



Ohio Administrative Code

Rule 4123-6-22 Stakeholders' health care quality assurance advisory committee.

Effective: February 1, 2022

The bureau of workers' compensation stakeholders' health care quality assurance advisory committee (HCQAAC) was created to advise the administrator, the chief of medical services, and the chief medical officer with regard to medical quality issues. A list of medical providers, each holding a professional license in good standing, who have expressed an interest in serving on the HCQAAC, and who would add credibility and diversity to the mission and goals of the HCQAAC shall be developed and maintained by the the bureau. Providers may be nominated for inclusion on the list by provider associations and organizations including but not limited to: deans of Ohio's allopathic and osteopathic medical schools, deans of Ohio's colleges of pharmacy, deans of Ohio's dental schools, the dean of the Ohio college of podiatric medicine, the Ohio state medical association, the Ohio state osteopathic association, the Ohio state chiropractic association, specialty board associations of Ohio, the Ohio podiatric medical association, the Ohio psychological association, the Ohio dental association, the Ohio pharmacists association, the Ohio hospital association, the Ohio state medical board, the Ohio state chiropractic board, the Ohio state psychology board, the Ohio state pharmacy board, and the Ohio state dental board.

(A) The HCQAAC shall consist of the bureau's chief medical officer, the chief of medical services and not more than thirteen nor less than five voting members representing the diverse group of providers that provide medical care to the injured workers of Ohio as administrated through the bureau. The committee may create any subcommittees that the committee determines are necessary to assist the committee in performing its duties. Any subcommittee recommendations shall be submitted to the HCQAAC committee.

(B) HCQAAC members must meet the following requirements:

(1) Providers must be familiar with issues relating to the treatment of injured workers in the Ohio workers' compensation system.

(2) Providers must possess significant clinical or administrative experience in health care delivery,



including but not limited to, medical quality assurance, disease management, and utilization review.

(3) Providers must have experience with and an understanding of the concepts of evidence based medicine as well as contemporary best practices in their respective areas of practice.

(C) The appointing authority for members of the HCQAAC shall be the administrator or the administrator's designee(s), who shall appoint members of the HCQAAC from the list of qualified providers developed and maintained by the bureau. Terms of membership for individual members of the HCQAAC shall be for one year. Individuals may be reappointed to subsequent terms as determined by the administrator. Vacated terms shall be filled in a like manner as for the full term appointments and shall be for the remaining term of the vacated member.

(D) The chief medical officer of the bureau shall be the chairperson of the HCQAAC and shall provide notice of meeting to the members and be responsible for the meeting agenda. In addition, the chief medical officer and chief of medical services may be self-designated as an ad hoc member of any subcommittees of the HCQAAC. However, the chief of medical services is not a voting member of the HCQAAC or any subcommittee, and the chief medical officer is a voting member of the HCQAAC and any subcommittees only in the case of tie votes. The industrial commission's medical advisor, and one physician chosen by the MCOs may participate in discussions; however, they are not voting members.

(E) The HCQAAC shall develop and establish bylaws for the organization and operations of the committee and subcommittees, subject to the requirements of this rule and approval by the administrator and the chief medical officer.

(F) The HCQAAC shall be responsible to respond to requests for recommendation on any medical quality assurance issue submitted by the bureau's administrator, chief of medical services, or chief medical officer including :

(1) Review of medical treatment guidelines referred to the bureau;

(2) Review of any of the bureau's policies and procedures related to medical quality assurance issues;



(3) Review of any of the bureau's medical providers' professional performance and conduct, including bureau certification and malpractice issues. Any peer review conducted by the HCQAAC will be in accordance with generally accepted standards of medical practice. The HQAAC may recommend sanctions as well as decertification of any provider determined to have consistently failed to meet such standards . Any decertification or sanction of a provider by the bureau pursuant to recommendation of the HCQAAC will be conducted in accordance with rule 4123-6-17 of the Administrative Code;

(4) Review of any of the bureau's managed care organizations' professional performance and conduct regarding the management of medical services for the bureau. This may include interfacing with any quality assurance committee of any of the individual managed care organizations.

The HCQAAC may make such recommendations as it deems necessary to address any medical quality assurance issue impacting the bureau.

(G) The HCQAAC shall hold at least quarterly meetings. The HCQAAC and all subcommittees shall keep written records of the agenda and minutes of each meeting, which will be maintained by the bureau.

(H) The HCQAAC shall submit an annual report of its activities and recommendations to the administrator.

(I) Each member of the HCQAAC and its respective subcommittees may be paid such fees as approved by the administrator or administrator's designee. The expenses incurred by the HCQAAC and its subcommittees and the fees of their members shall be paid in the same manner as other administrative costs of the bureau.