# Self-Insurance Quarterly Workshop

February 8, 2017

Garfield Heights

# Agenda

- C-9's and Medical Management Plan
- Self-Insured Complaints
- Overpayment Letters
- Power Suite Transition
  - Assessments

# C9- Treatment Requests

- OAC 4123-19-03 (K) (1) and (K) (5) addresses medical treatment requirements for SI employers
- Medical Management Plan
- Additional Allowances
- Presumptive Approval Guidelines

# C9- Treatment Requests

- Medical Management Plan
- SI employers required to have a process to manage authorization and denial of medical treatment
- Treatment request may be C9 or equivalent form
- Dispute resolution process required.

# Medical Management Plan

- OAC 4123-19-03 (K) (1)
- List of health care providers – arrangements for provision of health care services
- Medical management-quality medical services-safe return to work
- Circumstances for medical case management and managing high dollar claims

# Medical Management Plan

- Managing treatment requests
- Provide timely and accurate reporting regarding medical and supply cost, quality and utilization
- How will injured workers be advised of freedom of choice of physician
- Approve change of physician within seven days

# C9- Treatment Requests

- Treatment requests must be approved or denied within ten days of receipt or they are deemed approved
- Denial should have a clinician's review. (Clinician outlined in OAC 4123-06-02.2)
- Denial must include the reason for denial and advise the injured worker of the right to file a motion and request a hearing before the Industrial Commission

# C9- Treatment Requests

- Provider Concerns
  - No response after 10 days.  Concerned that payment will not be made for treatment
  - Changing the request- Okay to approve a part of request, but do not change what is originally requested. Make modifications in approval response
  - Delays- Requesting IME, treatment plan, medical necessity
  - Additional Conditions

# C9- Treatment Requests

- Treatment requests
  - SI employer's entitled to object and make it a contested issue
  - Consider how might the Industrial Commission rule
  - Attending physician vs consulting physician
  - Many denials will be contested issues to be resolved through the IC. Some may become SI complaints.
  - Denial for additional information –once received 10 day clock restarts, don't require a new C9.
  - If IC orders/approves  treatment, a new C9 is not required

# C9- Treatment Requests

- Additional Allowances- SI employers do not have to address an additional allowance request via a C9, but a response must still be provided
- Don't approve requests for prosthetics

# C9- Treatment Requests

Prior approval by the employer is required for the following services:

- Chronic pain/stress programs
- Nursing care
- Dental/orthodontic
- Periodontal treatments and services, orthodontic surgeries, orthodontics, dental implants
- Vocational Rehabilitation services
- Transportation (All non-emergency transportation, including ambulance and air)

# Presumptive Approval

- Soft Tissue or musculoskeletal injury
  - 12 physical medicine  visits
  - Diagnostic Studies- Medical Necessity for allowed conditions is the driver for this. (surgical diagnostics not included except in emergency)
  - Future Care recasting/splinting
  - Up to three soft tissue or joint injections (not spinal)
  - Consultations

# Self-Insured Complaints

- OAC 4123-19-09 provides direction regarding Self-Insured Complaints
- SI Department receives complaints through email, mail, phone and Ombuds office.
- Many complaints resolved before becoming formal written complaints
- Once we receive the SI-28 or equivalent form it is an official complaint
- Our priority is to first resolve the issue and then issue a finding.

# Self-Insured Complaints

- Complaint received, complaint resolution team will triage as much as possible to ensure there is information supporting the allegation.
- Employer sent a copy of the complaint
- Must respond within fourteen days of receipt, most likely will be sent by email
- Finding will be issued

# Self-Insured Complaints

- Once a finding issued it cannot be changed without going through appeal process
- If the issue is a contested issue rather than a violation, the complaint will be dismissed and the injured worker advised to request a hearing before the IC
- Either party may appeal the initial findings within fourteen days of receipt. Generally this will be sent via email
- The request for reconsideration should include a reason for the appeal and be copied to all parties

# Self-Insured Complaints

- Considerations
  - Most issues can be resolved with communication between parties
  - Don't be afraid to give the injured worker direction
  - Many complaints and responses focus on minutiae of the statutory requirements, when the issue can be resolved relatively simply.
  - What would the IC do?

# Self-Insured Complaints

- Three valid complaints in a rolling 12 month period will generate an audit
- Valid Complaints are considered during renewal processing
- Unresolved complaints will go to SIEEB for resolution

# Overpayment Collection

- BWC policy -Recoupment of an overpayment of compensation can be pursued until it is recovered in full, regardless of the amount of the overpayment and the time that has passed.
- This refers to the difference between the time the overpayment occurred and was discovered. The amount of overpayment is generally restricted to two years, ORC 4123.52 (A)

# Overpayment Collection

- Options:
  - Collect from injured worker from future payments in original claim or future claims.
  - Collect from claims reimbursement fund if opted in
- Notify injured worker of nature of overpayment, amount of overpayment and proposal to collect the overpayment.
- Advise of options should injured worker disagree
- Do not collect overpaid amounts if there is a dispute to be addressed by IC

# Power Suite Transition

- November 14th BWC transitioned from legacy systems to Power Suite
- All system policy and claim information now essentially in one place

# Power Suite Transition

- Extensive testing, training and working in practice environment
- Processes evaluated and modified as needed

# Power Suite Transition

- Claim number assignments now based on year claim is reported
- New Policies will start with 8000 instead of 2000
- New reporting platform and format
- Communication- Letters
- Policy information separated by policy year

# Power Suite Transition

- Issues
  - Assessments- Detail not included with initial invoice. Information will be provided this week. Long term goal is to provide detail online
  - Assessments-DWRF payments not included with initial invoices due to a technical issue. Once resolved DWRF payments will be invoiced separately
  - Employer Representation- Issue have arisen removing active representatives from policies. Part of the issue is resolved.

# Power Suite Transition

- Let SI Department know if an issue arises. We will try to resolve it or refer to our service desk to obtain a resolution

# Contacting BWC

When contacting the BWC self-insured department, please include self-insured policy number

614-466-6737 or 1-800-OHIOBWC, select SI

30 W. Spring St., Level 22

Columbus, OH 43215

Email:  SIINQ@bwc.state.oh.us

# Questions?

# Looking for reminders, updates, tips and breaking news on workers' compensation?

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