Ohio Revised Code

Section 5162.19

Effective: October 06, 2026
Legislation: Senate Bill 315 - 136th General Assembly

(A) As used in this section, "alternative primary insurance coverage source" means an insurance coverage source that is not coverage under the medicaid program, including coverage under the medicare program or coverage under a health benefit plan as defined in section 3922.01 of the Revised Code.

(B) Prior to the issuance of any payment on a claim for services provided under either the fee-for-service component of the medicaid program or the care management system established under Chapter 5167. of the Revised Code, the department of medicaid shall require that all claims be electronically evaluated to determine whether an alternative primary insurance coverage source exists that is responsible for payment of the claim.

(C) An evaluation conducted under division (B) of this section shall use automated algorithmic analysis and insurance discovery engines capable of identifying alternative primary insurance coverage sources associated with the medicaid recipient prior to any payment being issued.

(D) Neither the department nor a medicaid managed care organization shall issue payment for a claim that has not been subjected to an evaluation under this section.

(E) If an alternative primary insurance coverage source is identified, the claim shall be redirected to the identified alternative primary insurance coverage source prior to any medicaid payment for the claim, consistent with all medicaid payer-of-last-resort requirements under state and federal law.

(F) The department shall adopt rules in accordance with Chapter 119. of the Revised Code as necessary to implement the requirements of this section, including standards for approved insurance discovery engines, claims processing timelines, and reporting requirements.