



Under the revised Self-Insured Policy Rule 4123-19-03 (K) (1) a new self-insuring employer must provide information on the below medical management criteria. The new applicant must provide the following information to the self-insured department:

1. The employer must provide a list of healthcare providers which it has arrangements for the provision of health care services. The employer may not discriminate against any employer type and must include healthcare services with a full range of the provider types necessary for treating the injured workers.
2. The employer must present a plan for the medical management of the claims. This plan should focus on quality medical services with a goal to safely return injured workers to work. The plan should also show how the employer will be responsible for identifying circumstances and cases requiring medical case management and managing high cost cases.
3. The employer must provide documentation on the process to handle the authorization and denial of medical treatment. Included in the process should be the following criteria:
 - a) The treatment request may be that of a C-9 or any other physician generated document that contains, at a minimum, the data elements on the C-9 form.
 - b) The employer shall approve or upon a recommendation from a Clinician's review deny a written request for treatment within ten days of the receipt of the request. If the employer fails to respond to the request within 10 days, the authorization is deemed granted (OAC 4123-19-03 (K) (5)). A Clinician is defined as— a physician, registered nurse, or other Ohio certificate holder acting within the scope of his or her license, including medical case managers as defined in Rule 4123-6-02.2 (C) (38) of the Ohio Administrative Code.
 - c) The employer shall notify the provider, injured worker and their representative, in writing of the reason for denial within the required timeframe. The employer's notification to the injured worker shall indicate that the injured worker has the right to request a hearing before the Industrial Commission.
 - d) The claim file shall have documentation of the name of the Clinician, the Clinician's credentials, and the Clinician's opinion regarding reimbursement for treatment
4. The employer must provide the procedure that upon request from the Ohio Bureau of Workers' Compensation how the employer will provide a timely and accurate report regarding medical and health care service, supply cost, quality, and utilization.
5. The employer must document how the employee will be notified about the freedom of choice of providers. The notification to the Injured Worker must tell the Injured Worker that if they are dissatisfied with the services provided by the provider that the Injured Worker may request and shall be granted a change of Physician. The Injured Worker must also be informed that if they want to request a change of physicians that the request must be made in writing, will apply to a specific claim/injury, and that the employer will approve the written request within seven days of receipt.