THE BUCKEYE INSTITUTE

Public Comment on Ohio's Medicaid Proposed Rules on Provider Revalidation and Screening

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Interest of Commentor

Commentor, The Buckeye Institute, was founded in 1989 as an independent research and educational institution—a think tank—to formulate and promote free-market policy in the states. The Buckeye Institute performs timely and reliable research on key issues, compiling and synthesizing data, formulating free-market policies, and marketing public policy solutions. The Buckeye Institute assists executive and legislative branch policymakers by providing ideas, research, and data. The Buckeye Institute is a nonpartisan, nonprofit, tax-exempt organization, as defined by I.R.C. § 501(c)(3), that resists governmental overreach at all levels by filing lawsuits, submitting amicus briefs, and preparing public comments regarding law and public policy.

Introduction

The Ohio Department of Medicaid (ODM) has proposed revising Ohio Administrative Code 5160-1-17.8 and 5160-1-17.4 to strengthen oversight and the care provider revalidation process. Three of the proposed revisions commend particular support: expanded, risk-calibrated fingerprinting requirements; a codified fraud, waste, and abuse training requirement; and a more flexible revalidation timeline.

Strengthened, Risk-Based Screening Bolsters Program Integrity

The proposals rightly aim to ensure that ODM-covered care providers remain in good standing throughout enrollment, not just when they apply. Currently, care provider background checks occur only at application and up to five years later at revalidation, allowing disqualifying convictions to go undetected for years. Ohio care providers with disqualifying convictions for murder and assault have continued to provide care and bill Medicaid.[1] Similarly, a Michigan audit identified nearly 4,000 care providers with felony convictions still billing its Medicaid program.[2] In Ohio, only "high-risk" care providers must submit fingerprints to enroll in Medicaid.[3] ODM's proposal extends that requirement to all individual care providers and would enroll them in the Bureau of Criminal Investigation's "Rapback" system so ODM receives immediate notification of any arrest or conviction rather than waiting for the provider's revalidation.[4] The companion proposal wisely shortens the revalidation cycle from five years to three, strengthening program integrity and reassuring beneficiaries that enrolled care providers remain qualified.[5]

[1] **16 Medicaid Providers Facing Fraud, Theft Charges**, Ohio Attorney General press release, September 16, 2025.
[2] David Eggert, **Michigan won't bar all felons as home-help aides**, KSL.com, June 30, 2014.
[3] **Ohio Administrative Code 5160-1-17.8 (2020)**.
[4] Ohio Department of Medicaid, **Rule 5160-1-17.8 Provider Screening and Application Fee 5-Year Rule Review Update**, July 16, 2026.
[5] Ohio Department of Medicaid, **Update to Revalidation of Provider Agreements Rule**, November 19, 2024.

Mandatory Fraud, Waste, and Abuse Training Reduces Improper Payments

ODM's proposal to require care providers to complete fraud, waste, and abuse training upon enrollment and at each revalidation will deter and reduce future improper payments.[6] Recent instances of fraud, waste, and abuse make this mandate imperative.[7] Improper payments are not always fraudulent. The required recurring training will keep care providers current on program standards and help them avoid billing mistakes and inadvertent errors.

Graduated Revalidation Helps Care Providers and Beneficiaries

Care providers currently receive one ODM revalidation reminder 90 days before their deadline, with a 30-day grace period.[8] ODM's proposal sends revalidation reminders at 120, 90, 60, and 30 days before expiration.[9] For non-pharmacy care providers, ODM proposes adding a six-month grace period during which submitted claims are frozen rather than denied.[10] The proposed extension offers a realistic compliance period while protecting program integrity and maintaining care for beneficiaries.

Conclusion

ODM's proposed rule changes will strengthen programmatic oversight and preserve reasonable flexibility for care providers. Extending fingerprint-based screening to all individual practitioners will close a real gap in fraud detection, and routine database checks will keep that oversight current. Requiring fraud, waste, and abuse training will give care providers a baseline understanding of ODM billing and documentation standards to help prevent improper and fraudulent payments. And a graduated revalidation process will help avoid disruptions to patient care. The Buckeye Institute urges ODM to accept the proposed amendments.

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[6] Ohio Department of Medicaid, **Rule 5160-1-17.8 Provider Screening and Application Fee 5-Year Rule Review Update**, July 16, 2026.
[7] **Fraud Division Announces Federal–State Partnership in Ohio to Prosecute Fraud**, U.S. Department of Justice press release, June 4, 2026.
[8] **Ohio Administrative Code 5160-1-17.4 (2021)**.
[9] Ohio Department of Medicaid, **Update to Revalidation of Provider Agreements Rule**, November 19, 2024.
[10] *Ibid.*

About The Buckeye Institute

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