

SELF-INSURING EMPLOYERS EVALUATION BOARD

Karen L. Gillmor, Ph.D., *Chairman*
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SELF-INSURING EMPLOYERS EVALUATION BOARD

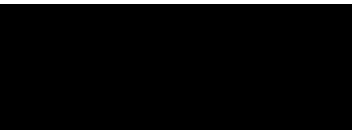
IN THE MATTER OF:

The Cleveland Clinic Foundation (Employer), Risk #20002978-0

and

[REDACTED] (Injured Worker), Claim No. [REDACTED]

Complaint No. 18475



The Cleveland Clinic Foundation
3050 Science Park Drive, AC344
Beachwood, OH 44122

Philip Marnecheck
1468 West 9th Street, Suite 425
Cleveland, OH 44113

Associated Compensation Resources
9237 Mentor Avenue
Mentor, OH 44060

Gottfried Sommers LLC
614 West Superior Avenue, Suite 625
Cleveland, OH 44113

On July 8, 2015, [REDACTED] (Injured Worker) filed a complaint against The Cleveland Clinic Foundation (Employer). On July 15, 2015, the Employer submitted its response. On August 6, 2015, the Injured Worker submitted a reply to the Employer's July 15, 2015 response.

On August 12, 2015, the Self-Insured Complaint Resolution Unit of the Bureau of Workers' Compensation (BWC), after investigation of Complaint No. 18475, issued a letter finding the Complaint was invalid.

On August 24, 2015, the Injured Worker's representative filed with the Industrial Commission a request for reconsideration of the finding of an invalid complaint. On September 8, 2015, the request for reconsideration was forwarded by the Industrial Commission to BWC's Legal Department. On September 15, 2015, BWC's Self Insured Department received the request for reconsideration.

On December 18, 2015, BWC's Central Service Office Manager found the complaint to be invalid. The request for reconsideration was denied.

On January 5, 2016, the Injured Worker filed an appeal of BWC's finding of an invalid complaint to the Self-Insuring Employers Evaluation Board (SIEEB). On May 13, 2016, a "Notice of Presentation to the Self-Insuring Employers Evaluation Board" was sent to the parties. This matter then came before the Self-Insuring Employers Evaluation Board on July 13, 2016.

Relevant History of the Complaint:

On June 24, 2014, [REDACTED] (Injured Worker) was a Patient Service Representative for The Cleveland Clinic Foundation (Employer). She was working on a phone call when lightning struck, and she felt a shock through her headset.

On July 8, 2014, a First Report of an Injury, Occupational Disease or Death (FROI-1) was filed with the Bureau of Workers' Compensation. On July 18, 2014, the claim was certified as valid by the Employer.

On July 8, 2015, the Injured Worker filed the complaint herein against the Employer alleging that Associated Compensation Resources, the Employer's Third Party Administrator, was directly contacting and corresponding with the Injured Worker and not providing copies to her representative. Attached to the complaint were letters about bills from the Employer's Third Party Administrator to providers where the Injured Worker was provided a courtesy copy.

Ohio Adm.Code 4123-19-03 provides in part as follows:

(K) Minimal level of performance as a criterion for granting and maintaining the privilege to pay compensation directly.

* * *

(5) Within thirty days after receipt of a hospital, medical, nursing or medication bill duly incurred by the claimant, the employer shall either pay such bill, or if the employer contests any of such matters, shall notify the provider, the employee, and, only upon request, the bureau or commission in writing. Such written notice shall specifically state the reason for nonpayment. The employer's notification to the employee shall indicate that the employee has the right to request a hearing before the industrial commission. If the matter is heard by the industrial commission, the employer shall pay compensation and benefits due and payable under an order as provided by section 4123.511 of the Revised Code. If the self-insuring employer allows a claim for benefits or compensation without a hearing, the employer shall pay such benefits or compensation no later than twenty-one days from acquiring knowledge of the claim or the claimant's filing of the C-84 form, whichever is later. The employer shall approve a written request for a change of physicians within seven days of receipt of such request that includes the name of the physician and proposed treatment. The employer shall approve or deny a written request for treatment within ten days of the receipt of the request. If the employer fails to respond to the request, the authorization for treatment shall be deemed granted and payment shall be made within thirty days of receipt of the bill. (Emphasis added.)

A review of the materials presented by the parties and the applicable statutes and administrative rules does not reveal any statutory or rule violation by the Employer. Instead, the review demonstrates the Employer has followed Ohio Adm.Code 4123-19-03(K)(5) by notifying the provider and the Injured Worker of its intention to contest certain bills.

DETERMINATION:

Therefore, based on the foregoing, the Self-Insuring Employers Evaluation Board hereby finds Complaint No. 18475 filed by [REDACTED] (Injured Worker) against The Cleveland Clinic Foundation (Employer) is invalid.

SELF-INSURING EMPLOYERS EVALUATION BOARD

Karen L. Gillmor 8-11-16
Karen L. Gillmor, Chairman YES

C. J. Royer 8/12/16
Christopher J. Royer, Member YES

Carol A. Wilson 8/12/16
Carol A. Wilson, Member YES

DATE MAILED: 15th DAY OF August, 2016