

**From:** Ohio Bureau of Workers' Compensation  
**Sent:** Wednesday, May 31, 2017  
**Subject:** RepConnect - May 2017

May 31, 2017



## Lump sum settlement

Last November, we informed you of changes in the *Lump Sum Settlement* policy, procedure and related forms. Now, we'd like to provide additional clarification on those changes, with a goal of ensuring applications for settlement are filed accurately. Accurate submissions promote quick and efficient processing of your request.

- BWC, pursuant to [OAC 4123-3-34](#) and BWC policy, requires that an application for a lump sum settlement be filed on the most recent version of a [Settlement Agreement and Application for Approval of Settlement Agreement \(C-240\)](#). The current appropriate form has a revision date of May 9, 2017, and is available on [www.bwc.ohio.gov](http://www.bwc.ohio.gov). This version must be used starting July 1, 2017, or we'll deny the application. All applicable fields on the C-240 must be completed prior to submission to BWC.
- When applicable, you must submit all additional required forms with the C-240. Links to these forms are available on the online [C-240](#) or on the [Tools for authorized reps](#) web page.
- If a Medical History and Disclosure (C-242) is required, the injured worker or dependent must also submit the most recent two years of medical documentation.
  - Complete notes for the most recent two years are required from all non-BWC medical providers. This includes primary care physicians, specialists, and any provider prescribing medication. If the notes indicate follow-up dates, notes must be provided for those dates or other documentation reflecting the outcome of those follow-up dates.
  - Affidavits from providers about the impact of a disease/condition on the injured worker or dependent's life expectancy are not a replacement for actual treatment notes. BWC will take affidavits into consideration when they are submitted with medical documentation.
- If there is missing information, or if any of the required documentation is not submitted, BWC will request the additional information. If the additional information is not received within 14 days of that request, the application will be denied.
- The substance of the *Claimant's Notice of Exception to Employer's Signature Requirement (C-240A)* has been

incorporated into the new C-240. There is no longer any need to submit a C-240A. A check box has been added to the form for the applicant to denote an exception for signature requirement.

## **Fax numbers attached to our customer service offices**

Effective May 31, 2017, BWC will discontinue use of all toll-free fax numbers attached to our customer service offices. Please **discontinue use of these** fax numbers for our local service offices. The correct number for faxing documents to us is now 1-866-336-8352. Please allow 48 hours before re-faxing a document. This will reduce the number of duplicate documents we receive.

**NOTE:** For more accurate service, please document the claim number on each page you are faxing.

**NOTE:** This change does **not** affect the MCOs; they will continue to use the fax numbers assigned. It also does not impact the lump sum settlement fax lines.

## **Suggestions to reduce electronic file duplication**

BWC has received approximately 65,000 duplicate forms in the last six months.

We would like to ask for your help to reduce the amount of duplicate documents received in the BWC electronic claim file. Here are a few suggestions on how you can assist us.

When filing a [Motion \(C-86\)](#) or other form requesting action, if the supporting documentation has been previously submitted, reference the supporting evidence in the lower section of the motion or form, and then note the dates of the supporting evidence and a reference to the date it was submitted.

## **Timely filing of an *Authorization to Receive Workers' Compensation Check (C-230)***

A reminder for the attorneys on the timeliness of an authorization to receive a workers' compensation payment: BWC will honor authorizations when the claimant has signed the authorization within 18 months of the application filing date, even if the application or award is ultimately granted beyond 18 months; and the [C-230](#) is filed as follows:

- On all types of accrued compensation, (except percentage of permanent partial as explained below);
  - Prior to a hearing;
  - At a hearing; or
  - Prior to the date of the compensation payment whether the award was made at a hearing or made without a hearing.

- For a determination of percentage of permanent partial (%PP) or an increase of %PP:
  - With the C-92;
  - With the *Agreement as to Compensation for Permanent Partial Disability* (ICGC1);
  - With an election related to temporary partial disability (TPD) and %PP;
  - At the Industrial Commission (IC) hearing; or
  - With the IC after the hearing, but prior to the mailing of the order.

To ensure your authorization to receive a workers' compensation payment is properly honored, the best practice would be to submit the C-230 with the request. Submitting the C-230 with the request alleviates any issues that may be caused by delays that may occur when documents are transferred between the IC and BWC.

## **BWC Policy on Applicability of Medical Documentation Submitted by Physician Extenders**

Effective June 1, 2017, BWC will revise its policy, [Applicability of Medical Documentation Submitted by Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants](#), previously titled, *Certification of Periods of Disability by Nurse Practitioners, Clinical Nurse Specialists and Physician Assistants*. For purposes of this policy, the term "physician extender" means certified nurse practitioners, clinical nurse specialists and physician assistants. The goal of this policy is to provide clarification as to when a physician extender may provide an opinion addressing an injured worker's period of disability. Medical evidence must clearly explain and support an injured worker's request for compensation (temporary total) over a period of disability.

While BWC has recognized physician extenders in the treatment of injured workers for many years, Ohio law has historically only recognized physicians as being able to provide information to support a period of disability that an injured worker may request. Effective June 1, 2017, a change to Ohio Administrative Code will permit physician extenders to independently provide medical evidence to support an initial six-week period of disability immediately following the date of injury. The policy recognizes physician extenders as an extension of physicians with whom they work and collaborate, while maintaining adherence to Ohio law.

Therefore, during the first six weeks, immediately following the date of injury, a physician extender may:

- Examine injured workers;
- Submit medical evidence supporting the injured worker's temporary total disability due to an allowed work-related injury or disease for a period not to exceed six weeks;
- Complete and submit a [MEDCO-14](#) (including capabilities and restrictions);

- Submit office notes, including a detailed treatment and return-to-work plan.

For subsequent periods of temporary total disability, a physician must either examine the injured worker or review the physician extender's office notes and co-sign the MEDCO-14.

This policy does not permit physician extenders to make medical determinations regarding other types of compensation; work outside the scope of their collaborative or supervisory agreement; be granted Physician of Record (POR) status; or be granted the status of a Disability Evaluators Panel (DEP) physician.

If you have questions regarding this information, please contact BWC at:  
[reconnect@bwc.state.oh.us](mailto:reconnect@bwc.state.oh.us).



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Questions? Send us an email [reconnect@bwc.state.oh.us](mailto:reconnect@bwc.state.oh.us)

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