

# Enhanced Care Program (ECP)

## Physician Office Workflow

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### **ECP Claimant Eligibility Criteria:**

- The claimant lives in one of the 16 counties where the Enhanced Care Program is operating.
- The claimant works for a state-fund employer.
- The claimant has sustained an alleged workplace injury to his/her knee only.
- The claimant has selected an enhanced care physician-of-record (POR).

### **Physician Office Workflow:**

1. POR examines a claimant that meets the ECP eligibility criteria.
2. When treatment is DEEMED necessary, POR utilizes the ECP-Tx form.
  - a. **ECP-Tx replaces the C9 to request treatment**
  - b. Treatment plan should include all of the following: (indicate if initial or subsequent)
    - i. Treating diagnosis for this request (include body part/levels);
    - ii. Dates of service (begin and end);
    - iii. Requested services with Current Procedural Terminology/Healthcare Common Procedure Coding System codes;
    - iv. Frequency of treatment;
    - v. Duration of treatment;
    - vi. The two-digit facility site of service code as used by the Centers for Medicare and Medicaid Services, if applicable;
    - vii. Rendering provider's name;
    - viii. Rendering provider's address.
  - c. Additional conditions
    - i. If you are recommending additional conditions to the claim, you must provide supporting medical documentation.
    - ii. See ECP-Tx for instructions
3. Completed ECP-Tx form is submitted to the MCO per usual protocol.
  - a. MCO will review the ECP-Tx and approve per protocol
  - b. If claim has not been allowed, the ECP-Tx will be approved with a disclaimer;
  - c. If claim is allowed or in allow-appeal status, the ECP-Tx can be approved without a disclaimer
  - d. The MCO can approve without a disclaimer for the first 60 days from the initial claim allowance requested treatment for both allowed conditions as well as conditions to the same body part causally related to the industrial injury which are not yet allowed.
4. For an initial care plan in an **allowed or allow-appeal** claim, BWC shall pay for services rendered in accordance within the 'green area' of Official Disability Guidelines (ODG) prior to MCO authorization. The MCO must provide prior authorization for treatment that falls outside of the 'green area' of ODG.
5. An ECP-POR will coordinate all care requested on an ECP-Tx.

### **General ECP Information:**

Improved outcomes: PORs will be able to treat causally-related conditions without having an explicitly allowed condition with assurance of payment resulting in expedited care to injured workers.

Simplified process: PORs will be able to submit one comprehensive care plan and will be required to file the MEDO-14 only if there's a change in the claimant's restrictions or the claimant's compensation period needs to be adjusted.

Increased reimbursement: PORs will be eligible for a 15-percent incentive payment over and above what BWC pays for new patient and established patient evaluation and management codes as part of its current fee schedule.