

5101:3-1-13.1

**Medicaid consumer liability [except for consumers enrolled in medicaid contracting managed care plans (MCPs)].**

- (A) The department's payment constitutes payment-in-full for any covered or authorized service. The provider may not bill the consumer for any difference between that payment and the provider's charge. The provider may not charge the consumer any copayment, cost-sharing, or similar charge, other than medicaid co-payments as designated in rule 5101:3-9-09 of the Administrative Code. The provider may not charge the consumer a down payment, refundable or otherwise.
- (B) A medicaid consumer cannot be billed when a medicaid claim has been denied due to:
- (1) Unacceptable or untimely submissions of claims;
  - (2) Failure to request a prior authorization; or
  - (3) A peer review organization (PRO) retroactively denying services for lack of medical necessity.
- (C) Providers, with the exception of long-term care facilities as provided in Chapter 5101:3-3 of the Administrative Code, are not required to bill the department for medicaid-covered services rendered to eligible consumers. However, providers may not bill consumers in lieu of the department unless:
- (1) The consumer is notified in writing prior to the service being rendered that the provider will not bill the department for the covered service; and
  - (2) The consumer agrees to be liable and signs a written statement to that effect prior to the service being rendered.
- (D) Services which are not covered by the medicaid program, including services requiring prior authorization which have been denied by the department, may be billed to the consumer when the provisions in paragraphs (C)(1) and (C)(2) of this rule are met.

Effective:

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Certification

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Date

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