



Ohio Revised Code

Section 5164.33 Denying, terminating, and suspending provider agreements.

Effective: October 06, 2026

Legislation: Senate Bill 315 - 136th General Assembly

(A)(1) The medicaid director may do the following for any reason permitted or required by federal law and when the director determines that the action is in the best interests of medicaid recipients or the state:

- (a) Deny, refuse to revalidate, suspend, or terminate a provider agreement;
- (b) Exclude an individual, provider of services or goods, or other entity from participation in the medicaid program;
- (c) Place a provider or entity at a high risk of fraud on heightened scrutiny when suspension, termination, or exclusion of the provider will result in access to care issues for medicaid recipients. Heightened scrutiny shall include close monitoring of billing and claims, increased compliance through corrective action plans, and the potential for termination or exclusion if violations occur.
- (d) Deny an application for a provider agreement or refuse to revalidate a provider agreement, including applications or revalidations where the applicant is an owner of, or individual that resides with an owner of, a current or former medicaid provider whose provider agreement was terminated or suspended by the department.

(2) The medicaid director shall suspend a provider agreement of any provider who has not submitted a claim for payment to the department for a period of one year.

(3) Whenever a temporary moratorium on the enrollment of new providers or provider types is issued pursuant to 42 C.F.R. 424.570, the medicaid director shall issue a similar moratorium and deny all pending applications for provider agreements, including applications that were pending prior to the issuance of the temporary moratorium and were still awaiting approval when the moratorium was issued. In issuing a moratorium under this section, the director shall comply with the requirements specified in 42 C.F.R. 455.470.

(B) No individual, provider, or entity excluded from participation in the medicaid program under this section shall do any of the following:

- (1) Own, or provide services to, any other medicaid provider or risk contractor;



(2) Arrange for, render, or order services for medicaid recipients during the period of exclusion;

(3) During the period of exclusion, receive direct payments under the medicaid program or indirect payments of medicaid funds in the form of salary, shared fees, contracts, kickbacks, or rebates from or through any other medicaid provider or risk contractor.

(C) An individual, provider, or entity excluded from participation in the medicaid program under this section may request a reconsideration of the exclusion. The director shall adopt rules under section 5164.02 of the Revised Code governing the process for requesting a reconsideration.

(D) Nothing in this section limits the applicability of section 5164.38 of the Revised Code to a medicaid provider.

(E) To the extent permitted under state or federal law, the department of medicaid shall share information concerning the director's decision to deny, refuse to revalidate, suspend, or terminate a provider agreement under this section with any other state board or commission responsible for regulating a component of the health care industry.

(F) The medicaid director may adopt rules under section 5164.02 of the Revised Code as necessary to implement this section.
