

BWC Board of Directors
Medical Services and Safety Committee Agenda

Thursday, July 28, 2011
William Green Building
Level 2, Room 3
12:30 P.M. – 2:00 P.M.

Call to Order

Jim Matesich, Committee Chair

Roll Call

Mike Sourek, Scribe

Approve Minutes of June 15, 2011 meeting

Jim Matesich, Committee Chair

Review and Approve Agenda*

Jim Matesich, Committee Chair

Discussion Items

1. Process and procedures for development of fee schedules
Freddie Johnson, Interim Chief, Medical Services & Compliance
2. Life Cycle of a Claim
Freddie Johnson, Interim Chief, Medical Services & Compliance
Tina Kielmeyer, Chief, Customer Services
3. Division of Safety and Hygiene Report
Abe Al-Tarawneh, Superintendent, Division of Safety and Hygiene
4. Committee Calendar
Jim Matesich, Committee Chair

Adjourn

Jim Matesich, Committee Chair

Next Meeting: Thursday, August 25, 2011

*Agenda subject to change

Ohio BWC Medical Services Division Fee Schedule Primer

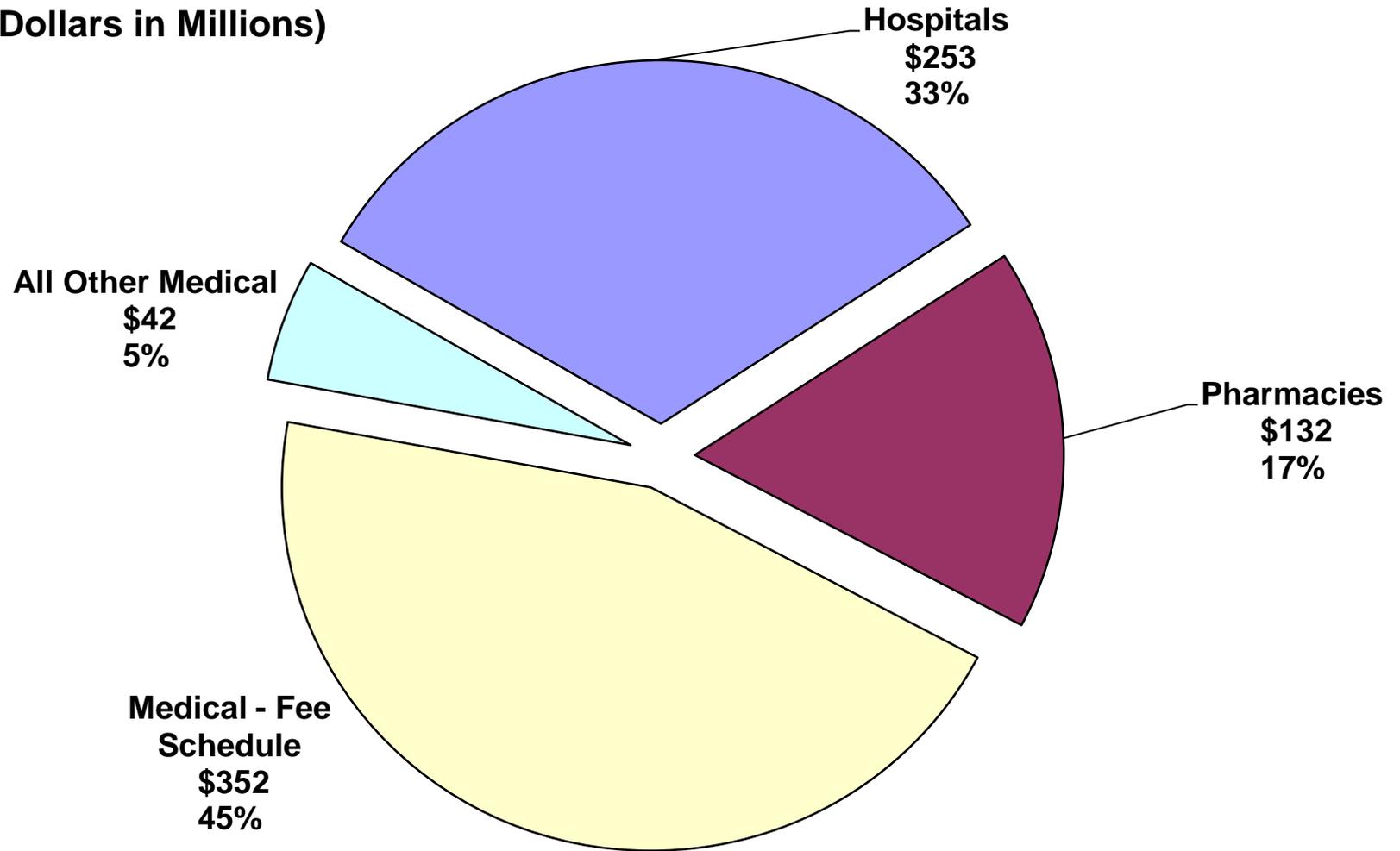
Freddie Johnson, Interim Chief
Medical Services & Compliance Division

July 28, 2011

BWC's Medical Services Division – Areas of Focus

- Establish, maintain and implement claims, medical and vocational policies, rules and training to direct handling of claims from inception to resolution;
- Develop and support the appropriate managed-care processes, including contract management and training;
- Establish and maintain a quality pool of medical and vocational service providers to make certain injured workers have access to quality, cost-effective and timely care;
- Develop, maintain and execute quality and cost-effective medical, vocational rehabilitation and pharmaceutical benefits plans and associated fee schedules;
- Evaluate and process medical bills, guaranteeing proper and timely payment consistent with benefits plan criteria.

TOTAL MEDICAL PAYMENTS
Calendar Year 2010
(Dollars in Millions)



Guiding Principle

Ensure access to high-quality medical care by establishing an appropriate Benefit plan and terms of service with a competitive fee schedule which enhances medical provider networks

Benefit Plan Design and Fee Schedules

- Prior to 2007 BWC changed the benefit plan design and related fee schedule by policy
- In 2007 pursuant to the Ohio Supreme Court decision – Ohio Hospital Association Case – all fee schedules are now adopted by rule
- BWC has instituted an annual review of all fee schedules

BWC Fee Schedules

Fee schedule	Effective date (s)	Update summary
Medical providers and services	Oct. 25, 2010 Jan. 1, 2011	Covers all medical providers and medical services not covered by any of the other schedules (OAC 4123-6-8)
Hospital outpatient	Jan. 1, 2011 Apr. 1, 2011	Covers facilities for outpatient services (OAC 4123-6-37.2)
Hospital inpatient: Covers facilities for inpatient services	Feb. 1, 2011	Covers facilities for inpatient services (OAC 4123-6-37.1)
Ambulatory surgical centers (ASC)	Apr. 1, 2011	Covers surgical procedures not requiring inpatient hospitalization (OAC 4123-6-37.3)
Vocational rehabilitation services	Scheduled: Aug. 1, 2011	Covers all vocational rehabilitation services (OAC 4123-18-09)

All fee schedules are primarily prospective payment based

- Rates and policies are established in advance
- Rates remain constant during the effective period
- Impacts
 - Promotes predictability of payments
 - Promotes equity and consistency of payments
 - Rate increases are better controlled from year to year
 - Able to project financial impact
 - Encourages improved efficiency of providing care

Fee Schedule Development Methodology

- Evaluate the current benefit plan to identify recommendations to add to, delete or further modify the current benefits including services and units of services
- Evaluate the Ohio fee schedule against the Medicare and Medicaid Services fee reimbursements publications including CPT and HCPCs codes
- Evaluate impacts of Medicare changes to determine if recommendations for modification of Ohio's conversion factors is warranted
- Research and evaluate the benefit plans and reimbursement levels of other States

Medical Services and Professional Provider Fee Schedule

Fee schedule service categories

- Over 10,000 CPT® codes
 - Current Procedure Terminology
 - Services include surgery, anesthesia, etc.

- Over 3,600 HCPCS codes
 - Healthcare Common Procedure Coding System
 - Services include durable medical equipment, supplies, medications, vision services, prosthetics, etc.

- 66 Local Codes
 - Local version of HCPCS
 - Services include vocational rehabilitation, mileage, exercise equipment, etc.

Medical Services and Professional Provider Fee Schedule

Calculating CPT fees

- The Relative Value Units (RVU) for each CPT includes three components:
 - Work - level of difficulty to provide the service
 - Practice Expense - overhead such as staff, rent, utilities
 - Malpractice – level of risk associated with the service

- Geographical Practice Cost Index (GPCI)
 - Modifier reflecting cost-of-living differences
 - Is different for each State, and in some cases Regions

- Conversion Factor (CF)
 - BWC's assigned price for each category of service

Proposed CPT© Revisions

Conversion Factors - BWC's assigned price for each category of service

Current Fee Schedule

Service Grouping	CF	% of Medicare
Radiology	\$51.00	141%
Physical Medicine	\$51.00	141%
General Medicine	\$51.00	141%
Surgery (*)	\$79.10	221%
Pathology	Fee Schedule	125%
Anesthesia (**)	\$42.50	201%

**** Injections paid at \$51.00 CF**

***** Anesthesia is currently paid at \$42.50 time the number of base units plus \$42.50 per 15 minutes/2009 Medicare's Anesthesia is base rate is \$21.11. 2010 Medicare's Anesthesia is base rate is \$21.11**

Medical Services and Professional Provider Fee Schedule

Fee schedule formula example

CPT Code 29874 Arthroscopic knee surgery (scope) with removal of loose body

	RVU	x	GPCI	x	CF	=	Provider Fee
➤ 2009	13.56602	x	1.0530	x	79.10	=	\$ 1129.94
➤ 2010	13.71119	x	1.0000	x	79.10	=	\$ 1084.56

HCPCS II - E0935

Range of Motion Device

$$\text{Medicare Fee} + 20\% = \text{Provider Fee}$$

$$\$23.87 + \$4.47 = \$28.64$$

Local Codes W0100

Nurse Doing Dressing Change (1 hr)

$$\text{Ohio Published Fees} = \text{Provider Fee}$$

$$\$75.00 = \$75.00$$

Current Medical Services and Professional Provider Fee Schedule specifics

- Adopted Medicare's 2010 Relative Value Units (RVU) and HCPCS II updates
- Adopted the following additional HCPCS II Codes
 - S0630 removal of sutures by another qualifying medical professional, other than the physician that placed the sutures
 - S0209 for wheelchair van mileage
 - S5199 for personal care items
 - S8301 for infection control supplies
- Adopted a category of service titled "Never Covered" (NC)
- Modified the title of the category of service currently titled "Non-Covered" to "Not Routinely Covered" (NRC)
- Medical Costs Impact
 - Estimated 1.6% increase above the then 2009 Scheduled
 - Estimated dollar figure \$2,568,600.00

Hospital Outpatient Fee Schedule

- Base foundation is Medicare Hospital Outpatient payment methodology - Outpatient Perspective Payment (OPPs)
- Moved from a Retrospective to a Prospective Methodology
 - Rates and policies established in advance and remain constant during effective period
 - Promotes predictability, equity and consistency of payments
 - Encourages facilities to improve efficiency of providing care
- Three year transition period
- Projected impact 3 year reduction in reimbursement
 - 7% year decrease
 - \$30 million

Calculating Hospital Outpatient fees

- 2010: OPSS rate is calculated per the formula below:

Medicare OPSS rate * payment adjustment factor = BWC rate

- 2011: Modified the formula to account for the budget neutrality adjustment

Medicare OPSS rate * **BWC adjustment** * payment adjustment factor = BWC rate

Please note that there are several specific payment formulas under the BWC modified OPSS. The above formula reflects the basic reimbursement formula.

Current Hospital Outpatient schedule specifics

- Adopted rates as published in 2011 OPSS final rule
- Applied the following separate 2011 BWC adjustment factor
 - 0.25% for services reimbursed under APCs
 - 1.75% for laboratory services reimbursed under the Medicare Clinical Lab Fee Schedule
 - 30.78% for services reimbursed under the Medicare Physician Fee Schedule
- Maintained the approved January 1, 2011 payment adjustment factors
 - 253% payment adjustment factor for Children's Hospitals
 - 197% payment adjustment factor for all other facilities

Hospital Inpatient Fee Schedule

- Base foundation is Medicare Hospital Inpatient payment methodology (IPPS)
- Based on Medicare Severity Diagnosis Related Groups (MS-DRG)
 - This system places clinically similar admissions (based on type of illness and severity level) with similar resource consumption levels together in groups.
 - Each group is assigned data points as a relative weight and length of stay.
 - The relative weight reflects the average resources required to treat a patient in a particular clinical group.
- Direct graduate medical education component (DGME)

Calculating Hospital Inpatient Rates

➤ MS-DRG Formula 2010

$(\text{Medicare Rate} * \text{PAF}) + \text{DGME}$

➤ MS-DRG Formula 2011

$((\text{Medicare Rate} * \text{BWC Adjustment}) * \text{PAF}) + \text{DGME}$

➤ Outlier Formula 2010

$\text{Medicare Rate [includes outlier add-on]} * \text{PAF}$

➤ Outlier Formula 2011

$(\text{Medicare Rate [includes outlier add-on]} * \text{BWC Adjustment}) * \text{PAF}$

Current Inpatient Hospital Fee Schedule Specifics

- Adopted rates as published in 2011 Inpatient Prospective Payment System (IPPS) final rule
- Slightly modified payment adjustment factor for Outlier bills (PAF)
 - Maintained the 120% PAF to IPPS rates for MS-DRG bills
 - Direct Graduate Medical Education (DGME) also to remain at 120%
 - Adopted a 180% PAF to IPPS rates for all Outlier bills
- Applied a 2011 BWC adjustment factor of 3.15% to address Medicare reductions
 - Documentation and Coding Adjustment (2.9%)
 - Market basket reduction required by the Affordable Care Act of 2010 (.25%)
- Maintained Exempt methodology
- Projected Impact
 - Increase \$4.9 million
 - 5.7% increase from 2010

Ambulatory Surgical Centers (ASC) Fee Schedule

- Current methodology adopted in 2009
- Based on Medicare's Ambulatory Surgical Center Prospective Payment System (ASC PPS)
 - This methodology utilizes a subset of OPPs services
 - Procedures which carry a low surgical risks
- ASC facilities are not connected physically to a hospital inpatient setting
- ASC facilities are typically a lower cost setting

Calculating ASC Fees

- 2010: ASC rate is a listed dollar amount and is calculated per the formula below:

$$\text{ASC PPS Rate} * \text{payment adjustment factor} = \text{BWC Rate}$$

- 2011: Modify the formula to account for the budget neutrality adjustment

$$\text{ASC PPS rate} * \text{BWC adjustment} * \text{payment adjustment factor} = \text{BWC rate}$$

Current ASC Fee Schedule specifics

- Adopted the calendar year 2011 ASC Prospective Payment System (PPS) rates as published in the Centers for Medicare and Medicaid Services (CMS) final rule
- Applied a BWC adjustment of 1.3%
- Maintained current payment adjustment factors
 - 110% designated pain management procedures
 - 100% all other allowed procedures
- Projected Impacts
 - Estimated increase 10%
 - Dollar impact \$677,000

Vocational Rehabilitation Fee Schedule

- No national standard
- Annually review all 77 services codes
- Fees are established by:
 - Where appropriate, modifying the previous year's base fees for any service, and
 - Applying an Ohio calculated consumer price index (Ohio-CPI) proxy to the previous year's base fees or the modified base fee.

Calculated vocational rehabilitation Ohio-CPI proxy

Operating costs change	Sept. 2009	Sept. 2010	change	Percent of change	Weight ³	Weighted percent change
Services ¹	260.14	262.32	2.18	0.84	0.22	0.18
Employment cost change						
Education & health services ²	112.60	114.30	1.70	1.51	0.78	1.18
						1.36

¹ - U.S. Bureau of Labor Statistics, Table 1: Consumer Price Index - Urban (CPI-U): U.S. city average, by expenditure category and commodity and service group, commodity and service group, services from CPI-U September 2009 and September 2010

² - U.S. Bureau of Labor Statistics, Employment Cost Index for total compensation, for private industry workers, by occupational group and industry, occupational group, Education and health services September 2009 and September 2010

³ - Weighting based on research showing in vocational rehabilitation provider company 78% of costs related to personnel and benefits while 22% related to operational costs and supplies.

Current 2011 Vocational Rehabilitation schedule specifics

- Provided a 1.36% increase in established Vocational Rehabilitation Fee
- Eliminated the code W0638 for Body Mechanics Education
 - Very limited usage of this code in recent years.
 - Service may be billed using existing CPT codes of 97110 or 97535 using the established fee schedule.
- Added 5 new codes
 - Training – Books Supplies and Testing
 - Career Counseling – In Person
 - Career Counseling – Research & Reporting
 - Job Development
 - Labor Market Survey report writing by the Voc Rehab Case Manager
- Vocational Services Costs Impact
 - An estimated increase of \$432,570.71 which is a 1.36% increase from 2010 projected costs.

Questions

Thank You

Appendix



Key Parties and Legal Basis

- O.A.C. - 4123-6-04 MCO scope of services
- O.A.C. - 4123-6-10 MCO Payment to providers
- O.A.C. - 4123-6-21 Payment for outpatient medication

Key Parties and Legal Basis

Fee Schedule

- Prior to the 10th District Court of Appeals decision in *Ohio Hosp. Assn. v. Ohio Bur. of Workers' Comp.*, Franklin App. No. 06AP-471, 2007-Ohio-1499, BWC adopted the vocational rehabilitation provider fee schedule in the manner provided for in O.R.C. 4121.32(D), which grants BWC authority to “establish, adopt, and implement policy guidelines and bases for decisions involving reimbursement issues including, but not limited to . . . reimbursement fees . . . set forth in a reimbursement manual and provider bulletins.”
- However, pursuant to the Court of Appeals’ decision in the OHA case, BWC is now required to adopt changes to its provider fee schedules, including the vocational rehabilitation provider fee schedule, via the O.R.C. Chapter 119 rulemaking process. BWC has undergone a systematic revision of its vocational rehabilitation provider fee schedule and, now proposes to adopt the newly revised vocational rehabilitation provider fee schedule as an Appendix to newly enacted OAC 4123-18-09.

Key Parties and Legal Basis

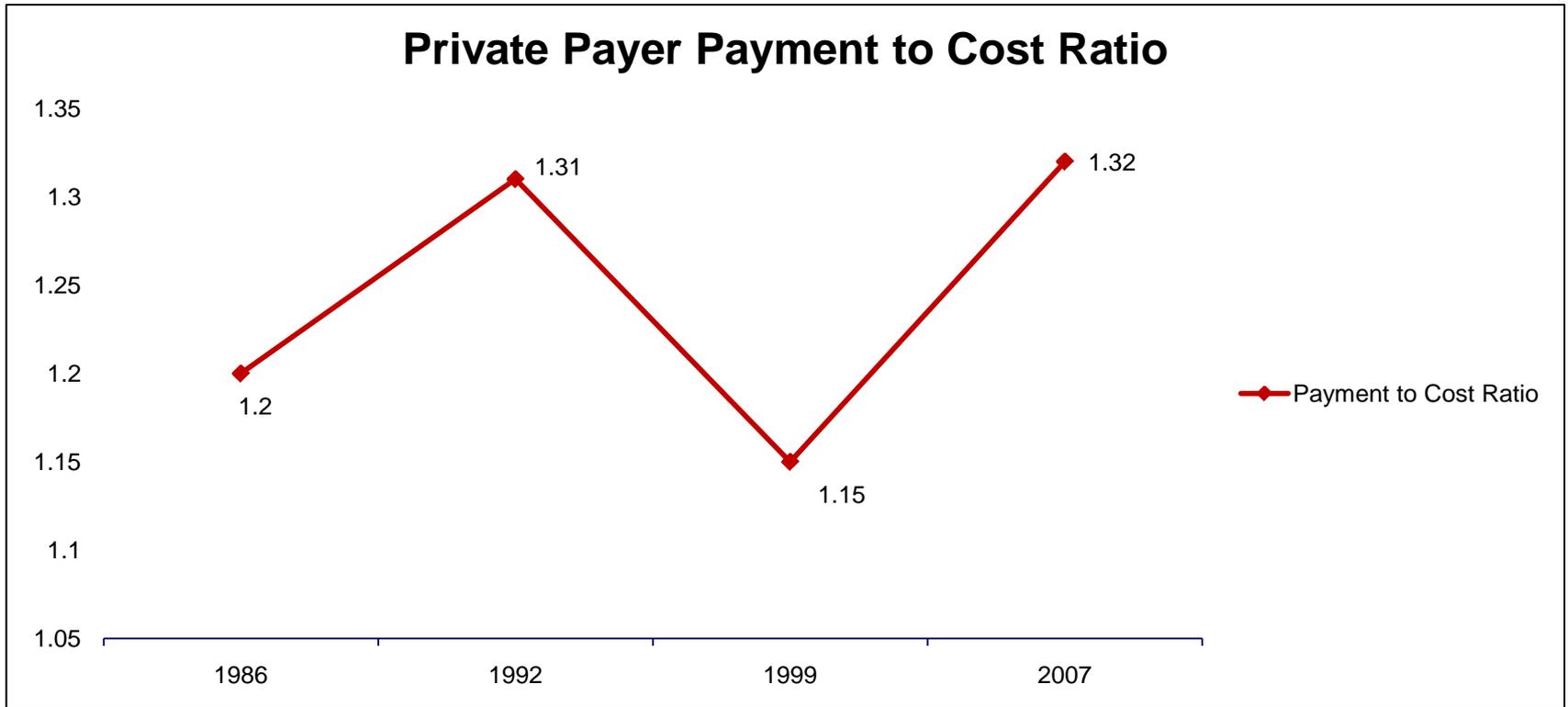
BWC Administrator

- Ohio Revised Code (O.R.C.) 4121.61 provides that the Administrator, with the advice and consent of the BWC Board of Directors, shall “adopt rules, take measures, and make expenditures as it deems necessary to aid claimants who have sustained compensable injuries or incurred compensable occupational diseases . . . to return to work or to assist in lessening or removing any resulting handicap.”
- O.R.C. 4121.441(A) provides that the Administrator, with the advice and consent of the BWC Board of Directors, shall adopt rules for implementation of the HPP “to provide medical, surgical, nursing, drug, hospital, and rehabilitation services and supplies to an employee for an injury or occupational disease”

Key Terminology

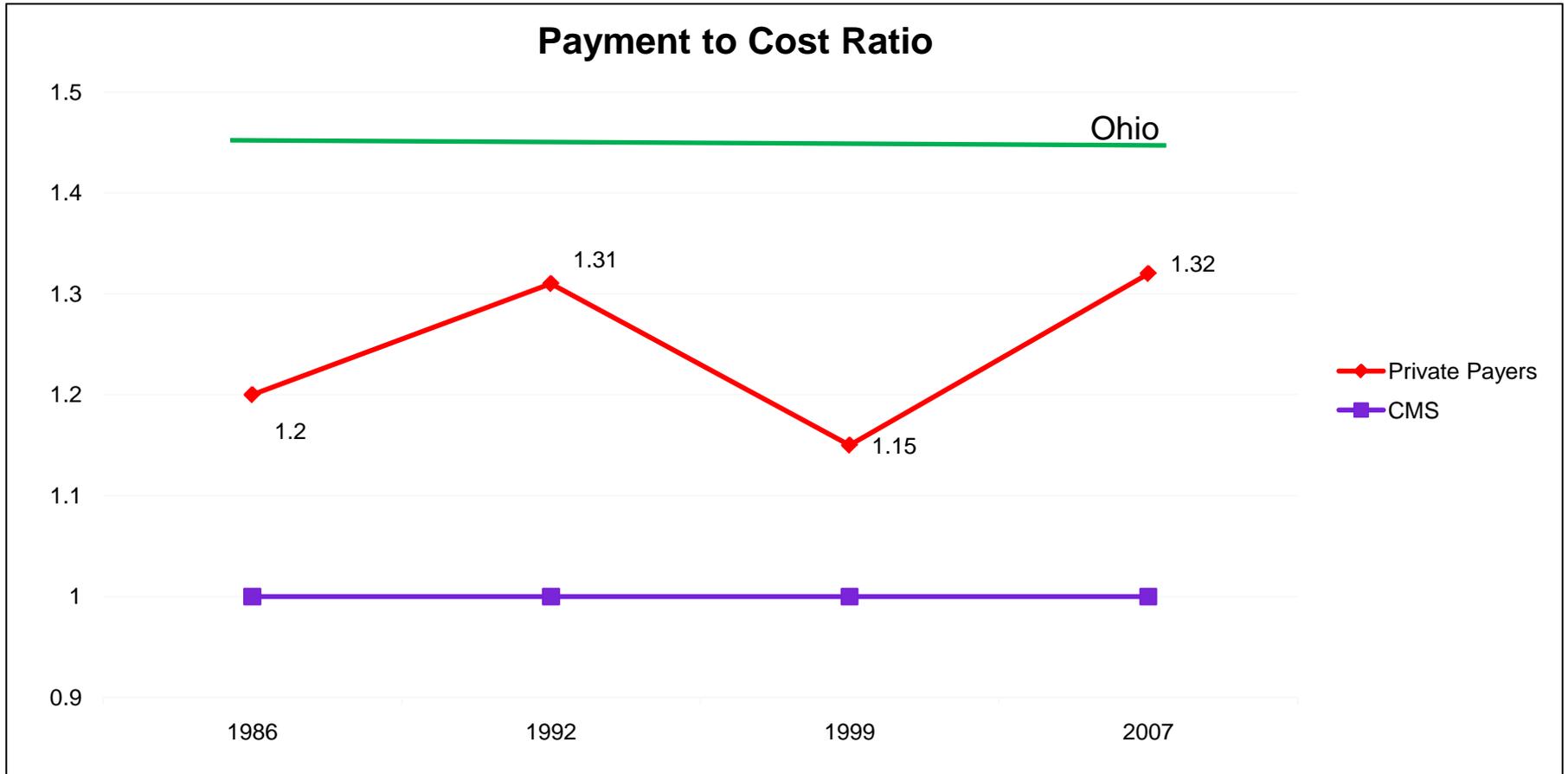
- RVU – Relative Value Unit
 - Quantifies the relative work (work), practice expense (PE) and malpractice costs (MP) for each service
- PE – Practice Expense
 - The overhead expenses of the provider involved in order to render the service
- GPCI – Geographical Practice Cost Index
 - The resource cost difference of providing a service by geographic region
- Conversion Factor
 - The dollar amount that is multiplied by the total RVU to calculate the payment

Private Payer Rates



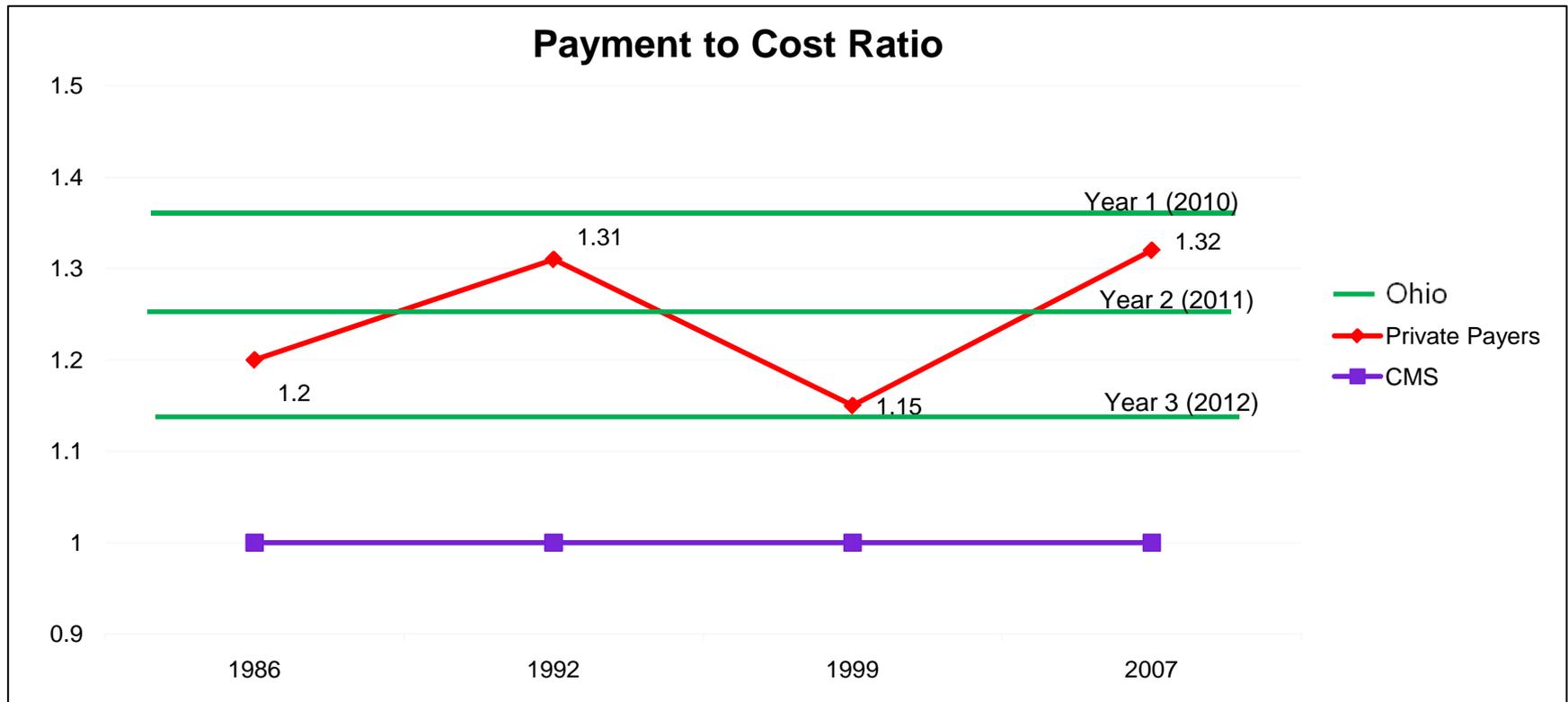
MedPAC Report to Congress: Medicare Payment Policy (March 2009), Chapter 2A, figure 2A-6

Private Payer vs. CMS

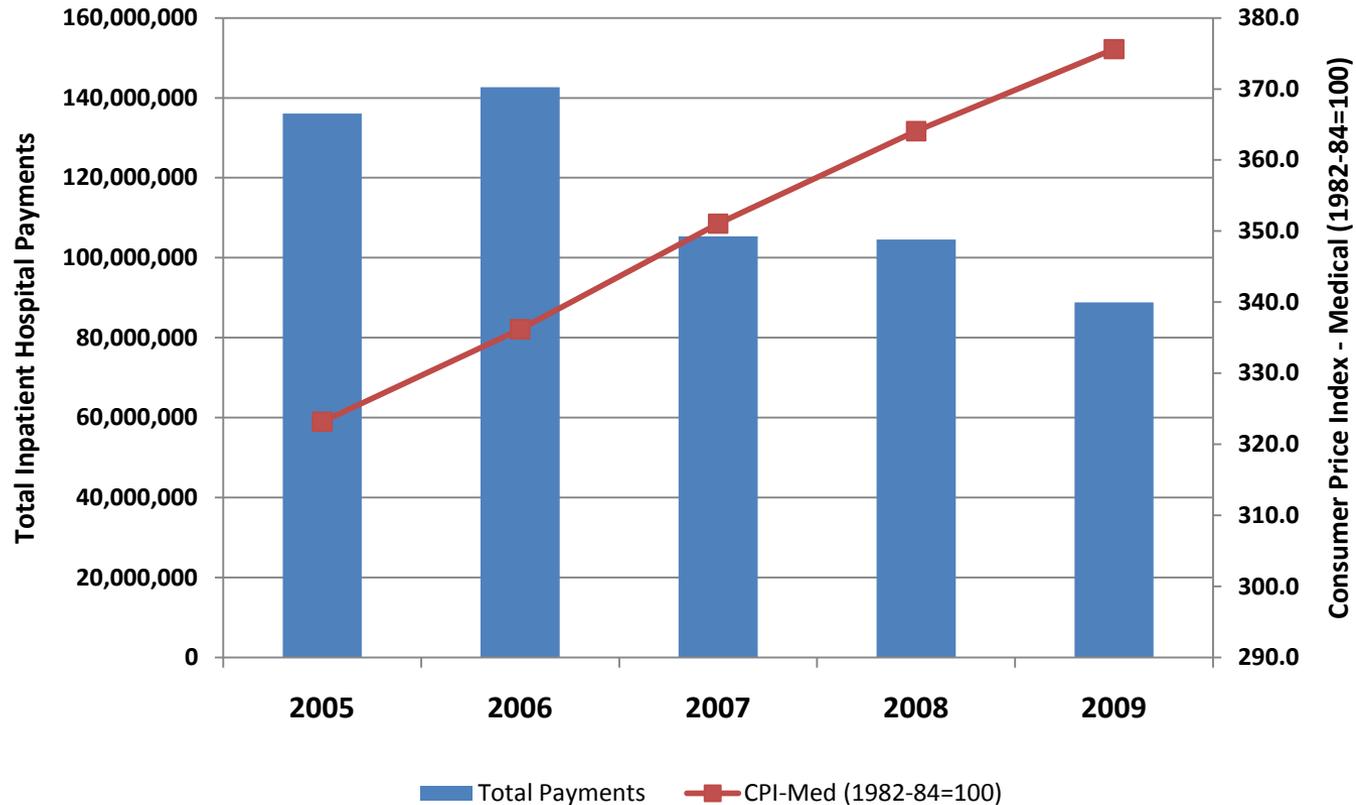


BWC Proposed Rate Impact

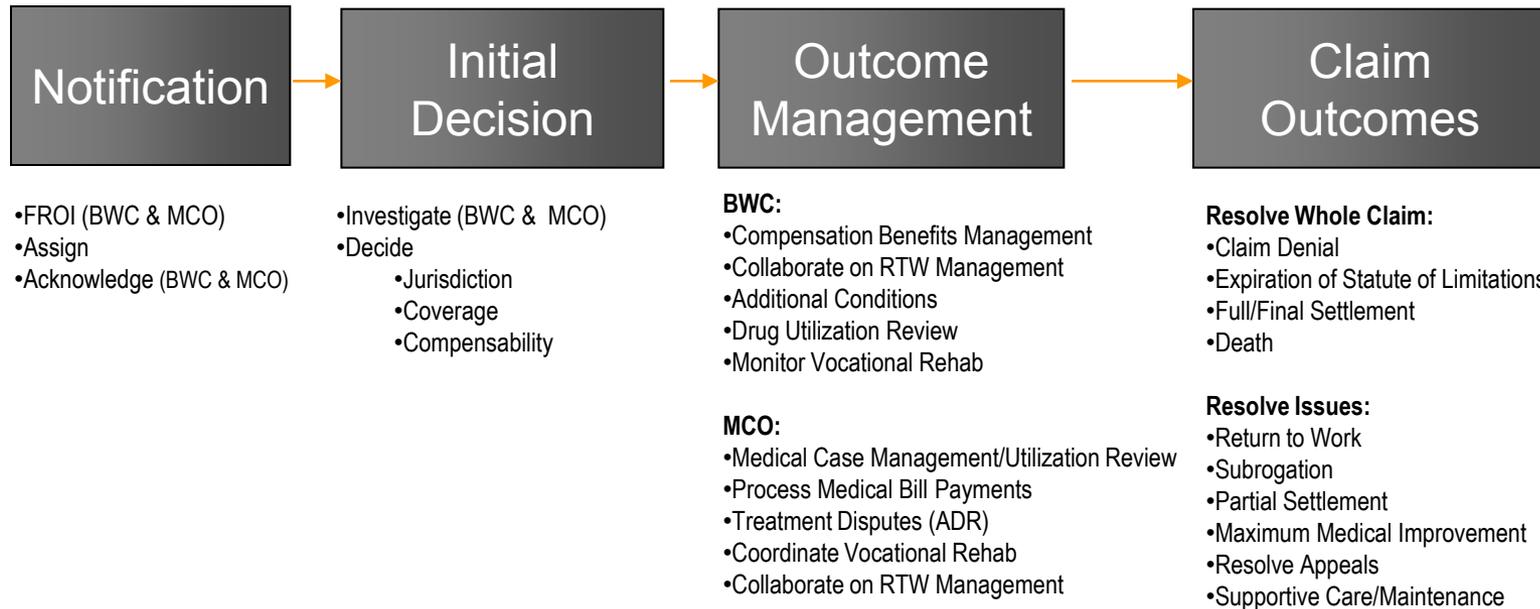
Payment to Cost Ratio Adjusted Recommendation



BWC Hospital Inpatient Payments 2005 - 2009



Life Cycle of a Claim



Division of Safety and Hygiene (DSH) Board Report

July 28, 2011

Overview

The prevention of occupational accidents, injuries and illnesses is inherent to maintaining a healthy competitive workforce and stable workers' compensation costs. The BWC DSH is tasked with elevating occupational safety and health and the prevention of occupational accidents, injuries and illnesses in Ohio's workplaces. To achieve this task, DSH provides a wide variety of occupational safety and health services and programs including:

- Safety Education and Training Program;
- Safety Councils Program;
- Ohio Safety Congress;
- Safety Grants and Loans;
- Field Consulting Safety, Industrial hygiene and Ergonomics Services; and
- Library and Resource Center.

Also, DSH administers the Occupational Safety and Health Administration (OSHA) On-Site Consultation Program through a 90-percent funding grant from federal OSHA, and the Public Employment Risk Reduction Program (PERRP), which enforces PERRP safety standards in state and local government workplaces. These services and programs are carried out through the BWC Ohio Center for Occupational Safety and Health and the Service Offices throughout Ohio.

Furthermore, DSH assists employers enrolled in various rating programs such as group rating drug-free safety program, and EM-Cap in meeting the safety requirements of these programs.

Along the operational activities associated with these services and programs, the DSH report for this month highlights the following initiatives carried out during the past few months and are expected to continue in the upcoming months.

Analyses of Injury Trends

DSH has produced preliminary reports on our ongoing effort to gain better understanding of the injury trends in the agriculture, metal stamping, and trucking industries. Also, DSH has developed guidance on safety interventions through training, suitable equipment, and guarding to assist employers in these industries in preventing accidents and injuries to their employees. Currently, we are in the process of working with stakeholders and interested parties to disseminate and share the findings. Through collaboration with the National Institute for Occupational Safety and Health (NIOSH), we plan to expand this work to cover the manufacturing and healthcare sectors.

In recent months, we have been heavily involved in studying the increasing severity/cost and decreasing frequency of claims in our system. This work involves analysis of over a million claims that occurred between the years 2000 and 2008. Preliminary results indicate that relative to cost and frequency, the majority of the claims in our system fall under less than 100 IDC-9

codes. Also, the results show that in terms of total cost, musculoskeletal injuries involving back, knee and shoulder ranked as the most costly claims in our system. Further analysis of this data revealed correlation between the cost of these three types of claims and the age of injured worker as well as the industrial manual. We intend to continue our work in this area to provide recommendations that will assist in improving our injury prevention and claim management efforts.

Safety Grants

Starting this fall, through our grant program, BWC in collaboration with NIOSH will start offering special safety intervention grants to employers in the wholesale and retail industry as part of a research study to prevent occupational accidents and injuries in this major sector of our economy. Outcomes of the research will assist in quantifying the benefit/cost ratio relative to the purchase and use of specific types of equipment in limiting musculoskeletal and slip/trip and fall injuries. Findings from this study can be expanded to other industries including trucking, manufacturing and service.

Safety Councils

During the past three months, BWC staff has been heavily involved in working with our safety council program partners throughout Ohio in recognizing and celebrating Ohio employers for their efforts and safety achievements during the 2010 calendar year. Over four thousand Ohio employers were recognized through the safety council recognition award program.

Also, end of this month will be the closing date for employers to enroll in the safety council program for FY 2012. With the expansion of the safety council performance rebate to include employers enrolled in the group rating program, we are looking forward to have hundreds of employers joining the program this year.

Finally, soon we will start working with our safety council partners in generating and verifying the lists of employers that are eligible to earn participation rebates for the past fiscal year. We expect that premium rebate checks to be mailed to these employers toward the end of October.

Ohio Safety Congress and Expo

We completed the analysis of the 2011 Ohio Safety Congress and Expo and already started our preparations for the 2012 Ohio Safety Congress and Expo. Program committees for the 2012 event will start their meetings in August.

Safety Education and Training Program

Our education and training program offerings for fiscal year 2012 started at the beginning of this month. During this fiscal year we will be offering 72 in-class courses and nine web-based courses covering a wide variety of topics in industrial and construction safety, industrial hygiene and ergonomics. These courses are offered at eleven regional locations in our service offices.

We continue to improve the quality and value of our training and education program through new course offerings as well as updating and revising current courses. Over the past six months

we introduced two new online courses and revised three in-class courses. During FY 2012, we intend to introduce three more online courses and revise nine in-class courses.

Service Offices Safety Business Plans

Last month marked the end of the first year since the implementation of the service offices safety business plans. This initiative is intended to improve our reach to customers as well as communications, collaboration, and sharing of information and expertise among the safety field consultants in the service offices as well as among consultants within the three major disciplines within our safety operations, specifically construction and industrial safety, industrial hygiene and ergonomics. Also, this initiative aims to improve the field operations support to the rest of our safety programs and services (i.e. safety councils, education and training, safety congress etc.). We are currently in the process of analyzing the results of this initiative.

Group Rating Program Safety Requirements

With over ninety thousand employers, the BWC group rating program is the most expansive program among all of our rating programs. Group sponsors are required to work with employers enrolled in their groups to improve safety in their workplaces and benefit from DSH's services and expertise by implementing elements of the 10-Step Business Plan for Safety. To achieve that objective, fifty field safety consultants are assigned to work with the group sponsors and their TPAs. Field consultants meet with group sponsors and their TPAs on a regular basis to review their plans, progress and to provide assistance to the sponsors and employers in their safety efforts. We are currently in the planning stages for the annual safety training offered to group sponsors and their TPA's. The training will take place during the month of October.

Drug-Free Safety Program

Last month marked the end of the first year since the implementation of the Drug-Free Safety Program. With close to 5,000 employers in the program, the beginning of this month marked the beginning of the renewal period for employers already enrolled in the program and the new enrollment period for new participating employers in the program. As we look forward to another successful year with this program, over the next few weeks, our staff along with employer services staff intend to continue to assist new participating employers in completing the program requirements.

Furthermore, we plan to review the first year of program implementation, solicit feedback from stakeholders and interested parties to improve the program.

OSHA On-Site Consultation Program

We are pleased to announce that two Ohio employers, Brewster Dairy, Inc. and Terminal Warehouse, Inc. recently earned the Safety and Health Achievement Recognition Program (SHARP) Award. To qualify for SHARP, companies must undergo a comprehensive safety audit, correct all identified hazards, demonstrate that effective safety and health programs are in place, and maintain injury rates below the national average for their industry for the last three years. Brewster Dairy and Terminal Warehouse efforts in maintaining higher standards of safety have led them to be part of a very small league of companies in Ohio and the US with SHARP

distinction. Also, we are currently with several companies to assist them in achieving the SHARP award and we expect to have two new SHARP companies in the next six months.

Toward the end of June, along with Fiscal and Planning Division, we have been working with OSHA internal auditors to complete OSHA's audit of the OSHA On-Site program operations and financials. The audit concluded that the program was properly administered during the review period. Also, the audit provided several recommendations that will ensure better administration and oversight of the program in the future. We will be working with OSHA to implement these recommendations.

Wellness in the Workplace

Recent studies have shown the positive effect wellness programs in the workplace have on injury prevention as well as reductions in severity of injuries and absenteeism among employees. We are currently gathering information through literature review and benchmarking to develop tools that will assist Ohio employers in implementing and executing successful wellness program in their workplaces.

12 - Month Medical Services & Safety Calendar

July 2011		
7/28/11	1. Fee Schedule development	
	2. Life Cycle of a Claim	
	3. Safety and Hygiene Report	
August 2011		
8/25/11	1. Inpatient Hospital Fee Schedule (1st read)	
	2. Medical & Service Provider Fee Schedule (1st read)	
	3. Lock in Pharmacy Rule (1st read)	
	4. Customer Services Report	
September 2011		
9/29/11	1. Inpatient Hospital Fee Schedule (2nd read)	
	2. Medical & Service Provider Fee Schedule (2nd read)	
	3. Lock in Pharmacy Rule (2nd read)	
	4. Medical Services Report	
October 2011		
10/27/11	1. Committee Charter review (1st read)	
	2. Formulary Update	
	3. Safety and Hygiene Report	
November 2011		
11/17/11	1. Ambulatory Surgical Center Fee Schedule Rule (1st read)	
	2. Outpatient Hospital Fee Schedule (1st read)	
	3. Committee Charter Review (2nd read)	
	4. Customer Services Report	
December 2011		
12/14/11	1. Conform Fee Schedules with new Medicare rates	
	2. Ambulatory Surgical Center Fee Schedule Rule (2nd read)	
	3. Outpatient Hospital Fee Schedule (2nd read)	
	4. Medical Services Report	
January 2012		
Date TBD	1. Safety and Hygiene Report	
	2. Formulary Update	
February 2012		
Date TBD	1. Customer Services Report	
March 2012		
Date TBD	1. Vocational Rehab fee schedule (1st read)	
	2. Medical Services Report	
April 2012		
Date TBD	1. Vocational Rehab fee schedule (2nd read)	
	2. Formulary Update	
	3. Safety and Hygiene Report	
May 2012		
Date TBD	1. Customer Services and Safety Report	
June 2012		
Date TBD	1. Medical Services Report	

Ohio BWC Fee Schedule History and Calendar: 2007 – Current

Inpatient Hospital Fee Schedule

Year	Reviewed/ Approved	Effective Date	Est. % Change	Est. \$ Change
2007	N/A	N/A	N/A	N/A
2008	Sept/Oct	Jan. 1, 2009	-0.9%	-\$471,950
2009	Sept/Oct	Feb. 1, 2010	+2.9%	+\$2.4 million
2010	Sept/Oct	Feb. 1, 2011	+5.7%	+\$4.9 million
2011	Sept/Oct			

Outpatient Hospital Fee Schedule

Year	Reviewed/ Approved	Effective Date	Est. % Change	Est. \$ Change
2007	N/A	N/A	N/A	N/A
2008	N/A	N/A	N/A	N/A
2009	Dec/Jan/Apr	Jan. 1, 2011	-7.2%	-\$2.55 million
2010	Oct/Nov	Apr. 1, 2011	-7.2% from base rate*	-\$10.2 million
2011	Oct/Nov			

* BWC plans to maintain the same payment adjustment factor through Feb. 28, 2012; therefore, a total of a 7.2% decrease is expected for services rendered from January 1, 2011 through February 28, 2012.

Ambulatory Surgical Center Fee Schedule

Year	Reviewed/ Approved	Effective Date	Est. % Change	Est. \$ Change
2007	N/A	N/A	N/A	N/A
2008	Nov/Dec	April 1, 2009	+23%	+\$1.73 million
2009	Oct./Nov.	April 1, 2010	+16%	+\$860,000
2010	Nov./Dec.	April 1, 2011	+10%	\$677,000
2011	Oct/Nov			

Ohio BWC Fee Schedule History and Calendar

Vocational Rehabilitation Fee Schedule

Year	Reviewed/ Approved	Effective Date	Est. % Change	Est. \$ Change
2007	N/A	N/A	N/A	N/A
2008	N/A	N/A	N/A	N/A
2009	Nov/Dec	Feb. 15, 2010	+5.86%	+\$1.9 million
2010	N/A	N/A	N/A	N/A
2011	Jan/Feb	June, 2011	+1.42%	+\$452,122

Medical and Service Provider Fee Schedule

Year	Reviewed/ Approved	Effective Date	Est. % Change	Est. \$ Change
2007	N/A	N/A	N/A	N/A
2008	Sept/Oct/Nov	Feb. 15, 2009	+6.0%	+\$23.8 million
2009	Sept/Oct	Nov. 1, 2009	+0.2%	+\$800,000
2010	June/July	Oct. 25, 2010	+2.9%	+\$9.2 million
2010	Dec (emergency)*	January 1, 2011	N/A	N/A
2011	Aug/Sept			

* Emergency rule to add new codes