Title	Description
Policy Name:	**General Provider Enrollment Instructions**
Policy Number:	BRM-2017-10
Code/Rule Reference:	OAC 4123-6-02.2; OAC 4123-6-02.3; OAC 4123-6-02.4; OAC 4123-6-02.5
Effective Date:	10/1/2017
Origin:	Medical Policy
Supersedes:	All medical policies, directives, and memos regarding general enrollment instructions that predate the effective date of this policy.
History:	Rev. 10/1/2017, Republished 4/1/2024
Review date:	10/1/2029

I. POLICY PURPOSE: GENERAL OVERVIEW

The purpose of this policy is to provide general provider enrollment instructions to all providers who are seeking to provide treatment and to receive reimbursement within the Health Partnership Program.

II. APPLICABILITY

This policy applies to all actions related to the request, approval, and reimbursement of medical fees to providers within the Ohio workers' compensation system.

III. DEFINITIONS

BWC-Certified Provider - A credentialed provider who is approved by BWC for participation in the Health Partnership Program and signs a provider agreement with BWC.

Non-BWC Certified Provider – A provider who:

a. Is eligible and meets minimum enrollment requirements per Ohio Administrative Code (OAC) 4123-6-02.2, but is not approved for certification in the Health Partnership Program;
b. Is ineligible for certification; or
c. Lapses BWC certification because the provider did not respond to the provider's invitation to recertify or had no billing to BWC in 18 months or longer.

Providers Eligible for Enrollment Only – Provider types which are ineligible for BWC certification.

IV. POLICY

A. Provider Enrollment and Certification Qualifications:

1. All providers who meet minimum credentialing criteria and sign a provider application/agreement, indicating agreement to abide by all Health Partnership Program and medical rules, shall be allowed to participate in the Health Partnership Program.
2. For claims with dates of injury prior to October 20, 1993, the injured worker may continue to be treated by the physician of record (POR):
   a. If the POR is a non-BWC certified provider; and
   b. If they have maintained a physician-patient relationship since that date.
   c. However, if, for any reason, the injured worker decides to change physicians, a BWC-certified provider must be selected.
3. Providers may check on certification status by:
   a. Contacting the provider's MCO(s).
   b. Calling 800-477-2292.
   c. Visiting BWC Online at www.bwc.ohio.gov and accessing the Medical Provider section.
   d. All BWC-certified providers are listed on the BWC provider look-up section.
4. Neither the application for certification, nor the provider agreement located within the application may be altered or modified. These actions shall delay certification.

B. Provider Enrollment and Certification Application and Processes

1. Provider Applications for Enrollment – BWC uses two (2) provider applications for enrollment into BWC's database.
   a. Provider types eligible for BWC certification complete the MEDCO-13; and
   b. Provider types ineligible for BWC certification (enrolled only providers) complete the MEDCO-13A.
   c. Applications are available at OhioBWC - Provider - Form: (BWCForms) - Provider Forms Home
   d. Please review the provider types noted on each application and complete the appropriate one.
2. Minimum Enrollment Requirements –
   a. A provider must meet minimum enrollment requirements (licensure, accreditation, etc.) to be eligible to enroll in BWC's provider database.

b. The requirements for certification are noted in Ohio Administrative Code (OAC) 4123-6-02.2; and
c. The provider application MEDCO-13.

3. Verification –
   a. BWC shall verify a provider's credentials and determine whether minimum enrollment and credentialing criteria have been met; and
   b. review the application type for a signed provider agreement.
   c. BWC shall send a verification letter of BWC enrollment and/or certification approval status to the provider, based on the provider type.
4. How To Change Provider Enrollment Data - To change provider enrollment data, please complete the *Request to Change Provider Information Form* (MEDCO-12) or submit the changes, in writing and on letterhead, to:

Ohio Bureau of Workers' Compensation
Provider Enrollment Unit
P.O. Box 15249
Columbus, Ohio 43215-5249
Fax: 614.621.1333

5. Notification Of Changes to Provider Information - The BWC certified provider agrees to notify BWC within thirty (30) days of changes to the provider's:
   a. Demographic information;
   b. Provider/National Provider Identifier numbers;
   c. Tax identification;
   d. Ownership information; or
   e. Change in status regarding credentialing criteria of paragraphs (B) and (C) of OAC 4123-6-02.2.
6. Notification Of Change to Provider Enrollment Data - The BWC provider shall provide the following information when submitting a written request to change provider enrollment data:
   a. Provider name and any of the above identification numbers;
   b. Phone number;
   c. Signature of individual who is assigned the specific provider number; and/or
   d. Change(s) to address. If there are changes to the address, please specify the:
      i. Physical location(s);
         1) P.O. Box is not accepted as a practice location.

2) An actual street address is needed for each location of the provider's practice.

ii. Pay-to address; and

iii. Correspondence address.

7. Change To Tax Identification Number & Group Affiliation –
   a. A change to the tax identification number and group affiliation must be requested in writing.
   b. The BWC provider shall specify when the date change shall become effective.
   c. See MEDCO-12 form located at OhioBWC - Provider - Form: (BWCForms) - Provider Forms Home to determine if the MEDCO-12 or a new application is appropriate to submit for tax identification changes.
   d. In addition, the provider shall submit a Request for Taxpayer Identification Number and Certification (W9) form.
   e. Provider status regarding credentialing criteria shall contain the above bulleted information and status update details.
8. Provider Enrolled As BWC Provider Type 12/Provider Group Practice –
   a. This provider type is only eligible to enroll as a provider who receives payment, and shall not bill as a servicing provider.
   b. BWC shall require any group enrolling to name a certified provider associated with that group's tax identification number, to submit a W9 for Internal Revenue Service (IRS) purposes to be enrolled.
   c. This provider type is not designed for enrollment of private service coordinators operating private provider networks.
   d. BWC does not require individual providers to be "linked" to group numbers systematically for payment purposes, but request the provider update BWC with accurate demographic information that shows each location where the provider is working.
9. Provider Recertification
   a. BWC's provider recertification initiative is based on the provider's original certification dates. Periodically, BWC releases recertification applications, which include a summary of the information presently on file for the provider.
   b. If a provider submits a completed recertification application to BWC within ninety (90) days of the initial notice, the provider shall remain certified until BWC issues a final order approving or denying the provider's recertification.
   c. If a provider does not submit a completed application within ninety (90) days, the provider certification shall lapse.

i. Once the provider's certification lapses, the provider's bills may not be paid for the dates of service during the period the provider is lapsed.
ii. The provider may apply for recertification post lapse by submitting a completed application; however, the provider shall remain lapsed until BWC issues a final order approving or denying the provider's recertification.
iii. Once a lapsed provider completes the process, the provider may become recertified and the recertification shall be retroactively applied.
iv. There shall be no gap in certification status between initial certification and recertification.
v. The provider's bills for dates of service during the period of lapse may then be paid.

d. The EOB 448 code addresses non-payment due to non-recertification. EOB 448 code (i.e., payment is denied as provider's certification has lapsed) description - A provider who fails to respond within ninety (90) calendar days of recertification notice or who requests removal from Health Partnership Program shall be put in "lapsed status." There shall be an effective date associated with that status and bills with dates of service prior to the effective date shall pay. Dates of service after the effective date shall be denied unless it is approved by an MCO with override EOB 756 code.

10. National Provider Identifier
    a. BWC prefers the provider use the provider's National Provider Identifier whenever possible for submitting bills.
    b. A National Provider Identifier serves as an alternate identifier that providers can use in Ohio workers' compensation billing.
    c. The federal Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of an injured worker's medical records and other health information maintained by covered entities.
        i. BWC is not a covered entity under HIPAA.
        ii. Therefore, BWC shall continue to accept bills containing only BWC legacy (or current) numbers, as well as bills with both the legacy number and the National Provider Identifier.
    d. BWC has made changes to add National Provider Identifier information to its

database to cross-reference BWC provider numbers. This shall permit BWC to continue processing bills in a way that is accurate and consistent with laws, rules, and policies governing payment of workers' compensation medical benefits.

e. A provider wishing to incorporate the National Provider Identifier into the provider's workers' compensation billing must provide and verify the provider's information with BWC's provider relations department.
f. The provider must submit copies of the provider's National Provider Identifier confirmation from the enumerator (Fox Systems Inc.), along with the provider's corresponding BWC provider number to BWC Provider Enrollment fax number (614) 621-1333 or to the following mailing address:

   Ohio BWC Provider Enrollment
   P.O. Box 12549
   Columbus, OH 43215-2549

g. Once this process is complete, a provider may bill using either the provider's BWC provider number or a combination of the BWC provider number, the National Provider Identifier and taxonomy code, if applicable.
h. A provider seeking additional information on National Provider Identifier registration can click here.
i. Any provider still needing to obtain a National Provider Identifier may do so at https://nppes.cms.hhs.gov/.
j. At this time, BWC can only accommodate the National Provider Identifier on forms for the billing processes noted above. BWC has instructed the MCO to identify medical providers using the National Provider Identifier on forms other than bills, attempt to cross-reference the provider information and inform the provider to use its BWC provider number until the bureau can accommodate National Provider Identifier in other processes.
k. The provider may direct questions about submitting National Provider Identifier information to 800-477-2292 weekdays between 8 a.m. and 5:00 p.m. Eastern Time (ET).