

## **Ohio Bureau of Workers' Compensation May Self-Insured Department Workshops**

On May 23, 24 and 25, 2017, the self-insured department held a series of workshops discussing methods to build relationships and improve interactions between medical providers and self-insured employers for the best interests of injured workers. These were held in the Garfield Heights, Governor's Hill and Pickerington offices. The workshops included panels of employers and providers and there was extensive audience participation. In a departure from previous workshops, providers were also invited to attend along with the self-insured employer community and their representatives. The providers in attendance universally requested that we have additional meetings in the future.

There were approximately 90 attendees including representatives from 4 different provider organizations at the Garfield Heights workshop. The Governor's Hill workshop had approximately 50 attendees along with representatives from 3 provider organizations and the Pickerington workshop had approximately 90 attendees including representatives from 6 different provider organizations.

The intent of the workshops was to allow the employers and providers to work together to identify methods to improve the process and overcome obstacles. All attendees and panel members agreed the primary goal of workers' compensation programs is to "Get injured workers the best treatment to help them recover, return to a normal life and return to work."

This was followed by a discussion of the road blocks to accomplishing this goal presented by injured workers, providers and employers. The attendees recognized the roadblocks are not always intentional, and the nature of the workers' compensation system can naturally create some roadblocks and can lead to an adversarial relationship in the process.

- Injured worker roadblocks identified:
  - Noncompliance with provider care
  - Injured Worker does not know what to do
  - Pre-existing conditions prevent normal healing process
  - Injured Worker will not always communicate
- Provider roadblocks identified:
  - Does not provide requested information or forms
  - Pursues injured worker wishes, listens only to injured worker information without verifying with employer
  - May not consider restrictions
  - Does not understand employer's business and processes
- SI Employers roadblocks identified
  - Send injured workers to specific doctor and then will not pay for services
  - Contest every claim or issue
  - Doesn't pay bills correctly
  - Does not comply with timeframes or requirements, delays treatment

Following a quick discussion of the differences between state fund and self-insured requirements the panel was engaged to discuss the following topics, which led to an interactive discussion between the

panel, the audience and BWC representatives. The following highlights the participants' suggestions and solutions to help overcome the roadblocks, and navigate the workers' compensation process.

- Initial investigation and initial treatment – Employer panel members were asked to discuss their investigation process and providers were asked to discuss their process when a new workers' compensation patient comes to the practice. The following highlights arose from this discussion:
  - Providers should not file claims directly with BWC to avoid possible duplication of activity and claim number assignment.
  - Providers and employers agreed direct communication at the time of, or before the first visit will confirm the correct employer and employer type as well as the specific claim status.
  - This requires employers to take all necessary steps to ensure claims are reported immediately when they occur. It is essential to educate the employees and front line supervisors on how claims should be reported when the injury occurs and provide the necessary information to allow a timely investigation and certification decision.
  - An onsite or telephonic triage program which allows injured workers' to seek medical advice as soon as the incident occurs is a valuable tool to ensure the initial treatment is timely and effective. Different employer representatives indicated they have documented evidence of improved treatment, shorter disability and cost savings from using the triage programs.
  - It is important to prioritize claims and focus on those with disability and more severe injuries first.
  - Get diagnostic tests as early as possible to establish a baseline, this is helpful whether the claim is accepted or contested.
  - When a claim is contested it is important to ensure injured workers are still getting treatment where possible. Consider allowing some conditions and contesting some requested conditions at the onset of the claim.
  - Communicate with health insurance if available to ensure it is clear the workers' compensation costs will be reimbursed if the claim is ultimately allowed. This will allow continuity of treatment and quicker recover if a contested claim is ultimately allowed.
  
- Allowed conditions, additional allowances and coding- Panel members were asked to discuss how allowed conditions were determined.
  - Use the Official Disability Guidelines (ODG) to understand expected treatment, testing and disability duration.
  - Look at available ICD-10 codes for specific body parts and injury, ICD-10 provides more clarity.
  - Develop relationships with nearby providers to have confidence in the information provided and collaborate to determine what the allowed conditions should be. Ensure providers are aware of the employer operations and modified duty programs.
  - Check office notes and verify nature of injury. Work with doctor to understand what the diagnosis should be when the notes indicate there may be nothing currently wrong.
  - Notify injured worker what is occurring and being accepted or not. Ensure TPA letters are current and accurate.

- Incident Report- Share with providers so they can understand the history of the injury.
  - Use medical case management.
  - Address treatment requests as promptly as possible, don't delay requested treatment.
  - Doctors should obtain as much medical history as possible to evaluate the nature of injury.
  - Idiopathic type injuries require thorough history to evaluate.
  - Evaluate alternative coverage to ensure timely treatment during investigation or when claim is contested.
  - Consider extending doctor visit and paying the additional cost, to discuss the claim with the physician and evaluate allowed conditions and treatment.
- Forms
    - Get medical release immediately as part of initial investigation so all pertinent information can be gathered. Physicians and employers alike believe the more history available, the more effective the evaluation and treatment can be.
    - Be flexible and proactive with C9's, if you want to approve treatment not yet requested, employer should send the physician an approved C9 to expedite the treatment.
    - Put an expiration date on approved C9's.
    - Medco 14 is difficult, one employer suggested using the old version. BWC representatives provided instruction on using the Medco14 at each session, and providers were invited to attend upcoming sessions to be scheduled by Provider Relations.
- Bills
    - Employers advised to ensure providers are actually participating in PPO networks before reducing bills below the fee schedule.
    - Employer's acknowledged the importance of advising the providers of allowed conditions.
    - Providers advised to include notes with bills.