



## Ohio Administrative Code

### Rule 5160-20-04 Coordinated services program: enrollment and operation.

Effective: February 1, 2026

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(A) The coordinated services program (CSP) provides continuity of care, helps reduce inappropriate or unnecessary utilization of pharmacy services, fraud, and excessive use, waste, or abuse of prescribed abuse potential drugs. A recipient enrolled in CSP remains eligible for all medically-necessary medicaid-covered services, but is assigned a designated pharmacy provider through which pharmacy services are received. Only controlled substances, as defined in 21 U.S.C. 801 as in effect July 6, 2025, are to be received from a designated pharmacy provider. Drugs used for medication assisted treatment (MAT) are excluded.

(B) CSP enrollment criteria. The enrollment criteria of this rule are based upon available utilization data within the past twelve rolling calendar months, referrals received for fraud, waste, or abuse activities, or self-reported referrals from the recipient. A recipient who self refers, is referred for abuse, fraud, or waste, or who meets three or more of the enrollment criteria will be enrolled unless the recipient meets a specific exclusion criteria.

(1) Self-referral criteria:

(a) A recipient elects to refer oneself to the coordinated services program.

(2) Referrals to the CSP can come from the Ohio department of medicaid (ODM) if a recipient is suspected of or was verified to be involved in practices consistent with "abuse," "fraud," and "waste," as defined in rule 5160-20-01 of the Administrative Code.

(3) Enrollment criteria:

(a) Polypharmacy as defined in rule 5160-20-01 of the Administrative Code;

(b) Polyprescriber as defined in rule 5160-20-01 of the Administrative Code;



- (c) Polyprescription as defined in rule 5160-20-01 of the Administrative Code; or
- (d) Combinations of abuse potential drugs, as identified by ODM and available on the ODM website, that are duplicative, contraindicative, or which when combined may cause negative health outcomes.

(C) CSP exclusion criteria. If a recipient meets any of the following criteria, CSP enrollment will not occur.

- (1) The recipient is enrolled in both the medicare and medicaid programs.
- (2) The recipient has been identified as having cancer within the last twelve months.
- (3) The recipient is receiving services through hospice.
- (4) It is determined to be inappropriate to enroll the recipient in CSP based on clinical evidence reviewed by ODM, managed care organization (MCO), or single pharmacy benefit manager (SPBM) clinical staff.

(D) Initial enrollment, continued enrollment, and disenrollment procedures.

- (1) Initial enrollment. If a recipient is selected for enrollment in CSP using criteria from paragraph (B) of this rule, the recipient is enrolled in CSP for twenty-four months, which begin at the effective date of enrollment.
  - (a) A recipient proposed for enrollment in CSP receives the "Notice of Proposed Enrollment in the Coordinated Services Program (CSP)" (ODM 01717), including the effective date of enrollment, from the MCO in accordance with division 5101:6 of the Administrative Code.
  - (b) If a recipient enrolled in CSP becomes ineligible for medicaid, then resumes eligibility for medicaid within the initial enrollment period, the recipient is reinstated into CSP until the initial enrollment period is exhausted.
- (2) Continued enrollment. If after the initial enrollment period, ODM or the MCO determines a



recipient's service utilization continues to support the reasons for enrollment in the CSP program described in paragraph (B) of this rule, the recipient continues enrollment in CSP for an additional twenty-four months. There is no limit to the number of times a recipient may be selected for continued enrollment in CSP.

(a) ODM notifies the recipient of the continued enrollment by issuing the "Notice of Continued Enrollment in the Coordinated Services Program (CSP)" (ODM 01705) in accordance with division 5101:6 of the Administrative Code.

(b) If a recipient enrolled in CSP becomes ineligible for medicaid, then resumes eligibility for medicaid within a continued enrollment period, the recipient is reinstated into CSP until the continued enrollment period is exhausted.

(3) Disenrollment. If a recipient enrolled in CSP meets any of the criteria described in paragraph (C) of this rule, the recipient is disenrolled from CSP.

(E) Pharmacy provider assignment and changes. A recipient enrolled in CSP may request an assigned pharmacy provider within thirty days of the mailing date on the initial or continued enrollment notification. This pharmacy provider serves as the recipient's assigned pharmacy provider as defined in rule 5160-9-01 of the Administrative Code.

(1) The MCO or the SPBM selects an assigned pharmacy provider for the recipient for any of the following reasons:

(a) The recipient does not select an assigned pharmacy provider within thirty calendar days of the mailing date on the initial enrollment notification;

(b) The recipient's selected assigned pharmacy provider is denied by the MCO, or the SPBM; or

(c) The selected assigned pharmacy provider is unwilling or unable to accept the recipient.

(2) A recipient may request to change an assigned pharmacy provider, or ODM, the MCO, or the SPBM may direct a recipient to make an alternative selection of an assigned pharmacy provider if:



- (a) The assigned pharmacy provider closes or relocates;
- (b) The recipient moved or is unable to travel to the pharmacy provider;
- (c) The assigned pharmacy provider is no longer an enrolled pharmacy provider; or
- (d) The assigned pharmacy provider chooses not to provide services to the recipient.

(3) If the MCO denies the recipient's request to change the assigned provider, the recipient is notified by issuance of the "Notice of Denial of Assigned Provider or Pharmacy in the Coordinated Services Program (CSP)" (ODM 01718) in accordance with division 5101:6 of the Administrative Code.

(4) Secondary assignments are allowed if the recipient needs to utilize a secondary pharmacy provider for specialty medications, compounding, risk evaluation and mitigation system (REMS) program, or limited distribution network.