



Ohio Administrative Code

Rule 5160-20-01 Coordinated services program: definitions.

Effective: February 1, 2026

The following definitions apply to rule 5160-20-04 of the Administrative Code

(A) "Abuse" means recipient practices that result in unnecessary cost to the medicaid program as defined in rule 5160-26-01 of the Administrative Code.

(B) "Abuse potential drug" means any drug that contains substances which have a potential for abuse because of depressant or stimulant effects on the central nervous system or hallucinogenic effects. Abuse potential drugs include any drug that is reportable to the Ohio automated RX reporting system (OARRS) as described in rules 4729:8-2-01 and 4729:8-2-02 of the Administrative Code, in addition to muscle relaxants and other non-controlled drugs as determined by ODM. Drugs used for medication assisted treatment (MAT) are excluded from consideration.

(C) "Assigned provider" means a pharmacy provider that is authorized to and is not excluded from receiving reimbursement for health care services rendered to an individual. The assigned pharmacy provider is selected to serve as the pharmacy provider for an individual enrolled in the coordinated services program (CSP).

(D) "Coordinated services program" is a program required by section 5164.758 of the Revised Code.

(E) "Fraud" for the purpose of this rule, includes but is not limited to, forged prescriptions, possession and use of multiple medicaid cards, card loaning, and sharing of drugs or other supplies obtained through medicaid.

(F) "Managed care entity" (MCE) means defined in rule 5160-26-01 of the Administrative Code.

(G) "Managed care organization (MCO)" means as defined in rule 5160-26-01 of the Administrative Code.



(H) "Medicare" means defined in rule 5160-1-05 of the Administrative Code.

(I) "Medication Assisted Treatment" (MAT) means as defined in rule 5160-1-73 of the Administrative Code.

(J) "Polypharmacy" for the purpose of this chapter means that a recipient utilized three or more pharmacies, within ninety calendar days, throughout a twelve-month overall period, to fill abuse potential drugs. MAT drugs are excluded from consideration. Individual pharmacies are determined by the national provider identification (NPI) number. Consideration of pharmacy types should be examined as a recipient may need to use multiple pharmacies for specialty services.

(K) "Polyprescriber" for the purpose of this chapter means that a recipient obtained prescriptions for abuse potential drugs from four or more prescribers, within ninety calendar days, throughout a twelve-month overall period. MAT drugs are excluded from consideration. Affiliated prescribers with a shared business structure, including prescribers serving in rural health centers, federally qualified health centers, and group practices are considered a single prescriber for CSP purposes. Prescriber identification numbers are used for the determination of multiple prescriber use.

(L) "Polyprescription" for the purpose of this chapter means that a recipient obtained four or more distinct (defined as having different active ingredients or dosage forms) OARRS reportable drugs or muscle relaxants, within ninety calendar days, throughout a twelve-month overall period. MAT drugs are excluded from consideration.

(M) "Single pharmacy benefit manager (SPBM)" means as defined in rule 5160-26-01 of the Administrative Code.

(N) "Waste" means receipt of or the attempt to obtain items or services when there may be no intent to deceive or misrepresent, but poor treatment or care coordination methods result in unnecessary costs.