



Medicaid Handbook Transmittal Letter (MHTL) No. 3334-19-06

DATE: December 2, 2019

TO: Eligible Medicaid Providers
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Maureen Corcoran, Director

SUBJECT: Rule Update: Medicaid Reimbursement Principles

Rule 5160-1-02, entitled “General reimbursement principles” was rescinded and replaced with a new rule with the same number and name that will take effect on December 1, 2019. The new rule states the conditions for which a medical service can be reimbursed such as meeting medical necessity and provision by an eligible provider. Conditions that would prevent reimbursement at all or less than a provider’s charge are stated and include when a service is charged more to Medicaid than the provider’s usual rate. Medicaid managed care plan reimbursement principles are also referenced. Differences between the new rule and rescinded rule include language in the new rule that prohibits commingling by providers and the replacement of language concerning the reimbursement of habilitation services.

Access to Rule and Related Material

Information about these rules and related topics can be found on the main ODM webpage at <http://www.medicaid.ohio.gov>.

Additional Information

Questions pertaining to this letter should be directed to:

Ohio Department of Medicaid
Bureau of Provider Services
P.O. Box 1461
Columbus, Ohio 43216-1461
(800) 686-1516