



## Ohio Administrative Code

### Rule 5160-28-08.3 Cost-based clinics: submission and payment of RHC claims.

Effective: October 1, 2016

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(A) Claims for services provided to managed care plan (MCP) enrollees, including requests for prior authorization by an MCP of an RHC service, must be submitted in accordance with Chapter 5160-26 of the Administrative Code.

(B) In claims submitted to the department for all other services, an RHC must include the designated procedure code for an encounter.

(C) In claims submitted to the department for supplemental payment for services provided to an MCP enrollee, an RHC must also include the following data:

- (1) The name of the MCP that paid for the RHC service;
- (2) The identification code of the MCP, assigned by the department;
- (3) The MCP payment plus amounts received from any other third-party payers; and
- (4) Any other information, such as an adjustment reason code, that is necessary for the coordination of benefits.

(D) The department must pay a valid claim for supplemental payment within four months. However, no supplemental payment will be made for a claim that is not submitted to the department within the limits specified in rule 5160-1-19 of the Administrative Code.

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