

WILMAPC's Provider Panel Performance Metrics

WILMAPC's program consists of two categories of providers – approving providers and treating providers. Approving providers are the seven provider types that can be Providers of Record (POR): medical doctors, doctors of osteopathic medicine, chiropractors, dentists, psychologists, podiatrists, and mechanotherapists. All other provider types are considered treating providers. All providers must be BWC-certified. In order for a State Agency employee to qualify for salary continuation or occupational injury leave, the employee must have a POR on WILMAPC's Provider Panel and any provider that is certifying disability for the employee must be on WILMAPC's Provider Panel.

Initial Panel Invitation

For the first year of the Provider Panel, beginning February 1, 2010, POR types who have been paid for five or more workers' compensation claims in fiscal year 2009 will be included on the Panel. For POR types in which the five claim requirement would result in fewer than 1000 eligible providers, the five claim requirement is waived.

Adding Additional Providers to the Panel

For the second year of the Panel, beginning February 1, 2011, new providers that are one of the seven POR types who meet the same claim volume requirements and whose performance is equal to or greater than the average of the existing Panel members, will be included on the Panel. Enrollment will be done annually during late January.

Treating Providers

WILMAPC understands that treating providers are essential to the care of injured State Agency employees. All BWC-certified providers not of the seven POR types are treating providers. All treating providers are eligible to provide care to injured State Agency employees.

Treating providers will be invited to be included on a referral list available to PORs and State Agency employees. In order to be included on the referral list, the treating provider must agree to be measured beginning February 1, 2011. Treating providers will receive additional information about program participation in December 2010.

Opting Out

Providers who meet the eligibility requirements for the Panel but choose not to participate may opt out by contacting WILMAPC. Providers, who choose to participate initially, may opt out at any time.

Measurements for Providers of Record

An evaluation of provider outcomes will be instrumental in the success and continued improvement of our program. POR outcomes will be shared individually with the Panel members. The results of effective strategies and treatment interventions will benefit State Agency injured employees by helping them return to an optimal state of well-being and transition to a safe return to the workplace.

Four performance areas were identified to accomplish WILMAPC's program objectives: a safe, effective return to work; a quality, cost-effective program; provision of appropriate care; and minimizing the risk of re-injury.

- ❖ **Absence Duration** - evaluates how long it takes an injured employee to be declared medically able to return to work. It counts the number of days between the last day worked and the date on which the provider releases the injured worker to return to work.
- ❖ **Release to Return to Work Rate** - evaluates the rate at which injured workers are successfully released to return to work.
- ❖ **Relapse Rate** - evaluates the stability of a return to work by counting the number of times an injured employee leaves work to begin a period of disability for a same condition, within a 90 day period.
- ❖ **Average Medical Cost per Claim** – evaluates the average cost of claims over the population of claims managed.

Benchmarking

The benchmarks used for the measurements were established based on evidence based guidelines for disability management, the Official Disability Guidelines. Additionally, the measures will be further stratified using the ICD-9, allowing for comparison to the national standard guidelines.

Scoring

First the individual measure is calculated and then weighting is applied. The score will be multiplied by 100 to obtain weighted value. The overall score will then determine where the provider falls within the overall performance standards.

WILMAPC will assess the POR outcomes based on the following weights:

Absence Duration	40%
Release to Return to Work	30%
Relapse Rate	20%
Average Medical Costs	10%

Overall Performance Standard*

Exceptional	90 or above
Acceptable	≥ 80 and below 90
Opportunity to improve	≥ 50 and below 80
Unacceptable	Below 50

Universe of Claims to Measure

PORs will be measured on workers' compensation claims data from active State Agency claims at the time the data is run. In order for a claim to be active, a payment must have been made on the claim within the last 13 months. The data will not include permanent total disability, death claims, or settlements. PORs who have no active State Agency claims at the time the data is run will be placed into the Acceptable category.

* The scoring for each performance level is currently being evaluated and will be shared during the forum.

Frequency of Measurement/Reporting Strategy

The data will be run quarterly. Evaluation of the data by the committee will only be done annually. A POR whose results place them in the Exceptional, Acceptable, or Unacceptable categories will remain as such for the entire year. PORs in the Opportunity to Improve category will be discussed below. At the time of the annual review, PORs will be notified of their status. PORs whose performance scores result in removal from the panel will have the opportunity to appeal.

WILMAPC is currently setting up a secure website with unique log ins for each provider to monitor their individual results. E-mail addresses for each provider will be requested for future communications.

Scores will be published on the following dates: 7/31/10, 10/31/10, and 1/31/11.

Exceptional Status

PORs who achieve Exceptional status will be eligible for incentives. The POR's status will be indicated on the Approving Provider list available to injured State Agency employees. Additionally, PORs who achieve Exceptional status will have the presumptive authorization for C-9 forms extended to 90 days for State Agency claims in this program.

Opportunity to Improve

PORs whose performance puts them in the Opportunity to Improve category will be monitored for the six months following their annual evaluation. At the six month point, if their measurements do not elevate them to the Acceptable category, they will be removed from the Panel.

Appeals

An appeal process is available for PORs who are being removed from the Panel or if the POR's ability to receive incentives is impacted at the time of the annual review. A Notice of Appeal form will be available on the website. Appeals must be in writing and signed.

A POR has 30 days from the date of the notice of their scorecard results to appeal. The POR remains on the Panel during the appeal process. The Committee has 30 days from receipt of the appeal to issue a written response. All decisions of the Committee are final.

Addressing Complaints

WILMAPC understands that issues may arise during the program which an individual may want to bring to the Committee's attention. Complaints from injured workers, the employer, or providers will be accepted at any time. Complaints must be submitted in writing. Currently, complaints are not factored into the POR's performance score for determination of Panel status. Complaints will be logged, tracked, and investigated.

Depending on the nature of the complaint, the Committee may determine that it is necessary to refer the matter to the Bureau of Workers' Compensation or the appropriate certifying/licensing board for investigation.

Program Evaluation Phase

As WILMAPC moves forward with improving the program, the Committee looks forward to the provider community continuing to share feedback on ways to enhance the program. WILMAPC will be evaluating the selected performance measures during the second year of the Panel. During the course of the first year, WILMAPC will be developing satisfaction surveys to be implemented during the second year. Provider comments are welcome at anytime.