

As Introduced

**136th General Assembly
Regular Session
2025-2026**

S. B. No. 166

Senator Manning

To amend sections 3901.382 and 5164.46 of the
Revised Code to prohibit fees for electronic
claims submission by health insurer and the
Medicaid program.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3901.382 and 5164.46 of the
Revised Code be amended to read as follows:

Sec. 3901.382. (A) Beginning six months after the date
specified in section 262 of the "Health Insurance Portability
and Accountability Act of 1996," 110 Stat. 2027, 42 U.S.C.A.
1320d-4, on which a third-party payer is initially required to
comply with a standard or implementation specification for the
electronic exchange of health information, as adopted or
established by the United States secretary of health and human
services pursuant to that act, sections 3901.381, 3901.384,
3901.385, 3901.389, 3901.3810, 3901.3811, 3901.3812, and
3901.3813 of the Revised Code apply to a claim submitted to a
third-party payer for payment for health care services only if
the claim is submitted electronically. ~~A-~~

(B) A provider and third-party payer may enter into a
contractual arrangement under which the third-party payer agrees

to process claims that are not submitted electronically because 21
of the financial hardship that electronic submission of claims 22
would create for the provider or any other extenuating 23
circumstance. 24

(C) No third-party payer shall impose any charge, fee, or 25
other payment requirement, including through a withhold from 26
payment, on any health care provider for electronic fund 27
transfers or remittance advice transactions. 28

Sec. 5164.46. (A) As used in this section, "electronic 29
claims submission process" means any of the following: 30

(1) Electronic interchange of data; 31

(2) Direct entry of data through an internet-based 32
mechanism implemented by the department of medicaid; 33

(3) Any other process for the electronic submission of 34
claims that is specified in rules adopted under section 5162.02 35
of the Revised Code. 36

~~(B) Not later than January 1, 2013, and except~~ Except as 37
provided in division (C) of this section, each medicaid provider 38
shall do both of the following: 39

(1) Use only an electronic claims submission process to 40
submit to the department of medicaid claims for medicaid payment 41
for medicaid services provided to medicaid recipients; 42

(2) Arrange to receive medicaid payment from the 43
department by means of electronic funds transfer. 44

(C) Division (B) of this section does not apply to any of 45
the following: 46

(1) A nursing facility; 47

(2) An ICF/IID;	48
(3) A medicaid managed care organization;	49
(4) Any other medicaid provider or type of medicaid provider designated in rules adopted under section 5162.02 of the Revised Code.	50 51 52
(D) The department shall not process a medicaid claim submitted on or after January 1, 2013, unless the claim is submitted through an electronic claims submission process in accordance with this section.	53 54 55 56
<u>(E) The department or its designee, including a medicaid managed care organization or the state pharmacy benefit manager established pursuant to section 5167.24 of the Revised Code, shall not impose any charge, fee, or other payment requirement, including through a withhold from payment, on any medicaid provider for electronic claims submitted pursuant to an electronic claims submission process under this section.</u>	57 58 59 60 61 62 63
Section 2. That existing sections 3901.382 and 5164.46 of the Revised Code are hereby repealed.	64 65