

OSC | 11
Ohio Safety Congress & Expo



#455 Creating a preferred provider panel for workers' comp case management

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Thursday, March 31, 2011
2:30 to 3:30 p.m.



Establishing a Preferred Vendor Program

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Topic

Creating a Preferred Provider Panel of Physicians and Medical Professionals to Assist Case Managers

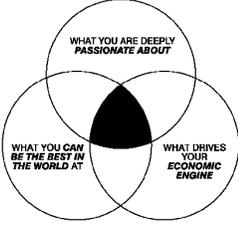
What Are We Going To Address

- Methods for Selecting a Physician/Provider
- Identify Specific Standard Performance Criteria
- How Selection of Qualified Provider can Enhance or Hurt your Business

The Hedgehog Concept

"A Hedgehog Concept is a Simple, Crystalline Concept that flows from deep understanding about the intersection of the following 3 circles."

1. What you can be the best in the world at (and equally important, what you cannot be the best in the world at)
2. What Drives your Economic Engine
3. What are you Deeply Passionate about



Goal

- To Select a Company/Provider/Single Physician, who shares your goals and who can best help you achieve your objectives.

Objectives

Outstanding Customer Service

Quality End Product

Process

Request For Information

5 Essential Components to R.F.I.

1. Introduction

1. I.D. Company-Who are you
2. How long in business

2. Statement of Purpose

1. See Attached

3. Scope of Services

4. Requested Information

5. Deadline

Requested Information

- Referral process
- Response time
- Systematic process/automation
- Compliance, licenses, insurance, state accreditation
- Dedicated account representative
- Routine reviews
- Quality reporting
- Standard Monthly reports
- Billing and payment process
- Auditing

Organizational Information

- A. Provide legal and dba name of your organization.
- B. Where is your company incorporated.
- C. List the name (s) of principal owners of service and/or parent company.
- D. Describe the history of your organization and any key changes in ownership in the last five years.

- E. Give the location of your corporate headquarters and all field offices.
- F. Provide an Organization Chart of the principal leadership of the organization, to include CEO, CFO, VP of Operations, and other key management positions.
- G. Include a description of all locations/business units involved with your services.
- H. Provide a copy of all liability insurance covering your practice as an Independent Medical Examination vendor in the state (s) your company is currently doing business.

- I. Explain your organizations Disaster Recovery and Business Continuity plan. If applicable, enclose a copy of this plan.
- J. How does your organization handle and track state compliance issues?
- K. Provide licensing information for each state in which your organization provides services
- L. How does your organization track and handle complaints from stakeholders, such as Injured Workers, Employers, Physicians, TPA's etc.?
- M. Provide the percentage of staff turnover for the last three years.

- N. Provide the average tenure of your staff.
- O. Provide the name, title, mailing address, e-mail address, telephone number, and FAX number of the individual representatives who are authorized to respond on behalf of your organization for the RFP.

Financial Information

- A. Provide a Copy of your company's most recent audited financial statements.
- B. Comment on the overall financial strength of your company. Include any significant changes either positively or negatively, impacting the business during the last three years.
- C. If applicable, provide a copy of any audits or reports conducted by any state regulatory agency or third-party that does not restrict the distribution of these reports.

Program Management

- A. Provide the resume or a professional summary of the main contact that would be with the account.
- B. Identify roles, responsibilities, and years of experience for others that would be actively involved in the account.
- C. Describe your policies and procedures to ensure the privacy of protected health information. Is your company a covered entity under HIPAA?
- D. How Do you educate and train your staff?
- E. Describe the continuing education requirements for your staff in each state covered?

IME & File Review Specific Data

- A. How Long has your company provided Independent Medical Examination and Review Services.
- B. Provide qualifications of your IME staff, including but not limited to, education, experience, certifications, licenses, etc.
- C. Does your company utilize sub-contractors? If so, list those sub-contractors and detail your management policies and minimum qualifications.
- D. How does your organization maintain policies and procedures to ensure compliance with performance expectations and state mandates.
- E. What type of examinations or reviews does your organization perform?

- F. Explain your referral process including method of referral and data required from the organization.
- G. What information is provided to the organization to confirm receipt of referral? What timeframe is this completed?
- H. What is the standard turnaround time from assignment to scheduled appointment date?
- I. Provide the number of physicians in your panel per state and their geographic locations within the state. If a map is available, please provide.
- J. Provide a listing of physicians by specialties (i.e. orthopedic, chiropractic, psychiatry etc.) Do you have direct contracts with these physicians?
- K. What physician credentials and experience are required from your organization? Are your physicians in active practice and/or teaching?

- L. Provide your companies report formats and internal report writing policies for IME's/IMR's?
- M. What evidence based literature is required by the physicians in your panel to conduct examinations/review? (i.e. Official Disability Guidelines)
- N. What is the standard turnaround time from completion of examination/review by the physician to receipt of the signed report to your organization?
- O. Provide a sample copy of an IME report prepared by one of your preferred providers.
- P. Please explain your process and policy for "no show" and cancellation examinations.
- Q. Provide detail outlining your Quality Assurance program. This should include how you monitor services provided versus service billed.

Pricing / Costs

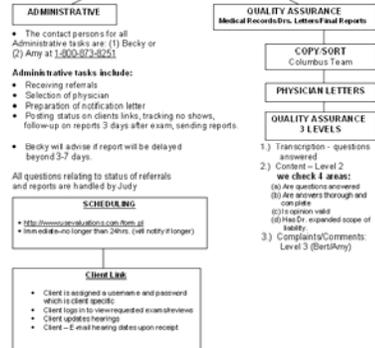
- A. What are your rates for each type of Independent Medical Examinations and Reviews?
- B. Does your organization charge extra for "rush" request that would come from our organization?
- C. What are your rates for "no shows" and/or cancellation examinations.
- D. How does your organization differentiate an addendum report from clarification of the original report?
- E. What are your rates for addendum reports?
- F. What is the frequency and timing of your billing to our organization?
- G. What is your policy on payment to the physician/examiner (turnaround time/release of funds)?
- H. Provide information on any additional pricing areas and/or other potential charges.

Systems

- A. Does your organization have the ability to send and receive information electronically from a secured site? If so, please explain?
- B. Describe your information systems platform. Is it proprietary, purchased or leased? How long have you utilized this system?
- C. Describe your electronic data interface capabilities and any experiences you have had with current or former customers. Describe the frequency and type of data transfer you would need from our organization, and your ability to transfer payment and billing information to our organization.
- D. Provide any other additional information regarding your system capabilities
- E. Describe the client specific reporting capabilities? Provide the type of reports available that outline services performed. How often the reports are generated?
- F. Does your organization provide standard and adhoc reports? If so, please provide sample of reports.

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PROCEDURES FLOW CHART



Performance

- A. Does your organization conduct independent surveys to determine the satisfaction of your clients or injured workers? Please provide a copy of the results of completed surveys along with the methodology and criteria used to conduct these surveys.
- B. Would your firm consider placing a certain percentage of fees "at risk" for not meeting performance standards.

References

- A. Provide a list of references including at least three current customers that our organization could contact. Also provide contact information for three clients who have terminated services in the last three years.

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