



## Ohio Administrative Code

### Rule 4123-6-02.6 Provider access to the HPP -- selection by an MCO.

Effective: April 1, 2021

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(A) The bureau shall maintain a public list of bureau certified providers. The bureau shall make the list of bureau certified providers available through the bureau's website.

(B) An MCO may, but is not required to, retain a panel of bureau certified providers. A bureau certified provider is eligible to participate on an MCO's provider panel. A bureau certified provider may participate in a single MCO panel or may participate in more than one MCO panel.

(C) A provider identified by an MCO for temporary privileges in its panel of providers that is not a bureau certified provider shall be assisted by the MCO in applying for bureau provider credentialing and certification.

(D) The bureau or MCO shall not discriminate against any category of health care provider when establishing categories of providers for participation in the HPP. However, neither the bureau nor an MCO is required to accept or retain any individual provider.

(E) The MCO shall include in its panel or its arrangements with providers a substantial number of the medical, professional, and pharmacy providers currently being utilized by employees. An MCO may limit the number of providers on its MCO provider panel or with whom they enter into arrangements, 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.

(F) A bureau certified provider must follow the medical management and return to work management approaches of the MCO medically managing an employee's claim, whether or not the provider is on the MCO's provider panel, or has an arrangement with the MCO. MCO guidelines may not be more restrictive for a non-panel provider than for an MCO panel provider.