Self-Insurance Quarterly Workshop

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Agenda

1.SI Auditing Update

2. Lump Sum Advancements

3. SI – 7

4. Rebate, Impact for SI community

5. Prosthetics

6. SI Voc Rehab requirements

7. ICD 10 Rollout

8. SI Internet Page

Auditing Update

Since rollout on 8/1/12

- More than doubled monthly production over 2011
- Individual auditor efficiency showed 60% improvement over 2011 and 2010

Revamped scope of audit and scheduling process

- Reduced time since last audit
- Consistently scheduled initial audits for new SI employers
- Added focus on SI administration and PTD claims

Audit Findings

- Since 8/1/13 96% of employers were meeting the requirements, 4% not in compliance.
- 83% Level 2 audits, 17% Level 3 audits
- Common findings: RTW documentation, Wage rates, PTD calculations, Wage Loss with contractual obligations, salary in lieu of compensation.

Audit Findings

- RTW documentation- Ensure that full duty release is in file. If claimant is working with restrictions, ensure that documentation shows that claimant is working.
  - Job Offer letter
  - Payroll records
  - Wage loss calculations if wage loss is being paid

Audit Findings

- Wage History- Ensure that there is communication addressing other possible sources of income including other jobs
- Full wage history and wage calculation documentation, particularly for week prior to date of injury. Ensure it shows pay period.
- Do not split bi weekly wages for week prior, particularly if it includes week of injury.
- Verification of salary paid in lieu of compensation.

Permanent Total Disability

- PTD claims, review all PTD claims to ensure that they are being paid correctly
  - Ensure that the rate is reviewed when claimant reaches full retirement age. ORC 4123.58
  - Verify if claimant is receiving SSDI
  - Review all communication relating to DWRF payments to avoid errors in the future.
  - Ensure LSA recovery amount is communicated with the claimant
  - Ensure PTD minimum rate is correctly applied

Wage Loss

- Wage Loss is a weekly benefit, don't split weeks unless it is the first or last week
- Ensure earnings are in the file, along with calculation. Document any time the wage loss benefit is different than 2/3 of the difference between AWW and actual earnings.
- Communicate with claimant whenever wage loss is reduced due to claimant's limiting earnings

Lump Sum Advancements

- Injured workers (or surviving spouse) may request a Lump Sum Advancement (LSA) when receiving Permanent Total Disability, Scheduled Loss or Death benefits.
- Generally the LSA request must have support showing that it is for health, well-being or rehabilitation
- Attorney Fees
- Application form C-32
- SI employer may approve the request or refer it to IC for a hearing

Lump Sum Reimbursement

- If the LSA is approved by the employer or the IC the employer must determine repayment amount and specific for the reduction to repay the LSA amount.
- No LSA can result in more than 1/3 of the biweekly rate of compensation, except for attorney fees.
- The original rate shall be restored upon repayment of the full amount.
- The SI should communicate the reduction amount and time to pay it off. The BWC provides the claimant repayments options of 5,10,20 years and life expectancy. These are calculated using the repayment tool available at www.Ohiobwc.com

Attorney Fees

- LSA's for attorney fees must be adjudicate by the IC
- The IC will determine the amount of attorney fees. The attorney must provide documentation supporting the request.
- The SI Employer determines the repayment amount, not to exceed 20% of the weekly rate. The BWC uses the repayment tool providing options of 5,10,20 years and life expectancy and allows the claimant to choose an option for repayment.

Overpayments

The overpayment recovery rate may not exceed the following:

0 % of weekly rates for initial 12 weeks of TT and any Living Maintenance

40% for TT, Scheduled Loss, PPD, Wage Loss, LM Wage loss and Death Benefits

25% for PTD

100% for VSSR, Lump Sum Settlement, Fraud Overpayment

Advancement for Attorney Fees may be taken in addition to the overpayment amount.

SI -7 Renewal Application

Rebate Impact on SI Community

Prosthetics in SI Claims

- BWC is responsible for processing requests for prosthetics.
- Payment is made from the surplus fund.
- All requests (except PTD claims) for prosthetic devices should be sent the BWC Customer Care Team
- Requests for PTD claims should go to the assigned CSS in the Special Claims Department.

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Columbus, OH 43221

Prosthetics

- Self Insured employers should not make any approvals on prosthetics.
- The BWC Medical Specialists will investigate and evaluate the request, and make a determination on the best equipment for the individual, and procure the necessary devices and equipment

Vocational Rehabilitation

- Vocational Rehabilitation programs provide assistance for safe return to work or retaining employment
- Governed by OAC 4123-18-10, and ORC 4121.441 and 4121.61
- The Self Insured employer must provide same level of vocational rehabilitation services as the BWC
- Injured Worker participation is voluntary and the program is individualized

Vocational Rehabilitation

Eligibility

- Certified claim
- Significant impediment to employment as a result of the injuries in the claim
- Previously received TT or non working wage loss
- Job restrictions as a result of the injury, not more than 180 days before referral date
- Maximum Medical improvement
- Receiving job retention services
- Vocational Goal can be established
- Has continuing job restrictions, received Living Maintenance and lost job through no personal fault.

Vocational Rehabilitation

- Feasibility for Voc Rehab services
  - Reasonable probability that injured worker will benefit from services at the current time. Determined at time of referral
  - Provision of services will likely lead to injured worker returning to work
  - Not feasible if injured not likely to return to work.
  - Determined by using all available information including, medical records, written and oral statements, social and historical information developed in the claim.
  - Feasibility determination should be written and outline information used to make the determination
  - For SI's general conducted by Voc Rehab vendor of employer's choice

Vocational Rehabilitation

- Plan Assessment
  - Initial interview, BWC requires contact with injured worker within 5 days of case manager referral
    - Demographic Information-Age, Marital Status, dependants, education
    - Employment information-History, salary, job descriptions, prior experience, hobbies, military service, transportation, mobility, Realistic job goals
    - Legal Information-History
    - Medical Information- Abilities and limitations, unrelated conditions, medication, insurance
    - Participation information- Motivation, Other agencies (BVR, Job and Family services….)

Vocational Rehabilitation

Plan Assessment

- Employer Interview
  Return to Work opportunities

- Physician Contact
  Evaluate targeted job goal
  Transitional or early return to work
  Impact of medication, including driving
  Current Restrictions

  Vocational Evaluation or Physical Capacity evaluation

Vocational Rehabilitation

Vocational Rehabilitation Plan

- Case manager integrates and assesses all information
- If claimant is deemed a viable candidate the Case Manager completes a plan.
- Submits plan to employer for approval, within 45 days of assignment

- If claimant is deemed to not be viable candidate, the Case Manager notifies the employer and claimant

- Claimant is able to request a hearing before Industrial Commission if he/she disagrees with the decision.

Vocational Rehabilitation

Plan Elements

- Strategies to overcome any barriers to return to work
- Plan to progress the injured worker to return to work job goal
- Requesting authorization for identified services
- Begins after approval of plan

Vocational Rehabilitation

Vocational Rehabilitation Plan

- Demographics section- Injured worker's name, date of referral, RTW goal, Allowed injuries, Job goal
- Narrative-Case history and relevant medical information

Expectations of Injured Worker, Provider and Employer

Barriers to successful resolution

Consequences of non participation

Vocational Rehabilitation

The return-to-work hierarchy is outlined in *Rule 4123-18-02(B) which states that the goals of vocational rehabilitation are to return the injured worker to:*

1.Same job, same employer:

2. Different job, same employer:

3. Same job, different employer:

4. Different job, different employer:

Vocational Rehabilitation

- Rule 4123-6-02.2(C) (38) identifies the type of credentials a vocational/medical case manager must maintain. A nationally recognized accreditation committee must have credentialed the provider in one of the following:
- Certified Rehabilitation Counselor (CRC);
- Certified Disability Management Specialist (CDMS);
- Certified Rehabilitation Registered Nurse (CRRN);
- Certified Vocational Evaluator (CVE);
- Certified Occupational Health Nurse (COHN);
- Certified Case Manager (CCM)

Vocational Rehabilitation

Rehabilitation Fund

If opted in the Rehabilitation Fund

Certain costs associated with claims in an approved plan may be reimbursed to the employer from the surplus fund

Living Maintenance

New injuries occurring while in an approved plan will be paid from the surplus fund as a new claim

Must submit within 180 Days of closure.

ICD -10

Jan. 15, 2009, the Department of Health and Human Services (HHS) issued a final rule setting Oct. 1, 2014, as the deadline for ICD-10 implementation

What is ICD - 10

- International Classification of Diseases, Tenth Revision
- Used for reporting diseases, injuries and causes of death - morbidity and mortality reporting.
- ICD-10 Clinical Modification (ICD-10-CM) for reporting diagnoses
- ICD-10 Procedure Coding System (ICD-10-PCS) for reporting inpatient procedures

Why is it changing?

- World Health Organization (WHO) supports ICD-10 only
- US is only nation still using ICD-9-CM for morbidity reporting
- US uses ICD-10 for mortality reporting
  - ICD-9-CM can no longer accommodate new codes
- ICD-9-CM was created 30 years ago
- Improved mortality reporting and bio-surveillance

Why is it changing?

- 138 countries have adopted ICD-10 for morbidity **data**
- ICD-10 better identifies new health threats such as anthrax, Severe Acute Respiratory Syndrome (SARS), and Monkey pox
- Detail improves ability to develop rapid interventions for emerging diseases affecting international populations

Benefits of ICD-10

1. Increased classification specificity for newly identified disease entities & other advances
2. Ability to capture emerging technologies
3. Interoperability with Electronic Health Record (EHR) clinical vocabularies
4. Potential improvements in quality of health care and cost containment
5. Increased accuracy for “Pay 4 Performance” programs and “Never Events”

Diagnosis Coding Systems Differences

ICD-9	ICD-10
3-5 characters in length	3-7 characters
About 13,000 diagnosis codes	About 68,000 codes
Limited space for new codes	Flexible for adding new codes
Lacks detail	Very specific
Difficult to analyze data	Data are richer and more accurate
Limited ability to identify affected body parts or organs	Allows laterality and bilaterality
Inadequate diagnoses hamper medical research	More accurate diagnoses boost research

Questions?

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