

OMBUDS OFFICE

2018 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



August 12, 2019

Industrial Commission
Nominating Council

Dear Council Members:

I am pleased to present the Ombuds Office Annual Report for calendar year 2018 (CY2018). In accordance with Ohio Revised Code section 4121.45, this report provides a statistical summary of the activity of the Ombuds system from CY2018. 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 Ohio Industrial Commission (IC).

2018 was a busy and productive year; of the 5,765 customer contacts handled by our office, we categorized 514 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) 75 percent;
- Employers (or their representatives) 19 percent;
- Other 6 percent.

Of the remaining 5,251 customer contacts, we categorized 3,109 as Ombuds inquiries and 2,142 were categorized as other inquiries. These contacts came from the following sources:

Ombuds inquiries

- Injured workers (or their representatives) 70 percent;
- Employers (or their representatives) 23 percent;
- Other 7 percent.

Other inquiries

- Employers (or their representatives) 67 percent;
- Injured workers (or their representatives) 25 percent;
- Other 8 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 2018 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 2018 including presenting at the AFL-CIO Workers' Compensation School, speaking to safety councils throughout the state, speaking to OCSEA members, and speaking to the Columbus Bar Association Workers' Compensation Committee. 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. I also worked with the IC to set up a self-help station for customers to be able to access their claim information in the Columbus Ombuds Office lobby.

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 2019.

Sincerely,



Beryl Piccolantonio
Chief Ombudsperson

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. 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 2018.

Why are they ignoring an order?

An injured worker's attorney contacted us asking why an IC decision that remanded the claim back to BWC for a specialist exam had not been implemented over two months later. Ombuds staff spoke with a BWC attorney who indicated that they were trying to determine how to proceed because the order directs BWC to process what appeared to be a firefighter with cancer claim as an occupational disease claim involving cardio/pulmonary and respiratory elements. The BWC attorney explained that these are separate types of claims and that legally, the compensability of the two different types of claims is treated differently. The attorney indicated she would speak with the IC regional manager and be back in touch. Upon further conversation with the IC Director of Hearing Services, the BWC attorney determined that when the claim was initially filed in May 2017, it was filed as an occupational disease claim under revised code section 4123.68 (W). Since the statute of limitations under White v. Mayfield had not run, this claim was timely filed and the presumption was not at issue. BWC staff scheduled the exam ordered by the IC and processed the claim under R.C. 4123.68 (W). The claim was ultimately allowed for lung cancer.

I have an idea!

An employer contacted the Ombuds Office wondering why BWC is not on the Ohio Business Gateway. The employer indicated that the best feature of the Gateway, besides its ease of use, is the ability to schedule a future payment. He said that as a small businessman this is a great feature because he can schedule at his own convenience rather than being forced to use a set filing date. Ombuds staff reached out to the BWC and learned that BWC previously had a presence on the Gateway for semi-annual payroll reporting and payment, but when BWC switched to prospective billing, that presence ended. BWC staff indicated that the Ohio Business Gateway is working to modernize and improve its' system so BWC may again have a presence once the new Gateway is introduced. Additionally, BWC staff said that BWC's website provides the ability to schedule future payments as long as the payment is being made through a bank account and is not a credit card payment. Ombuds staff provided this information to the employer along with contact information for BWC staff who could help set up scheduled payments.

I am overwhelmed!

An unrepresented injured worker who is being treating for PTSD following a serious head injury contacted us. He was extremely upset because he had not received his check for temporary total disability compensation (TT). Ombuds staff investigated and found that during a period of the injured worker's disability, his doctor had been decertified as a BWC physician. Ombuds staff learned that BWC sent the physician paperwork to re-certify, but that paperwork was returned to BWC as undeliverable mail. There was no attempt to notify the injured worker or the employer of the situation. BWC provider relations staff planned to reach out to the doctor to explain how to retroactively reinstate his certification, but BWC claims staff stopped paying benefits based on the fact that the doctor was not currently able to certify disability. When the injured worker and his doctor learned of the decertification, he began treatment with

the physician's wife who is also a doctor in the same practice. Although there was no gap in treatment, BWC determined that the request for TT signed by the other doctor was a new period of TT. The injured worker expressed feeling overwhelmed and suicidal about the situation and Ombuds staff urged him to talk with his doctors about that and also followed up with the providers to make sure they were aware of the situation. Ombuds staff worked with BWC staff to expedite the compensation request and the recertification paperwork.

This is not right!

An employer's attorney contacted the Ombuds Office wondering why an injured worker's TT had been reinstated following vocational rehabilitation when the injured worker had previously been found to be at maximum medical improvement (MMI). Ombuds staff reviewed the claim and saw that the injured worker was found MMI in 2015 and then began vocational rehabilitation. Upon completion of vocational rehabilitation, the injured worker was unable to find a job and requested TT. BWC issued a letter communicating that they were reinstating TT, but the letter was not an appealable order. Ombuds staff reached out to BWC staff who acknowledged that reinstatement of TT was a mistake. BWC staff said they did not have the authority to now stop paying TT but stated that they scheduled an extent of disability exam. BWC staff told the employer's attorney he could wait for the exam report or could file his own motion requesting to terminate TT. The employer filed a motion to terminate TT that was ultimately denied at the IC. Simultaneously, BWC filed a motion requesting that the IC exercise continuing jurisdiction based on an error of an inferior tribunal and a mistake of law. The IC granted the BWC's motion and ultimately vacated the BWC decision to reinstate TT.

Can you help explain this?

A representative from a managed care organization (MCO) contacted us to see if we could help sort out some confusion related to invoices an employer received for a non-coverage claim. The employer tried to get an explanation of the charges from BWC staff, but they were unable to provide detail. Ombuds staff reviewed and found that the employer was charged for two amounts \$145.61 and \$6,059.37 in a claim assigned to them for which they did not have workers' compensation coverage. However, the claim was a medical-only claim in which only \$840.31 in medical had been paid. After extensive research and with the assistance of BWC staff, it was discovered that the charges were actually related to a different claim for which the lapse in coverage was forgiven. BWC removed the charges.

Why is this happening?

An injured worker's attorney contacted us because she was frustrated with the way her claims are docketed at the IC. She is a solo practitioner who is often scheduled for hearings in a way that makes it impossible for her to attend the hearings of the clients she represents. For example, on one date, she was scheduled for hearings in Columbus, Lima, and Mansfield each one hour apart. She does not want to delay hearings for her clients and believes her clients should be able to have the attorney they hired represent them at their hearings. She said that she had raised the issue with the IC but was told there is nothing they can do. Ombuds staff reached out to the Director of Hearing Services who provided information from the IC about how hearings are scheduled. The automatic docketing system (ADS) first schedules hearings that are considered critical for timeframe purposes; second, the ADS schedules any other hearings the attorney/firm has that are not deemed critical; and finally, ADS schedules other non-

critical hearings. Since a solo practitioner would not be able to have hearings scheduled based on the second priority, the result is that more hearings that become critical and must be scheduled as quickly as possible regardless of whether the solo attorney is physically able to attend all of them. Once a hearing has become critical for timeframe purposes, ADS sets them regardless of time conflicts. Ombuds staff explained this to the attorney and explained that neither the IC nor the Ombuds Office had heard from any other attorneys that this is an issue.

Please help us!

An injured worker's attorney contacted the Ombuds Office because she filed two C-86 motions related to payment of medical bills (one in 2016 and one in 2017) and was frustrated because neither motion had been referred for hearing or responded to by the MCO. The attorney forwarded a series of email communications between herself and BWC staff dating back to when the motions were initially filed that documented there was still no resolution. Ombuds staff researched and found that 2014 dates of service were approved by the MCO but bills were not paid when submitted. The MCO sent a letter stating that the bills were not submitted timely, but that they were no longer the MCO so appeal should go to the new MCO. The injured worker's attorney followed up with the new MCO and they stated the appeal needed to go to the original MCO. Ombuds staff believed that the 2014 provider bill had been submitted timely to the original MCO. Upon further investigation, it was agreed upon by the MCO that the bills were submitted timely, however, the MCO believed the bills were also denied timely based on invalid diagnosis codes. The MCO believed that the provider did not timely respond to the denial letters. Ultimately, Ombuds staff worked with BWC staff and the injured worker's attorney to get a new motion filed that was referred for IC hearing and ultimately, the bills were ordered to be paid.

Can you help me understand?

An employer contacted the Ombuds Office because he is also the injured worker and did not understand why his claim was denied. Ombuds staff worked with the BWC policy processing staff to research this issue and learned that although the employer indicated he wanted elective coverage on his initial application for coverage, BWC never processed that request and so the employer was never notified that his coverage had lapsed. Ultimately, BWC policy processing staff determined that since the employer indicated elective coverage but BWC did not process that request, and since the employer did not have any employees and was reporting payroll, it was his intent to have elective coverage. BWC staff explained the process the employer needed to go through to request retroactive elective coverage. Once the employer's policy was updated to show the retroactive coverage, BWC issued a new order to allow the claim.

Can you help me understand? Part two.

An employer contacted the Ombuds Office because he is also the injured worker and wondered why his claim was denied. The employer believed he had signed up for elective coverage because he has been paying what he was invoiced. Ombuds staff researched and found that although the employer continued to make payments, there was a lapse in coverage and the employer never completed paperwork to reinstate coverage. Also, the claim had actually been dismissed for lack of a signed first report of injury (FROI) rather than denied. Ombuds staff walked the employer through the process of filing a complaint for

retroactive elective coverage and explained that he could wait to re-file the claim application until after the policy coverage issue was resolved. Ultimately, the employer decided that the process was too complicated and that he did not think he would be successful. He filed for a refund of premium and paid the medical bills out of pocket rather than refiling the claim.

Where is my decision?

An injured worker's attorney contacted the Ombuds Office and asked if we would review a district hearing officer (DHO) order because they believed BWC was interpreting it incorrectly. Ombuds staff reviewed the decision which ordered the BWC to process the death claim with a list of employers that may be the correct employer since the employer present at hearing was not the correct employer. BWC staff had entered a note on the claim stating only that the IC dismissed the claim. Ombuds staff reached out to the supervisor and service office manager who reviewed and stated that four new BWC claims were created with each of the employers indicated by the DHO. However, BWC acknowledged they had not communicated this information to the injured worker's attorney. Ombuds staff informed the attorney of the new claim numbers so he could file a representative card (R2) in each of the new claims.

Can you help fix this?

An injured worker's attorney contacted us because she filed two C-86 motions months ago and the motions were still not processed. Ombuds staff researched and learned that the initial allowance of the claim was appealed and awaiting a staff hearing officer (SHO) hearing. One of the C-86 motions filed by the attorney had been referred to the IC who determined to deny the requested period of TT. BWC decided to suspend the second C-86 motion which requested a subsequent period of TT, pending the SHO hearing on the allowance of the claim. Ombuds staff followed up with BWC legal who confirmed that they recommended suspension of the motion. In the meantime, the SHO issued an order affirming the allowance of the claim. A BWC legal staff member decided to recommend the entire period of TT requested on both motions be paid. The employer appealed and ultimately, the requested periods of TT were denied by the IC.

I can't get this fixed.

Ombuds staff was contacted by the employer's certified public accountant (CPA) who indicated there were refunds and credits owed to the employers he represents that had not been processed. The amounts owed to his clients ranged from \$23,990.49 to \$94,718.38. The CPA said he has been calling BWC for seven months without any resolution and wondered if we could help. Ombuds staff researched the issue and learned that all the policies had been referred for an audit based on the large credits due. Ombuds staff inquired about the audit process and duration and communicated this information to the CPA. Ombuds staff also provided contact information to the CPA in case he had questions throughout the process. The audits were completed, and refunds were issued to the employer.

I am getting desperate!

An unrepresented injured worker contacted us after his vocational rehabilitation file was closed for medical instability. He filed a request for TT based on the conditions currently allowed in his claim but also filed a request for some additional allowances. The injured worker was upset because his living maintenance compensation (LM) stopped over two months ago and he still had not received a decision on his request for TT. Ombuds staff reached out to the BWC and was told that the claims service specialist (CSS) decided to send the request for TT and the request for additional allowance together for a medical review because she believed that would provide the injured worker the best opportunity to get his TT approved. In mid-April, over three months after the injured worker's LM stopped, Ombuds staff requested that BWC expedite the exam scheduling. Once the exam was completed, BWC granted the additional allowances and request for TT.

2018 Statistical Information Summary

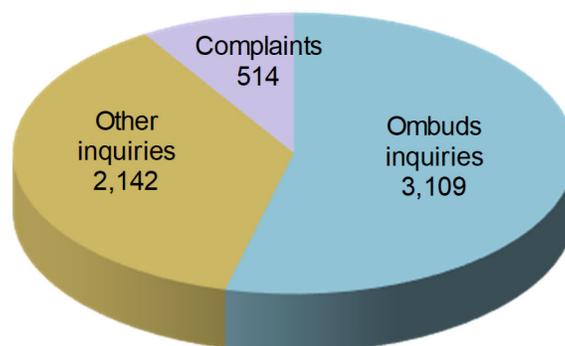
We processed 5,765 customer contacts in 2018. Our staff investigates and researches customer contacts to determine whether a case should be opened. The office classifies contacts as either a complaint (514), an Ombuds inquiry (3,109) or as an other inquiry (2,142). We classify a case as a complaint when a customer expresses dissatisfaction with the Ohio workers' compensation system. The most frequent complaints brought to our office for resolution include:

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

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.

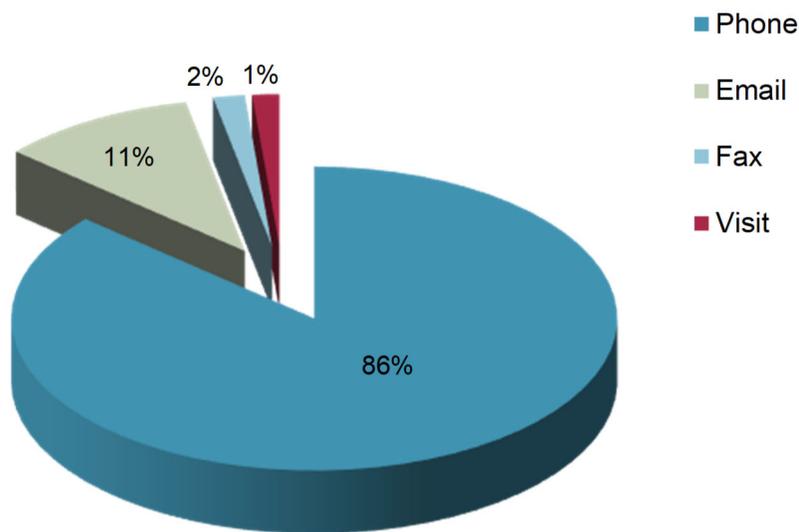
We deem a case to be an Ombuds inquiry when one of our staff directly provides the information requested by the customer and a complaint was not involved. The issues we receive the most inquiries about include employer policy coverage, accounts receivable balance and questions about canceling policy 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

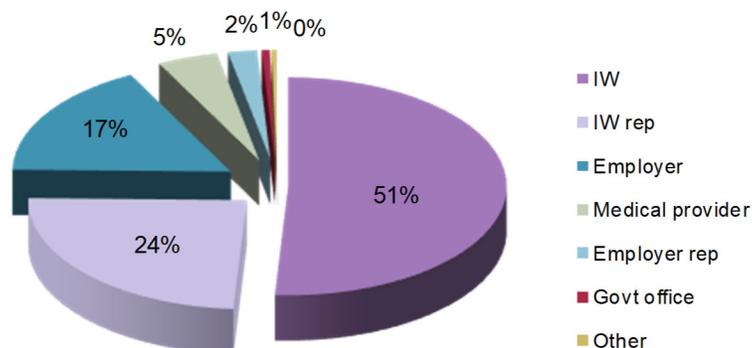
We processed 5,765 customer contacts during 2018, which we received by the methods below.



Contact Method	
Phone	4,979
Email	606
Fax	97
Visit	83
Total	5,765

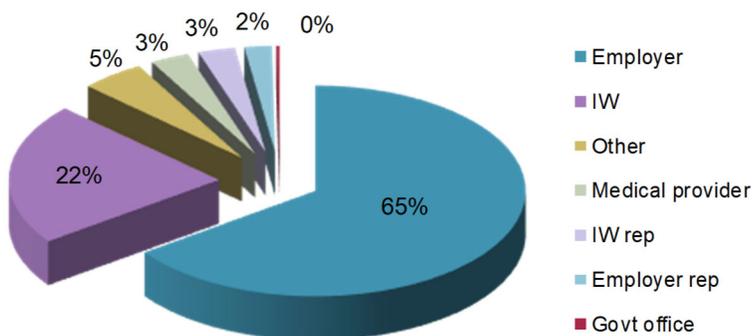
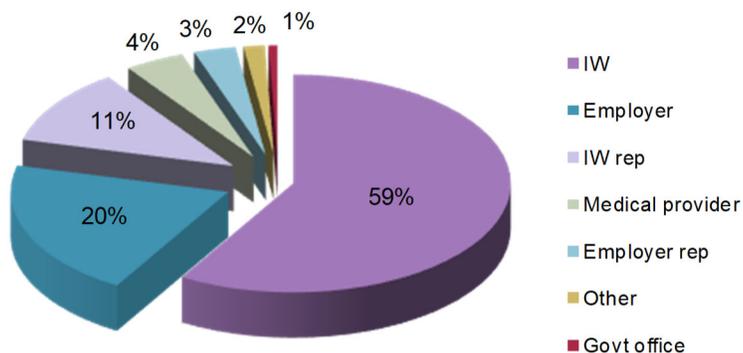
Cases by Customer Type

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



Complaints by Customer Type	
Injured worker	262
Injured worker representative	125
Employer	88
Medical Provider	23
Employer representative	11
Government office	3
Other	2
Total	514

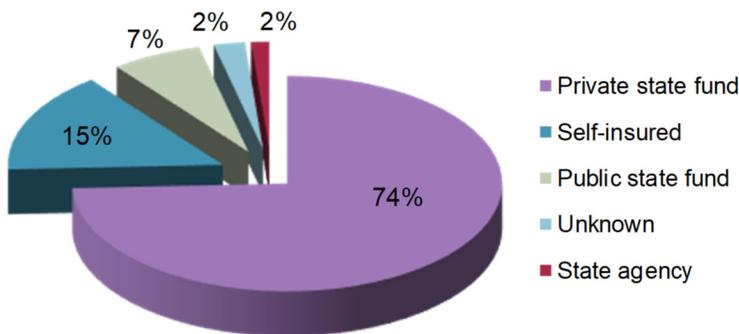
Ombuds Inquiries by Customer Type	
Injured worker	1,820
Employer	633
Injured worker representative	352
Medical provider	138
Employer representative	97
Other	49
Government office	20
Total	3,109



Other Inquiries by Customer Type	
Employer	1,394
Injured worker	467
Other	106
Medical provider	64
Injured worker representative	61
Employer representative	45
Government office	5
Total	2,142

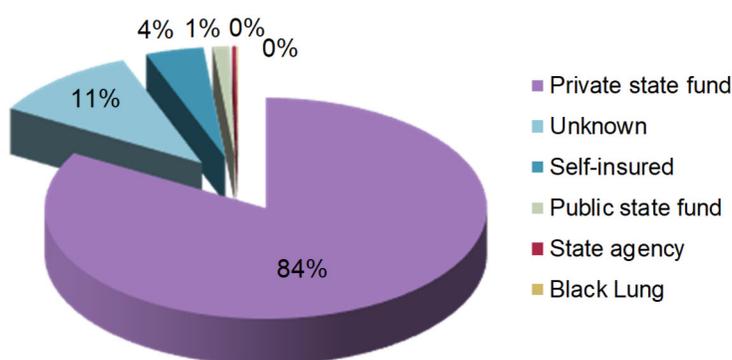
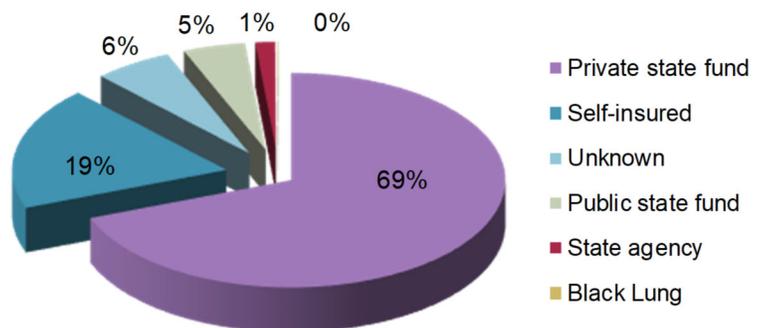
Cases by Type of Employer

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



Complaints by Employer Type	
Private state fund	382
Self-insured	78
Public state fund	35
Unknown	12
State agency	7
Total	514

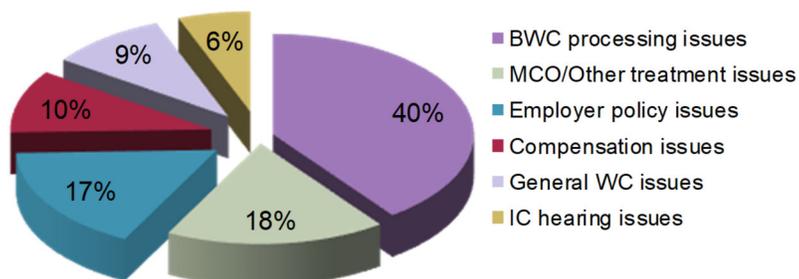
Ombuds Inquiries by Employer Type	
Private state fund	2,153
Self-insured	577
Unknown	185
Public state fund	146
State agency	46
Black Lung	2
Total	3,109



Other Inquiries by Employer Type	
Private state fund	1,784
Unknown	233
Self-insured	91
Public state fund	26
State agency	6
Black Lung	2
Total	2,142

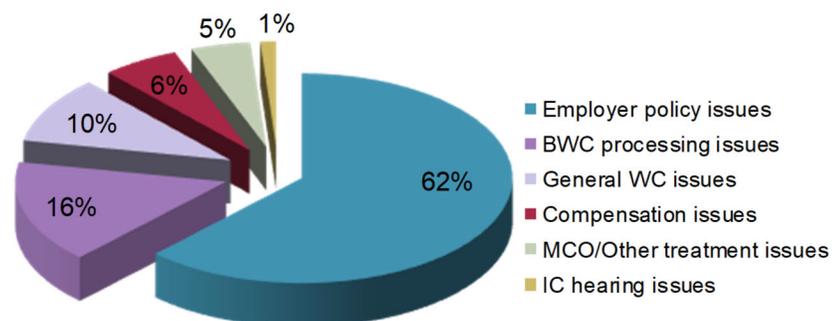
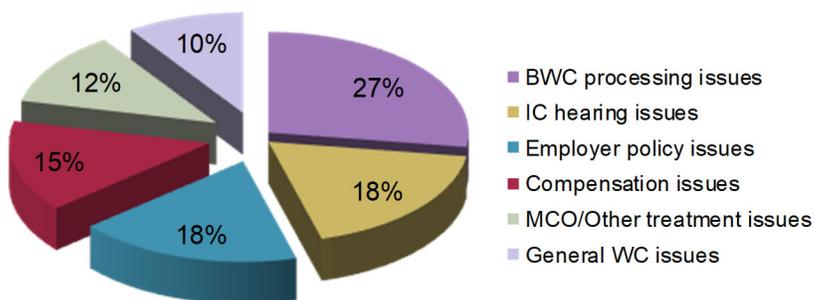
Cases by Issue Type

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



Issue Report - Complaints	
BWC processing issues	205
MCO/Other treatment issues	91
Employer policy issues	87
Compensation issues	52
General WC issues	49
IC hearing issues	30
Total	514

Issue Report - Ombuds Inquiries	
BWC processing issues	849
IC hearing issues	572
Employer policy issues	563
Compensation issues	458
MCO/Other treatment issues	372
General WC issues	295
Total	3,109



Issue Report - Other Inquiries	
Employer policy issues	1,332
BWC processing issues	339
General WC issues	220
Compensation issues	127
MCO/Other treatment issues	98
IC hearing issues	26
Total	2,142

Issue Report - Complaints

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

Employer Policy Issues	
Cancel/Sold company	21
Coverage	10
Rebate/Refund	8
Employer invoice	7
Accounts receivable balance	6
Installment payment	6
Employer program	5
Employer true up	4
Collections	4
Policy combined/Transferred/Cancelled	3
Audit	3
Wrong policy number	2
Change of address	2
Certificate	1
Payment issue	1
Elective coverage	1
Other state coverage	1
Billion Back	1
Manual code classification	1
Total	87

General Workers' Compensation Issues	
Self-insured complaint	23
Claim allowance	8
Attorney/Representative	4
Fraud allegation	3
Medicare	3
Additional allowance	2
Employer form	2
Employer delay of claim	2
Non specific	1
Fee dispute	1
Total	49

IC Hearing Issues	
Hearing process/Hearing letter	17
Hearing decision	5
Hearing officer	5
Hearing delay	2
IC form	1
Total	30

MCO & Other Treatment Issues	
Bills non payment	27
Authorization of medical treatment	16
Prescription - general	13
Medical provider	12
Prescription - prior authorization	5
Find physician	3
Self-insured medical bill	3
ADR	3
MCO staff	2
Vocational rehabilitation	2
MCO form	1
Prescription - opioids	1
MCO survey	1
Reactivation	1
Prescription - generic vs. brand	1
Total	91

BWC Processing Issues	
Processing delay	121
Claim process	39
CSS/MCS	27
BWC form	6
BWC E account	5
Independent medical exam	4
Website	3
Total	205

Compensation Issues	
Temporary total disability	27
Permanent partial disability	11
Wage loss	5
Lump sum settlement	4
Banking issue	2
Permanent total disability/DWRF	1
AWW/FWW amount	1
Death benefits	1
Total	52

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. Comparison data from prior years is included.

Causation	2016	2017	2018
Unjustified complaint	408	325	221
CSS/MCS	105	339	120
Employer	72	30	44
Policy services	46	46	25
Medical provider	34	34	20
Needs forms or information	10	21	15
MCO	17	17	13
Injured worker	39	13	12
Attorney/Representative	15	9	10
Medical exam/Review required	7	45	8
Prescription issue	6	7	8
IC	6	21	6
Billing issue	22	13	5
Unresponsiveness CSS/MCS	6	10	4
Website	5	7	2
Warrant returned or resissued	3	1	1
Appeal	3	1	0
Claim status	2	0	0
Wanted claim expedited	0	1	0
Total	806	940	514

Accountability	2016	2017	2018
Injured worker	275	209	167
BWC	183	467	156
Employer - state fund	208	110	78
Medical provider	44	52	34
Attorney/Representative	41	56	32
Employer - Self-insured	20	13	19
MCO	20	24	16
Pharmacy benefits manager	6	4	5
IC	4	4	5
Financial institution	3	1	2
Government office	2	0	0
Total	806	940	514

Year-to-year comparison - Complaints

The tables below provide a comparison of complaint data for years 2016, 2017, and 2018.

Complaints by Customer Type	2016	2017	2018
Injured worker	393	347	262
Injured worker representative	109	383	125
Employer	253	150	88
Medical provider	17	25	23
Employer representative	21	22	11
Government office	10	7	3
Other	3	6	2
Total	806	940	514

Complaints by Employer Type	2016	2017	2018
Private state fund	656	621	382
Self-insured	88	218	78
Public state fund	43	62	35
Unknown	11	17	12
State agency	8	22	7
Total	806	940	514

Issue Report - Complaints	2016	2017	2018
BWC processing issues	197	538	205
MCO/Other treatment issues	109	97	91
Employer policy issues	255	151	87
Compensation issues	146	80	52
General WC issues	63	42	49
IC hearing issues	36	32	30
Total	806	940	514

Issue Report - Ombuds Inquiries

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

Employer Policy Issues	
Coverage	159
Cancel/Sold company	130
Accounts receivable balance	46
Certificate	33
Rebate/Refund	27
Employer invoice	21
Installment payment	21
Employer true up	20
Change of address	17
Policy combined/Transferred/Cancelled	11
Wrong policy number	10
Employer program	9
Payment issue	9
Rate	8
Manual code classification	8
Lien	7
Audit	6
MCO	6
Billion Back	4
ESS/AE2	3
Collections	3
Safety & Hygiene	2
Amended payroll	1
Other state coverage	1
Estimated annual premium	1
Total	563

General Workers' Compensation Issues	
Claim allowance	68
Non specific	46
Additional allowance	45
Self-insured complaint	29
Attorney/Representative	24
Medicare	24
Employer form	20
Statute of limitations	17
Fraud allegation	10
Fee dispute	6
Light duty	5
Interstate jurisdiction	1
Total	295

IC Hearing Issues	
Hearing process/Hearing letter	448
Hearing decision	82
IC form	34
IC exam	5
Hearing delay	3
Total	572

Compensation Issues	
Temporary total disability	214
Lump sum settlement	56
Permanent partial disability	51
Wage loss	34
Permanent total disability/DWRF	24
Death benefits	18
Travel reimbursement	17
AWW/FWW amount	14
Banking issue	10
Scheduled loss	8
Lump sum advancement	7
Violation of specific safety requirements	2
Salary continuation	2
AWW/FWW delay	1
Total	458

BWC Processing Issues	
Claim process	324
BWC form	203
Processing delay	144
CSS/MCS	75
Independent medical exam	45
Website	31
BWC E account	18
Status of form/Application	6
IC hearing referral	3
Total	849

MCO & Other Treatment Issues	
Bills non payment	90
Authorization of medical treatment	87
Medical provider	40
Find physician	38
Self-insured medical bill	22
Prescription - general	15
Vocational rehabilitation	14
MCO form	12
MCO staff	11
Prescription - prior authorization	10
Reactivation	10
ADR	7
Provider enrollment	6
Prescription - opioids	4
Provider policy and fee schedule	3
Prescription - generic vs. brand	2
MCO survey	1
Total	372

Issue Report - Other Inquiries

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

Employer Policy Issues	
Coverage	313
Payment issue	196
Employer true up	165
Certificate	108
Cancel/Sold company	73
Accounts receivable balance	70
Rebate/Refund	52
Rate	43
Employer invoice	39
Collections	39
Employer program	38
Installment payment	28
Manual code classification	25
Change of address	23
Other state coverage	22
Lien	21
Policy combined/Transferred/Cancelled	21
Safety & Hygiene	17
Estimated annual premium	10
ESS/AE2	8
MCO	7
Elective coverage	6
Prospective billing	3
Billion Back	2
Wrong policy number	1
Amended payroll	1
Audit	1
Total	1,332

MCO & Other Treatment Issues	
Prescription - prior authorization	17
Provider enrollment	16
Medical provider	12
Provider policy and fee schedule	11
Authorization of medical treatment	9
Prescription - general	8
Self-insured medical bill	7
Bills non payment	6
MCO staff	6
Find physician	3
Vocational rehabilitation	1
ADR	1
Reactivation	1
Total	98

General Workers' Compensation Issues	
Non specific	125
Self-insured complaint	28
Employer form	16
Fraud allegation	14
Claim allowance	14
Attorney/Representative	11
Interstate jurisdiction	8
Medicare	1
Light duty	1
Labor issue	1
Employer delay of claim	1
Total	220

Compensation Issues	
Banking issue	37
Temporary total disability	30
Death benefits	19
Permanent total disability/DWRF	13
Lump sum settlement	10
Wage loss	7
Permanent partial disability	5
AWW/FWW amount	3
Lump sum advancement	2
Travel reimbursement	1
Total	127

BWC Processing Issues	
Claim process	102
BWC form	77
CSS/MCS	76
BWC E account	64
Website	8
Processing delay	6
Independent medical exam	3
Status of form/Application	3
Total	339

IC Hearing Issues	
Hearing process/Hearing letter	19
Hearing decision	3
IC form	2
IC exam	1
Hearing officer	1
Total	26

2018 Administrative Update

Budget

Expenditures to operate the Ombuds Office in CY2018 totaled \$713,749. This total includes payroll costs for staff of \$685,808 and operating expenses of \$27,941. Total expenditures for CY2018 rose 7 percent as compared to CY2017. A spreadsheet providing budget details is on page 30 of this annual report.

Total payroll costs for 2018 vs. 2017 increased 7 percent. 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 CY2018 based on the 26 pay period cycle resulting in two months with three pay periods, and individual employees' selections related to their benefits.

In CY2018, staff included the chief ombudsperson, two exempt employees (in Columbus) and five bargaining unit employees (four in Columbus and one in Cleveland). In CY2018, no overtime was paid.

Non-payroll operating costs for the Ombuds Office for 2018 were \$27,941. This total is an increase of 2 percent from \$27,514 in 2017. 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 2018 we concluded our tenth full year of the ePowerCenter tracking software. Benefits of this industry standard software include:

- Improved tracking of individual complaints and inquiries;
- 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 2019. 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 various safety council meetings throughout the state, a seminar for OCSEA members, and at the Columbus Bar Association Workers' Compensation Committee.

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:

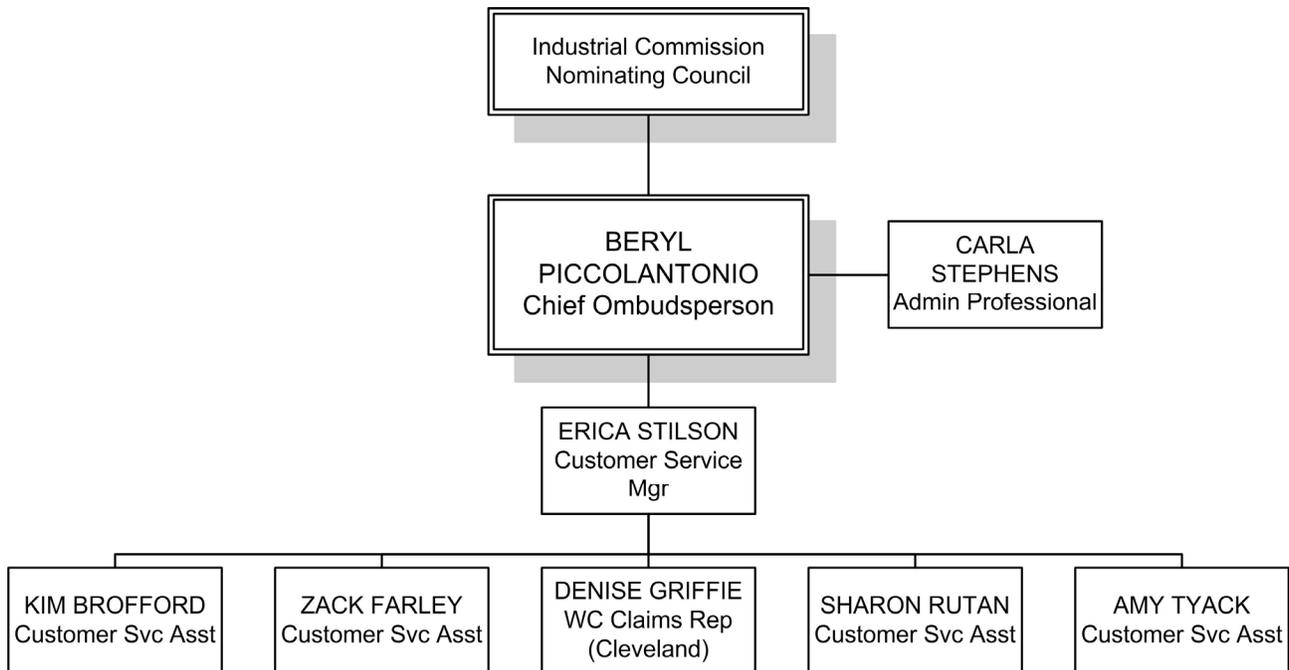
- Mailing letters to unrepresented injured workers prior to their first IC hearing;
- Distributing our capabilities brochure to local unions, across Ohio;
- Speaking at labor seminars, including AFL-CIO, UAW and Teamsters;
- Providing information local unions can share on their websites;
- Conducting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



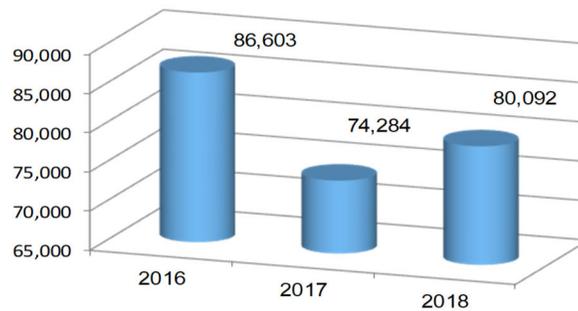
Ombuds Office Expenditure Report - Calendar Year 2018

OBJECT CLASS	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	TOTAL EXPENSES
10 Payroll	51,500	51,743	51,635	51,613	51,704	51,448	78,272	53,062	52,884	52,971	53,175	81,541	681,548
10 Overtime Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
13 Personal Service	0	0	1,092	189	0	745	0	0	781	0	0	1,153	3,960
15 Other P.S.	150	0	0	0	0	0	0	0	0	0	0	150	300
Total 100	51,650	51,743	52,727	51,802	51,704	52,193	78,272	53,062	53,664	52,971	53,175	82,844	685,808
20 Edible Products	0	0	0	0	0	0	0	0	0	0	0	0	0
21 Supplies	0	22	250	0	0	0	0	0	0	43	0	98	413
21 INTRNL SUPPLIES	0	0	0	0	0	0	0	0	0	0	0	0	0
22 Vehicle Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
22 INTRNL VEHICLE	0	0	0	0	0	0	0	0	0	0	0	0	0
23 Travel Fees	0	0	0	0	216	0	0	0	0	0	0	0	216
24 Communications	0	0	0	0	0	0	0	0	0	0	0	0	0
24 INTRNL COMM	395	519	409	540	472	495	407	454	474	480	423	510	5,579
24 IT Lic Commun	131	294	142	143	147	0	282	139	139	139	139	139	1,835
25 Fuel/Utilities	0	0	963	0	0	1,398	0	0	1,354	0	0	1,551	5,266
26 Maintenance	0	0	3,072	0	0	3,203	0	0	205	0	0	4,281	10,761
27 Rentals	0	0	0	0	0	0	0	0	0	0	0	0	0
27 ISTV/Goods & Svcs	116	178	134	0	706	444	103	0	1,231	824	0	134	3,870
28 Printing/Advertising	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
Total 200	642	1,012	4,970	683	1,541	5,540	794	593	3,404	1,487	563	6,713	27,941
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 Equip	0	0	0	0	0	0	0	0	0	0	0	0	0
36 Educational/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
37 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	52,293	52,755	57,697	52,485	53,245	57,733	79,066	53,655	57,068	54,458	53,738	89,557	713,749

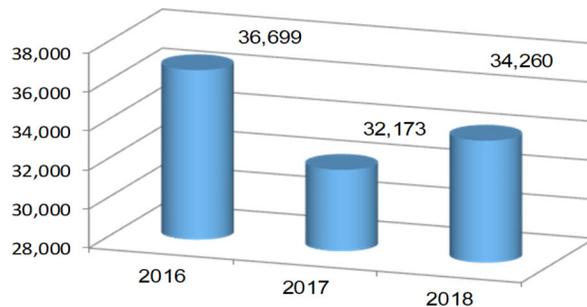
Note: Mass Allocations included in March, June, September, and December.

Industrial Commission 2018 Year-End Statistics

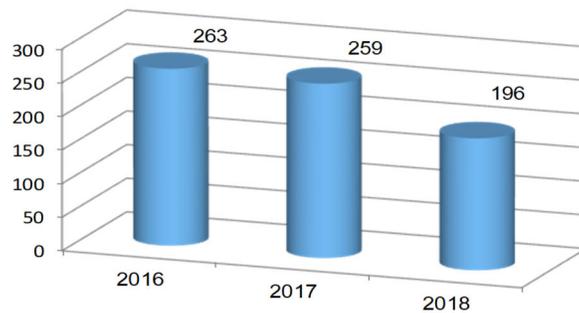
DHO level hearings



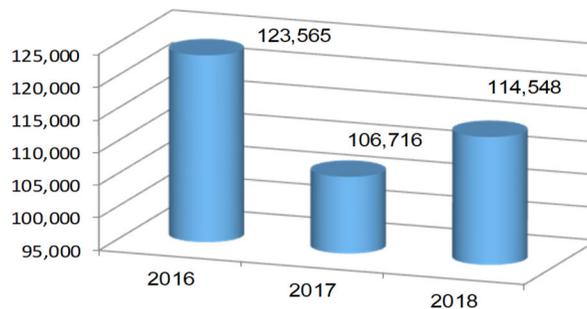
SHO level hearings



Commission level hearings



Total IC hearings



Source: IC Management Planning

Ohio Bureau of Workers' Compensation

2018 Year-End Statistics

	FY 2018	FY 2017	FY 2016
State-fund claims filed			
Lost time	10,662	10,745	10,932
Medical only	73,967	75,030	76,648
Occupational disease	280	360	407
Death	227	155	183
Disallowed or dismissed	<u>12,049</u>	<u>11,641</u>	<u>10,912</u>
Total	<u>97,185</u>	<u>97,931</u>	<u>99,082</u>
Net allowed injuries	85,136	86,290	88,170
NOTE: Every claim is evaluated at 60 days after filing for purposes of claim type, State fund versus self-insured, combine status and allowance status. Values exclude combined and Self-insured claims.			
Open claims (per statute)			
Lost time	223,318	242,778	263,618
Medical only	<u>448,870</u>	<u>461,978</u>	<u>488,694</u>
Total	<u>672,188</u>	<u>704,756</u>	<u>752,312</u>
Benefits paid			
Medical benefits paid	\$ 526,379,567	\$ 550,569,114	\$ 580,294,319
Compensation paid			
Wage loss	\$ 7,525,535	\$ 8,371,994	\$ 9,810,677
Temporary total	197,894,421	204,141,166	219,298,295
Temporary partial	3,511	4,361	7,226
Permanent partial	23,021,440	19,632,350	19,708,785
% Permanent partial	57,430,490	55,294,805	65,019,190
Lump sum settlement	145,946,543	134,602,047	159,289,682
Lump sum advancement	17,456,267	19,902,247	21,852,376
Permanent total and DWRF	376,041,549	381,508,395	402,054,481
Death	81,210,663	83,177,378	85,945,428
Rehabilitation	26,417,263	30,083,940	33,080,852
Other	<u>4,054,993</u>	<u>4,046,402</u>	<u>5,535,475</u>
Total compensation paid	\$ 937,002,675	\$ 940,765,085	\$ 1,021,602,467
Total benefits paid	<u>\$ 1,463,382,242</u>	<u>\$ 1,491,334,199</u>	<u>\$ 1,601,896,786</u>
Managed care organization fees paid	\$170,755,316	\$170,797,091	\$169,229,310

Source: BWC Fiscal Year 2018 Annual Report

2018 Year-End statistics

	FY 2018	FY 2017	FY 2016
Fraud statistics			
Fraud dollars identified	\$ 60,098,139	\$ 41,764,061	\$ 56,571,121
\$\$\$ saved to \$\$\$ spent ratio	4.81 to 1	3.48 to 1	4.61 to 1
Prosecution referrals	166	163	198
Active employers by type			
Private	236,591	237,249	239,331
Public (local)	3,784	3,796	3,796
Public (state)	115	121	121
Self-insured	1,173	1,166	1,178
Black lung	28	28	31
Marine Fund	121	114	138
Total	<u>241,812</u>	<u>242,474</u>	<u>244,595</u>
BWC personnel	1,760	1,785	1,842
IC personnel	342	345	363
BWC combined funds financial data (000s omitted)			
	Audited FY 2018	Audited FY 2017	Audited FY 2016
Operating revenues			
Premium and assessment income, net of provision for uncollectibles and ceded premiums	\$ 1,162,940	\$ 1,541,988	\$ 1,461,213
DWRF II unbilled assessment	-	-	(1,499,600)
Other income	<u>9,407</u>	<u>10,016</u>	<u>12,442</u>
Total operating revenues	<u>\$ 1,172,347</u>	<u>\$ 1,552,004</u>	<u>\$ (25,945)</u>
Operating expenses			
Workers' compensation benefits and compensation adjustment expenses	\$ 804,021	\$ 1,199,363	\$ 1,211,609
Other expenses	153,472	143,572	119,419
Total operating expenses	<u>\$ 957,493</u>	<u>\$ 1,342,935</u>	<u>\$ 1,331,028</u>
Non-operating revenues			
Net investment earnings	\$ 667,899	\$ 672,003	\$ 633,497
Increase (decrease) in fair value	<u>668,680</u>	<u>1,205,642</u>	<u>731,967</u>
Net investment income	<u>\$ 1,336,579</u>	<u>\$ 1,877,645</u>	<u>\$ 1,365,464</u>
Net dividends, rebates and credits	\$ 1,298,778	\$ 1,094,850	\$ 15,396
DWRF I alternative funding expense	\$ (20,128)	\$ (16,348)	\$ 507,891
Total assets	\$ 28,882,130	\$ 28,918,232	\$ 27,439,254
Total liabilities	\$ 18,944,355	\$ 19,240,643	\$ 18,742,292
Total net position	\$ 9,926,864	\$ 9,758,071	\$ 8,753,885

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 August 2018

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

Debbie Lantman
Ohio Self-Insurers Association

Public Members

Daniel Massey

Robert Schmitz

Labor Representatives

Tim Burga**
Ohio AFL-CIO

Frank Gallucci
Plevin & Gallucci

John Lyall
AFSCME Ohio Council 8

David Prentice
United Steelworkers

Ohio Association of Justice Representative

Philip Fulton***

* Chairperson

** Vice Chairperson

*** Secretary