

OMBUDS OFFICE

2015 Annual Report



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**Ombuds
Office**

An Independent Service of
Ohio's Workers' Comp System

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Message from the Chief Ombudsperson



October 19, 2016

Industrial Commission
Nominating Council

Dear Council Members:

I am pleased to present the Ombuds Office Annual Report for calendar year 2015 (CY2015). In accordance with Ohio Revised Code section 4121.45, this report provides a statistical summary of the activity of the Ombuds system from CY2015. Ombuds Office staff again continued to perform our mission of assisting injured workers and employers in matters dealing with the Bureau of Workers' Compensation (BWC) and the Industrial Commission (IC).

2015 was a busy and productive year; of the 10,823 customer contacts handled by our office, we categorized 889 as complaints, based on the customer expressing dissatisfaction with BWC or IC. These complaint contacts came from the following sources:

- Injured workers (or their representatives) 64 percent;
- Employers (or their representatives) 31 percent;
- Other 5 percent.

Of the remaining 9,934 customer contacts, we categorized 5,031 as Ombuds inquiries and 4,903 were categorized as other inquiries. These contacts came from the following sources:

Ombuds inquiry

- Injured workers (or their representatives) 48 percent;
- Employers (or their representatives) 46 percent;
- Other 6 percent.

Other inquiries

- Employers (or their representatives) 79 percent;
- Injured workers (or their representatives) 14 percent;
- Other 7 percent.

In 2014 we developed a new approach to collect data and describe the issues presented to the office. Information about our customer contacts is critical in order to identify patterns, trends, and opportunities for improvement of the workers' compensation system. This report reflects the new, more robust approach to data collection and provides new detail related to all customer contacts to the Ombuds Office.

Customer outreach and education continued to be a priority for 2015 and will remain a high priority in the future. I completed my statewide visits to all BWC and IC service offices in 2015. These meetings

provided an opportunity to clarify the Ombuds Office mission and purpose with agency staff and explain when referrals are appropriate. I also accepted various speaking engagements in 2015 including presenting at the AFL-CIO Workers' Compensation School, speaking at the IC Statewide Hearing Officer Meeting and presenting at the BWC Employer Services TPA Forum. We are still working with BWC to develop an online contact form for customers to fill out. Once functional, this form will provide customers with an alternative method to contact us. Simultaneously, it will provide staff with enough information so that we can efficiently begin to resolve issues quickly.

Finally, we have maintained membership with the International Ombudsman Association (IOA) whose mission is to support and advance the ombudsman profession and ensure that practitioners work to the highest professional standards. The IOA provides a set of professional and ethical principles to which members adhere in their ombudsman practice. These principles reflect a commitment to promote ethical conduct in the performance of the ombudsman role and to maintain the integrity of the ombudsman profession – independence, neutrality, impartiality, confidentiality and informality. We also belong to the United States Ombudsman Association whose purpose is to assist existing ombudsmen and ombudsman organizations in improving the operation of ombudsman offices throughout the United States.

Once again, all Ombuds staff faithfully continued to perform their work and resolve issues for our customers. They deserve commendation for their continued dedication and hard work.

I appreciate the confidence placed in me by this nominating council and look forward to a productive 2016.

Sincerely,

A handwritten signature in black ink, appearing to read "Beryl J. R.", with a stylized flourish at the end.

Beryl Piccolantonio
Chief Ombudsperson

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About the Ombuds Office

The Ohio General Assembly established a workers' compensation ombudsperson system, which has been in place since the 1970s (ORC 4121.45). The Ombuds Office is a neutral and independent resource available to employers, injured workers, and their representatives, to assist with problems navigating and questions arising out of the Ohio workers' compensation system. We answer inquiries and investigate complaints about the workers' compensation system, facilitating resolution of issues when possible. We capture, categorize and analyze inquiry and complaint data to identify areas of potential concern in the workers' compensation system. This information is published annually.

§ 4121.45 Ombudsperson system.

- A. There is hereby created a workers' compensation ombudsperson system to assist claimants and employers in matters dealing with the bureau of workers' compensation and the industrial commission. The industrial commission nominating council shall appoint a chief ombudsperson. The chief ombudsperson, with the advice and consent of the nominating council, may appoint such assistant ombudspersons as the nominating council deems necessary. The position of chief ombudsperson is for a term of six years. A person appointed to the position of chief ombudsperson shall serve at the pleasure of the nominating council. The chief ombudsperson may not be transferred, demoted, or suspended during the person's tenure and may be removed by the nominating council only upon a vote of not fewer than nine members of the nominating council. The chief ombudsperson shall devote the chief ombudsperson's full time and attention to the duties of the ombudsperson's office. The administrator of workers' compensation shall furnish the chief ombudsperson with the office space, supplies, and clerical assistance that will enable the chief ombudsperson and the ombudsperson system staff to perform their duties effectively. The ombudsperson program shall be funded out of the budget of the bureau and the chief ombudsperson and the ombudsperson system staff shall be carried on the bureau payroll. The chief ombudsperson and the ombudsperson system shall be under the direction of the nominating council. The administrator and all employees of the bureau and the commission shall give the ombudsperson system staff full and prompt cooperation in all matters relating to the duties of the chief ombudsperson.
- B. The ombudsperson system staff shall:
1. Answer inquiries or investigate complaints made by employers or claimants under this chapter and Chapter 4123. of the Revised Code as they relate to the processing of a claim for workers' compensation benefits;
 2. (2) Provide claimants and employers with information regarding problems which arise out of the functions of the bureau, commission hearing officers, and the commission and the procedures employed in the processing of claims;
 3. Answer inquiries or investigate complaints of an employer as they relate to reserves established and premiums charged in connection with the employer's account;
 4. Comply with Chapter 102. and sections 2921.42 and 2921.43 of the Revised Code and the nominating council's human resource and ethics policies.
 5. Not express any opinions as to the merit of a claim or the correctness of a decision by the various officers or agencies as the decision relates to a claim for benefits or compensation.

For the purpose of carrying out the chief ombudsperson's duties, the chief ombudsperson or the ombudsperson system staff, notwithstanding sections 4123.27 and 4123.88 of the Revised Code, has the right at all reasonable times to examine the contents of a claim file and discuss with parties in interest the contents of the file as long as the ombudsperson does not divulge information that would tend to prejudice the case of either party to a claim or that would tend to compromise a privileged attorney-client or doctor-patient relationship.

C. The chief ombudsperson shall:

1. Assist any service office in its duties whenever it requires assistance or information that can best be obtained from central office personnel or records;
2. Annually assemble reports from each assistant ombudsperson as to their activities for the preceding year together with their recommendations as to changes or improvements in the operations of the workers' compensation system. The chief ombudsperson shall prepare a written report summarizing the activities of the ombudsperson system together with a digest of recommendations. The chief ombudsperson shall transmit the report to the nominating council.
3. Comply with Chapter 102. and sections 2921.42 and 2921.43 of the Revised Code and the nominating council's human resource and ethics policies.

D. No ombudsperson or assistant ombudsperson shall:

1. Represent a claimant or employer in claims pending before or to be filed with the administrator, a district of staff hearing officer, the commission, or the courts of the state, nor shall an ombudsperson or assistant ombudsperson undertake any such representation for a period of one year after the ombudsperson's or assistant ombudsperson's employment terminates or be eligible for employment by the bureau or the commission or as a district or staff hearing officer for one year;
2. Express any opinions as to the merit of a claim or the correctness of a decision by the various officers or agencies as the decision relates to a claim for benefits or compensation.

E. The chief ombudsperson and assistant ombudspersons shall receive compensation at a level established by the nominating council commensurate with the individual's background, education, and experience in workers' compensation or related fields. The chief ombudsperson and assistant ombudspersons are full-time permanent employees in the unclassified service of the state and are entitled to all benefits that accrue to such employees, including, without limitation, sick, vacation, and personal leaves. Assistant ombudspersons serve at the pleasure of the chief ombudsperson.

F. In the event of a vacancy in the position of chief ombudsperson, the nominating council may appoint a person to serve as acting chief ombudsperson until a chief ombudsperson is appointed. The acting chief ombudsperson shall be under the direction and control of the nominating council and may be removed by the nominating council with or without just cause.

Ombuds Office Workflow



Ombuds Office Case Stories

The sampling of case stories below represent the variety of complaints and issues our customers brought to us in 2015.

Procedural nightmare

An injured worker's attorney contacted the Ombuds Office after the managed care organization (MCO) dismissed a request for treatment (C9) based on their misunderstanding of an IC order. The MCO believed the C9 was a duplicate of a request they thought had already been denied by the IC. However, the injured worker had appealed the BWC denial to the IC and, although the IC order vacated BWC's decision to deny the requested treatment, the district hearing officer (DHO) found that there was no jurisdiction to address the C9 because the appeal filed during the alternative dispute resolution process was not within the timeframe contained within the MCO guidelines. Ombuds staff was able to work with the representative from the MCO to explain the procedural history to them and clarify that the status of the treatment request was neither approved nor denied. The MCO requested that the provider submit a new C9 for the requested treatment, and this time, instead of dismissing it, they issued a decision on the C9. The treatment was eventually approved.

Help me understand the process

An unrepresented injured worker contacted the Ombuds Office and requested a review of his "judicial process" because he did not think he was being treated fairly based on his lack of attorney representation. Ombuds staff reviewed the claim and saw that the injured worker had just received a staff hearing officer (SHO) order that denied his request for temporary total disability compensation (TT). We were able to explain that he could file an appeal to the SHO decision, but that the decision to grant third-level appeal was discretionary so it would be helpful for him to include his concerns on the appeal form. The injured worker submitted an appeal that described his concern that new evidence had been submitted between his DHO and SHO hearing, but that the evidence was not addressed in the SHO order. The IC Commissioners voted to grant the appeal and set it before a deputy of the commission. Ombuds staff worked with the injured worker to explain what to expect at the third-level hearing and to help allay the injured worker's concerns about having a fair and impartial hearing. Ombuds staff was also able to walk through each of the underlying DHO and SHO orders with the injured worker so that he could understand why the hearing officers had denied the request for compensation. Additionally, Ombuds staff was able to explain to the injured worker why only certain specific periods of compensation were being adjudicated based on the motion he had filed. The injured worker was successful at the deputy hearing level and the requested compensation was granted. This injured worker contacted the Ombuds Office again about several additional issues being adjudicated by the IC and also when his self-insuring employer approached him about settlement. Ultimately, the injured worker settled his claim with the employer.

Why are we being treated this way?

A medical provider contacted the Ombuds Office because he was very frustrated by the billing process used by one of the MCOs his practice worked with. The provider believed that his practice was being unfairly singled out because the MCO denied bills that did not contain a counseling session start and stop time. The provider indicated that the other MCOs they work with require the duration of the session to be placed on the bill, but not the start and stop times. Ombuds staff worked with BWC's chief of medical services who initiated an audit. The findings of the audit revealed that the MCO was not targeting this provider, but that the MCO was requiring information that is not required by either the BWC or the American Medical Association. The BWC medical services department agreed to work with the MCO to make sure that they were providing clear direction to providers about what information was required when bills are submitted.

Help, I'm desperate!

An injured worker contacted us in desperation after several unsuccessful attempts to get help from the BWC and the MCO. This injured worker sustained a very serious spinal cord injury resulting in complete loss of use of both arms and both legs among a number of other medical complications. He was found to be permanently and totally disabled and eventually discharged to his home with a recommendation for 24/7 home healthcare. Ombuds staff had previously worked with the injured worker on a number of other issues that came up in his claim including a request for home modifications, several denied requests for medications, delays in receiving necessary and time-sensitive medical supplies, and difficulty getting medical bills paid. When the injured worker contacted us this time, he was frantic because he had been left alone in this home and was being told by the home healthcare agency that they could not send anyone to him because authorization had not yet been provided to send a new home healthcare worker. Ombuds staff researched the issue and learned that the C9s for 24/7 home healthcare were for limited durations of time so that the MCO and BWC could monitor for any change in circumstances. The previously approved C9 had reached the end of its approved duration, but the new C9 was pended by the MCO. Since the home healthcare agency did not have approval, they did not send a new employee when the previous employee ended her shift. The injured worker was concerned that his catheter needed to be changed and that he had been left alone in one position for too long. BWC policy requires:

All covered home health services must be rendered on a part-time or intermittent care basis, in accordance with the written treatment plan and the bureau standard of care. Part-time or intermittent care means that services are generally rendered for no more than eight hours per day. Home health services rendered on a full-time or continuous care basis are not covered. More appropriate alternative settings will be considered for claimants requiring more than eight hours per day of care, where medical necessity is documented. Exceptional cases may be reviewed by the bureau.

Ombuds staff contacted the BWC catastrophic nurse to let them know of the situation including the pended C9. The nurse very quickly provided authorization to the MCO who contacted the home healthcare agency to get services restored.

Medication misunderstanding

An injured worker contacted us after trying to fill a prescription at his pharmacy and being told that it was denied. The injured worker was confused because he just had a hearing on the issue and thought the IC approved the medication. An Ombuds staff member contacted a nurse from the BWC pharmacy benefits department and was told the medication had been denied. An Ombuds supervisor reviewed and determined that the medical review may not have been correctly interpreted by the nurse and requested a supervisor review. In the meantime, the injured worker called back to the Ombuds Office and indicated that he was having suicidal thoughts. The Ombuds Office encouraged the injured worker to contact his mental health professional for assistance while the medication issue was being resolved and the injured worker promised to do so. Upon review, BWC pharmacy benefits realized that the medication should have been approved and the injured worker was able to fill his prescription.

At my wit's end!

An employer contacted the Ombuds Office after she learned that a claim had been improperly charged to her policy for the eighth or so time in the past two years. A previous, similar issue took so long to have corrected that a lien had been placed on her personal property. Ombuds staff contacted both the employer service specialist (ESS) and the claims service specialist (CSS) who told us they would work together to get the issue corrected. The employer asked if it would help to have the policy name changed to something different and the ESS worked with her to have the DBA name added to the policy so that in the future, the correct policy number is more likely to be selected. The ESS also provided the employer with her direct contact information so that if the issue occurs again, she knows where to call to have the issue resolved more quickly.

Communication difficulties

An employer reached out to the Ombuds Office for help after exhausting all known BWC resources. The employer said that he requested an audit for 2012-14, but BWC chose to conduct the audit only on 2013-14, leaving 2012 out. The employer said he was told that BWC could not do a three-year audit. Following the audit, it was determined that the employer's rates were wrong and therefore, a credit was issued for \$308,706.90. Unfortunately, shortly after the refund was issued, BWC also performed a rate adjustment and the employer was told he owed \$316,187,84. Ombuds staff contacted BWC auditing and policy processing departments about the issues and was told that BWC stands by their calculations and that the employer can contest the findings through the Adjudication Committee. Ombuds staff discussed this with the employer who indicated that they would go ahead and pursue contesting the findings through the Adjudication Committee. Ombuds staff again talked with BWC staff to make sure they understood that the employer's confusion was related to the decision to leave the year 2012 out of the audit. BWC staff ultimately decided to revisit the original audit to include 2012 and the situation was resolved.

Help us get this claim processed

An injured worker's attorney contacted the Ombuds Office requesting help because BWC was not timely processing her client's claim application. The application had previously been filed and withdrawn by the attorney. When they re-filed the claim application, the attorney believed that she would receive a new claim number and when weeks passed without receiving it, the attorney tried to contact the BWC. The attorney finally contacted the Ombuds Office after having difficulty reaching the assigned CSS or his supervisor. Ombuds staff explained that there would not be a new claim number assigned, verified that the re-filed claim application was in the claim file, and then contacted the BWC. The BWC supervisor apologized for the lack of communication and instructed the CSS to re-open the claim and begin processing the re-filed claim application.

So frustrated!

An injured worker contacted the Ombuds Office with multiple questions and concerns. One of his initial questions was related to filing a First Report of Injury (FROI) when the employer does not have a policy number. The injured worker stated that he could not file the claim online or over the phone without an employer policy number but he knew the employer did not have coverage and therefore, did not have a policy number. Ombuds staff confirmed with the injured worker that according to the BWC, he would have to file a paper FROI because he did not have the policy number. Several months later, he called back because the claim was filed, but he was frustrated by the number of continuances that had been granted before he could have a hearing at the IC. Ombuds staff was able to walk him through each of the instances where a continuance was granted (including once at the request of the injured worker) and explain why the request was granted. Next, the injured worker was concerned that not all of the documents he filed had made it into his IC claim file. He also felt that the documents that were imaged were indexed improperly and/or had been placed in the wrong claim file (the injured worker had a total of four claims). Ombuds staff worked with IC indexing staff to ensure that the large volume of documents the injured worker filed was properly imaged and indexed in his claim file. Another concern was that the injured worker had initially filed and withdrawn the claim but when he re-filed, it was assigned a different claim number. Ombuds staff worked with the BWC and the IC to ensure that all of the claims were available for review to the hearing officer. Finally, the injured worker told Ombuds staff that he needed several accommodations so that he could participate in the hearing. Ombuds staff worked with the IC regional manager and the injured worker to fully understand the accommodation request and ultimately, the injured worker participated by phone for the hearing.

2015 Statistical Information Summary

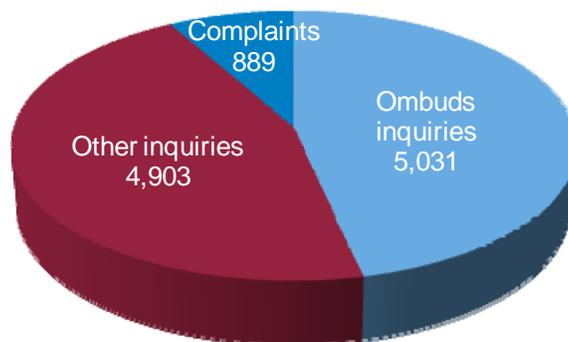
We processed 10,823 customer contacts in 2015. Our staff investigates and researches customer contacts to determine whether a case should be opened. The office classifies contacts as either a complaint (889), an Ombuds inquiry (5,031) or as an other inquiry (4,903.) We classify a case as a complaint when a customer expresses dissatisfaction with the Ohio workers' compensation system. The most frequent complaints brought to our office for resolution include:

- Payment of indemnity benefits to injured workers;
- Employer concerns related to their policy accounts receivable balance;
- BWC processing delays;
- Non-payment of treatment bills.

In 2014, we began capturing information related to general inquiry contacts and added several new categories of issues to have a more complete picture of the type of issues that are presented. This additional information allows us to identify trends in order to make recommendations.

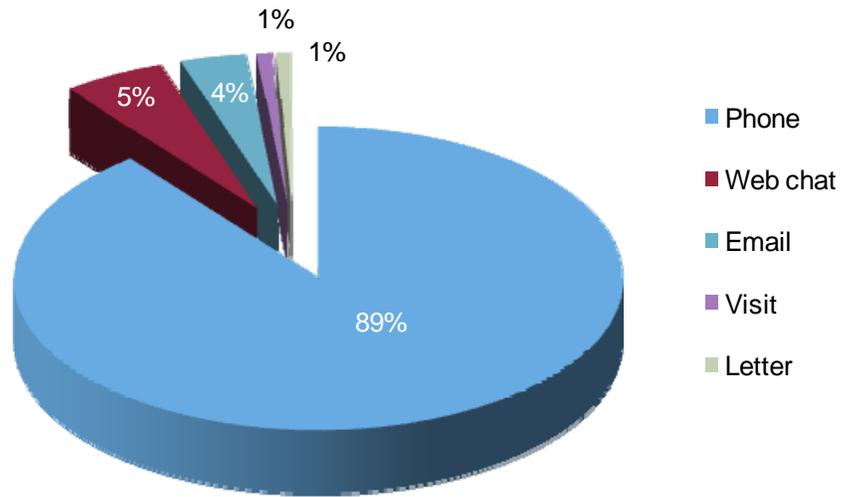
We deem a case to be an Ombuds inquiry when one of our staff directly provides the information requested by the customer and a complaint was not involved. The issues we receive the most inquiries about include employer policy coverage, accounts receivable balance and questions about canceling policy coverage. Additional frequent Ombuds inquiry issues include questions about the claim process and party rights, questions about forms required for various requests, questions about the IC hearing process, and questions about requirements for various types of compensation.

Finally, we receive a number of contacts that we do not open as Ombuds cases because the information requested is more properly obtained elsewhere. We determine quickly if another state agency can more appropriately assist a customer and we provide the proper contact information.



Method of Customer Contact

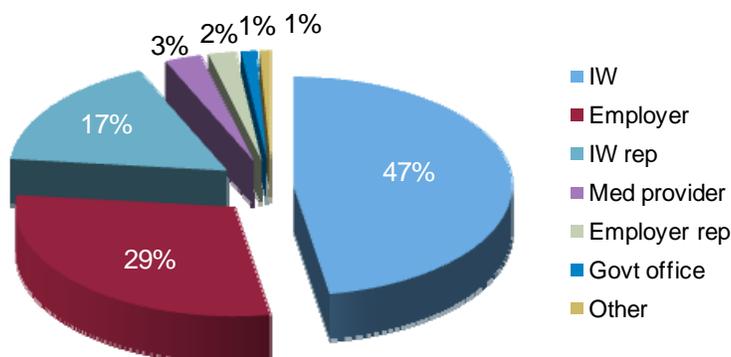
We processed 10,823 customer contacts during 2015, which we received by the methods below.



Contact Method	
Phone	9,677
Web chat	588
Email	382
Visit	91
Letter	85
Total	10,823

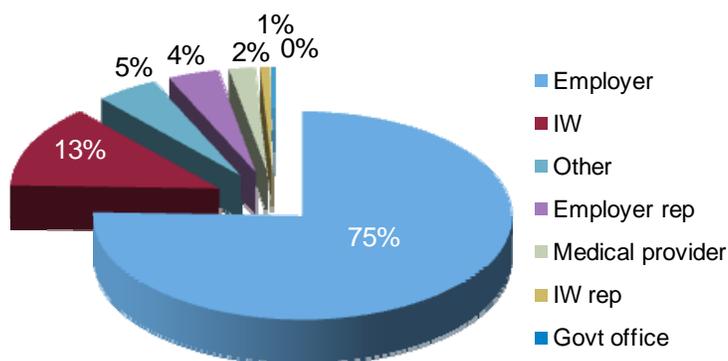
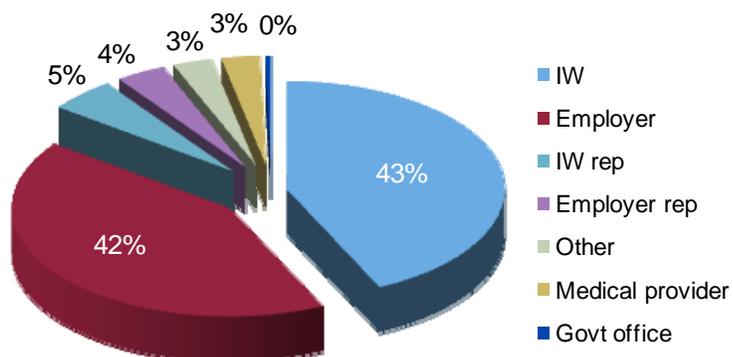
Cases by Customer Type

The charts below identify the customer type for each of the types of cases received: complaints, Ombuds inquiries and other inquiries.



Customer Type	Count
Injured worker	421
Employer	261
Injured worker representative	148
Medical provider	24
Employer representative	18
Government office	10
Other	7
Total	889

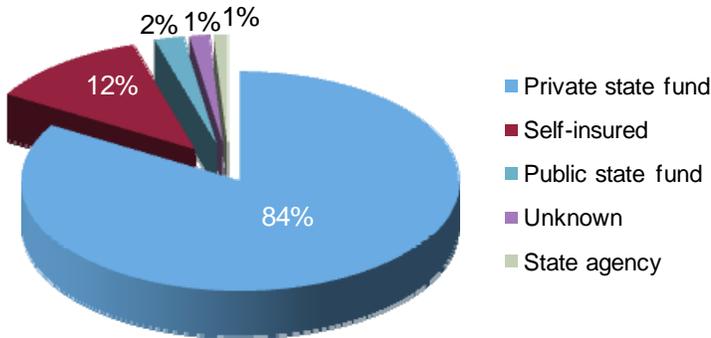
Customer Type	Count
Injured worker	2,163
Employer	2,120
Injured worker representative	252
Employer representative	185
Other	147
Medical provider	142
Government office	22
Total	5,031



Customer Type	Count
Employer	3,701
Injured worker	630
Other	236
Employer representative	192
Medical provider	98
Injured worker representative	39
Government office	7
Total	4,903

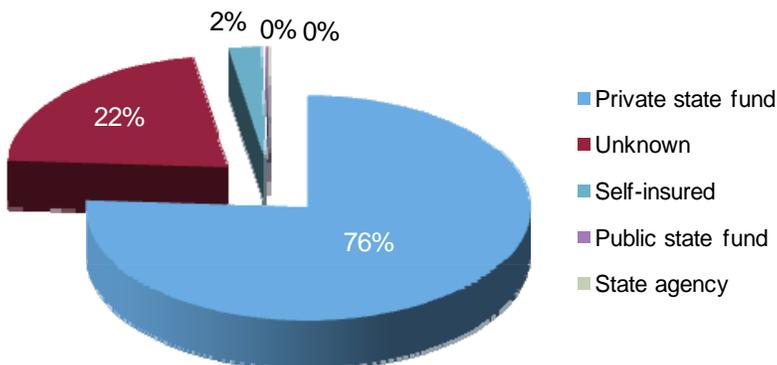
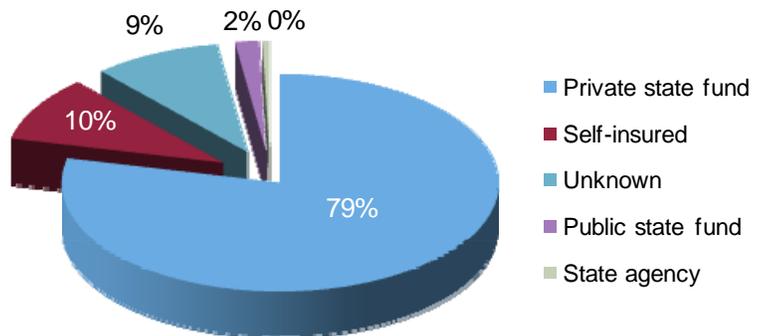
Cases by Type of Employer

The charts below identify the employer type for each of the types of cases received: complaints, Ombuds inquiries and other inquiries.



Employer Type	Count
Private state fund	742
Self-insured	106
Public state fund	19
Unknown	13
State agency	9
Total	889

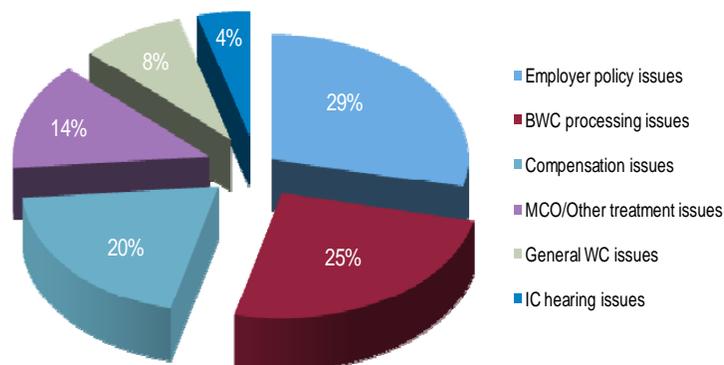
Employer Type	Count
Private state fund	3,954
Self-insured	489
Unknown	475
Public state fund	87
State agency	26
Total	5,031



Employer Type	Count
Private state fund	3,723
Unknown	1,054
Self-insured	113
Public state fund	9
State agency	4
Total	4,903

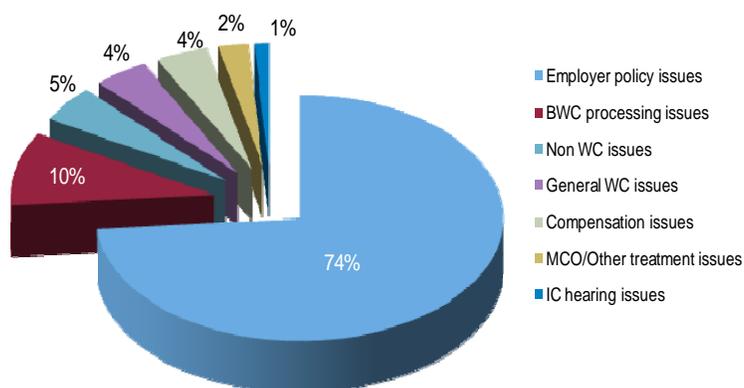
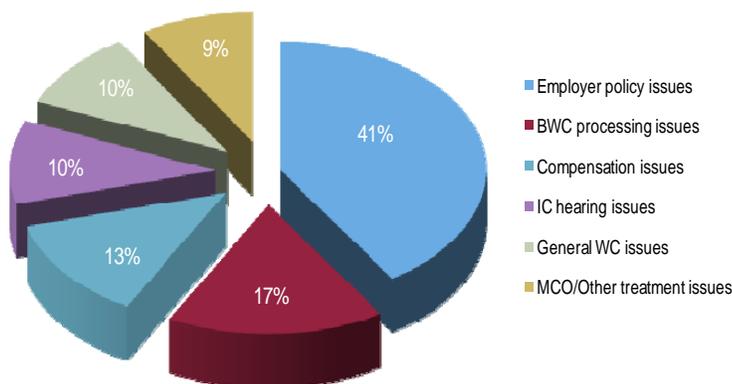
Cases by Issue Type

The charts below identify the issue type for each of the types of cases received: complaints, Ombuds inquiries and other inquiries.



Issue Report - Complaints	
Employer policy issues	254
BWC processing issues	225
Compensation issues	175
MCO/Other treatment issues	122
General WC issues	75
IC hearing issues	38
Total	889

Issue Report - Ombuds Inquiries	
Employer policy issues	2,054
BWC processing issues	861
Compensation issues	648
IC hearing issues	528
General WC issues	497
MCO/Other treatment issues	443
Total	5,031



Issue Report - Other Inquiries	
Employer policy issues	3,611
BWC processing issues	471
Non WC issues	234
General WC issues	211
Compensation issues	203
MCO/Other treatment issues	114
IC hearing issues	59
Total	4,903

Issue Report - Complaints

The codes below describe what issue our staff determined best described the complaint.

Employer Policy Issues	
Cancel/Sold company	59
Accounts receivable balance	56
Prospective billing	29
Report and pay	27
Collections	18
Coverage	11
Employer invoice	9
San Allen case	7
Rebate/Refund	6
Rate	6
Employer program	4
Certificate	4
Wrong policy number	4
Elective coverage	3
Change of address	3
Lien	3
Manual code classification	2
Safety & Hygiene	2
Amended payroll	1
Total	254

BWC Processing Issues	
Processing delay	81
Claim process	56
CSS/MCS	47
BWC form	13
Independent medical exam	13
BWC E account	9
AWW/FWW delay	3
Website	2
Status of form/Application	1
Total	225

Compensation Issues	
Temporary total disability	82
Permanent partial disability	32
Lump sum settlement/Advancement	15
Permanent total/DWRF	11
Wage loss	10
Travel reimbursement	8
Banking issues	7
Death benefits	6
AWW/FWW amount	3
Violation of specific safety requirements	1
Total	175

MCO & Other Treatment Issues	
Bills non payment	37
Authorization of medical treatment	32
Prescription - general	14
Self-insured medical bill	10
Prescription - prior authorization	8
Medical provider	7
Prescription - generic vs. brand	6
Find physician	5
Vocational rehabilitation	3
Total	122

General Workers' Compensation Issues	
Self-insured complaint	26
Additional allowance	11
Employer form	9
Attorney/Representative	7
Claim allowance	5
Statute of limitations	5
Fraud allegation	4
Non specific	3
Employer delay of claim	2
Attorney fee dispute	1
Light duty	1
Medicare	1
Total	75

IC Hearing Issues	
Hearing decision	15
Hearing process/Hearing letter	10
Hearing delay	6
Hearing officer	4
IC form	2
IC exam	1
Total	38

Causation and Accountability Reports - Complaints

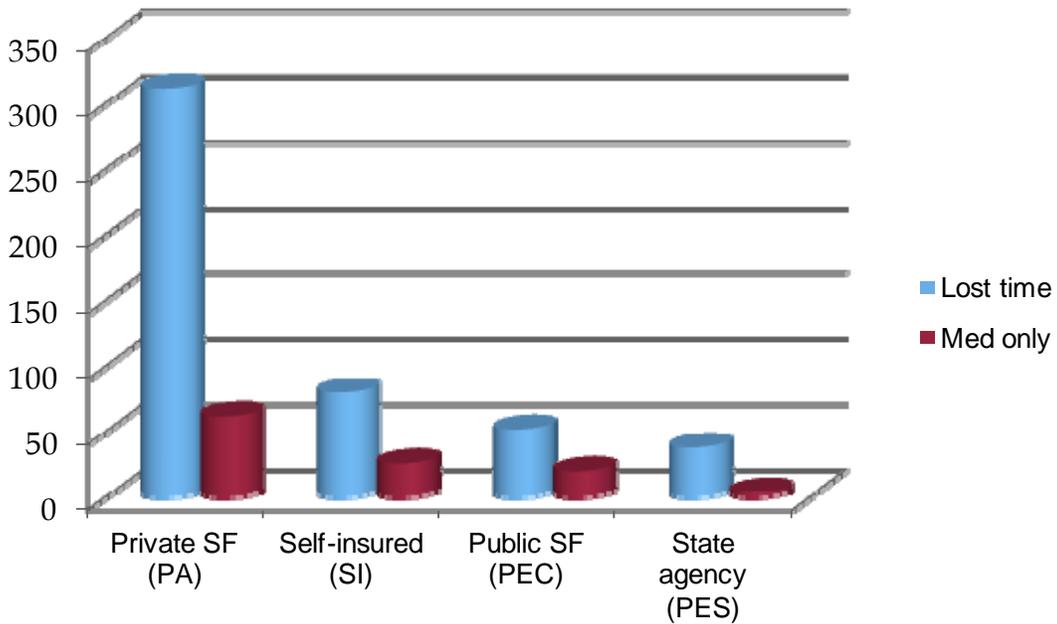
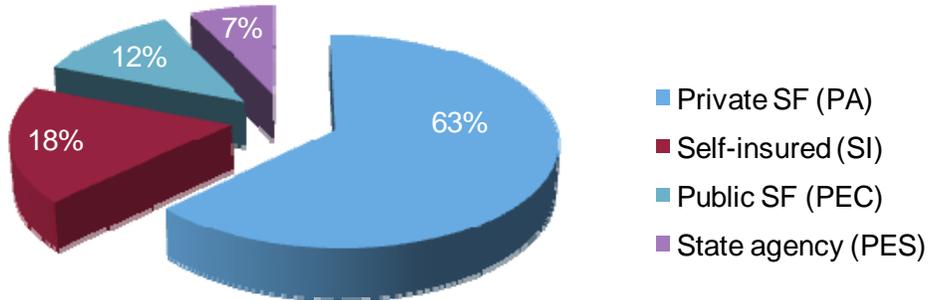
These charts denote in further detail what we found to be the problem after investigating the complaint and identifying the responsible entity.

Causation	
Unjustified complaint	354
CSS/MCS	164
Employer	123
Policy services	36
Injured worker	35
Medical provider	33
Billing issue	32
Attorney/Representative	22
MCO	20
Needs forms or information	17
Prescription issue	11
Appeal	11
Medical exam/Review required	11
IC	8
Unresponsiveness CSS/MCS	5
Claim status	3
Wanted claim expedited	3
Warrant returned or reissued	1
Total	889

Accountability	
Injured worker	262
Employer - state fund	244
BWC	221
Medical provider	55
MCO	31
Attorney/Representative	29
Employer - Self-insured	25
Pharmacy benefits manager	8
IC	5
Government office	5
Financial institution	4
Total	889

Complaint Case by Claim Type

The data and charts below provide information on the type of claim giving rise to initial claim-related complaints.



Claim Type	Lost time	Med only	Total
Private state fund	551	96	647
Self-insured	81	31	112
Public state fund	68	14	82
State agency	41	9	50
Total claims	741	150	891

Issue Report - Ombuds Inquiries

Ombuds staff directly provides information to the customer and there was not a complaint.

Employer Policy Issues	
Coverage	316
Report and pay	271
Cancel/Sold company	263
Employer invoice	251
Prospective billing	230
Accounts receivable balance	212
Rebate/Refund	106
Certificate	85
San Allen case	60
Employer program	49
Rate	36
Amended payroll	25
Lien	25
Change of address	22
Collections	21
Elective coverage	21
Policy combined/Transferred/Cancelled	20
Manual code classification	14
Safety & Hygiene	11
MCO	11
Wrong policy number	5
Total	2,054

BWC Processing Issues	
Claim process	478
BWC form	146
CSS/MCS	83
BWC E account	58
Independent medical exam	48
Processing delay	24
Status of form/Application	12
Website	11
AWW/FWW delay	1
Total	861

Compensation Issues	
Temporary total disability	331
Lump sum settlement/Advancement	75
Permanent partial disability	67
Wage loss	53
Death benefits	43
Permanent total disability/DWRF	36
Banking issue	17
Travel reimbursement	12
AWW/FWW amount	10
Violation of specific safety requirements	4
Total	648

IC Hearing Issues	
Hearing process/hearing letter	381
Hearing decision	102
IC form	25
Hearing delay	16
IC exam	3
Hearing officer	1
Total	528

General Workers' Compensation Issues	
Employer form	121
Non specific	106
Claim allowance	84
Additional allowance	48
Attorney/Representative	40
Interstate jurisdiction	31
Self-insured complaint	20
Medicare	16
Statute of limitations	11
Fraud allegation	9
Fee dispute	4
Labor issue	3
Employer delay of claim	2
Light duty	2
Total	497

MCO & Other Treatment Issues	
Bills non payment	101
Authorization of medical treatment	99
Medical provider	54
Find physician	50
Prescription - general	40
Prescription - prior authorization	28
Vocational rehabilitation	21
Self-insured medical bill	21
Provider policy and fee schedule	11
Provider enrollment	8
MCO form	6
Prescription - generic vs. brand	4
Total	443

Issue Report - Other Inquiries

Ombuds staff determines that the information being requested is more properly obtained elsewhere.

Employer Policy Issues	
Report and pay	841
Coverage	828
Accounts receivable balance	391
Cancel/Sold company	287
Certificate	242
Prospective billing	230
Employer invoice	150
Rebate/Refund	129
Rate	105
Change of address	87
Employer program	73
Lien	46
Safety & Hygiene	45
Amended payroll	34
Collections	30
MCO	27
Policy combined/Cancelled/Transferred	21
Manual code classification	19
Elective coverage	13
San Allen case	7
Wrong policy number	6
Total	3,611

BWC Processing Issues	
BWC E account	203
Claim process	167
CSS/MCS	63
BWC form	30
Independent medical exam	5
Status of form/Application	2
Website	1
Total	471

Non Workers' Compensation Issues	
Transferred call	234

MCO & Other Treatment Issues	
Medical provider	27
Provider enrollment	24
Provider policy and fee schedule	14
Bills non payment	10
Authorization of medical treatment	10
Prescription - general	9
Find physician	7
Self-insured medical bill	6
Prescription - prior authorization	4
Vocational rehabilitation	2
MCO form	1
Total	114

General Workers' Compensation Issues	
Interstate jurisdiction	68
Employer form	52
Fraud allegation	32
Self-insured complaint	19
Attorney/Representative	18
Claim allowance	7
Non specific	3
Additional allowance	3
Statute of limitations	3
Labor issue	2
Medicare	2
Employer delay of claim	2
Total	211

Compensation Issues	
Banking issues	95
Death benefits	41
Temporary total disability	28
Permanent total disability/DWRF	19
Lump sum settlement/Advancement	9
Wage loss	5
Permanent partial disability	3
AWW/FWW amount	1
Violation of specific safety requirements	1
Travel reimbursement	1
Total	203

IC Hearing Issues	
Hearing process/Hearing letter	37
IC form	14
Hearing decision	3
Hearing officer	3
Hearing delay	2
Total	59

Opportunities for Improvement

Items identified as opportunities for improvement include those issues presented most often to the Ombuds Office, those where a remedy appears simple, and/or those where the Ombuds Office believes it has a unique perspective on the issue.

1. Issue presented to Ombuds Office

A frequent issue presented to the Ombuds Office comes from representatives who have filed paperwork to be an authorized representative in a claim, but authorization has not been processed in a timely manner. This delay in processing the authorization prevents the representative from access to the claim file which impedes their ability to effectively represent their client. Often the delay can have a domino effect and result in a delay in preparedness for IC hearings which can mean a continuance of a hearing and ultimately, a prolonged wait for an important decision.

Recommendation

The Ombuds Office recommends that BWC examine its' procedure for processing representative authorization to determine if efficiencies can be found.

BWC Response

Upon examination, we determined BWC typically processes both the R2 requests and the requests for an authorized Rep ID within the same day the request is made. On the occasions these timeframes aren't met, it usually stems from missing information. We will continue to monitor this issue and will address backlogs when they occur.

2. Issue presented to Ombuds Office

One issue that is presented to the Ombuds Office with some frequency, and is directed to both the BWC and the IC, is related to accommodations made for customers who do not have computer access or who lack the ability to navigate the computer systems. These customers often come to the Ombuds Office for some other reason and it is discovered that they do not know they can access their claim file online, do not have access to a computer, or do not understand how to navigate the computer systems.

Recommendation

The Ombuds Office recommends that both BWC and the IC consider whether they have adequate protocol in place for accommodating customers who do not have computer access or who have limited ability to navigate electronic resources. The Ombuds Office is willing to assist in this endeavor by exploring the possibility of setting up a self-help station in our lobby for unrepresented parties.

BWC Response

In 2015, BWC facilities reconfigured the Columbus Service Office and Ombuds Office. This allowed our customers easier access to assistance. During this reconfiguration, BWC placed a computer in the waiting rooms for customer use. This should address the specific issue being recommended. We are willing to explore the need for an additional computer if the traffic warrants it.

IC Response

Our Director of Information Technology will contact the Ombuds Office regarding the placement of a computer for the stakeholders to use in the Ombuds Office area. She should be contacting you early in the next calendar year to develop a plan to address the need that was identified in your report.

3. Issue presented to Ombuds Office

Another issue frequently presented to the Ombuds Office is related to invoices sent to employers for premium collection. Since there are now a variety of installment plans available to employers (monthly, bimonthly, quarterly, biannual, and annual), invoices do not always accurately reflect balance due and due dates. Ombuds staff often receive calls from employers who are confused about the invoices they receive and upset because they cannot tell when a payment is due.

Recommendation

We have explored this issue with BWC and it does not appear feasible to change the invoice cycle at this time, but the Ombuds Office recommends that BWC explore whether language can be added to the invoices to clarify that the balance due may not be up-to-date and to provide information about where to check for accurate information.

BWC Response

Upon consultation with the Ombuds Office, BWC has made some changes to the invoices to help employers better understand their monthly invoice. These include:

- Changing the invoice language to clarify the due date applies only to items billed in the current billing cycle;
- Adding a “how to read your invoice” document to our website;
- Changing the monthly billing cycle to produce invoices closer to the end of the month.

With the roll-out of our new policy management system, it is likely that BWC will make further changes and will consider the suggestions made by the Ombuds Office.

4. Issue presented to Ombuds Office

An issue that comes to the Ombuds Office with some regularity involves the inability for a claim to be filed online or by telephone if the customer filing the claim does not have an employer policy number. If the employer lacks workers' compensation coverage, for example, the individual filing the claim must file a paper form by mail and has little ability to track the processing of the application.

Recommendation

The Ombuds Office recommends that the BWC consider removing the requirement for the employer policy number to be filled out when filing a FROI online or via telephone.

BWC Response

When filing an online FROI, BWC requires a policy number. The filer can select an employer look-up feature to locate their employer policy number. In the past, BWC did not require a policy number. As a result, many online, medical-only FROIs lacked employer information, making it difficult for BWC to verify that the accident occurred. If BWC cannot verify that a workplace accident occurred, the injured worker doesn't meet his or her burden of proof and the claim would be denied. As such, we believe this recommendation runs counter to the intention of making the claims process easier for the injured worker.

5. Issue presented to Ombuds Office

The Ombuds Office regularly receives calls from customers who are unhappy with the outcome of a permanent total disability (PTD) hearing and who want to know whether there is any recourse. Unlike many other IC orders, there is no language on an IC PTD order that provides information about appealing the SHO decision.

Recommendation

The Ombuds Office recommends the IC consider adding appeal language to its SHO orders that adjudicate a request for PTD compensation.

IC Response

The Industrial Commission only includes appeal/objection language on orders where there exists a statutory administrative method to challenge the order. This includes DHO and SHO orders issued pursuant to R.C. 4123.511, as well as, DHO orders issued pursuant to R.C. 4123.57. Where no statutory ability to administratively challenge an order exists, the Industrial Commission has refrained from including any reference to the reconsideration process because that process is an Industrial Commission created remedy that is outside the norm, and involves a variety of legal considerations. Permanent Total orders fall into this category, as do SHO orders issued under R.C. 4123.57, and Commission level refusal orders.

6. Issue presented to Ombuds Office

An issue that has not frequently come to the Ombuds Office but that is serious and is also one where we have a unique perspective is illustrated in the case story Help! I'm Desperate! on page 9. In this example, the injured worker, who is paraplegic, was left alone in his home without adequate care because there was a breakdown in communication between the MCO and the BWC. Once BWC was made aware of a pended request for 24/7 home healthcare, they quickly provided the needed authorization. However, current BWC policy leaves open the possibility of a delay in requesting authorization of care. Any delay for an injured worker who requires 24/7 care can have serious consequences.

Recommendation

The Ombuds Office recommends BWC examine the language in OAC 4123-6-38 to determine if revision of the rule could better ensure that if BWC authorization is needed, the MCO must timely request such authorization.

BWC Response

BWC conducted a review of OAC 4123-6-38, as well as a review of this specific case. The determination was that the issue was not a result of the rule, but rather an unfortunate misstep by the specific MCO. While we understand the vendor did not want to take a chance with potentially not getting reimbursed, the rule states in paragraph (C)(4): *“Authorization must be obtained prior to rendering home health nursing services, **except in cases of emergency or where the claimant’s allowed condition could be endangered by the delay of services.**”* The MCO or the vendor should have used this clause to ensure that services continued until the pended C9 was fully addressed. Additionally, paragraph (D), which is referenced in the report, provides the necessary relief to have 24/7 care approved through the “Exceptional cases may be reviewed by the bureau” clause.

BWC plans to use this specific case as part of the MCO quarterly training to re-emphasize the appropriateness of utilizing all of the tools reflected in our rules and policies to effectively manage the claims. We will also communicate with vendors providing this type of service to ensure they also understand and appropriately apply the flexibilities built into the rule. Finally, we will reevaluate our policies to determine if we need to have more explicit language regarding MCOs’ afterhours contact escalation protocols.

2015 Administrative Update

Budget

Expenditures to operate the Ombuds Office in CY2015 totaled \$628,756. This total includes payroll costs for staff of \$597,199 and operating expenses of \$31,557. Total expenditures for CY2015 rose 4 percent as compared to CY2014. You can find a spreadsheet providing budget details on page 31 of this annual report.

Total payroll costs for 2015 vs. 2014 increased 21 percent. This increase in payroll cost was expected and is attributed to state employees pay raises granted in the Collective Bargaining Agreement and by the legislature. Payroll costs include employee salary and employer paid benefits, including health insurance and retirement. Additionally, this portion of the budget includes a mass allocation (cost divided between BWC departments) for William Green Building security guards (personal service). There is some fluctuation in the payroll cost over CY2015 based on the 26 pay period cycle resulting in two months with three pay periods, and individual employees' selections related to their benefits.

In CY2015, staff included the chief ombudsperson, two exempt employees (in Columbus) and five bargaining unit employees (four in Columbus and one in Cleveland). In CY2015, no overtime was paid.

Non-payroll operating costs for the Ombuds Office for 2015 were \$31,557. This total is a decrease of about 71 percent from \$108,140 in 2014. This decrease is attributable to BWC no longer charging rent in the William Green building. The two largest operating expenses for us are utilities and building maintenance (these are mass allocations calculated based on the square footage of each department). Also included in this section of the budget, is the cost for office supplies, printing, telephone and travel.

Database

In December 2015 we concluded our seventh full year of the ePowerCenter tracking software. Benefits of this industry standard software include:

- Improved tracking of individual complaints and inquires;
- Improved consistency of information provided to Ombuds Office customers;
- Quicker recall history of prior discussions with customers;
- Quicker access to injured worker claims data;
- Quicker access to employer risk data;
- Improved report generating capabilities;
- Improved data trend analysis capabilities.

We began collecting data in January 2009, and this data continues to be useful in conducting year over year comparisons, and identifying customer trends. In addition, several BWC divisions now use ePowerCenter. The ePowerCenter data on the Ombuds system remains 100 percent segregated from BWC data, and we continue to retain statutory independence and neutrality. This sharing of the same software allows for better data trend analysis of current and future problems.

In 2014, we began tracking general inquiry information in addition to complaint information we previously tracked. This additional data provides a more robust picture of the type and source of issues presented to us for resolution. Additionally, we continuously review database parameters to ensure we are capturing as much information as possible from each customer contact.

The advantage to making these changes is that we can get a much clearer and more detailed picture of the type of issues brought to us. One disadvantage is that a year-to-year comparison is not possible until we have several years with stable parameters.

Promoting Ombuds Office services

In 2014, we resumed the practice of collecting information about how our customers learned of our office and/or the source of their referral. This information allows the office to conduct analysis to promote our services more effectively. Ensuring that potential customers and sources of referrals have an awareness of the office and the services provided continues to be a priority in 2015. I completed my statewide visits of all BWC and IC offices in 2015. Additionally, I presented an overview of the Ombuds Office to the AFL-CIO at their annual Workers' Compensation School and answered questions during an advanced training session with union representatives. I also presented and answered questions at the BWC Employer Services TPA Forum and the IC Statewide Hearing Officer Meeting.

Printed material

We produce and print our capabilities brochure in-house at minimal cost by BWC communications and DAS state printing. We mail this brochure upon request; distribute it at speaking engagements; and provide it to BWC, IC, employer and labor groups and other government entities for distribution to potential customers.

Promoting services to IC

We increased awareness of services to the IC in several ways including:

- Presenting an overview of the office and services provided to all IC hearing officers as part of their regional training;
- Meeting with IC support staff in IC offices statewide to discuss available services;
- Providing capabilities brochures to IC hearing officers and staff for distribution to employers, injured workers and their representatives;
- Maintaining placement of link to Ombuds Office information on the IC's website.

Promoting Services to BWC

We increased awareness of services to the BWC in several ways, including:

- Meeting with BWC customer service office managers and claims staff to discuss available Ombuds Office services;
- Meeting with BWC risk staff and employer services specialists to raise awareness of our services available to Ohio employers;
- Meeting with Division of Safety & Hygiene staff, both at headquarters in Pickerington, and in locations across Ohio, to increase awareness of our services available to Ohio employers;

- Meeting with BWC business consultants to increase their awareness of our services;
- Working with BWC's 1-800-OHIOBWC call center staff to increase awareness of our services and to increase appropriate referrals;
- Maintaining placement of link to Ombuds Office information on BWC's website;
- Working with BWC to determine placement of an option to reach the Ombuds Office on the 1-800-OHIOBWC phone line.

Promoting services to employers

We increased awareness of services to employers in several ways, including:

- Mailing letters to unrepresented employers prior to their first IC hearing;
- Distributing our capabilities brochure to business trade groups for distribution to their members;
- Providing information business trade groups can share on their websites;
- Speaking at special events and/or seminars with target audiences present;
- Providing information on our services to local and regional chambers of commerce and safety councils.

Promoting services to injured workers

We will increase awareness of services to injured workers in several ways, including:

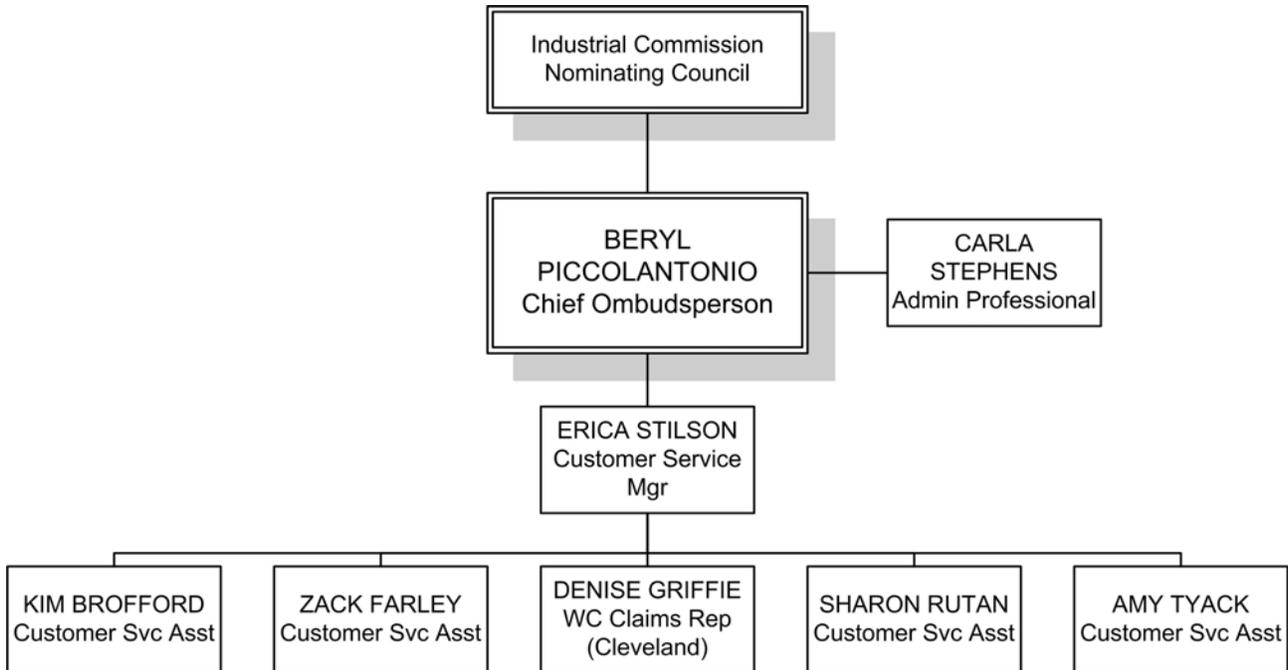
- Mailing letters to unrepresented injured workers prior to their first IC hearing;
- Distributing our capabilities brochure to local unions, across Ohio;
- Speaking at labor seminars, including AFL-CIO, UAW and Teamsters;
- Providing information local unions can share on their websites;
- Conducting meetings with local union stewards to increase their awareness of our services.

Promoting services to government officials

The Ombuds Office has increased awareness of services to other government agencies in several ways, including:

- Providing information about services available to members of the Ohio General Assembly and their staff to use as a resource when handling complaints and inquiries from constituents;
- Providing information on our services to call centers and action lines of local government entities, including Ohio cities, counties, and townships;
- Providing updated information about us to court personnel across Ohio.

Ombuds Office Table of Organization



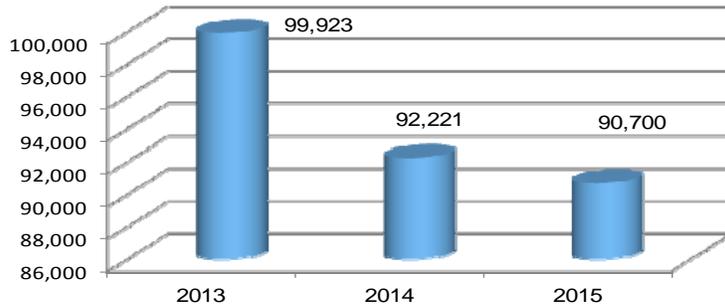
Ombuds Office Expenditure Report - Calendar Year 2015

OBJECT CLASS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL EXPENSES
10 Payroll	66,375	44,593	44,602	44,472	44,208	44,362	45,110	74,060	45,497	45,983	46,216	46,328	591,806
10 Overtime Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
13 Personal Service	0	149	1,326	0	0	1,396	0	0	837	0	0	1,375	5,083
15 Other P.S.	0	0	160	0	0	0	0	0	0	0	0	150	310
Total 100	66,375	44,742	46,088	44,472	44,208	45,758	45,110	74,060	46,334	45,983	46,216	47,853	597,199
20 Edible Products	0	0	0	0	0	0	0	0	0	0	0	0	0
21 Supplies	210	0	(870)	0	0	18	0	0	0	0	0	85	(557)
211 INTRNL SUPPLIES	41	40	62	45	44	13	2	0	45	0	328	3	623
22 Vehicle Maint	0	0	0	0	0	0	0	0	0	0	0	0	0
221 INTRNL VEHICLE	37	0	0	0	57	0	0	0	0	0	0	0	94
23 Travel Fees	0	0	0	0	0	0	0	131	0	245	0	0	376
24 Communications	0	0	0	3	0	0	0	0	0	0	0	0	3
241 INTRNL COMM	434	618	474	442	492	485	446	528	467	495	594	517	5,993
24 IT Lic Commun	436	154	4	149	148	148	287	145	4	291	145	145	2,056
25 Fuel/Utilities	0	0	1,917	0	0	1,298	0	0	2,192	0	0	1,537	6,944
26 Maintenance	0	0	3,063	0	0	4,853	0	0	1,279	0	0	4,058	13,253
27 Rentals	65	(65)	0	0	0	0	0	0	0	0	0	0	0
27 ISTV/Goods & Svcs	680	0	138	219	0	241	824	0	92	279	216	83	2,772
28 Printing/Advertising	0	0	0	0	0	0	0	0	0	0	0	0	0
281 INTRNL PRT/ADV	0	0	0	0	0	0	0	0	0	0	0	0	0
29 General/Other	0	0	0	0	0	0	0	0	0	0	0	0	0
291 General	0	0	0	0	0	0	0	0	0	0	0	0	0
Total 200	1,904	747	4,788	858	741	7,056	1,560	804	4,078	1,310	1,284	6,429	31,557
30 Food Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
31 Office Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
32 Motor Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	0
34 Communications Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
35 Medical/Lab Therap	0	0	0	0	0	0	0	0	0	0	0	0	0
36 Educ/Rec Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
37 Data Processing Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
371 INTRNL DP EQP	0	0	0	0	0	0	0	0	0	0	0	0	0
38 Copy/Print Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
39 Other Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
Total 300	0												
Grand Total	68,279	45,489	50,876	45,331	44,949	52,814	46,670	74,864	50,412	47,294	47,500	54,281	628,756

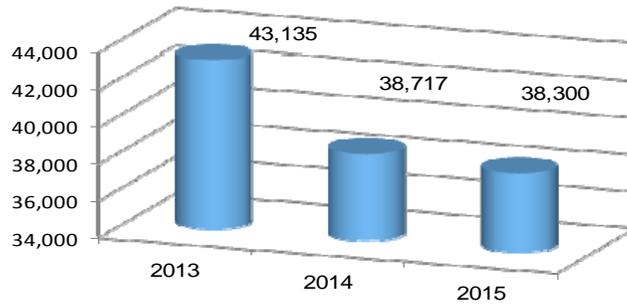
Note: Mass Allocations included in March, June, September, and December.

Industrial Commission 2015 Year-End Statistics

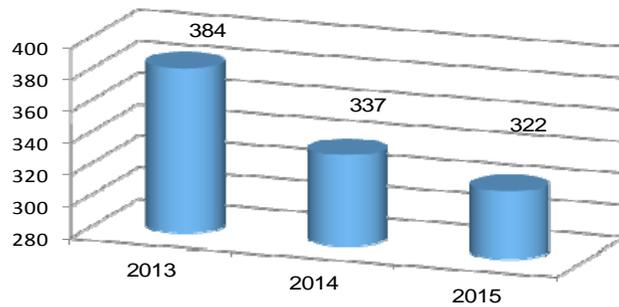
DHO level hearings



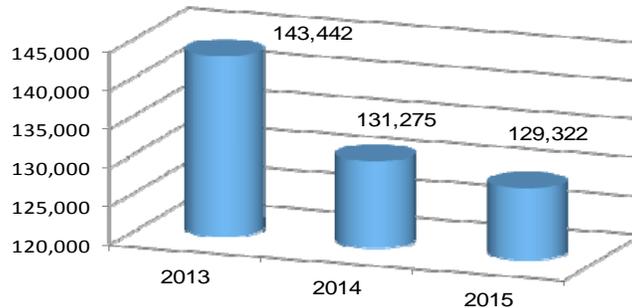
SHO level hearings



Commission level hearings



Total IC hearings



Ohio Bureau of Workers' Compensation

2015 Year-End Statistics

	FY 2015	FY 2014	FY 2013
State-fund claims filed			
Lost time	11,870	12,134	11,539
Medical only	81,348	84,688	84,632
Occupational disease	533	592	714
Death	185	158	156
Disallowed or dismissed	11,061	10,977	11,049
Total	104,997	108,549	108,090
Net allowed injuries	93,936	97,572	97,041

NOTE: BWC evaluates every claim at 60 days after filing for purposes of claim type, state fund versus self-insured, combine

Open claims (Per statute)

Lost time	288,059	315,951	346,039
Medical only	503,579	542,822	612,586
Total	791,638	858,773	958,625

Benefits paid

Medical benefits paid	\$615,544,209	\$662,319,483	\$705,758,248
Compensation paid			
Wage loss	\$12,764,857	\$14,948,538	\$16,960,502
Temporary total	220,766,392	231,607,195	250,848,501
Temporary partial	16,543	37,368	22,422
Permanent partial	19,269,455	17,869,347	14,877,251
% permanent partial	67,385,815	65,387,993	69,588,261
Lump sum settlement	179,185,086	184,218,915	181,163,702
Lump sum advancement	18,067,160	24,768,008	21,581,813
Permanent total and DWRF	390,863,930	395,160,052	392,040,670
Death	83,090,326	82,644,603	84,093,415
Rehabilitation	35,492,765	38,651,042	38,977,535
Other	6,153,355	6,046,420	5,919,080
Total compensation paid	\$1,033,055,714	\$1,061,339,481	\$1,076,073,152
Total benefits paid	\$1,648,599,923	\$1,723,658,964	\$1,781,831,400

NOTE: Due to improvements in BWC data capture and reporting systems, prior year data may not agree with amounts previously reported.

Source: BWC Fiscal Year 2015 Annual Report

2015 Year-End statistics (continued)

	FY 2015	FY 2014	FY 2013
Fraud statistics			
Fraud dollars identified	\$60,450,575	\$60,124,021	\$55,058,157
\$\$\$ saved to \$\$\$ spent ratio	5.34 to 1	5.28 to 1	4.83 to 1
Prosecution referrals	229	267	236
Active employers by type			
Private	247,829	249,602	249,085
Public (local)	3,807	3,815	3,794
Public (state)	121	121	129
Self-insured	1,180	1,197	1,205
Black Lung	34	36	36
Marine fund	135	146	139
Total	253,106	254,917	254,388
BWC personnel	1,866	1,953	1,920
IC personnel	375	386	385
MCO fees paid	\$170,688,324	\$169,580,627	\$169,814,894
BWC combined funds financial data (000s omitted)			
	Audited FY 2015	Audited FY 2014	Audited FY 2013
Operating revenues			
Premium and assessment Income, net of provision for uncollectibles and ceded premiums	\$1,954,174	\$2,085,821	\$1,492,389
Other income	8,413	8,141	11,723
Total operating revenues	\$1,962,587	\$2,093,962	\$1,504,112
Non-operating revenues			
Net investment earnings	\$602,902	\$664,670	\$670,654
Increase (decrease) in fair value	(93,020)	2,348,938	230,200
Net investment income (loss)	\$509,882	\$3,013,608	\$900,854
Dividends, rebates and credits	\$1,051,952	\$1,229,045	\$965,636
Total BWC assets	\$29,054,112	\$30,341,708	\$28,242,089
Total net position (deficit)	\$9,268,332	\$9,460,213	\$6,779,077

NOTE: Due to improvements in BWC data capture and reporting systems, prior year data may not agree with amounts previously reported.

Industrial Commission Nominating Council

Current as of October 2015

Employer Representatives

Eric Burkland
Ohio Manufacturers Association

Andrew Doehrel
Ohio Chamber of Commerce

Roger Geiger*
National Federation of
Independent Business / Ohio

Gordon M. Gough
Ohio Council of Retail Merchants

Vacant Member
Ohio Self-Insurers Association

Public Members

Daniel Massey, Esq.

Robert Schmitz

Labor Representatives

Tim Burga**
Ohio AFL-CIO

Frank Gallucci, Esq.
Plevin & Gallucci

JoAnn Johntony
Ohio Association of Public
School Employees Union

David Prentice
United Steelworkers

Ohio Association of Justice Representative

Philip Fulton, Esq.***

* Chairperson

** Vice Chairperson

*** Secretary