

4123-6-02.3 Provider access to the HPP provider application and credentialing.

(A) Pursuant to rules 4123-6-02.1 and 4123-6-02.4 of the Administrative Code, the bureau shall mail each provider a provider application and agreement or recertification application and agreement, as applicable, which shall require the provider to furnish credentialing documentation as provided in rule 4123-6-02.2 of the Administrative Code.

(B) The provider application and agreement or recertification application and agreement may require the provider to make statements that the provider is without impairments that would interfere with the provider's ability to practice or that would jeopardize a patient's health, and a statement that the application is without misrepresentation, misstatement, or omission of a relevant fact or other acts involving dishonesty, fraud, or deceit. The provider shall provide to the bureau any additional documentation requested, and must permit the bureau, upon reasonable notice, to conduct a review of the provider's practice or facility. The provider shall notify the bureau within thirty days of any change in the provider's status regarding any of the credentialing criteria of paragraph (B) or (C) of rule 4123-6-02.2 of the Administrative Code.

(C) The bureau shall review the application and agreement and all credentialing documentation submitted by the provider. The bureau may cross-check data with other governmental agencies or licensing bodies. The bureau may refer issues relating to malpractice history for review by the bureau's stakeholders health care quality assurance advisory committee as provided under rule 4123-6-22 of the Administrative Code.

(D) The provider application and agreement or recertification application and agreement shall include at a minimum the following provisions, as more fully detailed within the provider application and agreement or recertification application and agreement itself. The provider agrees to:

- (1) Provide health services that are applicable to a work-related injury, and not to substantially engage in the practice of experimental modalities of treatment.
- (2) Provide adequate on-call coverage for patients.
- (3) Utilize bureau certified providers when making referrals to other providers.
- (4) Timely schedule and treat injured workers to facilitate a safe and prompt return to work.
- (5) Release information from the national practitioner data bank, healthcare integrity and protection data bank or the federation of state licensing boards. The bureau may submit a report to the appropriate state licensing board or data bank in the event that the provider's certification is terminated for reasons pertaining to the provider's professional conduct or competence.

(6) Practice in a managed care environment and adhere to MCO and bureau administrative procedures, and procedures concerning provider outcome measurement data, peer review, quality assurance, utilization review, billing procedures and dispute resolution, subject to rule 4123-6-16 of the Administrative Code.

(7) Pursuant to procedures developed by the bureau and the MCOs, report injuries of employees to employers and the bureau.

(E) Upon review and determination by the bureau that the provider has met bureau credentialing requirements, the bureau shall certify or recertify the provider as a bureau certified provider eligible to participate in the HPP.

(F) By signing the provider application and agreement or recertification application and agreement, the provider agrees to abide by all bureau HPP and medical rules, the provider billing and reimbursement manual, and the provider application and agreement or recertification application and agreement.

Effective: 2/14/05
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