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# OHIO LEGISLATIVE SERVICE COMMISSION

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H.B. 534  
133<sup>rd</sup> General Assembly

## Bill Analysis

**Version:** As Introduced

**Primary Sponsor:** Reps. Upchurch and Crawley

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### SUMMARY

- Requires the Administrator of Workers' Compensation to adopt rules prohibiting using a healthcare provider's Social Security number as a means of identifying the provider for purposes of the Health Partnership Program or Qualified Health Program system.
- Requires a managed care organization, as a condition of participating in the Health Partnership Program, to maintain a recordkeeping system that identifies staff and providers by first and last name when creating a record related to a workers' compensation claim.

### DETAILED ANALYSIS

#### Health Partnership Program and Qualified Health Plan changes

The bill requires the Administrator of Workers' Compensation to adopt rules prohibiting using a healthcare provider's Social Security number as a means of identifying the provider for purposes of the Health Partnership Program (HPP) or Qualified Health Plan (QHP) system. The rule must include a prohibition against incorporating the provider's Social Security number into a larger identifying number generated by the Administrator or a QHP administrator.<sup>1</sup>

The bill also requires a managed care organization (MCO), as a condition of participating in the HPP, to maintain a recordkeeping system that identifies an MCO staff member or a healthcare provider by first and last name when the staff member or provider creates a record that relates to a workers' compensation claim.<sup>2</sup>

<sup>1</sup> R.C. 4121.441(A)(3) and 4121.442(A)(14).

<sup>2</sup> R.C. 4121.44.

## Background – workers’ compensation medical management

The HPP and QHP are the programs used to manage the medical aspects of workers’ compensation claims. An employer who pays premiums into the State Insurance Fund (a “state fund employer”) typically participates in the HPP. The HPP is administered by the Bureau of Workers’ Compensation. Under the HPP, an employer selects an MCO, and that MCO manages the medical aspects of workers’ compensation claims filed by that employer’s employees. An MCO develops a network of BWC-certified health care providers, including physicians, that claimants use to receive medical services for their injuries or occupational diseases covered under the Workers’ Compensation Law.

A self-insuring employer (an employer that directly pays compensation and benefits) may (and predominantly does) use the QHP system. Under the QHP system, an employer forms its own health care network that delivers medical services to the employer’s employees.

To participate in either the HPP or the QHP, a provider or MCO must satisfy standards and criteria established in law and adopted by the Administrator. An MCO must satisfy requirements related to billing, claim tracking, dispute resolution, and other aspects of medical management. A provider must satisfy licensing, insurance, and other requirements related to the services the provider performs. BWC recertifies an MCO every two years and may recertify a provider on an annual, biennial, or triennial basis.<sup>3</sup>

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### HISTORY

Action	Date
Introduced	03-03-20

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<sup>3</sup> R.C. 4121.44 to 4121.442 and Ohio Administrative Code Chapter 4123-6.