



Ohio Administrative Code

Rule 5160-1-17.7 Application by a former participating medicaid provider to resume participation in the Ohio medicaid program [except for medicaid contracting managed care plans (MCPs)].

Effective: January 13, 2017

(A) An individual or entity that at one time was a participating provider in the Ohio medicaid program and whose provider agreement was terminated either voluntarily or involuntarily in accordance with rule 5160-1-17.6 of the Administrative Code must complete a new application for enrollment if that individual or entity wants to resume participation in the Ohio medicaid program.

(B) In considering an application for participation in the Ohio medicaid program by a former medicaid provider described in paragraph (A) of this rule, and except as provided by paragraphs (C) and (D) of this rule, the Ohio department of medicaid (ODM) may grant the application only if it is reasonably certain that the types of actions that formed the basis for termination or exclusion have not recurred and will not recur. In making this determination, ODM will consider, in addition to any factors set forth in state law:

(1) The conduct of the former medicaid provider from the date the provider's previous provider agreement was terminated;

(2) Whether all fines, and all debts due and owing, including overpayments, to any federal, state or local government that relate to any of the state health care programs, have been paid, or satisfactory arrangements have been made, that fulfill these obligations; and

(3) Whether all requirements for participation are met at the time of the application filed pursuant to paragraph (A) of this rule, as evidenced by all appropriate and required documentation submitted with the application by the former medicaid provider.

(C) Notwithstanding paragraph (B) of this rule, ODM shall deny the application of a former medicaid provider whose provider agreement was terminated under paragraph (I)(4) or (I)(6) of rule 5160-1-17.6 of the Administrative Code.



(D) In the case of a former medicaid provider that allowed its provider agreement to lapse by failing to timely revalidate its provider agreement, and whose provider agreement has been inactive for at least sixty days, ODM may, without regard to the criteria set forth in paragraph (B) of this rule and at its discretion, grant an application that demonstrates through all appropriate and required documentation that the requirements to participate as a medicaid provider are met at the time the application is filed.

(E) If ODM approves an application filed under paragraph (A) of this rule, it must give written notice to the applicant specifying the date on which participation in the Ohio medicaid program may resume. The notice shall specify whether the applicant is assigned its former provider number or a new provider number, the determination of which shall be in the sole discretion of ODM.

(F) If ODM does not approve an application filed under paragraph (A) of this rule, it must give the applicant written notice of that decision. The notice will provide review rights in accordance with paragraph (D) of rule 5160-70-02 of the Administrative Code.