State of Ohio
WILMAPC
Workplace Injury Labor Management Approved Provider Committee

Instructions to Providers for Filing an Appeal

WILMAPC's decisions regarding the Provider Panel are based solely on objective criteria—a provider's experience with State of Ohio Agency workers' compensation claims and a provider's performance measure score.* The appeal process is available to providers who are in the unacceptable category.

Filing Deadline

Providers have 30 calendar days from the date of the Removal Notification Letter to appeal. This date is located in the upper right hand corner of the letter. **It is not the date the provider receives the letter**.

The appeal should include a completed WILMAPC Notice of Appeal form and all supporting documentation you wish to have considered. All communications from WILMAPC will be sent via e-mail unless no e-mail address is provided. In the alternative, it will be sent via fax or U.S. Mail.

Following the receipt of the complete appeal package, WILMAPC will evaluate the merits of the appeal. This evaluation process is expected to be completed within 30 days and includes a preliminary review as well as a peer review, if necessary. This portion of the appeal process is explained more fully in the "Appeal Decision" section below. You will be notified of WILMAPC's final decision within 60 days of the date of the close of the appeal period, or as soon as practicable if a peer review is necessary. **WILMAPC's decision is final and binding and is not subject to further appeal**.

Filing an Appeal

Providers must file the appeal no later than the filing deadline as defined above. **There are no exceptions to this deadline and therefore it must be followed explicitly.**

Providers must use the Notice of Appeal form that is available at:
http://www.das.ohio.gov/Divisions/CollectiveBargaining/Wilmac/tabid/479/Default.aspx

If a provider does not have access to the web, the provider may contact WILMAPC to have a Notice of Appeal form mailed or faxed. The form may be submitted by fax to (614) 644-0121; by mail to 100 East Broad Street, 14th Floor, Columbus, OH 43215: or scanned and attached to an e-mail. E-mail submissions are preferred.

In filling out the form, the provider's name, provider type, specialty (if applicable), and contact information are required. A contact person, other than the provider, may also be listed on the appeal form.

* Providers who wish to learn more about the specific performance measures are encouraged to visit WILMAPC's website at: http://www.das.ohio.gov/Divisions/CollectiveBargaining/Wilmapc/tabid/479/Default.aspx

Supporting an Appeal

WILMAPC's performance scores are based solely on objective, numerical criteria taken from state agency workers' compensation claims. The provider MUST present compelling supplemental information to the Committee to rationalize and/or mitigate the assigned numeric value. If a provider would like the Committee to consider results of other workers' compensation claims where treatment was provided to non-state agency workers, the provider must supply that information to WILMAPC in compliance with HIPAA or any other applicable law.

It should be emphasized that an Appeal may be sustained only if new information is submitted to form the basis of the Appeal. This may be in the form of signed statements declaring in detail the circumstances which were not apparent in the original score calculation and gave rise to the provider's removal. An example of this might be a patient's refusal to follow the provider's instructions.

New information may also be in the form of documents/records from the patient's file. These must be submitted with the Notice of Appeal and all private patient information must be redacted. New information submission is not limited to the above examples. **Please be reminded – Any information submitted must be done in accordance with applicable state or federal laws and regulations including, but not limited to, HIPAA.**

Appeal Decisions

Appeals of an administrative nature will be reviewed by the WILMAPC Appeal Review Subcommittee and a final and binding decision will be issued within 30 days of the close of the appeal period.

Appeals of a substantive nature, including medical treatment decisions, will be initially reviewed by the WILMAPC Appeal Review Subcommittee. The Subcommittee will decide if a peer review is necessary. If peer review is necessary, the peer reviewers will submit an advisory response to the WILMAPC Appeal Review Subcommittee. The Subcommittee will issue a final and binding decision on the appeal after reviewing the peer review group's response.

If the WILMAPC Appeal Review Subcommittee determines that a peer review is not necessary, it will issue a final and binding decision.

All appeal decisions are final and binding and are not subject to further appeal.

Other Options

In addition to following the appeal process as set forth above, a provider may also choose to voluntarily opt out before being removed. Opt out language and instructions are included in the Status Notification Letter. Finally, a provider may reapply in a year from the actual date of ineligibility. If you wish more specific detail on any of these options please call WILMAPC at (614) 466-0570.