~~medicaid director determines that this provision can be implemented without a waiver, sections 3901.38 and 3901.381 to 3901.3813 of the Revised Code apply to claims submitted electronically or non-electronically that are made with respect to coverage of medicaid recipients by health insuring corporations licensed under Chapter 1751. of the Revised Code, instead of the prompt payment requirements of 42 C.F.R. 447.46~~; 31337 31338 31339 31340 31341 31342 31343

(E) A third-party payer for coverage provided under the tricare program offered by the United States department of defense. 31344 31345 31346

Sec. 3901.95. A direct primary care agreement that meets all of the following shall not be considered insurance and nothing in Title XXXIX of the Revised Code shall apply to such an agreement: 31347 31348 31349

(A) It is in writing. 31350

(B) It is between a patient, or that patient's legal representative, and a health care provider and is related to services to be provided in exchange for the payment of a fee to be paid on a periodic basis. 31351 31352 31353 31354

(C) It allows either party to terminate the agreement as specified in the agreement. 31355 31356

(D) It requires termination to be accomplished through written notification. 31357 31358

(E) It permits termination to take effect immediately upon the other party's receipt of the notification or not more than sixty days after the other party's receipt of the notification. 31359 31360 31361

(F) It does not impose a termination penalty or require payment of a termination fee. 31362 31363

(G) It describes the health care services to be provided under the agreement and the basis on which a periodic fee is to be paid in exchange for those services. 31364 31365 31366

(H) It specifies the periodic fee required and any additional fees that may be charged. 31367 31368

(I) It authorizes the periodic fee and any additional fees to be paid by a third party. 31369 31370

(J) It prohibits the health services provider from charging or receiving any fee other than the fees prescribed in the agreement for those services prescribed in the agreement. 31371 31372 31373

(K) It conspicuously and prominently states that the agreement is not health insurance and does not meet any individual health insurance mandate that may be required under federal law. 31374 31375 31376

Sec. 3902.31. (A) As used in this section: 31377

(1) "Pay in full" means paying for a health service in its entirety without cost-sharing on the part of a third-party payer. "Pay in full" includes payment made under a deductible requirement. 31378 31379 31380 31381

(2) "Third-party payer" and "provider" have the same meanings as in section 3901.38 of the Revised Code. 31382 31383

(B)(1) Subject to division (C) of this section, a provision in a contract entered into between a third-party payer and a provider is void and against public policy if it does either of the following: 31384 31385 31386 31387

(a) Establishes a minimum amount that the provider is required to charge an individual for a health service when that individual pays in full for the service; 31388 31389 31390

(b) Prohibits a provider from advertising the provider's rates for a service. 31391 31392

(2) Division (B)(1)(b) of this section shall not be construed as prohibiting a provision in a contract between a provider and a third-party payer that prohibits a provider from disclosing or 31393 31394 31395