

Questions and Answers from the WILMAPC Stakeholder Forum December 1, 2009

Q: In evaluating the five claim volume, is that based on servicing provider or tax ID?

A: Servicing provider.

Q: We are an Occupational Health Clinic with four doctors seeing injured workers. Are we required to have each doctor see five state injured workers to be on the provider panel or are we counted if we saw five in the clinic as a whole?

A: Each provider/doctor must have been paid for five or more workers' compensation claims individually. However, for the initial volume requirement, we are looking at all Ohio workers' compensation claims, not just those from State Agencies. Performance measures will be done based solely on State Agency workers' compensation claims.

Q: If a non-POR provider, such as a Doctor of Physical Therapy became a recognized POR with BWC, would that group of providers also be eligible to become PORs for WILMAPC? Would that change be automatic?

A: Yes.

Q: Will the provider panel ever be expanded to include rehabilitation programs such as rehab providers that provide: 1) work conditioning or 2) work hardening?

A: Injured State Agency employees must choose a provider of record to manage the claim. However, the employee may see any treating provider, including those who provide work conditioning or work hardening.

Q: Have letters already gone out to providers requesting an opt out?

A: Letters will be mailed in mid-December. An e-mail communication will be sent to the provider associations informing them when the letters have been mailed.

Q: If a physician is removed will that information be public or shared?

A: The list of providers who are part of the WILMAPC Provider Panel will be available. No indication will be made if a provider who is not on the list has been removed or has opted out.

Q: What physicians or "providers" are sitting on WILMAPC?

A: The Bureau of Workers' Compensation has been serving as a consultant to WILMAPC during this process. Representatives from BWC have been actively seeking input from the

BWC Medical Director, the Healthcare Provider Quality Assurance Advisory Committee and the medical directors of the managed care organizations.

Q: Who is managing the provider panel and what is their medical background?

A: The WILMAPC is managing the provider panel. The WILMAPC is comprised of labor and management representatives, many of whom have more than 15 years of experience in workers' compensation. Although none of the committee members are providers, the committee has been consulting with the BWC and utilizing their medical resources throughout the process.

Q: Why is the State offering this benefit and implementing the panel?

A: The initiative was negotiated as a cost savings measure. State Agencies pay dollar for dollar on workers' compensation claims. Paying a salary continuation allows State Agencies to reduce the amount of administrative fees paid to BWC and eventually to reduce their premiums. Additionally, directing State Agency employees to the highest quality providers will lead to a reduction in the amount of lost days and a reduction in overtime costs.

Q: Won't salary continuation/OIL be a disincentive for injured workers to return to work if they are being paid their full salary while at home?

A: No. First, salary continuation/OIL are only available for a limited period of time. If the employee is released to return to work with restrictions and the Employer offers an appropriate transitional work assignment, the employee is required under the provisions of the union contract to accept the assignment. It is our expectation that WILMAPC providers will prescribe treatment plans for the injured worker that gears them towards a mindset of returning to work full duty.

Q: Didn't a report issued by Deloitte for BWC recommend discontinuing wage continuation?

A: Yes, but that recommendation does not apply to State Agency claims.

Q: What national standard guidelines were looked at besides ODG?

A: Guidelines that were reviewed in addition to the Official Disability Guidelines were: McKesson, American College of Occupational and Environmental Medicine, InterQual and Intracorp.

Q: Why did WILMAPC choose the ODG?

A: ODG are nationally recognized and evidence-based. They are intended to improve outcomes for industrial claims and are continuously updated for both medical treatment and return to work guidelines.

Q: How can a provider obtain the ODG?

A: Providers can purchase the Official Disability Guidelines by accessing the Work Loss Data Institute online at www.worklossdata.com/orderform.htm or email odg@worklossdata.com for more information. ODG were also accepted by the Agency for Healthcare Research and Quality for inclusion in National Guidelines Clearinghouse. ODG summaries can be viewed at no charge on www.guidelines.gov.

Q: To get into the panel the second year, it states that a new Provider of Record must have equal or greater performance than existing panel members. Does this imply that BWC will be tracking performance of all PORs for all claims?

A: No, it will be the provider's responsibility to show that he/she meets the criteria to be included on the Panel. WILMAPC will also consult with BWC to check any data provided.

Q: Based on the scores established by WILMAPC for each level, are a significant number of providers going to be weeded out?

A: WILMAPC has looked at models based on fiscal year 2008 data. Based on that data, the average score for providers is 85 and less than 9% would be placed in the unacceptable category.

Q: The current BWC system has no way to track release to full duty versus to limited duty. How will working with restrictions be measured or tracked by the panel and BWC?

A: WILMAPC is currently working with the MCOs to assist with tracking the results of the employees return to work post injury. BWC currently captures return to work data elements submitted electronically by the MCOs.

Q: What is to prevent a physician of record to extend very limiting work restrictions that are difficult to accommodate?

A: Three-part contact with the injured employee, employer and provider is a standard procedure performed by the MCO. If all parties of interest are held accountable for assisting the injured worker then we avoid barriers to the employee's successful return to work.

Q: How will WILMAPC address variable complexity factors known to negatively influence return to work? (i.e. complex or numerable diagnoses, no job to return to, injury severity, etc.)

A: These factors are taken into account by the Official Disability Guidelines (ODG). Additionally, the MCO plays a significant role in case management by educating, coordinating and facilitating with the appropriate parties for a positive claim outcome for the injured employee.

Q: How do you account for co-morbidity—other underlying conditions?

A: ODG takes co-morbidities into consideration. The anticipated disability duration is calculated from actual data, and takes into account the most severe ICD. If a case has multiple ICDs all of the lost days are assigned to the ICD with the largest number in the return to work summary guidelines.

Q: Will job classification be considered in the scoring process? (i.e. a very heavy work classification requires more rehab/longer duration from the date of injury to return to work as compared to a light work classification)

A: Job classification will not be considered in the scoring process, but it is taken into account by the ODG. The Return to Work best practice guidelines views estimated days off work for cases for the ICD depending on the severity, treatment type and type of job, inclusive of modified duty.

Q: So, doctors who work with patients with sedentary jobs vs. active (like construction) will have better return to work ratios thus hurting doctors who see the more active workers. How do you account for acute/serious nature of patient population?

A: The Return to Work best practice guidelines views estimated days off work for cases for the ICD depending on the severity, treatment type and type of job, inclusive of modified duty.

Q: What is the distinction between providers of record and treating providers?

A: Providers of record manage the employee's workers' compensation claim and are one of seven types designated by BWC: medical doctors, doctors of osteopathic medicine, chiropractors, mechanotherapists, dentists, psychologists, and podiatrists. All other BWC-certified providers are considered treating providers. Injured State Agency employees who wish to receive salary continuation or occupational injury leave must select a provider of record from the WILMAPC Panel. The employee may see any treating provider at this time.

Q: As a treating provider, what is the process to get on the panel?

A: At this time, WILMAPC is not limiting the ability of State Agency injured workers to see treating providers. However, treating providers will have the opportunity to be included on a referral list, available to providers of record. In order to be included on the referral list, the treating provider must agree to be measured and to have those measurements available to providers of record. All BWC-certified treating providers will receive a letter in December 2010. Treating providers will not be removed from the Panel.

Q: When will the process of becoming a treating provider panel-listed entity be announced?

A: Information will be distributed to the provider associations no later than Fall 2010. BWC-certified treating providers will receive a letter inviting them to participate in December 2010.

Q: Will treating providers be held to the same criteria?

A: The performance measures for treating providers are still being developed. The three measures currently being considered by the Committee are: Provider of Record satisfaction, timeliness of service, and average medical cost of claim. As these measures are further developed over the coming months, more expansive definitions and methodology will be shared with the provider community. WILMAPC welcomes continued feedback.

Q: How does a treating provider gain access to the complete list of provider of record providers?

A: The complete Approving Provider list will be available on the web, however, the website address is not yet available. It will be accessible from the provider website which is located at: <http://www.das.ohio.gov/Divisions/CollectiveBargaining/Wilmapc/tabid/479/Default.aspx>

Q: How will the panel outcome measurement distinguish between performance of treating providers affiliated or owned by the physician of record versus independent therapy providers?

A: Treating provider measurements are still being developed and feedback from the provider community is welcomed.

Q: The BWC is struggling to get HPP certified physicians willing to treat Ohio injured workers. The BWC commissioned a task force on this issue earlier this year. What incentives in your WILMAPC will encourage physicians to participate?

A: Current incentives include identification of exceptional provider performers on the panel. Additionally, the 60 day presumptive authorization period will be expanded to 90 days for providers who fall into the exceptional category for provider performance.

Q: Have State Agency employers received training on WILMAPC? Will employers work with the provider panel physician?

A: Yes. WILMAPC created a web-based training for State Agency employers to learn more about salary continuation/OIL and the provider panel. Additionally, most State Agency employers have transitional work programs and are prepared to work with providers to assist employees with restrictions to return to work as soon as it is medical feasible.

Q: Will providers be penalized for prolonged litigation before the Industrial Commission concerning contrary medical opinions?

A. WILMAPC does not anticipate any long term disputes over medical diagnosis or treatment given by one of its provider panel physicians. Providers that participate on the WILMAPC panel have been selected by agreement of labor and management and would be the only medical opinion relied upon to determine the employee's fitness for duty.