

FINAL – Outstanding Enhanced Care Program Design Details/FAQ

UPDATED: June 30, 2015

CONFIRMING AN ECP CLAIM

Issue	Current Position	Proposed Changes/Clarifications	Resolution
1) What is the general process for confirming a claim is in the ECP (Enhanced Care Program)?	Presently, the process would move forward as follows: <ul style="list-style-type: none"> ➤ MCO confirms claimant lives in NE Ohio, works for state-fund employer, has knee injury, and selects an enhanced-care POR. ➤ MCO recommends to BWC that claim appears to be eligible for program. ➤ BWC affirms recommendation by putting standard note with effective date in staffing notes. That note would look as follows: <u>ECP – IW Eligible XX/XX/XX</u> 	The MCOs recommended we augment this process as follows: <ul style="list-style-type: none"> ➤ MCO recommends claim for ECP by sending standard note to BWC (presumption of inclusion). ➤ BWC reviews recommendation and notifies MCO only if recommendation is not affirmed. 	BWC accepts the MCOs recommendation and will follow that process to confirm ECP claim eligibility.
2) What if claimant doesn't select an enhanced-care physician timely?	Presently, the claim would not be permitted to participate in the ECP. However, if the claimant subsequently selects an enhanced-care physician, the MCO could inform BWC, and BWC could subsequently affirm the recommendation by putting a standard note with an effective date in the staffing notes.	No change.	Final
3) What if the claimant's choice of physician isn't in the program?	The MCO and/or CSS could inform the physician's office about the program and attempt to get the physician to enroll in the ECP. The claim could not join the program until the physician was approved as an enhanced-care POR.	No change.	Final
4) What if the claimant changes physicians from an enhanced-care POR to a physician not in the program?	Assuming the change is to a physician who is not in the program and elects not to join, the physician would not have the discretion afforded to an enhanced-care physician and would subsequently treat the claim under the legacy process. BWC would add a note to the staffing notes section indicating the claim is no longer part of the program. That note would look as follows: <u>ECP – IW Not Eligible XX/XX/XX</u>	No change.	Final
5) What if the claimant changes from a physician who is not an enhanced-care POR to one who is participating in ECP?	If the change happens within 60 days of the initial determination, the enhanced-care POR would have discretion to treat both the allowed conditions and causally-related conditions. However, the enhanced-care POR would only be able to treat causally-related conditions for the number of days remaining relative to the initial determination.	No change.	Final
6) What happens if claimant selects an enhanced-care POR without being aware of the ECP (while meeting other parameters)?	If the claimant on his/her own volition selects an enhanced-care POR and meets the other criteria, the MCO will still make a recommendation for inclusion into the ECP, which BWC could subsequently affirm.	No change.	Final

CONFIRMING AN ECP CLAIM (CONT'D)

Issue	Current Position	Proposed Changes/Clarifications	Resolution
7) Will BWC include notification in an order that a claim is in the ECP?	No. Unfortunately, there are fairly significant operational and technological challenges that won't be overcome in the near term to allow for integration into the first phase of the ECP. However, if the program is successful, BWC will work with stakeholders to incorporate a more systemic approach that considers how orders should be published relative to the parameters of the ECP along with how technology can provide more seamless service.	No change.	Final
8) Are there knee injuries that are prohibited from participating in the program?	No. While there are certain injury types that are highly unlikely to need ongoing care (e.g., first-degree burns, cuts, abrasions), BWC will rely on the MCO to make a recommendation on whether a claim should be included in the ECP.	To be clear, any claim that meets the ECP criteria (knee claim for claimant living in 16 counties working for state-funded employer with an ECP POR) is eligible.	Final
9) How will parties know if a claimant has elected to leave the ECP?	If either the claimant completes a change-of-POR form or the MCO informs BWC the claimant changed to a non-ECP physician, the CSS will enter a staffing note and corresponding date confirming the claimant no longer is in the ECP.	No change.	Final
10) What happens if the claimant selects an enhanced-care POR after the claim is allowed?	The CSS will enter a staffing note confirming the claim is in the program (based on the MCO's recommendation) along with an effective date.	No change.	Final
11) Once BWC approves a claim to be part of the ECP, are there other circumstances that could result in the claim being subsequently disqualified?	Under the following circumstances, the claim would be removed from the ECP: <ul style="list-style-type: none"> ➤ The employer appeals the initial allowance of the claim. ➤ The employer appeals the initial care plan. ➤ The claimant chooses a POR who is not part of the ECP. Also, if the employer appeals an allowance on an additional condition, care cannot continue for that condition.	No change.	Final
12) What happens if the enhanced-care POR submits a care plan to the MCO before the claim is allowed?	Similar to today, the MCO could approve the plan with a disclaimer. The MCO would still make a recommendation as to whether the claim should be permitted to participate in the ECP. Should BWC affirm that recommendation, the enhanced-care POR would have 60 days from that initial determination to identify and treat causally-related conditions.	No change.	Final
13) Can an enhanced-care POR begin the ECP process while a claim or a care plan is within the window where an employer appeal but still be assured of payment?	Yes. Care can begin (with assurance payment) immediately after the claim is allowed. However, should the claim or care plan be contested by the employer, the claim will no longer be part of the ECP. In that case, the enhanced-care POR will be assured of payment for treatment rendered pursuant to the care plan prior to the date of the employer's appeal but not for treatment that has not yet been rendered.	To be clear, a claim is removed if employer appeals the claim or care plan. In those situations where the ECP POR began treating in accordance with the care plan, the POR will be paid for services up until employer appeals.	Final

ENHANCED-CARE POR - PAYMENT

Issue	Current Position	Proposed Changes/Clarifications	Resolution
1) What happens if the MCO negotiates a lower reimbursement rate than BWC's fee schedule? What is the 15 percent incentive based on?	The addendum each enhanced-care POR signs stipulates that he/she will be paid a 15 percent incentive for evaluation/management codes (99201-05; 99211-15) over and above BWC's fee schedule. MCOs may not base the additional incentive off of lower, negotiated rates at this time.	No change.	Final
2) What happens if an MCO places the initial care plan submission into a "pending" status? Will the enhanced-care POR and other specialists be paid for services rendered during that time?	Yes. As long as the services rendered are in the "green" section of the Official Disability Guidelines relative to the allowed and causally-related conditions on the claim, the enhanced-care POR and other specialists will be paid for those services.	To be clear, this is highly unlikely to occur.	Final

THE ECP-TX

Issue	Current Position	Proposed Changes/Clarifications	Resolution
1) What operational challenges would be required of BWC?	The internal ECP team will work with Field Operations to index all ECP-Tx forms even without an MCO response. This will likely result in BWC asking its vendor to index them at an additional cost. Also, the internal ECP team will reinitiate conversations with IT to discuss tracking and mapping options so that the form can be programmed and subsequently show up in a CSS' diary.	No change.	Final

THE ECP AND PRESUMPTIVE AUTHORIZATION

Issue	Current Position	Proposed Changes/Clarifications	Resolution
1) What's the difference between the ECP and Presumptive Authorization (PA)?	<p>Presumptive authorization enables providers to provide specific services to claimants without prior MCO approval. However, PA services are limited to certain types of services designed to address soft tissue and musculoskeletal injuries that are explicitly allowed in claims. Additionally, providers are at risk for non-payment if those services are rendered during appeal periods.</p> <p>The ECP allows PORs discretion to treat both allowed and causally-related conditions after the claim is allowed with assurance of payment so long as the POR stays within the "green" section of ODG.</p>	No change.	Final
2) What happens if ODG conflicts with PA guidelines?	The MCO is the arbiter of all care plans and has jurisdiction to determine what type of care is appropriate for ECP claims given both the allowed and causally-related conditions in a claim.	No change.	Final

CLAIMANT COMPENSATION

Issue	Current Position	Proposed Changes/Clarifications	Resolution
1) Will the claimant receive temporary-total disability benefits for the allowed conditions although the POR may be treating other causally-related conditions?	Yes. The pilot program does not change anything except to provide coordinated care for the claimant more quickly. As long as the POR lists the allowed condition as a disabling condition, BWC will pay TT even though other causally-related conditions are listed. The employer may still dispute, and obtain an IME or file review, but the ongoing payment of TT continues based on the certification for the allowed condition(s).	No change.	Final

EMPLOYER CREDIT

Issue	Current Position	Proposed Changes/Clarifications	Resolution
1) When will an employer be eligible for the 50-percent claim credit?	Assuming the claim is lost-time and the employer is otherwise in good standing with BWC, the claim will qualify for a reduction once the initial care plan submitted by an enhanced-care POR is approved by the MCO.	To be clear, a claim must be a lost-time claim in order to be eligible for the program. Claims that remain medical only generally have no reserve by the time the claim enters the experience, and it is highly unlikely that a medical-only claimant will actively participate in the ECP anyway.	Final
2) Will the employer lose the credit if the claimant who is initially in the ECP late elects to change to a physician not participating in the ECP?	No. Because this is the first phase of the ECP, and because the notion of a credit is temporary as we test whether the ECP generates better outcomes at relative or lower costs for employers, we don't want to make the tracking of employer credits more onerous than necessary.	No change.	Final

EMPLOYER PARTICIPATION

Issue	Current Position	Proposed Changes/Clarifications	Resolution
1) Are there any types of employers that are not permitted to participate in the ECP?	Self-insured employers will not be permitted to participate. Neither will state agencies and public universities since they pay their direct claims costs and do not contribute to the Surplus Fund.	No change.	Final