

CHAPTER 3: PROVIDER NETWORK PARTICIPATION

UNIT 5: OHIO HEALTHCARE SIMPLIFICATION ACT



FOR PROVIDERS LOCATED IN OHIO AND PARTICIPATING WITH HIGHMARK PLANS IN WEST VIRGINIA AND PENNSYLVANIA

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[What Is My Service Area?](#)

The *Highmark Provider Manual* contains information, policies, and procedures that apply to Highmark network participating providers in Pennsylvania, Delaware, West Virginia, and contiguous counties. The symbols below are used in the manual to identify information that is specific to one state. In some instances, information may be designated as applicable to two states only. **When no symbol is present, the information is relevant to all states.**



The PA ONLY symbol indicates that information in the section is applicable to providers participating in Highmark networks in Pennsylvania and contiguous counties.



The DE ONLY symbol indicates that information in the section is applicable to providers participating in Highmark networks in Delaware and contiguous counties.



The WV ONLY symbol indicates that information in the section is applicable to providers participating in Highmark networks in West Virginia and contiguous counties.

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3.5 INTRODUCTION

Overview



This unit sets forth provisions of, and procedures and policies resulting from, the Ohio Healthcare Simplification Act (“OHSa”).

This unit applies exclusively to providers located in the State of Ohio and participating with Highmark Plans in West Virginia and/or Pennsylvania.

Applicability



This unit does not apply to self-funded Employee Retirement Income Security Act (ERISA) plans.

Who should read this unit



This unit is intended to act as a reference point for Highmark’s network participating professional and facility providers located in the State of Ohio, *excepting* pharmacists.

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3.5 PRODUCTS AND NETWORK

Products



In accordance with the Ohio Healthcare Simplification Act (OHSA), Highmark will not require network providers to provide services for all current or future products offered.

However, if all existing products are not accepted, the OHSA permits a plan to refuse to contract and allows for contract termination if a future product is refused.

Networks



Except as permitted by OHSA, Highmark will not rent or sell networks involving Ohio providers.

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3.5 TERMINATION FOR CAUSE CONTRACT PROVISIONS

**Termination
for cause
contract
provisions**



Termination “for cause” contract provisions are permitted only for:

1. Any lawful reason;
 2. If a party objects to a material amendment for which there is no resolution, either party may terminate not later than sixty (60) days prior to the effective date of the amendment; or
 3. Any reasonable provision agreed to by both parties.
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**FOR MORE
INFORMATION**



Please see the termination provisions of your provider contract for additional information.

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3.5 AMENDMENTS

Notification of material changes to terms of agreement



Highmark shall furnish providers with ninety (90) days' notice if it intends to make a material change to the terms of the agreement.

Material changes, as defined by the Ohio Healthcare Simplification Act (OHSA), are amendments that decrease the provider's payment, change the administrative procedures in a way that may reasonably be expected to significantly increase provider's administrative expenses, or add a new product.

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3.5 CREDENTIALING

Applicability



This section on credentialing applies to all providers subject to the Ohio Healthcare Simplification Act (OHSA).

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Forms



Highmark accepts the Council for Affordable Quality Healthcare (CAQH) credentialing application form.

In addition, Highmark West Virginia will accept the State of West Virginia *Uniform Credentialing Form* and the State of Ohio *Uniform Credentialing Form*.

Incomplete information

Highmark will notify providers of missing or incomplete information within twenty-one (21) days of receipt of application.

Time frames



All providers who participate with Highmark and whose primary site of service is located in Ohio are required to be credentialed and notified of their credentialing status within ninety (90) days of Highmark receiving a complete or incomplete credentialing application.

State Medical Board



Highmark *may* accept information from the State Medical Board's website to the extent that the Board has verified medical education, graduate medical education, and examination history of a physician (or the physician's status with the education or commission for foreign medical graduates).

FOR MORE INFORMATION



Please see Chapter 3's Units, 1, 2, and 4 of this *Highmark Provider Manual* for additional credentialing information.

3.5 MOST FAVORED NATION CLAUSES PROHIBITED

Policy



Highmark may not include most favored nation clauses in professional provider and non-hospital facility provider contracts.

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Most favored nation clause as defined by OHSA



As defined by the Ohio Healthcare Simplification Act (OHSA), a “most favored nation clause” is one that:

1. Prohibits the provider from contracting with another contracting entity to provide health care services at a lower price; or
2. Requires the provider to accept a lower payment if the provider agrees to provide health care services to any other contracting entity at a lower price; or
3. Requires termination or renegotiation of the existing contract if the provider agrees to provide services to another contracting entity at a lower price; or
4. Requires the provider to disclose the provider’s contractual reimbursement rates with other contracting entities.

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3.5 ARBITRATION

Arbitration available for certain contract disputes

Arbitration for contract disputes for the enforcement of certain rights conferred by the Ohio Healthcare Simplification Act (OHSA) is available for:

1. Termination for “for clause” provisions;
2. Information required by the OHSA to be included in the contract;
3. Material amendments; and
4. Sections that:
 - a. Prohibit renting or selling networks;
 - b. Require the provider to provide services for all products offered;
 - c. Require the provider to accept any future product offering;
 - d. Waive the provider’s rights under state or federal law; and
 - e. Prohibit the provider from entering into a contract with any other contracting entity.

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