	Incoming Swift Manual		350710	35.00	Per Item
<b>400000</b>	<b>Information Services</b>				
400002	Domestic Information Maintenance - Terminal/Network - Previous Day - Summary/Detail		400002	5.00	Per Account/Month
400012	Domestic Information Maintenance - Electronic File - Previous Day - Summary/Detail		400221	5.00	Per Account/Month
400015	Domestic Information Maintenance - Electronic File - Intraday - Summary/Detail		400225	5.00	Per Account/Month

2008 AFP Code	2008 AFP Code Description	Alternate AFP Code	Bank Service ID Code	Bid Price	Billable Unit
400110	Domestic Information - Loading-Low Speed		400110	5.00	Per File
400210	Domestic Reporting - Access Charge		400210	5.00	Per Account/Month
400222	Domestic Reporting - Terminal/Network - Previous Day - Summary/Detail		400222	0.015	Per Account/Month
400225	Domestic Reporting - Terminal/Network - Intraday - Summary/Detail		400225	0.015	Per Account/Month
400236	Domestic Reporting - Electronic File - Multibank - Summary		400002	0.015	Per Account/Month
400271	Domestic Reporting - Internet - Previous Day - Detail		400002	0.015	Per Account/Month
400275	Domestic Reporting - Internet - Intraday - Summary/Detail		400005	0.015	Per Account/Month
	Info Reporting Client		4002ZZ	10.000	Per Item
4002ZZ	Domestic Reporting - Bundled		N/A		Per Account/Month
	KTTSameday Positive Pay		150030	0.00	
	KTTSameday Positive Pay		150030	0.00	
	KTTFax Previous Day		400242	30.00	Per Account/Month
40050Z	Global Information Reporting		400011	5.00	Per Account/Month
400521	Global Information - Data Exchange - Outbound		40022Z	5.00	Per Account/Month
	KTTS Global Ept Detail Items		400621	0.02	Per Item
400810	Information Services - Set-Up Fee		N/A		Per Occurrence
401000	Information Services Software - Maintenance		400210	5.00	Per Account/Month
401010	Information Services Hardware		N/A		Based On Order
401020	Information Services Supplies		N/A		Based On Order
	KTTS File Transfer Base Fee		40001Z	0.00	Per Account/Month
<b>450000</b>	<b>Investment and Custody Services</b>				
450020	Automatic Investment Maintenance		450020	125.00	Per Account/Month
<b>600000</b>	<b>International Services</b>				
600102	International Collection Item - Clean - Foreign Currency - Outgoing			50.00	Per Item + Pass Through
	<b>One Time Set Up Charges</b>				
	EPA Implementation Fee		251050	5.00	Per Account
	KeyImage Viewing Software		151730	5.00	
	EDI General Fee Set Up Fee		309999	5.00	
	Key Capture Plus Set Up Fee		109999	1,500.00	Per Installation
	Key Capture Set Up Fee		109999	50.00	Per Installation
	Lockbox Set up Fee		50138	100.00	Per Lockbox
	Custom Programming			125.00	Per Hour

Amendment 1, item 13:

Section X., APPENDICES AND THEIR USES, additional documentation to Appendix O, shall now read as follows:

See following attachment.

This Amendment 1 continues next page

## **APPENDIX O: EXEMPTIONS PROCEDURES**

### **PROCEDURES FOR ACCEPTING, FORWARDING AND RESOLVING CHILDREN IN CUSTODY (CIC), BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS (BCMh), SUPPLEMENTAL SECURITY INCOME (SSI) AND TITLE IV-E FOSTER CARE AND ADOPTION ASSISTANCE MEDICAID MANAGED CARE EXEMPTION REQUESTS**

**October 31, 2011**

Purpose: The following procedures outline the steps to be taken by the Medicaid Hotline to accept, forward and resolve Children in Custody (CIC), Bureau for Children with Medical Handicaps (BCMh), Supplemental Security Income (SSI), and Title IV-E foster care and adoption assistance Medicaid Managed Care Plan exemption requests for Covered Families and Children (CFC) eligibles. The procedures are a direct result from requirements set forth in the Medicaid Hotline Request for Proposal (RFP). Section 3.1.J. of the RFP specifically addresses requirements for Children in Custody, Bureau for Children with Medical Handicaps (BCMh), Supplemental Security Income (SSI), and Title IV-E foster care and adoption assistance exemption requests.

Criteria for exemptions for CFC Children under nineteen (19) years of age who are [OAC 5101:3-26-02(B)(3)]:

- Eligible for Supplemental Security Income (SSI);
- Receiving federal foster care maintenance or federal adoption assistance under Title IV-E;
- In foster care or out of home placement;
- Receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps (BCMh).

#### **Steps for accepting, forwarding and resolving Supplemental Security Income (SSI) requests:**

1. When consumers call the Medicaid Hotline to return their child to Medicaid fee-for-service (FFS) due to receiving SSI, the Medicaid Hotline counselor will collect all required information necessary to process the request;
2. Dedicated Medicaid Hotline staff will verify through the States' MIS (CRIS-E or MITS) or contact the consumer (via phone or letter) to request verification of receipt of SSI;

## Appendix O: Exemption Procedures

3. If the child is receiving SSI and is not enrolled in an MCP or has a future MCP enrollment date, the Medicaid Hotline will terminate the MCP enrollment if applicable, take action necessary to prevent future managed care enrollment for 1 year or as determined by ODJFS and send the consumer a letter approving the request;
4. If the child is currently a member of an MCP, the Medicaid Hotline will either terminate the enrollment based on the monthly cut-off/effective date or terminate the enrollment retroactively if there are medical appointments during the current month. The Medicaid Hotline will contact the consumer regarding the termination of enrollment via telephone and send the consumer a letter approving the request;
5. If the child is not receiving SSI, the Medicaid Hotline will send a letter indicating that managed care is mandatory in the child's region and inform them to make an MCP selection.

### **Steps for accepting, forwarding and resolving requests from Foster Care, Out-of-Home Placement or Children in Custody:**

1. When consumers call the Medicaid Hotline to return their child to Medicaid fee-for-service (FFS) due to foster care or an out-of-home placement, the Medicaid Hotline counselor will collect all required information necessary to process the request.
2. Dedicated Medicaid Hotline staff will verify consumer's living arrangement status through the States' MIS (CRIS-E or MITS) or by contacting the local public children's services agency (PCSA) or other appropriate entity;
3. If the child is in foster care or out-of-home placement and not enrolled in an MCP or has a future MCP enrollment date, the Medicaid Hotline will terminate the MCP enrollment if applicable, take action necessary to prevent future managed care enrollment for 1 year or as determined by ODJFS and send the consumer a letter approving the request;
4. If the child is currently a member of an MCP, the Medicaid Hotline will either terminate the enrollment based on the monthly cut-off/effective date or terminate the enrollment retroactively. The effective date of the termination will be the last day of the month preceding placement. The Medicaid Hotline will contact the consumer regarding the termination of enrollment via telephone and send the consumer a letter approving the request;
5. If the child is not in foster care or out-of-home placement, the Medicaid Hotline will send a letter indicating that managed care is mandatory in the child's region and inform them to make an MCP selection;

## Appendix O: Exemption Procedures

6. Public children service agencies (PCSAs) may also contact the Medicaid Hotline via telephone, fax, or e-mail to return children to Medicaid fee-for-service (FFS). The effective date of termination should reflect the PCSA request and no further verification is necessary;
7. If the child is not in foster care or out-of-home placement and the caller is indicating the child's guardianship has changed (i.e., from one parent to another, to a grandparent, etc.) the Medicaid Hotline will send the request to ODJFS.

### **Steps for accepting, forwarding and resolving Bureau for Children with Medical Handicaps (BCMh) requests:**

1. When consumers call the Medicaid Hotline to return their child to Medicaid fee-for-service (FFS) due to a child's current letter of approval for BCMh services, the Medicaid Hotline counselor will collect all required information necessary to process the request;
2. Dedicated Medicaid Hotline staff will verify the current letter of approval for BCMh services by contacting staff at the Ohio Department for Health (ODH), Bureau for Children with Medical Handicaps. The Medicaid Hotline may contact ODH via telephone and/or secure e-mail;
3. If the child has a current letter of approval for BCMh services and not enrolled in an MCP or has a future MCP enrollment date, the Medicaid Hotline will terminate the MCP enrollment if applicable, take action necessary to prevent future managed care enrollment for 1 year or as determined by ODJFS and send the consumer a letter approving the request;
4. If the child is currently a member of an MCP, the Medicaid Hotline will either terminate the enrollment based on the monthly cut-off/effective date or terminate the enrollment retroactively if there are medical appointments during the current month. The Medicaid Hotline will contact the consumer regarding the termination of enrollment via telephone and send the consumer a letter approving the request;
5. If the child does not have a current letter of approval from BCMh, the Medicaid Hotline will send a letter indicating that managed care is mandatory in the child's region and inform them to make an MCP selection.

Appendix O: Exemption Procedures

DOES MEET EXEMPTION CRITERIA EXAMPLE



October 5, 2011

RE: Case Name:  
Case Number:  
Consumer Name:

Dear Approved Exemption:

This letter is to notify you that the Medicaid Managed Care Enrollment Center (MCEC) has verified that the above mentioned consumer(s) does not have to join a Medicaid Managed Care Plan or has been disenrolled from the Medicaid Managed Care Plan effective 11/01/2011 due to meeting the following federal exemption criteria:

- Child under age 19 receiving services through the Bureau for Children with Medical Handicaps (BCMh)
- Child under age 19 receiving Supplemental Security Income (SSI)
- Child under age 19 in custody of a public children's services agency (PCSA)

You should call the Medicaid Managed Care Enrollment Center if the consumer(s) receives another notice about becoming a member of a Medicaid managed care plan or receives a Medicaid managed care plan member identification card instead of a regular Medicaid card.

If you have any questions about this letter, you can contact the Medicaid Managed Care Enrollment Center at 1-800-605-3040.

Sincerely,

The Ohio Medicaid Managed Care Enrollment Center

Appendix O: Exemption Procedures

DOES NOT MEET EXEMPTION CRITERIA EXAMPLE



October 5, 2011

RE: Case Name:  
Case Number:  
Consumer Name:

This letter is to inform you that the Medicaid Managed Care Enrollment Center (MCEC) has received your request that the above mentioned individual(s) be allowed to remain on the regular Medicaid program. Membership in a managed care plan (MCP) is mandatory in your county. Consumers who are found eligible for Medicaid under the Covered Families and Children, Healthy Start/Healthy Families Medicaid program must choose one of the managed care plans in their county to receive health care.

**Individuals under the age of 19 years, who meet one of the following criteria, may remain on regular Medicaid:**

- Receiving services through the Bureau for Children with Medical Handicaps (BCMh)
- Receiving Supplemental Security Income (SSI)
- Is a child in foster care or other out-of-home placement through a public children's services agency (PCSA)

The Medicaid Managed Care Enrollment Center has verified that the above mentioned individual(s) does not meet the criteria indicated in your request. The individual(s) listed above must therefore remain a member or become a member of one of the MCPs that are available in your county.

If you have any questions about this letter, you can contact the Medicaid Managed Care Enrollment Center at 1-800-605-3040.

Sincerely,

The Ohio Medicaid Managed Care Enrollment Center

Amendment 1, item 14:

Section X., APPENDICES AND THEIR USES, additional documentation to Appendix P, shall now read as follows:

See following attachment.

This Amendment 1 continues next page

## **APPENDIX P: TRANSITION OF MEMBERSHIP AND JUST CAUSE**

### **PROCEDURES FOR ACCEPTING, FORWARDING AND RESOLVING TRANSITION OF MEMBERSHIP ISSUES AND JUST CAUSE REQUESTS**

**October 31, 2011**

Purpose: The following procedures outline the steps to be taken by the Medicaid Hotline to accept, forward and resolve transition of membership issues and just cause requests made by Aged, Blind or Disabled (ABD) and Covered Families and Children (CFC) eligibles. The procedures are a direct result from requirements set forth in the Medicaid Hotline Request for Proposal (RFP). Section 3.3.G. of the RFP specifically addresses requirements for Transition of Membership and Just Cause.

#### **Steps for accepting and forwarding Transition of Membership requests:**

Transition of Membership Criteria [Managed Care Plan Provider Agreement-appendix C (ABD 29.h. and CFC 29.i)]:

##### **Transition of Membership Applicable to CFC and ABD**

- The member has been approved to receive an organ, bone marrow, or hematopoietic stem cell transplant;
- The member is in her third trimester of pregnancy and has an established relationship with an obstetrician and/or delivery hospital;
- The member has been scheduled and prior-approved for inpatient/outpatient surgery.

##### **Transition of Membership Applicable to CFC**

- Appointment in the initial month of MCP membership with specialty physicians.

##### **Transition of Membership Applicable to ABD**

- Appointments in the first three months of MCP membership with a PCP or specialty physician that were scheduled prior to the effective date;
- The member is receiving ongoing chemotherapy or radiation treatment;
- Hospital discharge within the last 30 days and is following a treatment plan;
- Pre-certified to receive durable medical equipment which has not yet been received.

1. Before completing a Transition of Membership request, inform the consumer they **MUST** contact the MCP before any Transition of Membership request can be processed. (i.e., do not complete a Transition of Membership request until the consumer has contacted the MCP);

## Appendix P: Transition of Membership and Just Cause

2. If the consumer calls the Medicaid Hotline and doesn't meet one of the criteria for a Transition of Membership request, the Medicaid Hotline will send a letter indicating that managed care is mandatory in the consumer's region and informing them to make an MCP selection if they have not yet selected an MCP.
3. If the consumer calls the Medicaid Hotline, states they have contacted the MCP concerning the Transition of Membership, **but the MCP did not assist them with their problem**, a Transition of Membership request will be taken and forwarded to Ohio Department of Job and Family Services (ODJFS).

### **Steps for accepting, forwarding and resolving Just Cause requests for ABD and CFC consumers whose primary care physician (PCP) is not contracted by the consumer's MCP or when they meet Just Cause criteria:**

#### Just Cause Criteria [OAC 5101: 3-26-02.1 (D)(9)]:

- The member moves out of the MCP's service area;
  - The MCP does not, for moral or religious objections, cover the service the member seeks;
  - The member needs related services to be performed at the same time; not all related services are available within the MCP network, and the member's PCP or another provider determines that receiving services separately would subject the member to unnecessary risk;
  - Other reasons, including but not limited to, poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the member's health care needs;
  - The PCP selected by a member leaves the MCP's panel and was the only available and accessible PCP speaking the primary language of the member, and another PCP speaking the language is available and accessible in another MCP in the member's county of residence; service area;
  - A situation in which, as determined by ODJFS, continued membership in the MCP would be harmful to the interests of the member.
1. Once an MCP member calls to change an MCP after their initial three months or outside their open enrollment month, the counselor must ask if the reason for their request to change is related to problems with quality of services or accessing services through the MCP;
  2. Before completing a Just Cause request, inform the consumer they **MUST** contact the MCP about the non-contracted PCP or any other problem(s) before any request can be processed. (i.e., do not complete a Just Cause request until the consumer has contacted the MCP);
  3. If the consumer calls the Medicaid Hotline and states they have contacted the MCP concerning the non-contracted PCP or any other issue and the consumer doesn't meet one of the criteria for a Just Cause request, the Medicaid Hotline will send a letter indicating that managed care is mandatory in the consumer's region and informing them to make an

## Appendix P: Transition of Membership and Just Cause

MCP selection if they have not yet selected an MCP. The letter will inform the consumer that if he or she does not choose a PCP, the MCP will assign a PCP, however the member can call the MCP's member services toll-free number to change to another PCP in the MCP's provider panel.

4. If the consumer calls the Medicaid Hotline, states they have contacted the MCP concerning the non-contracted PCP or any other issue and meets one of the criteria for a Just Cause request, a Just Cause application will be taken and forwarded to Ohio Department of Job and Family Services (ODJFS).

## Appendix P: Transition of Membership and Just Cause

### DOES NOT MEET CFC JUST CAUSE CRITERIA EXAMPLE



Department of  
Job and Family Services

October 5, 2011

RE: Case Name:  
Case Number:  
Consumer Name:

Membership in a managed care plan (MCP) is mandatory. Consumers who are found eligible for Medicaid under Covered Families and Children (CFC), Healthy Start/Healthy Families Medicaid programs must choose one of the MCPs in their county to receive health care.

Individuals under the age of 19 years, who meet one of the following criteria, may remain on regular Medicaid:

- Receiving services through the Bureau for Children with Medical Handicaps (BCMh)
- Receiving Supplemental Security Income (SSI)
- Receiving foster care or adoption assistance under Title IV-E
- Is a child in foster care or other out-of-home placement through a public children's services agency (PCSA)

The MCP must help you get the medical services you need. They may be able to arrange for you to see the same providers you see now even if the providers do not have a contract with your MCP, but are willing to see you and be paid by the MCP. You will need to contact the MCP member's services to notify the plan of any upcoming appointments and to discuss your health concerns. If you contact the MCP and are not satisfied with their actions, you may file a grievance by calling the MCP's member services. If you file a grievance and are still not satisfied with the MCP's actions, you may want to file a complaint with the state. You can call the Medicaid Managed Care Enrollment Center at 1-800-605-3040, and they will transfer you to the correct area to file a complaint.

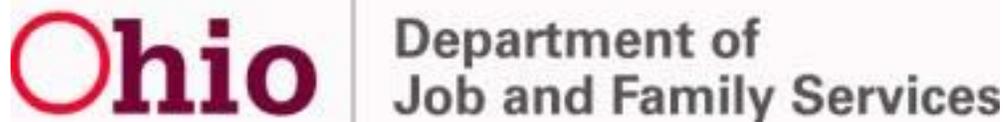
Whether you chose your plan or were assigned one, you can change your MCP for any reason during your first three months of membership. To change your MCP or if you have questions about this letter, you can contact the Medicaid Managed Care Enrollment Center at 1-800-605-3040.

Sincerely,

The Ohio Medicaid Managed Care Enrollment Center

## Appendix P: Transition of Membership and Just Cause

### DOES NOT MEET ABD JUST CAUSE CRITERIA EXAMPLE



October 5, 2011

RE:

It is a state law that most consumers in your county who receive Medicaid because they are aged, blind, or disabled (ABD), have to enroll in a Managed Care Plan (MCP) in order to receive health care. Unless you fall into one of the groups below, you must enroll in an MCP.

- Under age 21,
- Receiving Medicare,
- Living in a nursing home or intermediate care facility/mental retardation (ICF-MR),
- Eligible for Medicaid by spending down income or resources,
- Receiving Medicaid waiver services.

The MCP must help you get the medical services you need. They may be able to arrange for you to see the same providers you see now even if the providers do not have a contract with your MCP, but are willing to see you and be paid by the MCP. You will need to contact the MCP member's services to notify the plan of any upcoming appointments and to discuss your health concerns. If you contact the MCP and are not satisfied with their actions, you may file a grievance by calling the MCP's member services. If you file a grievance and are still not satisfied with the MCP's actions, you may want to file a complaint with the state. You can call the Medicaid Managed Care Enrollment Center at 1-800-605-3040, and they will transfer you to the correct area to file a complaint.

Whether you chose your plan or were assigned to one, you can change your MCP for any reason during your first three months of membership. To change your MCP or if you have questions about this letter, you can contact the Medicaid Managed Care Enrollment Center at 1-800-605-3040.

Sincerely,

The Ohio Medicaid Managed Care Enrollment Center

Amendment 1, item 15:

Section X., APPENDICES AND THEIR USES, remove Appendix T, TPL Resource File Format to Hotline and replace it with Appendix T, Return Check Form. Also add Appendix U, Blank Invoice and Appendix V, Invoice Messages, this shall now read as follows (the underscores indicates the changes):

**SECTION X.                    APPENDICES AND THEIR USES**

- A.        Just Cause File Format**
- B.        Managed Care CCR Format**
- C.        Assignment Utilization File**
- D.        Hotline Eligibility and Demographics from MITS**
- E.        Hotline MCP Enrollment to MITS**
- F.        Managed Care Provider Network File Specifications**
- G.        Provider Master File**
- H.        Premium File Layouts**
- I.        Sample Telephone Audit Form**
- J.        State-Owned Lockbox Fee List**
- K.        Sample Contractor-Generated Managed Care Reminder Letters**
- L.        Call Type**
- M.        Call Volume**
- N.        Mail volume**
- O.        Exemption Procedures**
- P.        Transition of Membership and Just Cause Procedures**
- Q.        Medicaid Population**
- R.        TPL Resource File to Hotline**
- S.        Number of MBIWD Premium Cases**
- T.        Return Check Letter Form**
- U.        Blank Invoice**
- V.        Invoice Messages**

**Ted Strickland**  
Governor



**Helen E. Jones-Kelley**  
Director

30 East Broad Street Columbus, Ohio 43215-3414  
jfs.ohio.gov

Date

Name  
Address

RE: program and account# (If known)

Dear Mr./Ms:

Our office is returning a copy of the enclosed check in the amount of \$\_\_\_\_\_ for the following reason:

- Additional information is needed to apply your payment to the correct account.
- The check is not signed.
- Incorrect payee
- Other:

Please contact the Ohio Medicaid Consumer Hotline at 1-800-324-8680 so we can credit your payment to the correct account.

The Office of Ohio Health Plans

## Medicaid Buy-In for Workers with Disabilities

Case/Cat/Seq

Consumer Name



Mailing address

<b>Amount Due</b>	<b>\$0.00</b>
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Invoice Date: 10/28/2011

Date	Description	Charges / Payments
<b>PLEASE PAY THIS AMOUNT:</b>		<b>\$0.00</b>

Invoice Message

**NOTE: Please include your account number in the memo field of your payment.**

- Acceptable forms of payment are check and money order.
- If you have any questions about this invoice, please call 800-324-8680.

<b>Account #</b>	0000 0000 0000 0000
<b>Due Date</b>	
<b>Amount Due</b>	\$0.00
<b>Amount Enclosed</b>	

**Make check or money order payable to:**

**Treasurer, State of Ohio / ODJFS**  
 Ohio Department of Job and Family Services  
 PO Box 713067  
 Cincinnati, OH 45271-3067



**CBI Final Warning:**

We send out an invoice the first month if they do not send a payment we send this message below on the next invoice. After that we do not send any more invoices.

If you fail to pay your premium in full, your opportunity to purchase coverage will end. To re-apply go to <http://cbi.odjfs.state.oh.us/>.

**Monthly Invoice Paid to date:**

Thank you for your prompt payment.

**Monthly Invoice one month due:**

**CBI:** Your account is now past due. If your payment is not received by the 15th, your coverage will end. Your account may be referred to the Ohio Attorney General for collection.

**MBIWD:** Your account is now past due. Failure to make your payment may result in termination of your coverage. If you fail to pay your premium, your account may be referred to the Ohio Attorney General for collection. Collection efforts may include garnishing your paycheck or your tax refund.

**Monthly Invoice two months due:**

**CBI:** Your account is now past due. If your payment is not received by the 15th, your coverage will end. Your account may be referred to the Ohio Attorney General for collection.

**MBIWD:** Your account is now in default. Your case has been referred to your County Department of Job & Family Services for termination. A minimum payment amount of (Minimum amount for account to be up to date) must be received immediately to stop termination. If you fail to pay your premium, your account will be referred to the Ohio Attorney General for collection. Collection efforts may include garnishing your paycheck or your tax refund.

**Monthly Invoice three or more months due:**

**CBI:** Your account is now past due. If your payment is not received by the 15th, your coverage will end. Your account may be referred to the Ohio Attorney General for collection.

**MBIWD:** Your account is now in default. Your case has been referred to your County Department of Job & Family Services for termination. A minimum payment amount of (Minimum amount for account to be up to date) must be received immediately to stop termination. If you fail to pay your premium, your account will be referred to the Ohio Attorney General for collection. Collection efforts may include garnishing your paycheck or your tax refund.

**Final Invoice when account is closed account is not up to date:**

This is your final notice. The above amount is due. If you fail to pay your premium, your account will be referred to the Ohio Attorney General for collection. Collection efforts may include garnishing your paycheck or your tax refund.

**Final Invoice when account is closed account is up to date:**

**CBI:** Your payment(s) has been received and your account is paid in full. To reapply for Children's Buy-In benefits, go to <http://cbi.odjfs.state.oh.us/> Please retain this notice for your records.

**MBIWD:** Your payment(s) has been received and your account is paid in full. To reapply for Medicaid benefits, please contact your CDJFS caseworker. Please retain this notice for your records. If a refund is due, it may take 60 to 90 days from the date of this invoice before you receive a check.