

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

- (A) The bureau shall make available to each provider via the bureau's internet site 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 shall permit the bureau 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) By signing the provider application and agreement or recertification application and agreement, the provider agrees to, and the bureau may refuse to certify or recertify or may decertify a provider for failure 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) Acknowledge and treat injured workers in accordance with bureau recognized treatment guidelines.
 - (3) Acknowledge and treat injured workers in accordance with the vocational rehabilitation hierarchy.
 - (4) Provide adequate on-call coverage for patients.
 - (5) Utilize bureau certified providers when making referrals to other providers.
 - (6) Timely schedule and treat injured workers to facilitate a safe and prompt return to work.

- (7) 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 as required in the event that the provider's certification is terminated for reasons pertaining to the provider's professional conduct or competence.
 - (8) Practice in a managed care environment and adhere to MCO and bureau procedures and requirements concerning provider compliance, outcome measurement data, peer review, quality assurance, utilization review, bill submission, and dispute resolution.
 - (9) Adhere to the bureau's confidentiality and sensitive data requirements, and use information obtained from the bureau by means of electronic account access for the sole purpose of facilitating treatment and no other purpose, including but not limited to engaging in advertising or solicitation directed to injured workers.
 - (10) Comply with the workers' compensation statutes and rules and the terms of the provider application and agreement or recertification application and agreement.
- (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.

Effective: 2/1/10

Prior Effective Dates: 2/16/96, 1/15/99, 3/29/02, 2/14/05