

5101:3-20-01 **PACT program: definitions.**

- (A) "Department" - The Ohio department of ~~human~~ job and family services (ODJFS).
- (B) "Designated pharmacy" - A pharmacy participating in the medicaid program ~~which~~ that agrees to serve as the sole dispenser of prescribed drugs for recipients enrolled in the PACT program.
- (C) "Designated physician" - A doctor of medicine or osteopathy, or physician group practice participating in the medicaid program who is approved by the department for participation in the PACT program and who agrees to serve as the primary provider of nonemergency physician services for recipients enrolled in the PACT program.
- (D) "Emergency services" - Those medical and/or pharmacological services rendered under unforeseen conditions ~~which~~ that require immediate treatment, hospitalization and/or services necessary for the treatment of accidental injury, relief of acute pain, protection of the public health, and/or the amelioration of illness.
- (E) "Enrollment" - The procedure by which a recipient is restricted to a single designated physician and/or a single designated pharmacy to receive the nonemergency services available under the medicaid program.
- (F) "Managed care program (MCP)" - As used in this chapter, the definition of managed care program is the same as identified in rule 5101:3-26-01 of the Administrative Code.
- (G) "Medicaid" - The medical assistance program administered by the department established by section 5111.01 of the Revised Code and Title XIX of the Social Security Act.
- (H) "Medical necessity" - The ~~ODHS~~ department's standard for all medical services as defined in rule 5101:3-1-01 of the Administrative Code.
- (I) "MMIS" - The medicaid management information system for medical claims processing and information retrieval used by the department.
- (J) "Medical technical advisors" - Physicians and/or pharmacists under contract with the department to review recipients' medical records.
- (K) "PACT program" - The primary alternative care and treatment program in which recipients who utilize medical services without medical necessity are restricted in accordance with rule 5101:3-20-02 of the Administrative Code to a designated

physician and/or a designated pharmacy.

- (L) "Prescription" - An order ~~which~~ that is issued by a licensed medical practitioner for the preparation and dispensation of drugs by a licensed pharmacist or physician.
- (M) "Provider" - Any person, institution, group, or entity that furnishes medicaid services under a provider agreement with the department ~~of human services~~ pursuant to Title XIX of the Social Security Act.
- (N) "Referral services" - Those covered services provided by a nondesignated physician or podiatrist to an enrolled recipient on the request of the designated physician.

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