

OMBUDS OFFICE

2014 Annual Report



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**Ombuds
Office**

An Independent Service of
Ohio's Workers' Comp System

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Message from the Chief Ombudsperson



April 21, 2015

Industrial Commission
Nominating Council

Dear Council Members:

I am pleased to present the Ombuds Office Annual Report for calendar year 2014 (CY2014). In accordance with Ohio Revised Code section 4121.45, this report provides a statistical summary of the activity of the Ombuds system from CY2014. During another year of considerable transition, we continued to perform our mission of assisting injured workers and employers in matters dealing with the Bureau of Workers' Compensation (BWC) and the Industrial Commission (IC).

2014 was a busy and productive year; of the 7,067 customer contacts handled by our office, we categorized 1,232 as complaints, based on the customer expressing dissatisfaction with BWC or IC. These complaint contacts came from the following sources:

- Injured workers (or their representatives) 68 percent;
- Employers (or their representatives) 27 percent;
- Other 5 percent.

Of the remaining 5,835 customer contacts, we categorized 3,273 as Ombuds inquiries and 2,562 were categorized as other inquiries. These contacts came from the following sources:

Ombuds inquiry

- Injured workers (or their representatives) 52 percent;
- Employers (or their representatives) 42 percent;
- Other 6 percent.

Other inquiries

- Employers (or their representatives) 73 percent;
- Injured workers (or their representatives) 18 percent;
- Other 9 percent.

We also developed a new approach to collect data and describe the issues presented to the Office. Information about our customer contacts is critical in order to identify patterns, trends, and opportunities for improvement of the workers' compensation system. This report reflects the transition between the prior method of collecting information about customer contacts and the new, more robust approach. As we move into 2015, additional detail will be available related to all customer contacts to the Ombuds Office.

Additionally, in 2014 we assessed staffing needs to ensure we can fulfill our mission. We hired three Ombuds agents and promoted an existing agent to a supervisory position. In addition to training the new staff members, we began developing best practices and procedures that reflect our commitment to neutrality and integrity in assisting our customers navigate Ohio's workers' compensation system and helping them resolve their complaints.

Customer outreach and education was also a priority for 2014 and will remain a high priority in the future. I visited and spoke with staff in nearly all BWC and IC service offices in 2014 and will visit the remaining offices in 2015. These meetings were to clarify the Ombuds Office mission and purpose with agency staff and explain when referrals are appropriate. Additionally, we revised and provided Ombuds Office brochures to each BWC and IC customer service office. In 2015 we will develop an online contact form for customers to fill out. This form will provide an alternative method of contacting us. Simultaneously, it will provide staff with enough information so that we can efficiently begin to resolve their issue. I also accepted various speaking engagements in 2014 including presenting at the AFL-CIO Workers' Compensation School and participating in an interview on Dayton Public Access Television (DATV).

Finally, we have maintained membership with the International Ombudsman Association (IOA) whose mission is to support and advance the ombudsman profession and ensure that practitioners work to the highest professional standards. The IOA provides a set of professional and ethical principles to which members adhere in their Ombudsman practice. These principles reflect a commitment to promote ethical conduct in the performance of the Ombudsman role and to maintain the integrity of the Ombudsman profession – independence, neutrality, impartiality, confidentiality and informality. The office also joined the United States Ombudsman Association whose purpose is to assist existing ombudsmen and ombudsman organizations in improving the operation of ombudsman offices throughout the United States.

During this period of rebuilding, all Ombuds staff faithfully continued to perform their work and resolve issues for our customers. They deserve commendation for their continued dedication and hard work.

I appreciate the confidence placed in me by this nominating council and look forward to a productive 2015.

Sincerely,



Beryl Piccolantonio
Chief Ombudsperson

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About the Ombuds Office

The Ohio General Assembly established a workers' compensation ombudsperson system, which has been in place since the 1970s (ORC 4121.45). The Ombuds Office is a neutral and independent resource available to employers, injured workers, and their representatives, to assist with problems navigating and questions arising out of the Ohio workers' compensation system. We answer inquiries and investigate complaints about the workers' compensation system, facilitating resolution of issues when possible. We capture, categorize and analyze inquiry and complaint data to identify areas of potential concern in the workers' compensation system. This information is published annually.

§ 4121.45 Ombudsperson system.

- A. There is hereby created a workers' compensation ombudsperson system to assist claimants and employers in matters dealing with the bureau of workers' compensation and the industrial commission. The industrial commission nominating council shall appoint a chief ombudsperson. The chief ombudsperson, with the advice and consent of the nominating council, may appoint such assistant ombudspersons as the nominating council deems necessary. The position of chief ombudsperson is for a term of six years. A person appointed to the position of chief ombudsperson shall serve at the pleasure of the nominating council. The chief ombudsperson may not be transferred, demoted, or suspended during the person's tenure and may be removed by the nominating council only upon a vote of not fewer than nine members of the nominating council. The chief ombudsperson shall devote the chief ombudsperson's full time and attention to the duties of the ombudsperson's office. The administrator of workers' compensation shall furnish the chief ombudsperson with the office space, supplies, and clerical assistance that will enable the chief ombudsperson and the ombudsperson system staff to perform their duties effectively. The ombudsperson program shall be funded out of the budget of the bureau and the chief ombudsperson and the ombudsperson system staff shall be carried on the bureau payroll. The chief ombudsperson and the ombudsperson system shall be under the direction of the nominating council. The administrator and all employees of the bureau and the commission shall give the ombudsperson system staff full and prompt cooperation in all matters relating to the duties of the chief ombudsperson.
- B. The ombudsperson system staff shall:
1. Answer inquiries or investigate complaints made by employers or claimants under this chapter and Chapter 4123. of the Revised Code as they relate to the processing of a claim for workers' compensation benefits;
 2. (2) Provide claimants and employers with information regarding problems which arise out of the functions of the bureau, commission hearing officers, and the commission and the procedures employed in the processing of claims;
 3. Answer inquiries or investigate complaints of an employer as they relate to reserves established and premiums charged in connection with the employer's account;
 4. Comply with Chapter 102. and sections 2921.42 and 2921.43 of the Revised Code and the nominating council's human resource and ethics policies.
 5. Not express any opinions as to the merit of a claim or the correctness of a decision by the various officers or agencies as the decision relates to a claim for benefits or compensation.

For the purpose of carrying out the chief ombudsperson's duties, the chief ombudsperson or the ombudsperson system staff, notwithstanding sections 4123.27 and 4123.88 of the Revised Code, has the right at all reasonable times to examine the contents of a claim file and discuss with parties in interest the contents of the file as long as the ombudsperson does not divulge information that would tend to prejudice the case of either party to a claim or that would tend to compromise a privileged attorney-client or doctor-patient relationship.

C. The chief ombudsperson shall:

1. Assist any service office in its duties whenever it requires assistance or information that can best be obtained from central office personnel or records;
2. Annually assemble reports from each assistant ombudsperson as to their activities for the preceding year together with their recommendations as to changes or improvements in the operations of the workers' compensation system. The chief ombudsperson shall prepare a written report summarizing the activities of the ombudsperson system together with a digest of recommendations. The chief ombudsperson shall transmit the report to the nominating council.
3. Comply with Chapter 102. and sections 2921.42 and 2921.43 of the Revised Code and the nominating council's human resource and ethics policies.

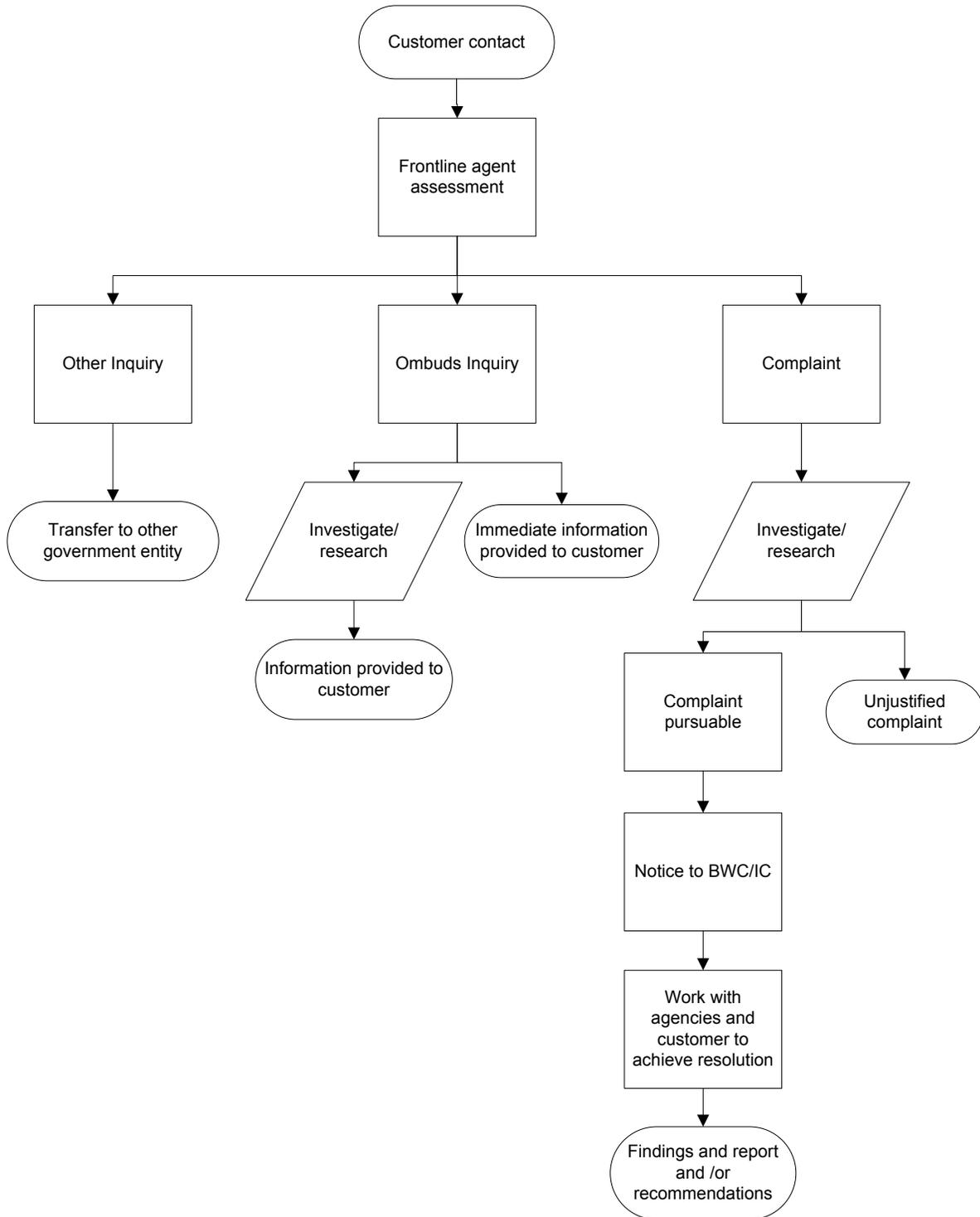
D. No ombudsperson or assistant ombudsperson shall:

1. Represent a claimant or employer in claims pending before or to be filed with the administrator, a district of staff hearing officer, the commission, or the courts of the state, nor shall an ombudsperson or assistant ombudsperson undertake any such representation for a period of one year after the ombudsperson's or assistant ombudsperson's employment terminates or be eligible for employment by the bureau or the commission or as a district or staff hearing officer for one year;
2. Express any opinions as to the merit of a claim or the correctness of a decision by the various officers or agencies as the decision relates to a claim for benefits or compensation.

E. The chief ombudsperson and assistant ombudspersons shall receive compensation at a level established by the nominating council commensurate with the individual's background, education, and experience in workers' compensation or related fields. The chief ombudsperson and assistant ombudspersons are full-time permanent employees in the unclassified service of the state and are entitled to all benefits that accrue to such employees, including, without limitation, sick, vacation, and personal leaves. Assistant ombudspersons serve at the pleasure of the chief ombudsperson.

F. In the event of a vacancy in the position of chief ombudsperson, the nominating council may appoint a person to serve as acting chief ombudsperson until a chief ombudsperson is appointed. The acting chief ombudsperson shall be under the direction and control of the nominating council and may be removed by the nominating council with or without just cause.

Ombuds Office Workflow



Ombuds Office Case Stories

The sampling of case stories below represent the variety of complaints and issues our customers bring to us.

Settlement concerns

An unrepresented injured worker and his county caseworker contacted us to find out if we could provide assistance. According to the caseworker, the injured worker had settled his claim for \$35,000. The caseworker was concerned that the injured worker was not competent at the time he entered into the settlement agreement given:

- The serious psychological conditions that are part of his permanent total disability claim;
- The fact that prior to settlement negotiation he fired his attorney who had requested a significantly higher settlement amount;
- The fact that the cost for the injured worker's medication alone was more than \$35,000 annually.

We explained to the injured worker and his caseworker that one option for him was to file a *C-86 Motion* requesting the IC set aside the settlement.

Ultimately, the IC denied the injured worker's request to set aside his settlement based on a finding that there was no evidence in the claim file to support that the injured worker was not competent. The injured worker continued to contact us on occasion and eventually we discovered a judge, who sent the injured worker for a psychological assessment in a different legal proceeding, had declared him incompetent. We worked with the injured worker's local bar association to assist in finding him an attorney so he could perhaps re-file the request to set aside the settlement with the new evidence related to his competence.

New workers' compensation manager

A new human resources (HR) director for an employer contacted us after being told BWC staff could not speak with her because she was not an authorized officer on the policy. We explained the process and forms needed for her to become an authorized officer. Also, in the course of conversation we determined that the employer's policy was in lapsed status. The HR director did not know the process to report payroll and pay the premium. We walked her through that process and explained the procedures. The HR director was able to log online, complete the authorized representative form and report payroll and pay premium.

The HR director also had concerns about the manual classification codes on the employer's policy. We provided her that policy's employer service specialist (ESS) name and contact information. We also sent an email to the ESS letting her know the situation. The ESS confirmed that she would follow up with the HR director.

Employer reaches out

The Dayton Ombudsman referred an employer to us for assistance. We spoke with the owner of the company who indicated that he was extremely frustrated that his employee was not getting what he needed in order to heal and work without restrictions. The owner gave the phone to his employee (the

injured worker) who stated that he “was at a breaking point” because he was in so much pain but did not want to be off work. We noted that BWC had recently referred a request for an additional condition to the IC. However, we also discovered there seemed to be confusion about a medication the injured worker’s physician prescribed.

We worked with the BWC pharmacy unit and the injured worker’s provider to assist in getting the injured worker’s medication request processed and approved. Additionally, staff explained the standard of proof related to the additional allowance request and described what evidence would be sufficient to meet the injured worker’s burden. Ultimately, the injured worker obtained a statement of causation from his doctor, and the IC granted the requested additional allowance. Neither the BWC nor the employer appealed, and the injured worker received needed treatment.

Why hasn’t my compensation been paid?

An injured worker’s attorney contacted us and asked for assistance with getting the injured worker’s request for temporary total disability compensation (TT) processed. According to the attorney, the injured worker had submitted forms to request TT to BWC shortly before the injured worker had surgery in November. It was now December, and the injured worker had not yet received any compensation for the time she was off work following surgery. We reviewed the claim file and saw that BWC received wage information in July. However, BWC had not set the average and full weekly wage (AWW/FWW). We contacted the BWC service office manager and requested that they expedite the setting of the injured worker’s AWW/FWW so that BWC could pay compensation. Within a week, the AWW/FWW was set and BWC issued an order awarding TT.

Another case with a similar fact pattern involved an injured worker’s attorney who contacted us wondering why BWC had not paid compensation ordered by a district hearing officer (DHO) several months ago. Upon review, we found that BWC set the injured worker’s AWW/FWW at the minimum amount shortly after the DHO issued the order because it could not obtain wage information, but no compensation was ever paid. We contacted the BWC service office and a supervisor issued the compensation order that same day.

Overpayment inconsistent

We were contacted by the injured worker’s attorney who requested assistance because, although BWC found that the injured worker was overpaid approximately \$20,000, the system reflected an overpayment of over \$23,000. The attorney indicated she had spoken with the claims service specialist (CSS) and the supervisor, but BWC had not made the correction. We contacted the service office and the supervisor confirmed that she did not know why there was a discrepancy, but agreed to look into things further. Within one week, the supervisor contacted the Ombuds Office to let us know that she had corrected the discrepancy and the overpaid amount showing in the system now matched with the overpayment order.

Waiving an appeal

An owner of a company contacted us asking for assistance with a waiver to appeal an IC order. The DHO had granted the injured worker's request for two additional conditions, and the employer wanted the injured worker to begin treatment related to the conditions. The employer stated that the CSS told him BWC cannot use a waiver of appeal for an IC order. After talking with the CSS, we learned that she had discussed the issue with a BWC attorney who told her she would not sign the waiver on behalf of BWC because she believed BWC could not waive appeal in this situation.

We contacted the BWC legal department and requested that a supervising attorney review the file. The supervising attorney found that it was appropriate for BWC to waive appeal in this type of situation if the facts warranted it. After reviewing the facts, the supervising attorney signed the waiver on behalf of BWC so the CSS could update the allowances and process the treatment request. The injured worker received the requested treatment and returned to work full-duty.

Help me find a doctor!

An injured worker requested assistance finding a specialist physician where he lives (out-of-state). We confirmed with the injured worker that he had first requested assistance from his managed care organization (MCO), his attorney and his treating physician (POR). We then contacted the injured worker's MCO directly. The assigned caseworker indicated she was aware of the issue but unsure what else she could do. We also contacted the injured worker's attorney to see if he could work with the POR and come up with some additional options. We facilitated a conference call between the attorney, the caseworker, the injured worker, and the POR who successfully found the injured worker a BWC certified specialist.

Explain how this works

A DHO referred an unrepresented injured worker to our office following her hearing to explain the hearing process and standard of proof required for allowance of the claim. The injured worker was distraught because she did not know how she was going to pay the emergency room (ER) bill from her initial and only treatment if the IC did not allow the claim. The injured worker stated that she only went to the ER because her employer called an ambulance (EMS) after she fell at work. She said that she had not received any further treatment, and her employer had since fired her. Upon discussion with the injured worker, we discovered the EMS report was not in the claim file. We provided the injured worker with her CSS name and phone number. When the injured worker contacted her CSS, she was told she would need to obtain the EMS report on her own. We then provided the injured worker with the name and contact number for her MCO assigned caseworker. The caseworker agreed to contact the employer to attempt to obtain the EMS report.

After several phone calls, the injured worker researched the EMS company and contacted them herself to obtain the report. After discussion with us about what kind of evidence she could submit, she also obtained witness statements and submitted the new evidence to her claim file. The injured worker was successful in getting her claim allowed at the staff hearing officer (SHO) level, and BWC paid her ER treatment bills.

Have my rights been violated?

An injured worker contacted us and asked that we review the IC process in his claim. He believed his rights had been violated because he was unrepresented. An Ombuds staff member reviewed the injured worker's claim and explained to him what specific issues the DHO and SHO had heard and why the IC had adjudicated those issues based on the motion he filed. We explained to him what evidence he needed to prove his temporarily and totally disabled status. We talked with him about the hearing orders to determine what issues the IC focused on when they denied one of the requested periods of compensation. The injured worker contacted his doctor and obtained a letter that he submitted for the hearing officer to review for his third-level hearing. Ultimately, the injured worker successfully obtained the requested compensation and was grateful to have a better understanding of the process.

Where are my documents?

An unrepresented injured worker contacted our office after discovering the IC had not imaged her appeal packet with 21 pages of attached and labeled evidence into her claim file. We contacted customer service staff at the IC who explained they do not re-image documents already in the claim file. The injured worker was very upset because it was difficult for her to arrange a ride to the IC to submit the documents. She further explained that she included claim file duplicate documents because they were difficult to locate and she wanted to ensure the hearing officer saw them. She pointed out that not all of the submitted documents were duplicates.

Following several conversations with the injured worker, we discovered that although one of the submitted documents contained an IC fax banner, making it appear to be a duplicate document, it was not actually a duplicate because the POR had added a handwritten note. The IC located the injured worker's submitted appeal packet with the new document and placed in her claim file before the SHO hearing. IC staff also placed a letter from the IC director of hearing services explaining what had occurred. The injured worker showed these documents to the SHO, who approved her medication.

What is this charge?

We received a call from an employer who was confused by an invoice he received from his third-party administrator (TPA) with a charge of more than \$3,000. This employer had also recently filed a complaint about penalty charges on his policy. We reviewed the employer's policy information, contacted the TPA and contacted the ESS assigned to the policy to inquire about the additional charges. It was determined that the employer had three open cases and that the charges included penalty and interest fees. We contacted the employer and walked him through all of the charges. We also explained that he could complete the one-time forgiveness form for BWC to review. In addition, we explained the appeal procedure if the request was denied. The employer was not happy to hear that the charges were valid but was satisfied to finally have a thorough explanation and a plan of action to resolve the issue.

Unpaid medical bills

An injured worker's attorney contacted us and requested assistance in having some of the injured worker's medical bills processed. Upon review, it did not initially appear any bills from this provider were still unpaid. However, the provider stated there were three dates of service (DOS) still unpaid with the only

explanation being “provider not enrolled,” which the provider indicated was not accurate. We reviewed again, searching for the specific DOS provided, and again did not see any bills for those DOS. Therefore, we requested the provider send the bills along with proof that she filed them with the MCO prior to the statute date.

Upon receipt of this information, we contacted the MCO to discuss. The MCO explained it rejected the bills because the national provider identification numbers on the forms did not match with the federal tax identification numbers. We reached out to the BWC MCO unit, which contacted the MCO and asked for a supervisor review given that the bills were not recorded as received. The MCO supervisor reviewed the issue and determined the MCO had incorrectly rejected the bills. We then contacted the provider and attorney and let them know that the issue was resolved and the bills were processed and paid.

2014 Statistical Information Summary

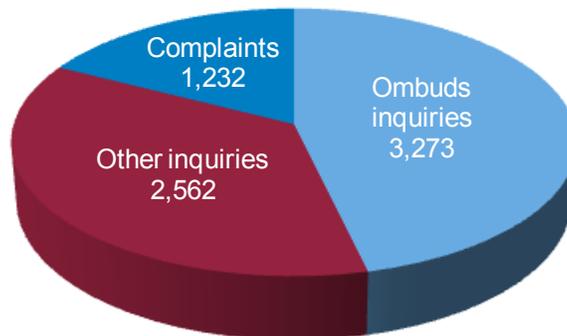
We processed 7,067 customer contacts in 2014. Our staff investigates and researches customer contacts to determine whether a case should be opened. The Office classifies contacts as either a complaint (1,232), an Ombuds inquiry (3,273) or other inquiry (2,562). We classify a case as a complaint when a customer expresses dissatisfaction with the Ohio workers' compensation system. The most frequent complaints brought to our office for resolution include:

- Payment of indemnity benefits to injured workers;
- Employer concerns related to their policy accounts receivable balance;
- BWC processing delays;
- Non-payment of treatment bills.

In 2014, we began capturing information related to general inquiry contacts and added several new categories of issues to have a more complete picture of the type of issues that are presented. This additional information will allow us to identify trends in order to make recommendations. We deem a case to be an Ombuds inquiry when one of our staff directly provides the information requested by the customer and a complaint was not involved. The issues we receive the most inquiries about include employer policy coverage, accounts receivable balance and questions about canceling policy coverage. Additional frequent Ombuds inquiry issues include questions about the claim process and party rights, questions about forms required for various requests, questions about the IC hearing process, and questions about requirements for various types of compensation.

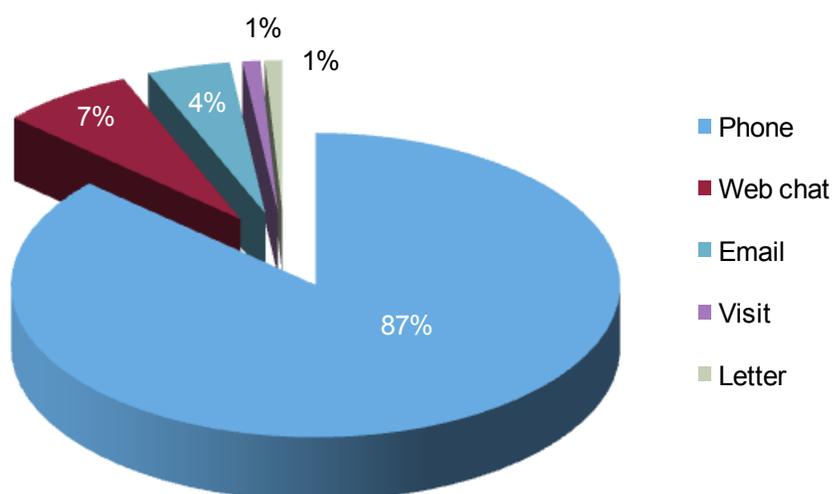
Finally, we receive a number of contacts that we do not open as Ombuds cases because the information requested is more properly obtained elsewhere. We determine quickly if another state agency can more appropriately assist a customer and we provide the proper contact information.

In addition to the 7,067 customer contacts described in this report, we handled an additional 3,513 calls in 2014 that are not included in the statistical summary. Based on the lack of detailed information collected for these calls, we decided to exclude these numbers from the statistical analysis rather than include them as was done in prior years. Detailed information about this type of call will be available for the 2015 Ombuds Annual Report.



Method of Customer Contact

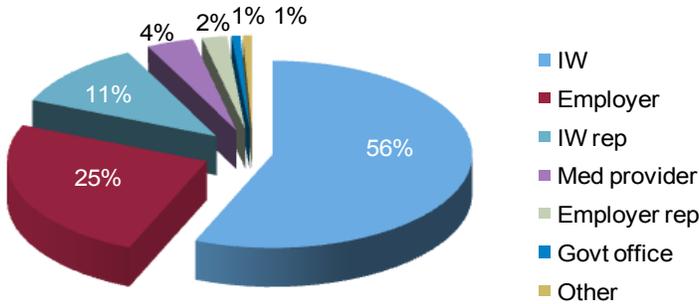
We processed 7,067 customer contacts during 2014, which we received by the methods below.



Contact Method	
Phone	6,123
Web chat	500
Email	312
Visit	67
Letter	65
Total	7,067

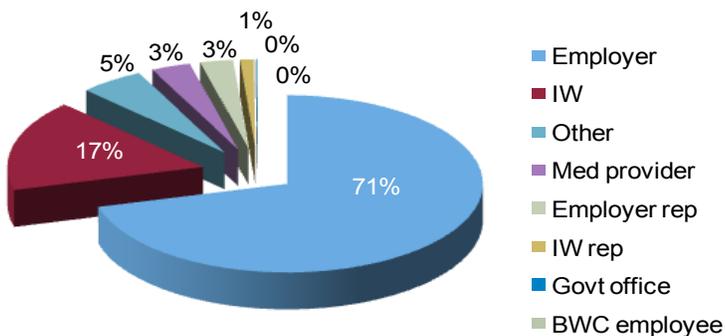
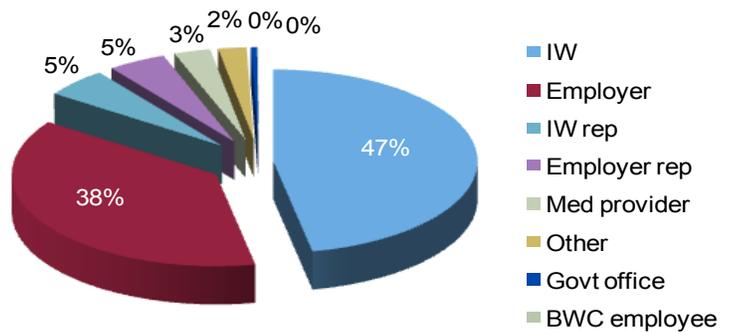
Customer Contacts by Type

The charts below identify the customer for each of the types of cases received: complaints, Ombuds inquiries and other inquiries.



Customer Type	Count
Injured worker	694
Employer	308
Injured worker representative	140
Medical provider	47
Employer representative	25
Government office	9
Other	9
Total	1,232

Customer Type	Count
Injured worker	1,536
Employer	1,235
Injured worker representative	166
Employer representative	151
Medical provider	94
Other	73
Government office	16
BWC employee	2
Total	3,273



Customer Type	Count
Employer	1,814
Injured worker	427
Other	136
Medical provider	83
Employer representative	70
Injured worker representative	29
Government office	2
BWC employee	1
Total	2,562

Issue Report - Complaints

The codes below describe what issue our staff determined best described the complaint.

Employer Policy Issues	
Accounts receivable balance	104
Cancel/Sold company	63
Collections	50
Coverage	18
Employer program	14
Certificate	13
Rebate/Refund	12
Report and pay	7
Elective coverage	4
Manual code classification	4
Wrong policy number	4
Rate	3
Amended payroll	2
Policy combined/Cancelled/Transferred	2
Total	300

Compensation Issues	
Temporary total disability	148
Wage loss	47
Permanent partial disability	38
Lump sum settlement/Advancement	28
Travel reimbursement	17
Death benefits	5
Chase bank card	4
Permanent total/DWRF	4
AWW FWW amount	2
Total	293

BWC Processing Issues	
CSS/MCS	95
Processing delay	82
Claim process	51
BWC form	18
Independent medical exam	12
AWW FWW delay	2
Website	1
Status of form/Application	1
Total	262

MCO & Other Treatment Issues	
Bills non payment	70
Authorization of medical treatment	52
Prescription - general	28
Medical provider	23
Prescription - prior authorization	21
Find physician	16
Self-insured medical bill	13
Vocational rehabilitation	10
Provider enrollment	1
Provider policy and fee schedule	1
Prescription - generic vs. brand	1
Total	236

General Workers' Compensation Issues	
Claim allowance	22
Employer form	17
Employer delay of claim	9
Fraud allegation	7
Attorney/Representative	7
Non specific	6
Attorney fee dispute	4
Billion Back Program	3
Additional allowance	2
Light duty	2
Statute of limitations	2
Interstate jurisdiction	1
Total	82

IC Hearing Issues	
Hearing decision	26
Hearing process/Hearing letter	13
Hearing delay	8
Hearing officer	6
IC form	4
IC exam	2
Total	59

Causation and Accountability Reports - Complaints

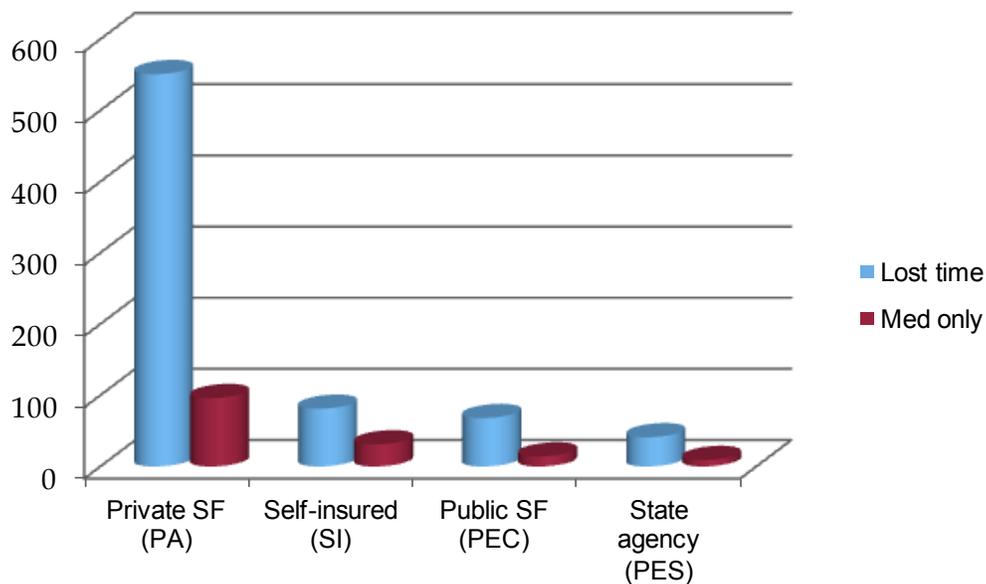
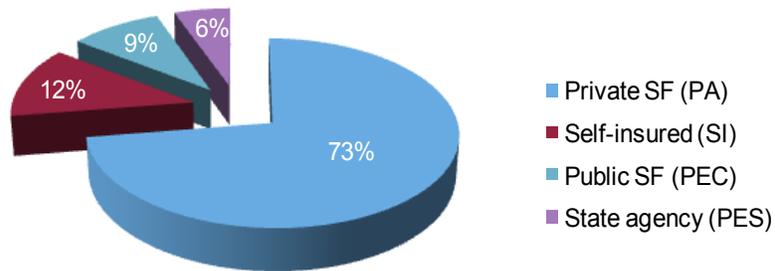
These charts denote in further detail what we found to be the problem after investigating the complaint and identifying the responsible entity.

Causation	
Unjustified complaint	294
CSS/MCS	189
Employer	157
Injured worker	102
Needs forms or information	67
Billing issue	65
Policy services	64
Medical provider	58
MCO	48
Prescription issue	42
Appeal	30
Medical exam/Review required	29
Attorney/Representative	17
Claim status	16
Unresponsiveness CSS/MCS	16
Wanted claim expedited	15
IC	13
Warrant returned or reissued	6
Overpaid	2
Injured worker out-of-state	1
Warrant lost or stolen	1
Total	1,232

Accountability	
BWC	338
Injured worker	260
Employer - state fund	246
Other	126
Medical provider	92
MCO	71
Attorney/Representative	30
Pharmacy benefits manager	29
Employer - Self-insured	19
IC	15
Government office	5
Financial institution	1
Total	1,232

Claim Type - Complaints

The data and charts below provide information on the type of claim giving rise to initial claim-related complaints.



Claim Type	Lost time	Med only	Total
Private state fund	551	96	647
Self-insured	81	31	112
Public state fund	68	14	82
State agency	41	9	50
Total claims	741	150	891

Issue Report - Ombuds Inquiries

Employer Policy Issues	
Coverage	322
Accounts receivable balance	154
Cancel/Sold company	129
Report and pay	86
San Allen case	83
Certificate	65
Rebate/Refund	56
Collections	32
Employer program	30
Rate	26
Amended payroll	17
Wrong policy number	12
Elective coverage	8
Safety & Hygiene	8
Prospective billing	5
MCO	4
Lien	3
Manual code classification	3
Change of address	2
Policy combined/Transferred/Cancelled	2
Total	1,047

BWC Processing Issues	
Claim process	328
BWC form	150
CSS/MCS	43
Processing delay	19
Independent medical exam	11
BWC E account	11
Website	10
Status of form/Application	10
AWW FWW delay	3
Total	585

General Workers' Compensation Issues	
Chat inquiry	171
Employer form	141
Claim allowance	72
Attorney/Representative	47
Billion Back Program	22
Non specific	18
Statute of limitations	17
Employer delay of claim	8
Fraud allegation	8
Labor issue	6
Additional allowance	6
Light duty	4
Fee dispute	3
Interstate jurisdiction	3
Total	526

Compensation Issues	
Temporary total disability	224
Permanent partial disability	76
Wage loss	52
Lump sum settlement/Advancement	45
Chase bank card	30
Death benefits	21
Permanent total disability/DWRF	20
Travel reimbursement	10
AWW FWW amount	6
Violation of specific safety requirements	3
Total	487

IC Hearing Issues	
Hearing process/hearing letter	255
Hearing decision	45
IC form	17
Hearing delay	9
Hearing officer	8
IC exam	2
Total	336

MCO & Other Treatment Issues	
Authorization of medical treatment	63
Medical provider	43
Bills non payment	42
Find physician	33
Prescription - general	25
Prescription - prior authorization	15
Vocational rehabilitation	14
Self-insured medical bill	10
Provider enrollment	6
Provider policy and fee schedule	3
Total	254

Non Workers' Compensation Issues	
Transferred call	38

Issue Report - Other Inquiries

Employer Policy Issues	
Coverage	397
Report and pay	319
Accounts receivable balance	292
Certificate	166
Cancel/Sold company	111
Rate	57
Rebate/Refund	55
Collections	42
Employer program	42
Safety & Hygiene	23
Elective coverage	12
Manual code classification	12
Amended payroll	11
Billion Back Program	6
Change of address	5
Lien	5
Wrong policy number	5
Policy combined/Cancelled/Transferred	5
San Allen case	3
Prospective billing	2
Total	1,570

Non Workers' Compensation Issues	
Transferred call	460

BWC Processing Issues	
Claim process	58
BWC E account	33
BWC form	28
CSS/MCS	28
Processing delay	11
Website	7
Independent medical exam	5
Status of form/Application	2
AWW FWW delay	1
Total	173

Compensation Issues	
Temporary total disability	58
Chase bank card	36
Death benefits	24
Permanent total disability/DWRF	14
Lump sum settlement/Advancement	6
Wage loss	6
Permanent partial disability	4
Travel reimbursement	1
Total	149

General Workers' Compensation Issues	
Employer form	61
Interstate jurisdiction	12
Attorney/Representative	9
Non specific	7
Claim allowance	6
Fraud allegation	5
Labor issue	1
Light duty	1
Employer delay of claim	1
Total	103

MCO & Other Treatment Issues	
Self-insured medical bill	22
Provider enrollment	21
Medical provider	11
Policy and fee schedule	10
Bills non payment	9
Authorization of medical treatment	8
Prescription - general	6
Find physician	3
Prescription - prior authorization	3
Vocational rehabilitation	1
Total	94

IC Hearing Issues	
Hearing process/Hearing letter	8
Hearing decision	3
Hearing officer	1
IC form	1
Total	13

Opportunities for Improvement

Items identified as opportunities for improvement include those issues presented most often to us, those where a remedy appears simple, and/or those where we believe the Ombuds Office has a unique perspective on the issue.

1. Issue presented to Ombuds Office

A frequent issue presented to our office involves injured workers who have difficulty finding physicians. Many of these injured workers no longer live in Ohio and data reflects that this issue represents 52 contacts to us in 2014. Typically, customers contact us only after they have attempted to work with their MCO to locate a POR or treating physician and have not had success. Most often, customers describe to Ombuds staff that they have used the search function available on www.bwc.ohio.gov and cannot locate any physicians in their area.

Recommendation

We recommend increased recruitment of out-of-state doctors as feasible. Additionally, we recommend keeping provider lists up-to-date and easily accessible to customers.

BWC Response

We agree that finding physicians for Ohio injured workers living out of state is an inherent challenge. We are looking at long-term solutions as part of the provider credentialing strategic plan. Although the managed care organizations already play a strong role in the situation, we are investigating the possibility of issuing a request for proposal to secure a vendor who could handle out-of-state referrals.

Additionally, we are working to improve our website for improved ease with referral searches. An enhanced provider profile is planned that would include among other features an indicator for those providers accepting new patients.

2. Issue presented to Ombuds Office

One of the most frequent issues presented to us involves the delay in processing compensation. This issue is represented in all of the issue codes related to compensation and in the issue code BWC Processing delay. We have identified many factors that account for a delay in processing compensation. However, the three most frequent factors presented to us are a delay in requesting wage information, which results in a delay in setting the FWW/AWW, a lack of communication about forms needed to process compensation and a general lack of communication about what to expect and how to ensure smooth processing.

Recommendation

We offer several recommendations related to this issue based on the factors we see impacting the issue. First, we recommend that BWC make a request for wage information from the employer and injured worker during the initial contact with the parties. Although it is true that many claims are medical only, even these claims carry the possibility that BWC will pay a C-92 award or award another form of compensation later. There does not appear to be a drawback to requesting this information early. The potential benefit is that BWC would have the required information prior to calculating the amount of compensation to be paid. Second, we recommend that initial contact between the BWC and the claim parties be as clear and detailed as possible. Specifically, it is crucial that the parties know who and how to contact BWC when questions and issues arise. Although the triage approach to claims management has been in place for some time, claim parties are still confused when BWC changes the assigned CSS. Finally, we recommend that BWC ensure there is staff available to contact parties and return calls timely so customers receive answers quickly. Occasionally, customers contact us simply because they cannot reach anyone else.

BWC Response

The Field Operations (Claims) Division is embracing the Administrator's vision of being a "customer-focused service delivery organization." The division is about to embark on a statewide effort to specifically address these opportunities. While we request wage information at the initial BWC contact, customer service offices will look at removing barriers. This will enable us to calculate wages according to statutory requirements in a timelier manner. We are also looking at providing greater education to build expectations of the claims process while making it more customer centric.

We have considered requesting 52 weeks of wage information for all medical-only claims. However, we feel it is not cost effective and would place an unnecessary burden on the tens of thousands of injured workers, which would receive no benefits from such an exercise. We expect to test these and other operational improvements during the summer and fall.

3. Issue presented to Ombuds Office

Several 2014 Ombuds cases involved a customer complaint that the IC did not image their submitted documents into their IC claim file. Customers also contact us to complain that the IC did not index their documents in a way that would allow someone to easily find the documents. In these cases, customers submitted documents at an IC customer service counter or during an IC hearing. However, the IC did not image these documents into the IC claim file or did so in a manner inconsistent with how they were submitted. Additionally, many unrepresented customers are not aware that their IC claim file may be different from their BWC claim file. This lack of awareness means that these customers typically do not know how, where, or when to submit documents to the IC claim file. The Ombuds issue code: IC Hearing process/Hearing letters reflects these issues.

Recommendation

We recommend the IC consider developing a document submission policy that:

- Clearly explains that the IC electronic claim file may be different from the BWC claim file;
- Describes when and how documents should be submitted;
- Provides instruction related to moving documents to the hearing folder.

Additionally, we recommend developing a standardized procedure for IC employees who accept these submitted documents from customers. This would provide consistency across all IC offices.

IC Response

The Industrial Commission has been made aware of the suggestions from the Ombuds Office. The concerns are legitimate, and the Commission is in the process of addressing them each in turn to ensure both consistency and accessibility of the agency.

4. Issue presented to Ombuds Office

Another frequent issue presented to us involves a situation where BWC had not properly implemented or failed to implement an IC hearing decision. For example, in 2014, we received 28 complaints coded as prescription issues. Many of these 28 cases involved injured workers who could not fill a prescription because BWC had not removed a block subsequent to the issuance of an IC order authorizing a medication. Once we brought the issue to the attention of BWC's pharmacy department, BWC staff removed the block and authorized the prescription. However, the several day delay in authorization of a medication can have serious consequences for an injured worker.

Recommendation

We recommend BWC examine procedures so that IC hearing decisions are implemented thoroughly and efficiently, and that responsibility for monitoring the outcome of these hearings does not rest solely with one employee.

BWC Response

BWC dedicates a great deal of effort to ensure we process all of the 272,000 IC hearing results timely and accurately. The current practice with regard to the removal of a medication block after an IC hearing is for the CSS to contact the pharmacy mailbox.

IC hearing orders on DUR

- A. The field staff shall send an email to the BWC pharmacy benefits mailbox not more than three business days of the imaged date of all IC hearing orders regarding drug utilization reviews (DURs). The field staff shall include in the pharmacy benefits email:
 1. Name of injured worker;
 2. Claim number;
 3. Date of imaged document;
 4. Type of hearing order DHO or SHO.
- B. The pharmacy department shall update the claims-management system prior authorization window on all IC hearing orders decisions concerning drugs on DHO hearing orders after the appeal period has expired (if no appeal has been filed) and upon receipt of an IC SHO order.

BWC Field Operations staff will work with the pharmacy department to better determine if there is a root cause that we can correct. BWC will also consider supplementing the workflow of the CSS to set a diary to follow up after a reasonable time to make certain we implemented the IC order. This solution should catch those orders that have slipped by the pharmacy department.

5. Issue presented to Ombuds Office

An issue that we occasionally receive involves Ohio employers who have closed their business and later receive a rebate/refund check from BWC. Unfortunately, because the business is closed, the former business owner cannot negotiate the check. BWC’s legal department has advised that BWC is bound to only issue checks to the actual and original business entity – with the exception of sole proprietorships and individual corporations.

Recommendation

We recommend that BWC explore avenues to communicate to employers that they should verify all business with BWC is complete prior to closing business bank accounts. Avenues for this communication could include updating language on the *Notification of Policy Update* (U-117). This would ensure BWC provides employer customers this information when they call to inquire about the process. BWC could also provide the information on its website. For example, the Ohio Department of Taxation (ODT) has a Web page devoted to closing a business with ODT that includes resources, contact information, and links to other agencies that may be relevant when closing a business. Providing explanation early in the process may help to reduce the number of occasions that a former business owner receives a check they cannot negotiate.

BWC Response

Thanks to prudent, fiscal management and stellar returns on investments, BWC provided rebates to more than 171,344 employers in each of the last two years. While employers cashed 97 percent of the checks timely, BWC placed specific controls on checks to ensure we made payments to the correct entity. Included in those controls was the requirement that the employer’s policy be in active status shortly before we mailed the checks.

To BWC’s knowledge, the situations are rare that the agency would have money due to a business that has closed. When that does occur, it is most likely the employer’s \$50 security deposit. For those instances, BWC is reviewing the cancellation letter that WCIS generates in response to a request by an employer to close his or her policy. The cancellation letter is likely the best opportunity to identify any potential issues for the employer. BWC will also review the *Notification of Policy Update* (U-117) form and any other relevant forms, checklists or FAQs to determine if additional changes are appropriate.

In response to the recommendation of the ombudsperson, BWC already has instructions on how to cancel a policy on www.bwc.ohio.gov. In efforts to reach employers early in the process, we will continue to partner with other state agencies to ensure accuracy and to provide information to employers on many issues, including how to cancel a policy with BWC. For example, the Ohio Department of Taxation lists BWC on its website under “closing a business page.” We will work with that agency to make certain the link goes directly to information on canceling a workers’ compensation policy.

6. Issue Presented to Ombuds Office

Another issue frequently presented to us relates to the information provided to representatives when they inquire about the processing of an *Application for Determination of Percentage of Permanent Partial Disability or Increase of Permanent Partial Disability* (C92 and C92A). Often, representatives contact our office and indicate that the period for processing has passed and they would like our assistance. These representatives indicate BWC staff told them they have 180 days to process C-92s and 240 days to process C-92As. Occasionally, representatives have asked us where these timeframes are located. We discovered that they are simply internal BWC performance measures of maximum processing time for these applications and not statutory mandates or BWC policy.

Recommendation

We recommend not to share these internal employee performance measures with claim parties as an answer to an inquiry about a filed application. Additionally, we recommend BWC make clear to staff that these are maximum timeframes and not guidelines for processing.

BWC Response

BWC places great emphasis on timely, accurate processing of all applications. We developed internal guidelines to account for exam schedules, courtesy and mandatory periods for our customers. However, we will again emphasize to consider these guidelines as maximum periods. For 2014, BWC processed 15,700 C-92 forms, taking an average of 93 days, while completing 6,100 C-92A forms in an average of 125 days.

2014 Administrative Update

Budget

Expenditures to operate the Ombuds Office in CY2014 totaled \$602,304. This total includes payroll costs for staff of \$494,164 and operating expenses of \$108,140. Total expenditures for CY2014 rose 17 percent as compared to CY2013. You can find a spreadsheet providing budget details on page 28 of this annual report.

Total payroll costs for 2014 vs. 2013 increased 24 percent. This increase in payroll cost was expected and attributed to fully staffing the Ombuds Office. Payroll costs include employee salary and employer paid benefits, including health insurance and retirement. Additionally, this portion of the budget includes a mass allocation (cost divided between BWC departments) for William Green Building security guards (personal service). There is some fluctuation in the payroll cost over CY2014 based on changes in staffing levels, the 26 pay period cycle resulting in two months with three pay periods, and individual employees' selections related to their benefits.

In CY2014, staff included the chief ombudsperson, two exempt employees (in Columbus) and five bargaining unit employees (four in Columbus and one in Cleveland). Employees did not receive any raises, bonuses or cost of living increases. In CY2014, no overtime was paid.

Non-payroll operating costs for the Ombuds Office for 2014 were \$108,140. This total is a decrease of about 6 percent from \$114,785 in 2013. The three largest operating expenses for us are rent, utilities and building maintenance (all three are mass allocations calculated based on the square footage of each department). Also included in this section of the budget, is the cost for office supplies, printing, telephone and travel.

Database

In December 2014 we concluded our sixth full year of the ePowerCenter tracking software. Benefits of this industry standard software include:

- Improved tracking of individual complaints and inquires;
- Improved consistency of information provided to Ombuds Office customers;
- Quicker recall history of prior discussions with customers;
- Quicker access to injured worker claims data;
- Quicker access to employer risk data;
- Improved report generating capabilities;
- Improved data trend analysis capabilities.

We began collecting data in January 2009, and this data continues to be useful in conducting year over year comparisons, and identifying customer trends. In addition, several BWC divisions now use ePowerCenter. The ePowerCenter data on the Ombuds system remains 100 percent segregated from BWC data, and we continue to retain statutory independence and neutrality. This sharing of the same software allows for better data trend analysis of current and future problems.

In 2014, we began tracking general inquiry information in addition to complaint information we previously tracked. This additional data will provide a more robust picture of the type and source of issues presented to us for resolution. Additionally, we conducted a comprehensive review of database parameters to ensure we are capturing as much information as possible from each customer contact.

The advantage to making these changes is that we can get a much clearer and more detailed picture of the type of issues brought to us. One disadvantage is that a year-to-year comparison is not possible until we have several years with stable parameters. One additional disadvantage is that we did not have detailed information for 3,513 calls that we received in 2014. Based on the lack of detailed information collected for these calls, we decided to exclude these numbers from the statistical analysis rather than include them as we did in prior years. Detailed information about this type of call will be available for the 2015 Ombuds Annual Report.

Promoting Ombuds Office services

In 2014, we resumed the practice of collecting information about how our customers learned of our office and/or the source of their referral. This information allows the office to conduct analysis to promote our services more effectively. Ensuring that potential customers and sources of referrals have an awareness of the Office and the services provided has been a priority for 2014. I visited and spoke with staff in seven of thirteen BWC customer service offices and six of twelve IC offices in 2014. I will visit the remaining offices in 2015. Additionally, I presented an overview of the Ombuds Office to the AFL-CIO at their annual Workers' Compensation School. Finally, the Dayton Ombudsman interviewed me for an hour-long television program on DATV.

Printed material

We updated the capabilities brochure, which answers questions and provides an overview of our services. We produce and print the brochure in-house at minimal cost by BWC communications and DAS state printing. We mail this brochure upon request; distribute it at speaking engagements; and provide it to BWC, IC, employer and labor groups and other government entities for distribution to potential customers.

Promoting services to IC

We increased awareness of services to the IC in several ways including:

- Presenting an overview of the Office and services provided to all IC hearing officers as part of their regional training;
- Meeting with IC support staff in IC offices statewide to discuss available services;
- Providing capabilities brochures to IC hearing officers and staff for distribution to employers, injured workers and their representatives;
- Maintaining placement of link to Ombuds Office information on the IC's website.

Promoting Services to BWC

We increased awareness of services to the BWC in several ways, including:

- Meeting with BWC customer service office managers and claims staff to discuss available Ombuds Office services;

- Meeting with BWC risk staff and employer services specialists to raise awareness of our services available to Ohio employers;
- Meeting with Division of Safety & Hygiene staff, both at headquarters in Pickerington, and in locations across Ohio, to increase awareness of our services available to Ohio employers;
- Meeting with BWC business consultants to increase their awareness of our services;
- Working with BWC's 1-800-OHIOBWC call center staff to increase awareness of our services and to increase appropriate referrals;
- Maintaining placement of link to Ombuds Office information on BWC's website;
- Working with BWC to determine placement of an option to reach the Ombuds Office on the 1-800-OHIOBWC phone line.

Promoting services to employers

We increased awareness of services to employers in several ways, including:

- Mailing letters to unrepresented employers prior to their first IC hearing;
- Distributing our capabilities brochure to business trade groups for distribution to their members;
- Providing information business trade groups can share on their websites;
- Speaking at special events and/or seminars with target audiences present;
- Providing information on our services to local and regional chambers of commerce and safety councils.

Promoting services to injured workers

We will increase awareness of services to injured workers in several ways, including:

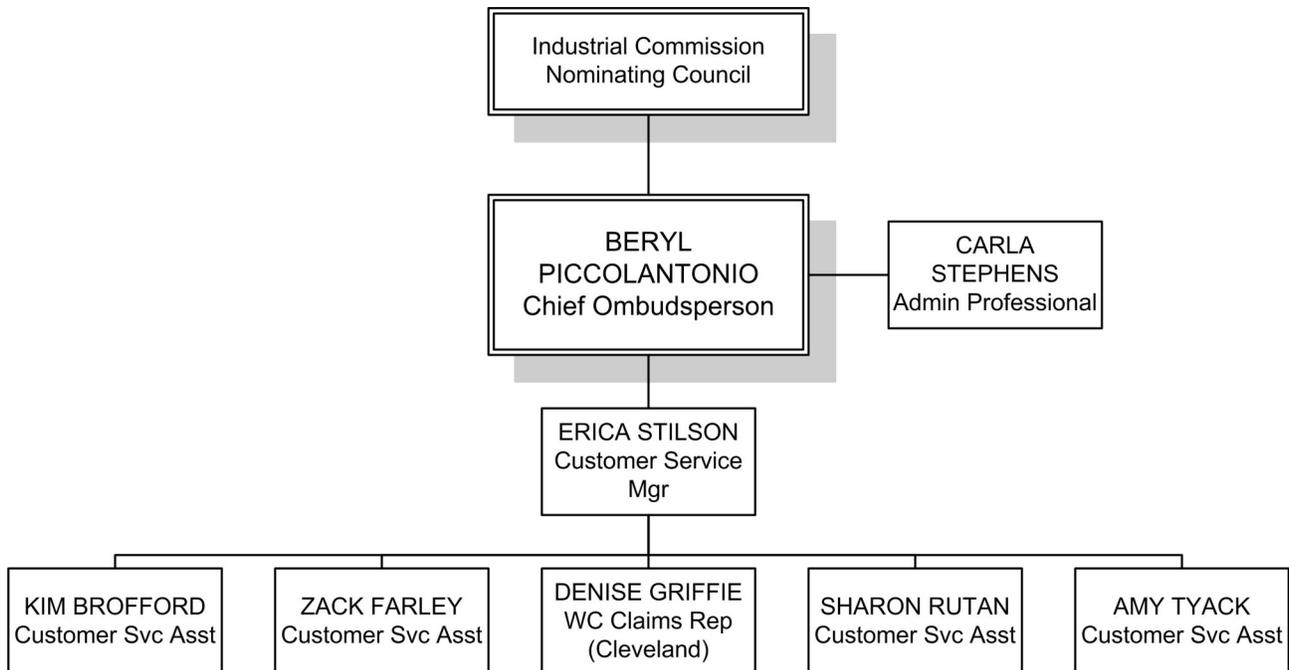
- Mailing letters to unrepresented injured workers prior to their first IC hearing;
- Distributing our capabilities brochure to local unions, across Ohio;
- Speaking at labor seminars, including AFL-CIO, UAW and Teamsters;
- Providing information local unions can share on their websites;
- Conducting meetings with local union stewards to increase their awareness of our services.

Promoting services to government officials

The Ombuds Office has increased awareness of services to other government agencies in several ways, including:

- Providing information about services available to members of the Ohio General Assembly and their staff to use as a resource when handling complaints and inquiries from constituents;
- Providing information on our services to call centers and action lines of local government entities, including Ohio cities, counties, and townships;
- Providing updated information about us to court personnel across Ohio.

Ombuds Office Table of Organization



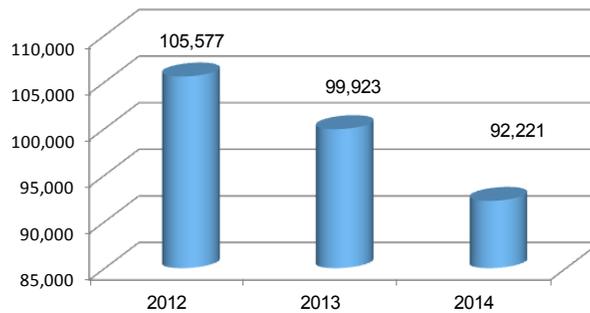
Ombuds Office Expenditure Report - Calendar Year 2014

OBJECT CLASS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL EXPENSES
10 Payroll	30,784	30,798	45,949	30,798	31,136	38,006	44,319	63,807	40,807	42,696	44,480	44,616	488,196
10 Overtime Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
13 Personal Service	0	0	1,761	0	0	1,386	0	0	859	0	0	1,353	5,359
15 Other P.S.	0	309	150	0	0	0	0	0	0	0	0	150	609
Total 100	30,784	31,107	47,860	30,798	31,16	39,392	44,319	63,807	41,666	42,696	44,480	46,119	494,164
20 Edible Products	0	0	0	0	0	0	0	0	0	0	0	0	0
21 Supplies	0	0	0	0	0	18	0	0	0	2,490	(2,377)	547	678
211 INTRNL SUPPLIES	68	282	15	99	58	90	323	55	4	2	93	0	1,089
22 Vehicle Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
221 INTRNL VEHICLE	0	0	0	68	147	0	0	0	0	0	0	0	215
23 Travel Fees	0	0	0	0	0	0	0	0	0	0	0	0	0
24 Communications	282	0	130	332	0	(104)	0	15	443	297	3	146	1,544
241 INTRNL COMM	420	399	330	470	407	540	0	724	610	498	489	483	5,370
25 Fuel/Utilities	0	0	1,725	0	0	1,526	0	0	1,784	0	0	2,224	7,259
26 Maintenance	0	0	2,784	0	0	5,392	0	0	1,061	0	0	4,564	13,801
27 Rentals	0	0	74,665	0	0	0	472	524	100	182	122,010	(121,484)	76,469
28 Printing/Advertising	0	0	0	0	0	0	0	0	0	0	0	0	0
281 INTRNL PRT/ADV	0	0	0	0	0	0	0	0	0	0	0	0	0
29 General/Other	0	254	784	62	615	0	0	0	0	0	0	0	1,715
291 GENERAL	0	0	0	0	0	0	0	0	0	0	0	0	0
Total 200	770	935	80,433	1,031	1,227	7,462	795	1,318	4,002	3,469	120,218	(113,520)	108,140
30 Food Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
31 Office Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
32 Motor Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	0
33 Construction	0	0	0	0	0	0	0	0	0	0	0	0	0
34 Communications Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
35 Medical/Lab Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
36 Educational/Rec Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
37 Data Processing Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
371 INTRNL DP EQP	0	0	0	0	0	0	0	0	0	0	0	0	0
38 Copy/Print Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
39 Other Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
Total 300	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	31,554	32,042	128,293	31,829	32,363	46,854	45,114	65,125	45,668	46,165	164,698	(67,401)	602,304

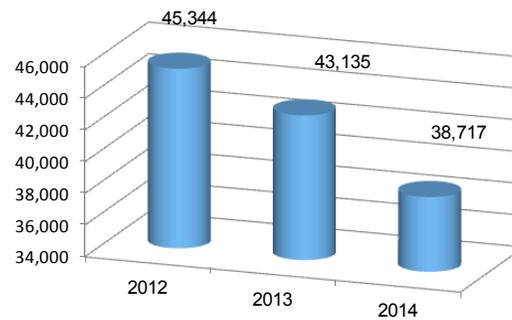
Note: Mass Allocations included in March, June, September, and December.

Industrial Commission 2014 Year-End Statistics

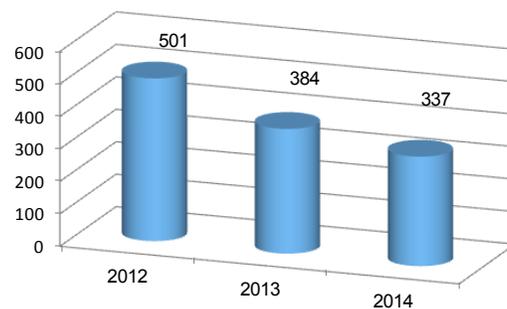
DHO level hearings



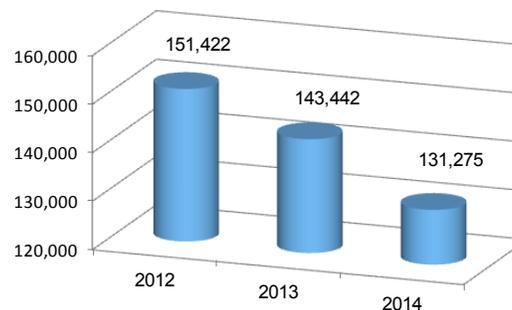
SHO level hearings



Commission level hearings



Total IC hearings



Source: IC Management Planning

Ohio Bureau of Workers' Compensation

Year-End Statistics

	FY 2014	FY 2013	FY 2012
State-fund claims filed			
Lost time	12,134	11,539	12,130
Medical only	84,688	84,632	87,943
Occupational disease	592	714	920
Death	158	156	172
Disallowed or dismissed	10,977	11,049	11,448
Total	108,549	108,090	112,613
Net allowed injuries	97,572	97,041	101,165

NOTE: Every claim is evaluated at 60 days after filing for purposes of claim type, state fund versus self-insured, combine status and allowance status. Values exclude combined and self-insured claims.

Open claims (per statute)

Lost time	315,951	346,039	374,482
Medical only	542,822	612,586	695,574
Total	858,773	958,625	1,070,056

Benefits paid

Medical benefits paid	\$662,319,483	\$705,758,248	\$748,851,329
Compensation paid			
Wage loss	\$14,948,538	\$16,960,502	\$20,027,409
Temporary total	231,607,195	250,848,501	268,918,187
Temporary partial	37,368	22,422	17,049
Permanent partial	17,869,347	14,877,251	20,990,997
% Permanent partial	65,387,993	69,588,261	68,938,435
Lump sum settlement	184,218,915	181,163,702	149,216,151
Lump sum advancement	24,768,008	21,581,813	29,282,177
Permanent total and DWRF	395,160,052	392,040,670	389,656,231
Death	82,644,603	84,093,415	83,307,500
Rehabilitation	38,651,042	38,977,535	41,644,211
Other	6,046,420	5,919,080	6,700,579
Total compensation paid	\$1,061,339,481	\$1,076,073,152	\$1,078,698,926
Total benefits paid	\$1,723,658,964	\$1,781,831,400	\$1,827,550,255

Source: BWC Fiscal Year 2014 Annual Report

Year-End statistics (continued)

	FY 2014	FY 2013	FY 2012
Fraud statistics			
Fraud dollars identified	\$60,124,021	\$55,058,157	\$59,373,483
\$\$\$ saved to \$\$\$ spent ratio	5.28 to 1	4.83 to 1	5.61 to 1
Prosecution referrals	267	236	251
Active employers by type			
Private	249,602	249,085	249,668
Public (local)	3,815	3,794	3,801
Public (state)	121	129	122
Self-insured	1,197	1,205	1,196
Black Lung	36	36	35
Marine fund	146	139	132
Total	254,917	254,388	254,954
BWC personnel	1,953	1,920	1,939
IC personnel	386	386	401
Managed care organization fees paid	\$169,580,627	\$169,814,894	\$168,403,331
BWC combined funds financial data (000s omitted)			
	Audited FY 2014	Audited FY 2013	Audited FY 2012
Operating revenues			
“Premium and assessment income, net of provision for uncollectibles and ceded premiums”	\$2,085,821	\$1,492,389	\$1,944,478
Other income	8,141	11,723	14,115
Total operating revenues	\$2,093,962	\$1,504,112	\$1,958,593
Non-operating revenues			
Net investment earnings	\$664,718	\$670,654	\$720,210
Increase (decrease) in fair value	2,348,938	230,200	1,323,434
Net investment income (loss)	\$3,013,656	\$900,854	\$2,043,644
Dividends, rebates and credits	\$1,229,045	\$995,636	\$-
Total BWC assets	\$30,341,708	\$28,242,089	\$28,016,507
Total net position (Deficit)	\$9,460,213	\$6,779,077	\$7,817,739

Industrial Commission Nominating Council

Employer Representatives

Eric Burkland
Ohio Manufacturers Association

Andrew Doehrel
Ohio Chamber of Commerce

Catherine Duhigg Gannon
Ohio Self-Insurers Association

Roger Geiger**
National Federation of
Independent Business / Ohio

Gordon M. Gough
Ohio Council of Retail Merchants

Public Members

Daniel Massey, Esq.

Robert Schmitz

Labor Representatives

Tim Burga*
Ohio AFL-CIO

Frank Gallucci, Esq.
Plevin & Gallucci

JoAnn Johntony
Ohio Association of Public
School Employees Union

David Prentice
United Steelworkers

Ohio Association of Justice Representative

Philip Fulton, Esq.***

* Chairperson

** Vice Chairperson

*** Secretary