

CHAPTER 6

PROVIDER RELATIONS

All providers who meet minimum enrollment and credentialing criteria and, if required, sign a provider agreement, indicating agreement to abide by all Health Partnership Plan (HPP) and medical rules, will be allowed to participate in HPP. BWC has certified providers to participate in the HPP since 1996.

The MCO is required to comply with the HPP Rules covering an MCO's relationship to providers. An MCO may, but is not required to, retain a contracted panel of BWC certified providers but the MCO must be able to demonstrate arrangements with BWC certified providers. An arrangement includes all the provider relations services that an MCO is currently required to provide in compliance with the HPP Rules and as specified in this chapter. If an MCO elects to establish a list of preferred providers via arrangements, the MCO must be able to document and demonstrate that the arrangements are in compliance with HPP provider rules and the preferred providers have granted consent to their names being listed in the MCO's directory. The MCO will still need to demonstrate to BWC that it can perform all of the same functions that it currently performs through its formal contracted panel. MCOs must provide all provider relations services to all BWC certified providers regardless of contract or relationship with providers via arrangement. MCOs must maintain and provide BWC their current provider relations contact name(s), phone, fax and email. This information should also be made available to all providers.

Any questions should be directed to Provider Relations at 1-800-OHIO BWC, following the prompts. The following personnel can assist you in the BWC Provider Relations Unit:

Tammie Mihaly is the Manager of the Unit and will be pleased to work with you on any provider issues. Her contact information is as follows:

E-mail: tammie.m.1@bwc.state.oh.us

Phone: (614) 728-5726

Issues regarding non-compliant providers should be forwarded to Kara Russell, credential review unit supervisor.

E-mail: kara.r.1@bwc.state.oh.us

Phone: (614) 728-5506

All provider enrollment information should be faxed to 614.621.1333. Requests for expedited non-cert enrollments should be forwarded to Susan Volk, provider enrollment supervisor at: e-mail: susan.v.1@bwc.state.oh.us

Issues regarding requests for training and education of providers should be forwarded to Mary Bertsch, provider contact center supervisor at: e-mail: mary.b.4@bwc.state.oh.us or phone: (614) 728-8882. Written complaints from providers received in BWC's

Provider Relations Department are handled through the BWC Provider Contact Center and responses coordinated to MCO's by secure email attachments. MCOs are to acknowledge receipt of these emailed inquiries within 2 business days. Resolution is expected within 10 business days. Inability to resolve within the designated timeframe should be reported to BWC Provider Contact Center Reviewed for additional resolution time to be considered when circumstances are beyond MCO control. MCOs not responding timely are reported to the MCO Business Unit.

A. PROVIDER ELIGIBILITY

Rule 4123-6-01(L) defines a **Bureau certified provider** as a credentialed provider who signs a provider agreement with BWC and is approved by the bureau for participation in the HPP. A BWC certified provider must submit to the medical management and return to work management of the MCO as provided in Rule 4123-6-02.6(F), whether or not the provider is on the MCO'S provider panel or has an arrangement with the MCO.

A provider shall be certified by BWC to treat employees under the HPP if the provider is a direct service provider; meets and maintains basic credentialing criteria under Rule 4123-6-02.2; meets and maintains all other applicable criteria under the workers' compensation statutes and rules; and signs a provider agreement with the bureau.

The MCO shall assist the injured worker or employer in locating a BWC certified provider, whether in-state or out-of-state.

Rule 4123-6-01(M) defines a **non-Bureau certified provider** as a provider who has not signed a provider agreement with the bureau and is not approved by BWC for participation in the HPP or whose certification is in a lapsed status. However, the rules also state that a non-certified provider may be enrolled to participate in the HPP for limited purposes pursuant to Rule 4123-6-02.21.

For claims with dates of injury prior to Oct. 20, 1993, the injured worker may continue to be treated by the physician of record (POR) with whom he/she has an established relationship even if the POR is a non-BWC certified provider. However, if, for any reason, the injured worker decides to change physicians, a BWC certified-provider must be selected.

BWC will expire the active enrollment status on any non certified provider after two years for no billing activity. Any provider deactivated must meet all applicable enrollment criteria as per Rule 4123-6-02.21 and on the application as required to return a deactivated (terminated) enrollment status to active.

Rule 4123-6-02.6 defines a **panel provider** as a BWC-certified provider who also is a provider included within an HPP certified MCO.

1. PROVIDER CATEGORIES

As part of the Health Partnership Program, a provider may fall into one of 3 categories:

- **Certified panel provider**
- **Certified non-panel provider**
- **Non-certified provider**

2. ADDITIONAL CRITERIA

In addition, the following criteria apply under HPP:

- Providers who provide treatments or services, *but are not enrolled*, are not eligible for reimbursement.
- Injured workers are free to choose from certified panel or non-panel providers.
- Non-certified providers are eligible for reimbursement only in the following situations:
 - Initial or emergency care;
 - Care for injured workers with dates of injury prior to Oct. 20, 1993 with whom they have an established relationship;
 - Specialized care for which no certified provider is available to provide;
 - The provider is out-of-state and is not BWC certified
 - Provider types not eligible to be BWC certified

B. ENROLLMENT AND CERTIFICATION REQUIREMENTS

Provider Enrollment requirements are governed under Rule 4123-6-02.21. Certification requirements are found in Rule 4123-6-02.2. When enrolling and/or certifying providers, BWC requires minimum credentials for provider types as noted in these rules and listed on our provider applications. Specified provider types noted on the MEDCO 13 Provider Enrollment and Certification application and on the MEDCO 13A Provider Enrollment – Non Certification application must register at the Ohio Business Gateway to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA). When minimum requirements are met, BWC will enroll and/or certify the provider. These Rules are available in the BWC Library section on our website www.ohiobwc.com.

If the MCO elects to retain a contracted provider panel, Rule 4123-6-03.2 governs the requirements the MCO must meet and maintain to do so. Maintaining appropriate provider composition is the sole responsibility of the MCO and not the responsibility of any leased provider network vendor. An MCO may limit the number of providers on its MCO contracted provider panel, but must do so based upon objective data approved by the bureau, such as reasonable patient access, community needs, the potential number of employees the MCO is applying to service, and other performance criteria, without discrimination by provider type. All network providers shall be BWC certified if they are eligible provider types. BWC retains the discretion to require that network providers be re-credentialed by the MCO during the term of the current agreement between BWC and the MCO.

C. RECERTIFICATION

Rule 4123-6-02.4 governs the recertification and recertification process. In August 2002, BWC began recertifying providers. At that time both the initial provider certification and the provider recertification process became a simplified one-step process rather than the previous two step process. The recertification process will be done in phases allowable every two years based on the original date of certification/recertification. BWC will release the recertification application and provider agreement to providers as they are identified for recertification. In order to remain a BWC certified provider, once invited to recertify, providers will need to respond within the allotted time frames to avoid lapsing of their certification.

If a provider does not submit a completed application within 90 days, their certification will lapse. Once the provider's certification lapses, bills will not pay for dates of service post lapse unless the MCO decides to authorize payment with override EOB 749 or 756. The provider may apply for recertification post lapse by submitting a completed application. Once a lapsed provider completes the process the provider may become recertified and the recertification will be retroactive. There will be no gap in certification status between initial certification and recertification.

The following explanations of benefits (EOB) codes were developed to address non-payment due to non-recertification:

***447 Payment** is denied as provider is not eligible for recertification. All certified providers must be recertified periodically. During the recertification processing, a provider will remain certified until he or she reaches recertified, denied or lapsed status. A provider who no longer meets the requirements for certification will be put in Denied Recertification status. There will be an effective date associated with that status and bills with date of service prior to the effective date will pay. Dates of service after the effective date will deny unless approved by an MCO with override EOB 749 or 756. However, if the provider has also been terminated, then these EOBs will not be effective.*

***448 Payment** is denied as provider's certification has lapsed. All certified providers must be recertified periodically. During the recertification process, a provider remains certified until he or she reaches recertified, denied or lapsed status. A provider who fails to respond within 90 days or who requests removal from HPP will be put in Lapsed Status. There will be an effective date associated with that status and bills with date of service prior to the effective date will pay. Dates of service after the effective date will deny unless approved by an MCO with override EOB 749 or 756. However, if the provider has been also been terminated, then these EOBs will not be effective*

D. NATIONAL PROVIDER IDENTIFIER

BWC has made changes to add National Provider Identifier information to its database to cross-reference BWC provider numbers. Providers wishing to

incorporate NPI into their workers' compensation billing must provide their NPI information to BWC's Provider Relations department. Providers should submit copies of their NPI confirmation from the enumerator along with their corresponding BWC provider number to the fax number or address below.

Fax to:

BWC Provider Enrollment
(614) 621-1333

Mail to:

Ohio BWC Provider Enrollment
P.O. Box 15104
Columbus, OH 43215-0104

Once this process is complete, a provider may bill using either his or her BWC provider number or a combination of both the BWC provider number and NPI (and taxonomy code if applicable). Again, BWC does not require providers to use NPIs for billing.

Providers who wish to bill BWC using their NPI information only should begin billing initially using both identifiers (the BWC provider number plus the NPI). BWC has added explanation of benefit codes to remittances to confirm it has added NPI data to a provider's record. Once confirmed, the provider may choose to bill using the NPI rather than the BWC provider number. Providers wishing to confirm that their NPI is registered with BWC before billing may contact BWC's Provider Contact Center toll free at 800OHIOBWC option 0,3,0 between 8:00am - 5:00 pm.

BWC can currently only accommodate NPI on forms for billing. Other use of NPI on medical documents or other forms (such as the C-9) is being assessed and will be published on the BWC website and quarterly BWC's Provider Updates when implemented. MCOs will attempt to cross reference and inform providers of the process to register their NPI with BWC if they receive an NPI on any other form than a bill.

NPI Frequently Asked Questions are available in Chapter 8.

C. MCO RESPONSIBILITY

1. Enrollment and Credentialing

All providers who are to be reimbursed for services to an Ohio injured worker must be enrolled. It is the MCOs' responsibility to facilitate the collection of enrollment documents required for each enrollment if the provider is not enrolled. If the provider is willing to become BWC certified, the MCO should facilitate the collection of their enrollment and certification by obtaining a completed *HPP*

Provider Application for Enrollment and Certification (MEDCO 13) and applicable required documents, and forwarding or providing assistance needed by the provider to forward that MEDCO 13 to BWC. Provider types ineligible for BWC certification (enrolled only, non certified providers) are listed on the MEDCO 13A form, (*Provider Enrollment Non Certification Application*). Please always note, often providers will enroll the individual and the group/business practice for payment receipt. BWC provider type 12 - Provider Group Practice is only eligible to enroll as a provider who receives payment and may not enroll as a servicing provider. BWC will require any group enrolling on the MEDCO 13A form to name an individual who is a certified provider associated with that payee (TIN) number, and submit a W9 for IRS purposes to be enrolled. W9s are required on all providers receiving payment for services (the pay-to provider). All applications and supporting documentation should be sent via fax to provider enrollment at 614.621.1333.

If the provider is unwilling to become BWC certified, MCO staff should fill out a non-cert (BWC/MCO internal use only) application (MEDCO 15) with the required information, including authorized MCO staff signature and the provider's printed credentials, and forward the non-cert application to BWC provider enrollment. The non-cert MEDCO 15 application should always be completed by MCO designated staff and should never be sent to the provider for completion. The MCO must determine the appropriate provider type, list it on the MEDCO 15 form, and verify that the provider type is eligible for reimbursement by BWC. The MCO is required to verify the provider's credentials. One acceptable exception is if the credentialing verification source is at a cost to the public. In those rare cases, phone verification should be attempted and results documented on the MEDCO 15 submitted to BWC. If any of the information required on a MEDCO 15 non-cert application is unavailable, the MCO should state the reason why it is unavailable on the application. If the MEDCO 15 non-cert application comes into BWC from the MCO with information missing and no explanation attached, the MCO will be contacted by a BWC provider enrollment representative with a request for the additional information to complete processing. If the provider is eligible but unsure whether they wish to become certified, MCO staff should follow the procedure for enrollment with a non-cert application and follow-up by sending the provider a MEDCO 13. The BWC provider enrollment unit assigns each MCO a specific representative to process these applications, and will maintain the provider enrollment staff assigned per MCO on the portal.

Submitted non certified enrollments are subject to BWC's Provider Recovery process for approved services by unrecognized provider types. This includes, but is not limited to, any services approved on a C-9. Appropriate credentials should be on file at the MCO.

The appropriate assigned MCO shall ensure that all post emergency care shall be delivered by a BWC certified provider. If a BWC certified provider is not

available, the MCO shall assist in the recruitment of a provider of the appropriate specialty.

If an appropriate provider cannot be recruited for BWC Certification, the MCO shall assist in finding a willing provider of the appropriate specialty with appropriate credentials to render approved treatment to the injured worker and facilitate MCO approved non-BWC Certified enrollment (MEDCO 15 form) for provider. When services are ongoing, the MCO should attempt to recruit the provider to become a BWC certified provider or attempt to find the injured worker a BWC certified provider. The MCO shall document recruitment efforts for pursuing provider certification when additional authorization of services or payment is made beyond emergency or initial care provided by that non certified provider. These efforts may include but are not limited to phone calls, emails, correspondence mailing, or circumstantial explanation showing recruitment effort follow up for non BWC certified providers.

Recognized BWC provider types are within the "HPP Provider Requirements" document found in Appendix 1 - [Provider Requirements for Enrollment](#) on www.ohiobwc.com.

a. Out – of- State Provider

The MCO is required to medically manage a claim for the life of a claim, as long as the employer remains in contract with the MCO. As such, the MCO is responsible for developing internal policies and procedures to coordinate care for out-of-state injured workers with active claims and with injured workers with active claims who move out-of-state. The MCO is also responsible for determining reimbursement eligibility with out-of-state providers and submitting the bill data to BWC for reimbursement

The MCO will attempt to have out-of-state non-BWC certified providers who provide treatment or services beyond a one time emergency or initial incident become BWC certified. Out-of-state providers must be enrolled to be reimbursed. They must meet the minimum credentialing criteria for enrollment as detailed previously. It is the responsibility of the MCO to facilitate their initial enrollment by submitting a MCO internal MEDCO 15 *Non-Certified Enrollment Application* or a MEDCO 13 or MEDCO 13A as provider type dictates. MCOs should always encourage all providers to complete the certification application whenever possible.

Out-of-state non-BWC certified providers who are not willing to provide services to an injured worker at BWC's fee schedule may be considered for payment at UCR charged amount; however, the MCO will attempt to negotiate a fee at the fee schedule or as close to the fee schedule as possible. The MCO may submit the bill for payment and then request an adjustment with EOB 860, for additional or UCR charged amount reimbursement. If the bill has not been submitted, the MCO shall call their Medical Billing and Adjustments dept billing representative prior to submitting the bill.

The MCO shall have an internal flagging system and document in notes that contact is made with all out-of-state injured workers with active claims and with injured workers with active claims who move out-of-state to ensure:

1. transition and coordination of medically necessary services takes place;
2. recruiting of appropriate medical providers to take care of the medically necessary needs of the out-of-state injured workers is handled by the MCOs;
3. active case management and provider communication regarding the case continues to take place;
4. assistance and education of the provider regarding case management and billing issues are accomplished by the MCO.

The flagging system would also suggest that active case management and contact with the injured worker is required to make sure that the process of securing appropriate medical care takes place and that the MCO be involved in communicating with the provider to educate them on the processes involved in the HPP and in particular the case management services supplied by the MCO.

b. Enrollments requiring approved Rehabilitation Plan or Authorized Remain at Work Services

MCOs shall identify providers who do not have specific credentials for enrollment consideration by submitting to BWC a MEDCO 13A Non Cert Application. Those provider types examples include type 79 – Rehabilitation Non-credentialed, and type 80 Retail Store. The MCO shall attach with the application an approved rehab plan with a description of the services/equipment to be provided to injured workers for enrollment purposes or a copy of the MCO authorization supporting an enrollment for approved remain at work services. Other provider types requiring rehab plans are noted on the MEDCO 13A form.

c. Provider Education and Assistance

The MCO is responsible for educating and assisting all providers on enrollment, certification and all HPP processes. Billing assistance and monitoring for services and supplies provided by the aforementioned enrolled providers is required.

2. Non-Compliant Providers

In the event an MCO has experience with a BWC certified provider who is non-compliant with the HPP rules or provider agreement, the MCO shall attempt to

educate the provider and request compliance to include, but not be limited to, written communication with the provider. The written communication shall be captured in the medical repository.

The MCO is responsible for working with non-compliant providers and should never delegate this responsibility. Should the provider continue to be non-compliant and BWC intervention is desired, the MCO shall contact the Credential Review unit (see pg 6-1) and provide a specific summary of the non-compliance issues and reference by date the documentation in the repository that clearly demonstrates the non-compliance issue. Provider Relations staff will review the documentation and communicate with the MCO as to the outcome of the review. If BWC intervention is appropriate, Provider Relations staff will advise the MCO as to the intervention steps and outcomes.

Additionally, BWC is periodically requiring MCO submission of information specific to targeted areas of compliance monitoring and/or review. (ex: retro C9 monthly spreadsheets, MEDCO 14s). Notices are sent to providers quarterly by BWC on these targeted areas, reviewed for compliance and imaged into the provider file.

3. Decertified Providers – Required MCO Follow Up

MCOs receive provider enrollment and certification status changes from BWC weekly. MCOs must review their updated provider file for newly decertified providers each week and identify affected injured workers (those who have the decertified doctor as POR or treating provider). The MCO shall contact all injured workers who received treatment within the past 12 months from decertified provider and assist them to find another provider that can treat/become POR. NOTE: An injured worker may choose to continue seeing a decertified but actively enrolled provider, but the MCO must inform them that they must pay for all services rendered by that provider. Exceptions for overrides to pay decertified but actively licensed/enrolled providers are noted on page 6-3 in Section A2: Additional Criteria.

MCOs must follow this IW notification and assistance process when notified by BWC of providers pending decertification for inactive licenses to practice.