State of Ohio
WILMAPC
Workplace Injury Labor Management Approved Provider Committee

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, which began February 19, 2010, POR types who were paid for five or more workers' compensation claims in fiscal year 2009 were 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 was waived.

Adding Additional Providers to the Panel

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 scoring in the opportunity to improve category, will be eligible to join the Panel. For additional information regarding joining the panel, see [Link to "How to Join" document].

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.

Opting Out

Providers who meet the eligibility requirements for the Panel but choose not to participate may opt out by contacting WILMAPC by phone at (614) 466-0570 or by email at das.ocbinfo@das.ohio.gov. Providers may opt out at any time.

Measurements for Providers of Record

An evaluation of provider outcomes is instrumental in the success and continued improvement of our program. POR outcomes are 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 have been 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 (must be based on 5 (five) or more claims)
Acceptable	≥ 80 and < 90
Opportunity to improve	≥ 50 and < 80
Unacceptable	< 50

Universe of Claims to Measure

State Agency claims are included in the population if they have a Last Day Worked (LDW), return to work date, day of absence, or a date of medical service during the 12-month measurement period. Dates of absence and dates of service outside of the 12-month measurement period are excluded from measurement.

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 one of the four scoring categories - Exceptional, Acceptable, Opportunity to Improve, or Unacceptable - will remain as such for the entire year. 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 has a secure website with unique log-ins for each provider to monitor their individual results. E-mail addresses for each provider will be requested upon log-in for future communications.

Exceptional Status

PORs who achieve Exceptional status will have that status indicated online next to their name on the Approving Provider Panel, available to injured State Agency employees.

Opportunity to Improve

PORs whose performance puts them in the Opportunity to Improve category will be notified that they have 1 year (4 quarters) from the evaluation notification date to try and improve their scores to the Acceptable category or higher. After 1 year, if their scores still remain in the Opportunity to Improve category they will be removed from the panel. They will be eligible to appeal at that time.

Appeals

An appeal process is available for PORs who are being removed from the Panel. The appeal process and appeal form are located on WILMAPC's website.

A POR has 30 days from the date of the notice of their evaluation 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. PORs who are successful in the appeal will have their status changed to Acceptable.

Reapplying After Removal

A provider who has been removed from the panel may reapply 1 year (4 quarters) after the date of his/her removal from the panel. At that time, the provider will be evaluated in the same manner as a new provider and must meet the claim volume and scoring requirements in order to participate. If a provider is removed twice from the panel, they are no longer eligible to rejoin.

More information is available about joining/rejoining the panel on WILMAPC's website, [Link to "How to Join" document].