



Ohio Administrative Code

Rule 4123-6-02.7 Provider access to the HPP - provider decertification procedures.

Effective: April 15, 2024

(A) Except as otherwise provided in paragraph (C) of this rule, the administrator of the bureau of workers' compensation will follow the procedures set forth in this rule to terminate the enrollment of and decertify a non-facility provider who has failed to comply with a workers' compensation statute or rule.

(1) If the bureau determines a provider has committed three or more reported violations of the same workers' compensation statute or rule in a six month period, or five or more reported violations of any workers' compensation statute or rule in a six month period, the bureau will serve written notice of the violations to the provider.

(2) If the bureau determines the provider has committed two or more subsequent reported violations of any workers' compensation statute or rule for which the provider previously received notice pursuant to paragraph (A)(1) of this rule, and the subsequent violations occurred any time within the six month period following the calendar month in which the provider received notice pursuant to paragraph (A)(1) of this rule, the bureau will serve written notice of the violations to the provider, which will include a thirty day period within which the provider must submit and implement a correction plan signed by the provider. The bureau will enter the correction plan into the provider's certification file and will document that the provider is "under correction plan" during the six month period following the calendar month in which the provider's thirty day implementation period provided above expires.

If the provider fails to submit a correction plan within the thirty day implementation period satisfactory to the bureau, which satisfaction shall not be unreasonably withheld, the bureau shall send the provider written notification of the failure by certified mail, which shall include a notice of proposed enrollment termination and decertification complying with rule 4123-6-17 of the Administrative Code.

(3) If the bureau determines the provider has committed two or more subsequent reported violations



of the same workers' compensation statute or rule for which the provider previously received notice pursuant to paragraph (A)(2) of this rule and submitted a correction plan satisfactory to the bureau, and the subsequent violations occurred any time within the six month period following the calendar month in which the provider's thirty day implementation period provided in the notice sent pursuant to paragraph (A)(2) of this rule expires, the bureau will serve written notice of the violations to the provider, which will include a notice of proposed enrollment termination and decertification complying with rule 4123-6-17 of the Administrative Code.

(4) If the bureau determines a provider who has twice received written notice pursuant to paragraph (A)(1) of this rule for violation of the same workers' compensation statute or rule has committed a subsequent reported violation of the same workers' compensation statute or rule within three years of the date written notification was first sent to the provider by the bureau pursuant to paragraph (A) of this rule, the bureau will serve written notice of the violations to the provider, which will include a notice of proposed enrollment termination and decertification complying with rule 4123-6-17 of the Administrative Code.

(5) The bureau may, in its discretion, consider mitigating circumstances in its application of the procedures set forth in paragraphs (A)(1) to (A)(4) of this rule with regard to an individual provider. Mitigating circumstances may include, but are not limited to:

- (a) The violations related to the provision of emergency treatment;
- (b) At the time the violations occurred, the provider was not aware a workers' compensation claim was involved;
- (c) The provider was initially bureau certified within six months prior to the violations;
- (d) The violations were due to bureau or MCO error;
- (e) The provider billed the bureau for goods or services in fewer than five workers' compensation claims in the twelve months prior to the violations;
- (f) Other documented justification as deemed sufficient by the bureau.



(6) The bureau will serve all notices to the provider pursuant to this rule in accordance with section 119.05 of the Revised Code.

(B) Providers whose enrollment is terminated and who are decertified pursuant to paragraph (A)(2), (A)(3), or (A)(4) of this rule are eligible to apply for and be considered for recertification and reenrollment at any time after two years from the date of the final administrative or judicial order of enrollment termination and decertification.

(C) The procedures set forth in paragraphs (A)(1) to (A)(6) of this rule do not apply to, and the administrator may proceed directly to enrollment termination and/or decertification of a provider for, the following:

(1) Violation of the minimum provider certification criteria set forth in rule 4123-6-02.2 of the Administrative Code.

(2) Acts of misrepresentation, misstatement, or omission of a relevant fact or other acts involving dishonesty, fraud, or deceit on the provider's provider application and agreement or recertification application and agreement.

(3) Acts involving breach of the bureau's confidentiality and sensitive data requirements, including but not limited to failure to maintain the confidentiality of injured worker medical or claim information.

(4) Acts involving misuse of information obtained from the bureau by means of electronic account access for a purpose other than facilitating treatment, including but not limited to engaging in advertising or solicitation directed to injured workers.

(5) Acts involving advertising or solicitation directed to injured workers in violation of rule 4123-6-02.9 of the Administrative Code.

(6) Acts of intentional misrepresentation, misstatement, or omission of a relevant fact or other acts involving false, fraudulent, deceptive, or misleading information on reports, information, and/or



documentation submitted by the provider, the provider's employees, or the provider's agents to the bureau, industrial commission, claimant, employer, or their representatives, MCO, QHP, or self-insuring employer in connection with a workers' compensation claim.

(7) Upon peer review recommendation of the bureau of workers' compensation stakeholders' health care quality assurance advisory committee (HCQAAC) pursuant to rule 4123-6-22 of the Administrative Code, the bureau of workers' compensation pharmacy and therapeutics (P&T) committee pursuant to rule 4123-6-21.2 of the Administrative Code, or other peer review committee established by the bureau.

(8) Revocation or suspension in accordance with section 4121.443 of the Revised Code.