



# Application for

# Provider Enrollment and Certification

MEDCO-13



The first step to becoming BWC certified is to complete the *Application for Provider Enrollment and Certification* (MEDCO-13).

Please review the entire application carefully, noting it includes new provisions mandated by changes in the Ohio Administrative Code, Ohio elections law and by executive order of the governor of Ohio, Ted Strickland.

BWC reviews all applications to ensure eligible providers meet the minimum certification criteria. Providers must meet all licensing, certification or accreditation requirements necessary to provide services. BWC has other minimum credentials for providers based on the provider type.

Once the certification process is completed, BWC will include your name on the provider look-up on its Web site, **ohiobwc.com**. BWC also will provide your name to the managed care organizations (MCOs) responsible for medically managing BWC's workers' compensation claims.

In addition, Provider types 76 (Vocational rehabilitation – vocational case management), 87 (Rehabilitation – vocational case management intern) and 90 (Ergonomist) must complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) certification as required by the Ohio Department of Public Safety/Ohio Homeland Security. These Provider types are required to register at the Ohio Business Gateway, **http://obg.ohio.gov** to certify that the Provider does not provide material assistance to any organization on the United States, Department of State's terrorist exclusion list. Failure to complete the certification by these Provider types may invalidate their Provider Application/Agreement and/or result in suspension of payment until such time as the certification is completed.

**Have questions?  
Call 1-800-OHIOBWC,  
and listen to the options to reach  
BWC's provider relations department,  
between 8 a.m. and 4:30 p.m. weekdays.**

Visit us on the Internet at:

**ohiobwc.com**

**All provider types are not required to become BWC certified. If you do not find your provider type in Section 1 of the application, please see the Medco-13A.**

### Completing the MEDCO-13

- Please print or type.
- Please complete one application/agreement per federal tax identification number.
- List all practice locations (use separate sheet if needed)
- Complete a separate application/agreement for each individual member of a group physician practice.
- Return the completed application/agreement to:  
BWC Provider Enrollment  
P.O. Box 182031  
Columbus, OH 43218-2031  
Fax (614) 621-1333

## Important reminders

### Authorized signature required on each application/agreement

**Please include the following with your application/agreement, if applicable:**

- State licensure or accreditation/certification document copy with number and expiration date
- Board or diplomate certificate, if applicable;
- Professional liability insurance (malpractice) coverage sheet, if applicable;
- Drug Enforcement Administration registration, if applicable;
- Internal Revenue Service form W-9; <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Workers' compensation coverage policy.
- National provider ID verification (from Fox Systems, Inc.), if applicable.



# Application for Provider Enrollment and Certification



## Section 1 – Provider Type

Select the type that best describes you and complete sections requested for that particular type.  
If your provider type is not found see the Medco-13A.

**If you check one of the following, complete sections 2,3,4 and 5 and attach required documents.**

- |  |   |
|--|---|
| <input type="checkbox"/> 04 Audiologist – state board of speech pathology and audiology license  | <input type="checkbox"/> 65 Physical therapist (LPT) – state occupational therapy, physical therapy and athletic trainers board license                           |
| <input type="checkbox"/> 05 Non-physician acupuncturist – applicable state medical board registration  | <input type="checkbox"/> 66 Physician (DO) - state board license  |
| <input type="checkbox"/> 09 Physician (DC) - state chiropractic board license  | <input type="checkbox"/> 67 Physician (MD) - state board license  |
| <input type="checkbox"/> 14 Physician assistant – NCCPA certification and certificate of registration from state medical board   | <input type="checkbox"/> 68 Athletic trainer – license from the state occupational therapy, physical therapy and athletic trainers board                          |
| <input type="checkbox"/> 15 Dentist (DDS) - state dental board license   | <input type="checkbox"/> 70 Podiatrist (DPM) - state board license  |
| <input type="checkbox"/> 27 Hearing aid dealer/dispenser – state hearing aid dealers and fitters board license   | <input type="checkbox"/> 71 Prosthetist/orthotist/pedorthist (CO, CP, COP) – license from orthotics, prosthetics and pedorthics board                             |
| <input type="checkbox"/> 28 Certified shoe retailer - Prescription Footwear Association certification  | <input type="checkbox"/> 72 Psychologist (PhD) - state board license  |
| <input type="checkbox"/> 33 Advanced practice nurse (clinical nurse specialist and certified nurse practitioner) – ANCC certified equivalent and certificate of authority from state nursing board | <input type="checkbox"/> 76 Vocational rehabilitation – vocational case management – COHN, CRC, CRRN, CVE, CDMS or CCM credentials                                |
| <input type="checkbox"/> 48 Massage therapist/massotherapist – state medical board license   | <input type="checkbox"/> 84 (Licensed) Professional counselor and (licensed) social worker – state counselor and social worker board license                      |
| <input type="checkbox"/> 52 Nurse anesthetist – AANA or CRNA certification and certificate of authority from state nursing board   | <input type="checkbox"/> 88 (Licensed) Professional clinical counselor and (licensed) independent social worker – state counselor and social worker board license |
| <input type="checkbox"/> 57 Occupational therapist – state occupational therapy, physical therapy and athletic trainers board license  | <input type="checkbox"/> 89 Speech pathologist – state board of speech pathology and audiology license  |
| <input type="checkbox"/> 58 Optician – state optical dispensers board license  | <input type="checkbox"/> 90 Ergonomist – CPE; CHFP, AEP, AHFP; CEA; CSP with ergonomics specialist designation; CIH; ATP; or RET                                  |
| <input type="checkbox"/> 59 Optometrist (OD) - state board license   |   |

**If you check one of the following, complete sections 2, and 5 and attach the required documents.**

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Air ambulance – private: license from Ohio Medical Transportation Board; public/gov't: Medicare participation               | <input type="checkbox"/> 34 Hospital – general/acute – JCAHO accreditation, AOA HFAP accreditation or Medicare participation   |
| <input type="checkbox"/> 02 Ambulance/Ambulette Service – private: license from Ohio Medical Transportation Board; public/gov't: Medicare participation | <input type="checkbox"/> 35 Hospital – drug/alcohol – JCAHO accreditation, AOA HFAP accreditation or Medicare participation and Ohio Dept. of Alcohol and Drug Addiction Services certification                  |
| <input type="checkbox"/> 03 Ambulatory Surgical Center: Ohio Department of Health license and Medicare participation                                    | <input type="checkbox"/> 36 Hospital – psychiatric – JCAHO accreditation, AOA HFAP accreditation or Medicare participation   |
| <input type="checkbox"/> 10 Clinic - drug/alcohol (free standing) – state department of alcohol and drug addiction services certification               | <input type="checkbox"/> 37 Hospital - Rehabilitation/Long Term Acute Hospital – CARF accreditation, JCAHO accreditation, AOA HFAP accreditation or Medicare participation                                       |
| <input type="checkbox"/> 11 Pain clinic - free standing - CARF accreditation; hospital based, CARF or JCAHO accreditation                               | <input type="checkbox"/> 45 Laboratory – CMS CLIA certification  |
| <input type="checkbox"/> 16 Dialysis center/ESRD clinic (free standing) – state health department certification and Medicare participation              | <input type="checkbox"/> 53 Nursing home – state health department license   |
| <input type="checkbox"/> 17 Durable medical equipment supplier - State vendors license, Medicare participation or JCAHO accreditation                   | <input type="checkbox"/> 56 Residential care/Assisted living - state health department license   |
| <input type="checkbox"/> 30 Home health agency – Medicare participation, JCAHO accreditation or CHAP accreditation                                      | <input type="checkbox"/> 75 Radiology services – (free standing) state health dept licensing, registration or accreditation; (mobile) state, county, or city registration, or medicare or medicaid participation |
| <input type="checkbox"/> 32 (HHA) Hospice - State health department license and Medicare/Medicaid participation   | <input type="checkbox"/> 82 Rehabilitation – traumatic brain injury facility – CARF accreditation  |
|   | <input type="checkbox"/> 87 Rehabilitation – vocational case management intern – application addendum required and will be sent upon receipt   |

**SECTION 2 – General information**

**MEDCO-13**

1 Current BWC provider number <i>(if known)</i>	Business NPI number (attach Fox Systems Inc. verification)	
2 Business name or dba name <i>(if applicable)</i>	Taxonomy code(s) (attach Fox Systems Inc. verification)	
3 Tax identification number <i>(Please attach a copy of the IRS form W-9. This number will be used for IRS purposes)</i>	Name associated with tax identification number <i>(Must appear as recognized by the IRS)</i>	
4 Business type <input type="checkbox"/> Individual <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit		
5 Owner name(s); define percentage of ownership interest per owner		
6 Workers' compensation employer policy number <i>(required if you have employees)</i> Attach certificate of coverage		Check here if no employees <input type="checkbox"/>
7 Individual provider name <i>(first name, middle initial, last name)</i>	Social Security number	<input type="checkbox"/> Male <input type="checkbox"/> Female
8 Individual NPI number (attach Fox Systems Inc. verification)	Taxonomy code(s) (attach Fox Systems Inc. verification)	
9 Practice location street address <i>(Indicate the address where services are rendered including suite, floor, etc. Do not use P.O. Box.) Add all additional addresses on separate page</i>		
10 City	State	Nine-digit ZIP code
11 Telephone (    )	Fax (    )	E-mail
12 Reimbursement address <i>(Indicate the address to which all payments should be sent, if different from practice address. Include suite, floor etc.) (Street address or P.O. Box)</i>		
13 City	State	Nine-digit ZIP code
14 Correspondence address <i>(Indicate the address to which all correspondence should be sent, if different from practice address. Include suite, floor etc.) (Street address or P.O. Box)</i>		
15 City	State	Nine-digit ZIP code
16 "List all Medicare number(s) as indicated under provider type requirement in Section 1. If hosp. provider type, designate all numbers to matching types (types are: Rehab hosp. medicare number, Psych hosp. medicare number, Acute/General hosp. medicare number, Long Term Acute Care hosp. medicare number).		
17 Medicaid number (as indicated by specific provider type requirements in Section 1 - attach participation verification).		

**Section 3 – Individual provider information**

American Board or Medical Specialties (ABMS) or American Osteopathic Board - <i>(Attach copy of certificate)</i>				
List all board specialties	Date certified	<input type="checkbox"/> ABMS <input type="checkbox"/> AOA <input type="checkbox"/> Chiropractic Diplomate	Physician declared practice specialty	
Drug Enforcement Administration (DEA) number <i>(if applicable)</i> <i>(Please attach a copy of DEA registration.)</i>			Date of birth <i>(Required)</i>	
Provider home address				
City	State	Nine-digit ZIP code		
Education/training – List all internship/residency and fellowship programs. Attach additional sheet if necessary. Medical or professional school <i>(if applicable)</i>				
<b>Institution type</b>	<b>Year graduated</b>	<b>Degree/Certification</b>	<b>Certificate/License#</b>	<b>Expiration Date</b>

**The following provider types require malpractice insurance coverage – a copy of your professional liability insurance (malpractice) must be submitted with the completed application. (Include covered Members list)**

05 Non-physician acupuncturist	52 Certified registered nurse anesthetist (CRNA)	72 Psychologist
09 Physician (DC)	59 Optometrist (OD)	84 Professional counselor/social worker
15 Dentist (DDS)	66 Physician (DO)	88 Professional clinical counselor/independent social
33 Advance practice nurse	67 Physician (MD)	worker
38 Mechanotherapist (DM)	70 Physician (DPM)	

Section 4 – Provider information questions and answers

Answer the following questions. Please explain any yes answer in the space below. Attach a separate sheet if needed. All yes answers must have a written explanation.

- 1. Have you ever been, or are you now, dependent on, impaired by, being treated for alcohol or any other drug substance?
2. Do you have any emotional or physical disabilities or impairments that may limit your ability to practice...
3. Have you ever (submit five-year history) had a malpractice judgment entered against you...
4. Have you ever voluntarily surrendered or had your license or certificate to practice suspended...
5. Have you ever been subject to disciplinary action by any state or local medical society...
6. Have you ever been excluded or removed from participation in Medicare or Medicaid?
7. Have you ever been excluded or removed from participation in any other health care plan...
8. Have you ever had your hospital privileges suspended, restricted, revoked or denied for cause?
9. Do you have a history of:
(a) A felony conviction in any jurisdiction; a conviction under a federal controlled substance act...
(b) A conviction or plea of guilty to a violation of Sections 2913.48 (workers' compensation fraud) or 2923.31 to 2923.36 (corrupt activity) of the Ohio Revised Code...
(c) An entry of judgment against the provider, or its owner, or an officer, authorized agent, associate, manager, or employee with proof of the specific intent of the provider...
(d) An entry of judgment against the provider, or any person having a five percent or greater ownership interest in the provider...
10. Do you refer patients for testing or treatment to any facility with which you or an immediate family member have a five percent or greater ownership or investment interest...
11. I am accepting: new (or) existing patients only in my practice

Explanation:

Table with contact information fields: Contact person (person completing form), Title, Telephone number, Fax number, E-mail address.

Section 5 – Provider application/agreement

By signing this application/agreement, the provider agrees to, and may be decertified pursuant to Ohio Administrative Code (OAC) 4123-6-17 for failure to adhere to the following:

Provider agrees to abide by the Ohio Revised Code (ORC) and rules promulgated thereunder by the Ohio Bureau of Workers' Compensation (BWC) and the Industrial Commission of Ohio. In addition, provider agrees to accept and abide by all billing and/or other policies, procedures and criteria as set forth and amended from time to time in BWC's Provider Billing and Reimbursement Manual, and all terms of this application/agreement.

Provider agrees to provide health services that are applicable to a work-related injury, and not to substantially engage in the practice of experimental modalities of treatment; provide adequate on-call coverage for patients; utilize BWC certified providers when making referrals to other providers; and timely schedule and treat injured workers to facilitate a safe and prompt return to work.

Provider agrees to practice in a managed care environment; adhere to MCO and BWC administrative procedures and procedures concerning provider outcome measurement data, peer review, quality assurance, utilization review, billing procedures and dispute resolution subject to Ohio Administrative Code 4123-6-16; and report injuries of employees to employers and BWC pursuant to procedures developed by BWC and the MCOs.

Provider agrees to maintain workers' compensation coverage to the extent required under Ohio law or the equivalent law of another state, as applicable. Provider agrees to maintain adequate, current professional malpractice and liability insurance (commercial liability insurance if applicable).

## Section 5 – Provider application/agreement (cont.)

Provider agrees to bill BWC, self-insuring employer, appropriate certified managed care organization (MCO) and/or qualified health plan (QHP), in accordance with the statute of limitations, only for services and items that were actually performed or provided and are medically necessary, cost-effective and reasonably related to the claimed or allowed condition related to the industrial injury/illness. Provider understands BWC, self-insuring employer, appropriate certified MCO and/or QHP does not reimburse for failed or missed appointments (no-shows).

Provider agrees to charge BWC, self-insuring employer, appropriate certified MCO and/or QHP no more than the usual fee billed non-industrial patients for the same service. Provider further agrees not to seek additional payment from the injured worker or employer for the difference between the amount allowed and the provider's billed charge when a provider's fee bill for services or supplies has been approved for payment by BWC, self-insuring employer, appropriate certified MCO and/or QHP. Provider agrees to assume responsibility for the accuracy of all bills submitted for payment to BWC, self-insuring employer, appropriate certified MCO and/or QHP by provider, or any employee or agent of provider.

Provider agrees to create, maintain and retain sufficient records, papers, books and documents in such form to fully substantiate the delivery, value, necessity and appropriateness of goods and services provided to injured workers under the Health Partnership Plan (HPP) or of significant business transactions, as provided by Ohio Administrative Code 4123-6-451. Provider further agrees to make such records available for review by BWC, self-insuring employer, appropriate certified MCO and/or QHP within 30 calendar days or such time as agreed to by the parties, in accordance with Ohio Administrative Code 4123-6-45.

### Conflict of interest and ethics law compliance certification

Provider affirms that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict, in any manner or degree, with the performance of services which are required to be performed under this contract. In addition, Provider affirms that a person who is or may become an agent of provider, not having such interest upon execution of this contract shall likewise advise BWC in the event it acquires such interest during the course of this contract.

Provider agrees to adhere to all ethics laws contained in chapters 102 and 2921 of the Ohio Revised Code governing ethical behavior, understands that such provisions apply to persons doing or seeking to do business with BWC, and agrees to act in accordance with the requirements of such provisions; and warrants that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value directly or indirectly to BWC or any of its board members, officers, employees, or agents, or any third party in any of the engagements of this contract or otherwise, including, but not limited to a finder's fee, cash solicitation fee, or a fee for consulting, lobbying or otherwise.

In accordance with Executive Order 2007-01S, provider, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2007-01S, (2) it has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) it will take no action inconsistent with those laws and this order. Provider understands that failure to comply with Executive Order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the state of Ohio.

### Ohio elections law certification (see BWC Legal memo attached)

Provider hereby certifies that all applicable parties listed in Divisions (I)(3), (J)(3), (Y)(3) and (Z)(3) of O.R.C. Section 3517.13 are in full compliance with Divisions (I)(1), (J)(1), (Y)(1) and (Z)(1) of O.R.C. Section 3517.13.

### Certification statements

I certify the information submitted by me in this application is true, accurate and complete to the best of my knowledge and belief, and that the application is without misrepresentation, misstatement, or omission of a relevant fact, or other acts involving dishonesty, fraud, or deceit.

I hereby authorize BWC to consult with persons, companies, governmental authorities, organizations and others who may have any information or documents regarding my character, background qualifications, professional competence and credentials, and I hereby consent to the release of any such information or documents to BWC for purposes of its evaluation of me in connection with the HPP.

I hereby release from liability any such person, company, government authority, organization and others that provide information as part of this credentialing process.

*Any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by BWC, or who knowingly accepts payment to which that person is not entitled is subject to a felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.*

Applicant signature **(Required)**

Please print or type name

To: Vendors or those seeking contracts with BWC  
From: BWC Legal Division  
RE: Ohio Election and Ethics Law certifications applicable to BWC  
Date: Sept. 29, 2007

As a BWC vendor or company seeking to become one, you should be aware of recent changes to Ohio law that affect your status. Ohio Revised Code (ORC) sections 3517.13(I), (J), (Y) and (Z), as amended by House Bill 119, spell out these changes.

BWC can only do business with or award contracts to companies that meet Ohio election law and ethics standards. This applies to all BWC contracts for the purchase of goods and/or services of more than \$500. It affects contractors who contributed funds in excess of the amounts listed below to the Ohio governor or lieutenant governor. It also applies to contractors who have contributed funds over specified limits (below) to the campaigns of **any** candidate for those offices.

The law says:

- As an individual, the contractor or any other applicable party (such as a spouse or child age 7 to 17), cannot have made one or more contributions totaling more than \$1,000 within the last 24 months;
- No combination of the contractor, any applicable parties and/or political action committee affiliated with contractor can have made one or more contributions totaling more than \$2,000 within the last 24 months;
- Any political action committee affiliated with contractor cannot have made one or more contributions totaling more than \$2,000 within the last 24 months.

#### **Contractor certification**

Contractors must certify the following, which is included in all BWC contracts:

*Contractor hereby certifies that all applicable parties listed in Division (I)(3), (J)(3), (Y)(3) and (Z)(3) of Ohio Revised Code Section 3517.13 are in full compliance with Divisions (I)(1), (J)(1), (Y)(3) and (Z)(3) of Ohio Revised Code Section 3517.13.*

A contractor who makes a false certification is subject to criminal penalties and rescission of the contract. Knowingly making a false certification is a felony of the fifth degree under Ohio law.

#### **Provisions extend one year after the contract ends**

These contribution prohibitions continue while any contract with BWC is in place and for one year after the contract ends. Again, this one-year extension applies to:

- Contractors, applicable parties and/or political action committees affiliated with contractor;
- All contracts for goods or services over \$500 that BWC awarded **on or after** April 4, 2007. It also applies to all contracts BWC awarded prior to this that were not complete as of April 4, 2007.

#### **Additional certification for contracts of \$1,000 or more**

Governor Ted Strickland has ordered an additional certification for contracts of \$1,000 or more. Executive Order 2007-01S applies to all new contracts and grants, as well as to renewals. All state contracts of \$1,000 or more must include this provision, which states:

*In accordance with Executive Order 2007-01S, Vendor or Grantee, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Executive Order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.*