

From: Ohio Bureau of Workers' Compensation

Sent: Wednesday, February 26, 2020

Subject: SI eNews - February 2020

Vocational rehab, compliance audit changes, smart pay credit, and other topics



SI Newsletter

Vocational rehabilitation for self-insuring employers

In December, we presented a series of workshops for self-insuring employers and their representatives, focusing on [vocational rehabilitation](#) services for injured workers. Members of BWC's return-to-work services team shared their knowledge and insights on overall benefits of using vocational rehab as part of return-to-work management, employer responsibilities in managing services, and program updates.

We learned the mission of vocational rehab in workers' compensation is to provide an individualized, face-to-face, return-to-work program. Our aim is to assist injured workers who would be unlikely to return to work (or stay at work) without specialized vocational rehab services beyond standard medical treatment. The goal is to return an employee to their job as soon and as safely as possible. When this is not attainable, vocational rehab

services can assist in placing that employee in another job within your company or with another employer.

You should consider vocational rehab services if an employee is still working but having difficulty accomplishing their job duties due to their injury. Even if an injured worker is off work and receiving salary continuation or temporary total benefits, vocational rehab can help you identify the earliest return-to-work opportunity prior to reaching maximum medical improvement or having permanent restrictions.

If you have not already done so, we suggest you complete a job analysis of modified duty positions, an important part of a strong transitional work program. In addition, vocational rehab offers remain-at-work, job retention, and return-to-work services that focus on overcoming barriers to employment by augmenting the work environment, modifying tools and equipment, or retraining employees so they can perform work within their restrictions.

To better understand your responsibilities for managing vocational rehab services, check out [OAC 4123-18-16 "Self-insuring employer's obligation to provide vocational rehab services."](#) Some of the primary responsibilities include determining participation, assigning a vocational rehab case manager, plan development, and payment of living maintenance compensation. You may choose your vocational rehab provider, but please ensure they provide a level of service equal to or greater than what BWC offers.

As of Oct. 7, we have combined eligibility and feasibility decisions into one determination for participation. Your injured workers may appeal any objection to this determination for participation directly to the Industrial Commission. To understand the service BWC provides on state fund claims, check out [OAC 4123-18-03 "Guidelines for referral to and acceptance into vocational rehabilitation."](#) It includes updated information regarding the change to participation orders. We also made additional changes to remove maximum medical improvement, percent of permanent partial, and living maintenance wage loss from eligibility criteria. This broadened the definition, allowing more injured workers to participate.

More information about programs and services is available at [BWC's vocational rehabilitation page](#). If you have a few minutes, watch this video, "[How to get an Injured Worker Back to Work](#)." Please feel free to contact us at SIINQ@bwc.state.oh.us and Policy.R.1@bwc.state.oh.us with any additional questions or to request a copy of the presentation. You can view the presentation for this and previous workshops [here](#).

Level 2 Ohio BWC Claims Compliance Review						
Date	<input type="text"/>		Auditor	<input type="text"/>		
Employer	<input type="text"/>		SI Administrator	<input type="text"/>		
Risk #	<input type="text"/>		Valid Complaints last 12 Months	<input type="text"/>		
Review Period	<input type="text"/>	to	<input type="text"/>	Lost Time Claims available	<input type="text"/>	
SI 40 Submitted Timely				Lost Time Claims reviewed	<input type="text"/>	
SI 40 Variance	\$0.00		\$0.00	Medical Only Claims reviewed	<input type="text"/>	
Assessments Paid Timely	February	<input type="text"/>	August	<input type="text"/>	Last Audit	<input type="text"/>
Scope						
SI 40 report of paid compensation	Review SI 40 submissions for the two most recent reporting periods, ensuring employers report all compensation accurately and timely. Verifying the employer also submitted backup details, including reserve and reported credits.					
Claims compliance for the audit period	Evaluate a sampling of claims occurring during the review period, ensuring compliance with the Ohio Revised Code and Ohio Administrative Code requirements for self-insuring employers.					
Permanent Total Disability (PTD) Claims	Review all active PTD claims, ensuring the current declared PTD rate and adjusted PTD pay rate are accurate and benefits are being paid timely.					
Reserves	Review sampling of individual total incurred amounts, ensuring the outstanding reserve demonstrates a reasonable reflection of current activity.					
Summary of Findings						
SI 40	 					

Compliance audit changes

Beginning in March, we'll present your initial findings for Level 2 audits on a new and improved audit sheet when we complete the initial review. The new format will provide a more concise report of our findings and additional information. This sheet will also provide a more efficient tool for auditors. We are slightly expanding the audit scope to include the two most recent years of reported compensation on the SI-40s, rather than just one. We will also address whether you have submitted the SI-40 and backup reports timely and will confirm whether you paid the previous two assessment payments timely. Here is a quick view of the new sheet.

Smart pay credit for guaranty fund assessments

You may have heard we have proposed a rule change to allow a credit for Self-Insured Employer Guaranty Fund (SIEGF) assessments. The proposed rule is in the final approval stages.

The change would potentially offer eligible self-insuring employers a one-time credit on the SIEGF assessments. To qualify, you would need an active self-insured policy, pay your assessments online and on time, and enroll in electronic notices. You can easily do this from your SI Policy page after signing into our website.

We encourage you to enroll in the eNotice service offering as soon as possible to ensure your eligibility for the potential SIEGF assessment rebate.

E-notice for invoices and other updates

You can sign up for electronic notifications from your SI Policy page on our website. Once you sign in to our website, click the **Enroll** button under **Electronic notifications**.

This allows authorized users to choose electronic delivery for certain communication from us. While the invoice is the only business communication type available now, we'll add other types in the future.

Users can also choose to receive updates, e-newsletters, event invites, or policy notices. Our updates include two monthly electronic newsletters: BWC eNews and Provider eNews.

Note: Only the primary e-account holder can request to receive policy notices electronically. We'll email policy notices **only** to the email address for the primary e-account holder. If you choose to change the email address to receive the policy notices, you'll also change the email address tied to the primary e-account.

Enrollment is not complete until you confirm the email address. We'll email a verification code to the address you provided. Enter that code within 15 minutes to complete the process or you must start over.

Proposed rule changes

OAC 4123-6-21.1 (M) - We are proposing to clarify the time to address an authorization request for prescriptions to no more than three days. This is in line with BWC's expectations, while allowing employers to ensure the prescriptions are appropriate and to avoid delays for injured workers to received necessary medications.

OAC 4123-6-21.1 (I) - We are proposing to remove the requirement to obtain a drug use review before terminating certain prescriptions, including Oxycontin, which has been removed from BWC's drug formulary.

Applications and contested issues

BWC assigns a claim number and maintains an electronic record of all reported self-insured claims. Self-insuring employers are responsible for maintaining the official record of all claims and identify allowed conditions as well as ensuring all lost time and contested claims are reported to BWC. While you must maintain a record for medical only claims, you are not required to report these claims to BWC. Among other things, BWC's role in this process is to ensure applications and motions are properly addressed and contested issues are referred to the Ohio Industrial Commission (IC).

Ohio Administrative Code 4121-3-13 requires that a dispute between a self-insuring employer and eligible injured worker on a contested issue "shall be referred to the commission for hearing." BWC shall immediately notify all involved when the dispute exists and refer the matter to the IC.

We consider the following forms to be applications: First Report of injury (FROI), Request for Temporary Total Compensation (C-84), Initial Application for Wage Loss Compensation (C140), Application for Determination of Percentage of Permanent Partial Disability or Increase of Permanent Partial Disability (C-92), and Motion (C-86).

BWC will have to take action on these applications, but we maintain the goal of guiding the injured worker to submit the application directly to the self-insuring employer to allow the employer to state its position. However, when providers, attorneys, or other sources send applications to BWC without your position, we will send out a letter asking for you to provide your position on the issue within 30 days. Please respond to these letters. If you are sending an application to BWC for our records, please include a statement of your position in some form, otherwise it may end up being referred to the IC for a hearing.

We are continuing to identify processes to lessen our activity on self-insured claims and have made some positive changes in recent years.

SI-40 due Feb. 28

You must report your 2019 compensation totals on the Report of Paid Compensation and Case Reserves (SI-40), the annual report of paid compensation, by Feb. 28, 2020. You

can access the SI-40 reporting function from your policy page after signing in to our website. You also must report aggregate reserves, recoveries for subrogation and overturned claims, the number of reported claims for the calendar year, current active claims, and the number of employees.

When reporting compensation, it's important to consider whether any injured workers received salary continuation for their injury. If so, you must report it to BWC, up to the compensation rate an injured worker would receive. You also should report recoveries for subrogation, but the amount should not exceed the amount of compensation paid in the claim, and you must have reported the previously paid compensation on an SI-40.

Please also remember to include your SI-40 backup report, providing the details in support of the reported amounts, **including support for the aggregate reserves**. You should upload this backup report from your policy page. You can access the instructions for submitting the 2020 SI-40 with 2019 paid compensation [here](#).

Self-insured assessments

BWC issued self-insuring assessment invoices on Jan. 26, covering the period from July 1, 2019, to Dec. 31, 2019. We'll base the assessments on the 2018 reported compensation. The invoices are available online on your policy page as you sign in to our website. Assessment and DWRF details also will be accessible from your policy page. **We encourage you** to opt in to receive an electronic notification when the invoice is available, in lieu of a paper invoice.

The assessment rates are available [here](#).

As of July 1, 2019, self-insuring employers are required to pay assessments online using BWC's [Online Payment](#) service offering. Employers can request a waiver of this requirement by providing a written request with documentation demonstrating why they **cannot** pay assessments online. Please outline your reasons and provide supporting documentation or we will deny the request. Employer representatives can make payments online for the employer.

When paying assessments, please remember to allow enough time for us to process and post the payment prior to the due date to avoid late payment penalties. Self-insuring employers should pay assessments using an electronic check, automated clearing house transfer, or credit card. This will ensure timely payment and provide an audit trail. You can schedule electronic payments in advance to ensure the correct payment date. Using other

methods for paying assessments will make challenging late payment penalties more difficult.

Medical bill disputes

Please ensure you have supporting documentation when reducing provider fee bills below the BWC fee schedule rates. You cannot pay less than the fee schedule unless you have agreement from the provider. If a provider questions or appeals a payment, please ensure the dispute is addressed quickly and does not linger. If a provider requests a reconsideration, please do not deny the bill as a duplicate, you must ensure the reconsideration is properly evaluated. Providers are able to file complaints against self-insuring employers through the ombuds office to have these concerns addressed.

Important dates

Feb. 28, 2020: Assessment payments due (must use online payment method)

Feb. 28, 2020: SI-40 and backup detail report due



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