Ohio Revised Code

Section 5164.292

Effective: October 06, 2026
Legislation: Senate Bill 315 - 136th General Assembly

(A) The department of medicaid shall require the providers and facilities described in this section to provide the department or the department's credentialing designee with the information described in divisions (B) and (C) of this section every twenty-four months, or sooner if required under division (D) of this section, as a condition of continued participation in the medicaid program.

(B)(1) Each of the following providers shall provide the department or the department's credentialing designee with the information described in division (B)(2) of this section as required by this section:

(a) Physicians licensed under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

(b) Psychologists licensed under Chapter 4732. of the Revised Code;

(c) Physician assistants licensed under Chapter 4730. of the Revised Code;

(d) Dentists licensed under Chapter 4715. of the Revised Code;

(e) Optometrists licensed under Chapter 4725. of the Revised Code;

(f) Pharmacists licensed under Chapter 4729. of the Revised Code;

(g) Chiropractors licensed under Chapter 4734. of the Revised Code;

(h) Acupuncturists licensed under Chapter 4762. of the Revised Code;

(i) Clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners licensed under Chapter 4723. of the Revised Code;

(j) Licensed independent social workers, licensed independent marriage and family therapists, or licensed professional clinical counselors licensed under Chapter 4757. of the Revised Code;

(k) Licensed independent chemical dependency counselors licensed under Chapter 4758. of the Revised Code;

(l) Certified Ohio behavior analysts licensed under Chapter 4783. of the Revised Code;

(m) Audiologists and speech-language pathologists licensed under Chapter 4753. of the Revised Code;

(n) Occupational therapists and physical therapists licensed under Chapter 4755. of the Revised Code;

(o) Dietitians licensed under Chapter 4759. of the Revised Code.

(2) Providers described in division (B)(1) of this section shall provide the department or department's credentialing designee with all of the following about the provider in accordance with this section:

(a) Access to the standard provider credentialing application form used by the council for affordable quality healthcare in accordance with section 3963.05 of the Revised Code within one hundred eighty days prior to credentialing date;

(b) Active provider licensing information;

(c) Board certification, if applicable;

(d) Educational background;

(e) Clinical privileges, if applicable;

(f) Medical malpractice insurance;

(g) Drug enforcement administration certification, if applicable;

(h) National practitioner data bank information regarding malpractice and clinical privilege actions;

(i) Sanctions or limitations on licensure;

(j) Eligibility for participation in medicare and medicaid, if applicable.

(C)(1) Each of the following facilities shall provide the department or the department's credentialing designee with the information described in division (C)(2) of this section as required by this section:

(a) Nursing facilities as defined in Chapter 5165. of the Revised Code;

(b) Hospitals as defined in Chapter 3727. of the Revised Code;

(c) Hospice care programs licensed under Chapter 3712. of the Revised Code;

(d) Home health agencies licensed by the department of health under Chapter 3740. of the Revised Code;

(e) Ambulatory surgical facilities as defined in section 3702.30 of the Revised Code;

(f) Community mental health services providers and community addiction services providers as defined in Chapter 5119. of the Revised Code;

(g) Freestanding dialysis centers and freestanding radiation therapy centers licensed by the department of health under Chapter 3702. of the Revised Code;

(h) Residential facilities as defined in Chapter 5119. of the Revised Code.

(2) Facilities described in division (C)(1) of this section shall provide the department or department's credentialing designee with all of the following about the facility in accordance with this section:

(a) The standardized credentialing form part B maintained by the department of insurance;

(b) Active provider licensing information;

(c) Certification through an accrediting body or a site visit completed by a state designated agency;

(d) Eligibility for participation in medicare and medicaid, if applicable;

(e) Verification of good standing with applicable state and federal bodies;

(f) Active malpractice insurance.

(D) The department of medicaid shall require a provider or facility to provide the information described in this section to the department or the department's credentialing designee sooner than every twenty-four months if required under federal law or if the medicaid director determines that a shorter time frame is necessary.

(E) Nothing in this section prohibits the department from requesting additional clarifying information at any time during the credentialing or recredentialing process from a provider or facility.