Ombuds Office

Bhio

An Independent Service of Ohio's Workers' Compensation System

2022 Annual Report

Ombuds Office 30 West Spring St., L1 Columbus, OH 43215-2256 800-335-0996 Fax 877-321-9481

Table of Contents

Message from the Chief Ombudsperson	2
About the Ombuds Office	4
Ombuds Office Workflow	6
Ombuds Office Case Stories	7
2022 Statistical Information Summary	11
Ombuds Office 2022 Statistics	
Method of Customer Contact	12
Cases by Customer Type	13
Cases by Type of Employer	14
Cases by Issue Type	15
Issue Report - Ombuds Complaints	16
Causation and Accountability Reports	
Year-to-Year Comparison	19
Issue Report—Ombuds Inquiries	20
Issue Report - Other Inquiries	22
2022 Administrative Update	24
Ombuds Office Table of Organization	27
Expenditure Report	28
Ohio Workers' Compensation Statistics	
Industrial Commission	29
Bureau of Workers' Compensation	
Industrial Commission Nominating Council	32

Message from the Chief Ombudsperson

October 12, 2023

Industrial Commission Nominating Council

Dear Council Members:

I am pleased to present the Ombuds Office Annual Report for calendar year 2022 (CY2022). In accordance with Ohio Revised Code section 4121.45, this report provides a statistical summary of the activity of the Ombuds system from CY2021. Ombuds Office staff again continued to perform our mission of assisting injured workers (IW) and employers in matters dealing with the Bureau of Workers' Compensation (BWC) and the Ohio Industrial Commission (IC).

2022 was a busy and productive year; of the 5,145 customer contacts handled by our office, we categorized 232 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) 76 percent;
- Employers (or their representatives) 10 percent;
- Other 14 percent.

Of the remaining 4,913 customer contacts, we categorized 1,884 as Ombuds inquiries and 3,029 were categorized as other inquiries. These contacts came from the following sources:

Ombuds inquiries

- Injured workers (or their representatives) 72 percent;
- Employers (or their representatives) 19 percent;
- Other 9 percent.

Other inquiries

- Employers (or their representatives) 71 percent;
- Injured workers (or their representatives) 19 percent;
- Other 10 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. Reports since 2014, reflect the new, more robust approach to data collection and provide new detail related to all customer contacts to the Ombuds Office.

2022 was a year of rapid change and much unpredictability everywhere and neither the Ombuds Office nor the workers' compensation system were excluded from that change and unpredictability.



In March 2020, all state employees began working from home and staff needed to innovate in order to continue to meet the needs of customers. Ombuds Office staff was able to swiftly develop new processes to ensure minimal disruption to the way we serve customers. The Ombuds Office also quickly developed new codes in order to track the pandemic impact on the workers' compensation system.

Customer outreach and education remained a priority for 2022 despite the logistical challenges. I presented at various workers' compensation seminars and I continued ongoing communication with BWC and IC staff in order to make sure there is a clear understanding of the service provided by the Ombuds Office.

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 2023.

Sincerely,

Beryl Piccolantonio Chief Ombudsperson

About the Ombuds Office

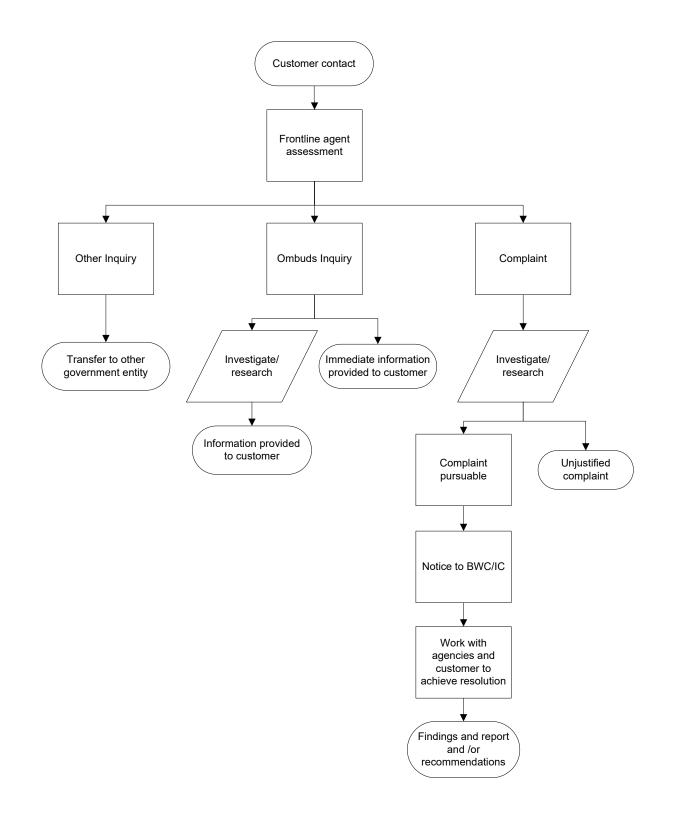
The Ohio General Assembly established a workers' compensation ombudsperson system, which has been in place since the 1970s (ORC 4121.45). The Ombuds Office is a neutral and independent resource available to employers, injured workers, and their representatives, to assist with problems navigating and 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:
 - 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 represents the variety of complaints and issues our customers brought to us in 2022.

This doesn't make sense.

An IW's attorney contacted the Ombuds Office and asked if there was anything we could do to help with a situation where the BWC issued an allowance order without addressing the issue of the IW's request for temporary total disability benefits (TT). The attorney said his client is in danger of not being able to pay bills. Ombuds staff researched the claim and saw a note that BWC was waiting to address the issue of TT until the IW's drug screen results come back. However, Ombuds Office staff did not see anything in the medical records indicating that a drug screen was ordered. Ombuds Office staff reached out to BWC staff to ask whether the managed care organization (MCO) ever contacted the emergency room to determine if any drug screenings were performed. BWC staff followed up with the MCO and learned that no drug screening was performed at the hospital, so they made a determination to vacate their initial allowance order and issue a new order that addressed the requested TT.

I need help!

A permanently and totally disabled (PTD) IW contacted the Ombuds Office and asked for any assistance we could provide in helping him get a motorized scooter. The IW described that he had undergone several amputation surgeries that were approved and paid for under the claim but had been told for years by BWC staff that as long as he could manually operate a wheelchair, he would not qualify for a motorized scooter. He was finally granted approval for the scooter but was also approved for a surgery that he had scheduled for the near future. He was worried that his approval for the motorized scooter would expire before he was able to move through the evaluation process because of the intervening surgery. Ombuds Office staff reached out to the MCO to relay these concerns and ask that they follow up with the IW. After a very long and complicated process of finding an appropriate scooter for the IW, he received a motorized scooter that worked for him.

Is this correct?

The Ombuds Office received a referral from the Governor's office about an IW who contacted them because he was frustrated with how his claim had been handled by the BWC. Ombuds Office staff reached out to the IW and learned that the IW was particularly frustrated by the handling of his prescription medication. The IW described that his pharmacy would not fill a prescription authorized under his claim because it exceeds the amount allowable under state guidelines. Ombuds Office staff reached out to the BWC pharmacy benefits staff and learned that after BWC authorized the medication requested, the IW's provider submitted a new request for the medication at a higher dosage. BWC staff told the provider that administrative code guidelines prohibited the higher dosage, but no one contacted the IW to explain that the original dosage prescribed was approved. Ombuds staff reached back out to the IW to explain the confusion and let him know his original prescription would be filled by the pharmacy.

My privacy has been violated!

An IW contacted the Ombuds Office upset because their name is inaccurately listed in the BWC computer system. This IW explained that they transitioned from female to male approximately 15 years ago, including an update of all legal documents, but the BWC system was reflecting their previous name. The IW was distraught because he believed this was a breach of private medical information to his employer who was unaware of the IW's transition. Ombuds Office staff reached out to the BWC and learned that the system updated the name as part of an automatic social security number search. BWC staff reached out to the IW and worked through correcting the claim information, but the IW was still very upset because mail was sent to the employer with the incorrect name. BWC staff raised the issue with their supervisor and was told there was nothing more that could be done.

Can you help us untangle this mess?

An IW's attorney contacted the Ombuds Office and described that his client was injured in 2020 and had surgery, but the claim did not get filed until almost a year later. The surgery was initially paid for under the IW's private health insurance, but after the claim was allowed, the IW submitted the bills to the claim. In order for the bills to be paid, the MCO required that the providers submit forms for retroactive approval of the treatment, and many did, but the provider who performed the surgery refused to submit a *Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease* (C-9) form. The attorney was frustrated because he could not convince the surgeon's office to submit the form and the bills were turned over to a collection agency.

Ombuds Office staff reached out to both the MCO and to BWC provider relations staff for help to get the situation resolved. BWC staff agreed to contact the provider directly and try to explain the situation to them, but the provider was still unwilling to submit the C-9 form. Ombuds Office staff continued to push that there needed to be some way to resolve the situation because the IW was facing a serious financial issue, so BWC provider relations staff worked with the MCO and staff from BWC legal to sort through the documents already submitted from the provider's office and find sufficient proof to process reimbursement to the provider for the surgery. Ultimately, BWC was able to find sufficient documentation to reimburse the provider and direct them to cancel any remaining portion of the debt and remove the referral to collections.

Are you able to help?

An IW's attorney contacted the Ombuds Office to see if we could help direct the BWC to enforce an IC order. The attorney explained that a staff hearing officer issued an order increasing the IW's wage rate but that the BWC would not pay the difference between the benefits paid and the benefits owed based on the new rate until BWC issued a new order confirming the wage rate increase. The attorney said that approach would not be fair because it would provide the employer another opportunity to appeal the wage rate, and they would have to go through another set of hearings on the same issue. Ombuds staff researched the issue and then reached out to BWC staff who re-asserted what they told the IW's attorney. Ombuds Office staff asked if they could provide the BWC policy to justify their position and, after reaching out to BWC policy processing staff, the BWC claims staff acknowledged they were wrong and issued the payment without a new BWC order.

I can't get back to work without childcare.

An IW contacted the Ombuds Office asking for help because she was participating in vocational rehabilitation and part of her approved plan included the BWC paying for childcare, but her daycare provider had not been paid. The IW explained that if she did not have childcare, she would not be able to participate in job training. Ombuds Office staff reached out to BWC staff and was told that BWC did not know anything about the IW being assured of childcare payment. Ombuds Office staff researched the issue and found the approved vocational rehabilitation plan that included reimbursement for childcare and reached back to BWC staff to let them know of the approval as part of the plan. BWC staff processed the payment for childcare and the IW's childcare provider received payment.

I am miserable!

An IW contacted the Ombuds Office desperate for help getting a request for an amputation approved. The IW described that he was in so much pain he was considering cutting his own finger off. Ombuds Office staff worked to calm him down and assured him they would work to help him through the process. Ombuds Office staff researched the claim and reached out to BWC staff to find out why the appeal to the denial for surgery had not yet been referred for an IC hearing. BWC staff made the referral and then Ombuds Office staff reached out to the IC to find out if the hearing could be expedited given the urgency of the treatment request. The claim was finally set for a hearing, the request for an amputation was approved, and Ombuds Office staff let the IW know so he could call his doctor and schedule the amputation surgery.

Do I have any options?

Staff from the Governor's office reached out to see if Ombuds Office staff could help with an IW who had been denied a request for a spinal cord stimulator. Ombuds Office staff researched the issue and then reached out to the IW to explain that if they disagreed with the decision, they would need to file a timely appeal to the BWC order. Ombuds Office staff showed the IW the medical report to justify the denial and explained that the IW should talk with their doctor, and the doctor could submit their own explanation justifying the request. The IW filed an appeal with supporting medical evidence and the request for a spinal cord stimulator was granted at an IC hearing.

This is unacceptable!

An IW contacted the Ombuds Office and wanted to file a complaint because her BWC customer service assistant was not responding to her and the delay in processing her claim caused some of the medical treatment her provider recommended to be denied. Ombuds Office staff reached out to BWC staff who acknowledged that the delay resulted in a request for treatment being denied. BWC staff was able to explain the situation to the MCO and get the treatment approved

Do I have any rights?

Staff from the Governor's office asked if we could reach out to an IW who contacted their office for help. Ombuds Office staff contacted the PTD IW who described that she was severely injured at work in 2000 and had been stable with treatment until recently when her requests for treatment started getting denied and BWC staff told her they were going to wean her off of her pain medication. Ombuds Office staff reviewed the claim and saw there was a recent drug utilization review that did not support the IW's prescription medications and an order denying her most recent prescriptions. Ombuds Office staff explained that the IW had a right to file an appeal to that order and explained that if her doctor disagreed, they could file a report explaining the IW's need for the medication. The IW ultimately had a hearing on the issue and her medication was approved by an IC hearing officer.

This can't be correct.

A representative for an employer contacted the Ombuds Office and asked for help with an issue related to the company's true-up payment. The representative described that the employer filed their initial true-up on August 9, an amended true-up on August 17, and then paid their invoice online on October 21. The representative explained that the invoice indicated the due date as October 21 on two separate places on the invoice, but that BWC determined the payment was not timely because it was not posted on or before the due date. Further, BWC determined the employer was no longer eligible for group rating, assessed a fee of over \$16 thousand for removal from group rating, and told the employer they were not eligible for the retrospective group rating program because of the late payment.

Ombuds Office staff researched the issue and reached out to staff from BWC employer services to find out if the employer's only option was to go through an expensive and time-consuming appeal process. The BWC employer services staff explained that in this situation, the original true-up resulted in a credit of over \$12 thousand to the employer and the amended true-up resulted in an amount owed of over \$1 thousand. When an employer amends a true-up within BWC's 30-day grace period, the payment must actually post by the due date on the invoice per BWC policy. The BWC computer system processes payments during overnight batch process, resulting in the payment posting one day later than it was made. Further, BWC employer services staff explained that prior Adjudicating Committee decisions are not precedence-setting so even though there have been prior decisions in favor of the employer in scenarios like this, this employer will have to go through an appeal process if they disagree.

Ombuds Office staff followed up with the employer to provide this explanation. The employer filed an appeal and ultimately, the Adjudicating Committee issued a decision overturning the original BWC decision and they were placed back into the group rating program.

2022 Statistical Information Summary

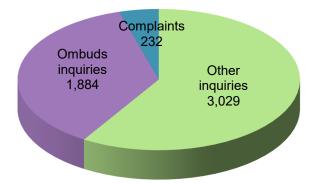
We processed 5,145 customer contacts in 2022. Our staff investigates and researches customer contacts to determine whether a case should be opened. The office classifies contacts as either a complaint (232), an Ombuds inquiry (1,1884) or as an other inquiry (3,029). We classify a case as a complaint 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.

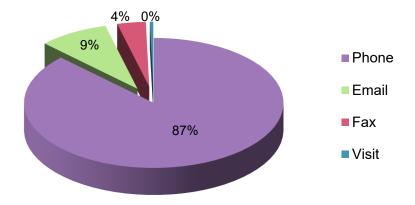
We deem a case to be an Ombuds inquiry when one of our staff directly provides the information requested by the customer and a complaint was not involved. The issues we receive the most inquiries about include employer policy coverage, accounts receivable balance and questions about canceling policy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

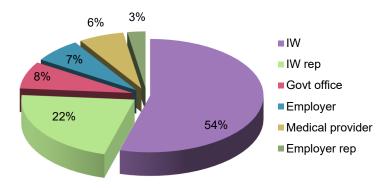
We processed 5,145 customer contacts during 2022, which we received by the methods below.



Contact Method	
Phone	4,491
Email	449
Fax	183
Visit	22
Total	5,145

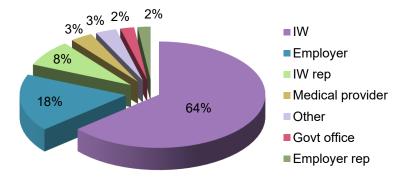
Cases by Customer Type

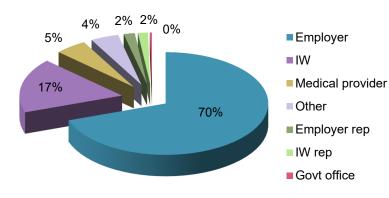
The charts below identify the customer type for each of the types of cases received: complaints, Ombuds inquiries and other inquiries.



Complaints by Customer Type	
Injured worker	126
Injured worker representative	51
Government office	18
Employer	16
Medical provider	15
Employer representative	6
Total	232

Ombuds Inquiries by Customer Type	
Injured worker	1,203
Employer	329
Injured worker representative	151
Medical provider	64
Other	60
Government office	40
Employer representative	37
Total	1,884

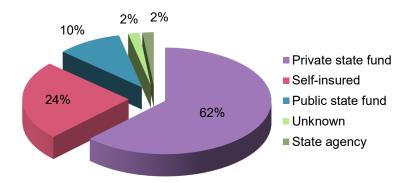




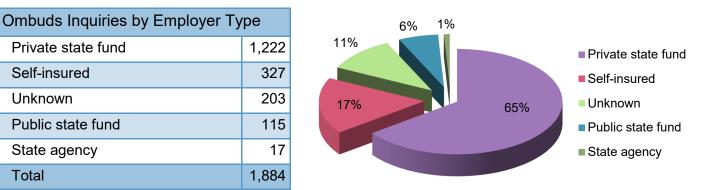
Other Inquiries by Customer Type	
Employer	2,111
Injured worker	521
Medical provider	152
Other	134
Employer representative	53
Injured worker representative	48
Government office	10
Total	3,029

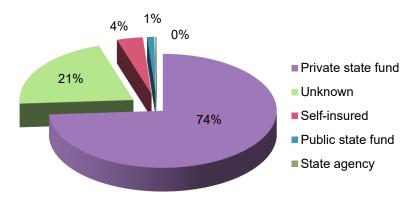
Cases by Type of Employer

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	145
Self-insured	56
Public state fund	23
Unknown	4
State agency	4
Total	232



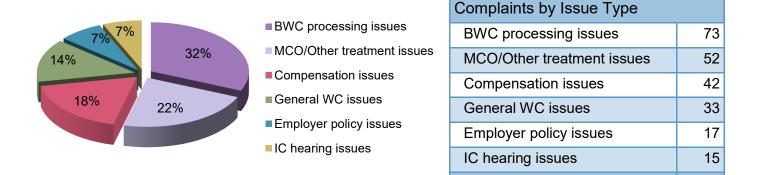


Other Inquiries by Employer Type	
Private state fund	2,241
Unknown	639
Self-insured	112
Public state fund	31
State agency	6
Total	3,029

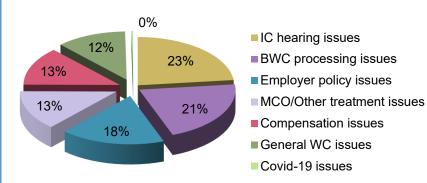
232

Cases by Issue Type

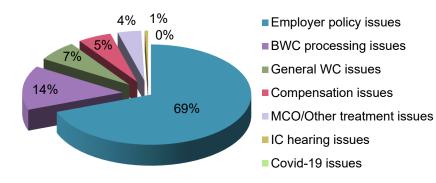
The charts below identify the issue type for each of the types of cases received: complaints, Ombuds inquiries and other inquiries.



Ombuds Inquiries by Issue Type	
IC hearing issues	438
BWC processing issues	397
Employer policy issues	330
MCO/Other treatment issues	250
Compensation issues	242
General WC issues	222
COVID-19 issues	5
Total	1,884



Total



Other Inquiries by Issue Type	
Employer policy issues	2,102
BWC processing issues	432
General WC issues	199
Compensation issues	165
MCO/Other treatment issues	115
IC hearing issues	16
Total	3,029

Issue Report - Complaints

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

BWC Processing Issues	
Claim process	23
CSS/MCS	18
Processing delay	17
BWC form	9
BWC E account	2
Independent medical exam	2
IC hearing referral	2
Total	73

IC Hearing Issues	
Hearing process/Hearing letter	6
Hearing decision	5
Hearing officer	2
Hearing delay	1
IC form	1
Total	15

Compensation Issues	
Temporary total disability	21
Lump sum settlement	4
Permanent total disability/DWRF	4
Wage loss	3
Permanent partial disability	3
Travel reimbursement	3
Death benefits	2
Banking issue	1
AWW/FWW amount	1
Total	42

Issue Report - Complaints - continued

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

Employer Policy Issues	
Accounts receivable balance	5
Cancel/Sold company	4
Audit	1
Elective coverage	1
Employer invoice	1
Employer true-up	1
Installment payment	1
Other state coverage	1
Payment issue	1
Wrong policy number	1
Total	17

General Workers' Compensation Issues	
Self-insured complaint	17
Additional allowance	5
Attorney/Representative	5
Claim allowance	2
Fee dispute	2
Non specific	1
Statute of limitations	1
Total	33

MCO & Other Treatment Issues	
Authorization of medical treatment	18
Bills non payment	15
Medical provider	5
Self-insured medical bill	4
MCO staff	3
Prescription - prior authorization	2
Find physician	1
Prescription - opioids	1
Provider enrollment	1
Provider policy & fee schedule	1
Reactivation	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	2020	2021	2022
Unjustified complaint	170	125	95
Injured worker	9	11	25
Unresponsiveness CSS/MCS	13	16	20
Attorney/Representative	5	4	16
Medical provider	17	12	14
CSS/MCS	27	21	13
МСО	13	13	12
Employer	26	21	11
Billing issue	4	14	8
Medical exam/Review required	9	6	4
IC	7	3	4
Needs forms or information	6	3	4
Policy services	4	3	2
Website	0	2	1
Appeal	1	0	1
Claim status	4	6	1
Wrong diagnosis code	0	0	1
Wanted claim expedited	4	1	0
Prescription issue	3	0	0
Warrant returned or reissued	1	0	0
Total	323	261	232

Accountability	2020	2021	2022
Injured worker	138	103	101
BWC	46	45	41
Medical provider	25	24	22
МСО	20	29	19
Employer - Self-insured	14	10	18
Employer - state fund	52	32	14
Attorney/Representative	16	14	14
IC	8	2	2
Financial institution	2	1	1
Job and Family Services	0	1	0
Pharmacy benefits manager	2	0	0
Total	323	261	232

Year-to-year comparison - Complaints

The tables below provide a comparison of complaint data for years 2020, 2021, and 2022.

Complaints by Customer Type	2020	2021	2022
Injured worker	202	124	126
Injured worker representative	41	60	51
Government office	20	15	18
Employer	50	35	16
Medical provider	9	20	15
Employer representative	1	7	6
Total	323	261	232

Complaints by Employer Type	2020	2021	2022
Private state fund	225	179	145
Self-insured	55	47	56
Public state fund	24	23	23
Unknown	10	9	4
State agency	9	3	4
Total	323	261	232

Complaints by Issue Type	2020	2021	2022
BWC processing issues	80	75	73
MCO/Other treatment issues	66	73	52
Compensation issues	61	37	42
General WC issues	33	31	33
Employer policy issues	42	33	17
IC hearing issues	23	12	15
COVID-19 issues	18	0	0
Total	323	261	232

Issue Report - Ombuds Inquiries

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

Employer Policy Issues	
Coverage	94
Cancel/Sold company	55
Accounts receivable balance	29
Employer true-up	27
Payment issue	16
Safety & Hygiene	14
Certificate	11
Change of address	11
Employer invoice	9
Collections	9
Lien	9
Employer program	8
Installment payment	6
Other state coverage	5
Wrong policy number	4
Manual code classification	4
Rebate/Refund	3
Policy combined/Transferred/Cancelled	3
Audit	3
Rate	3
ESS/AE2	2
МСО	2
Elective coverage	1
Billion Back	1
Estimated annual premium	1
Total	330

Compensation Issues	
Temporary total disability	99
Lump sum settlement	39
Permanent partial disability	27
Death benefits	24
Permanent total disability/DWRF	13
Banking issue	10
Travel reimbursement	10
AWW/FWW amount	8
Wage loss	6
Lump sum advancement	4
Scheduled loss	1
AWW/FWW delay	1
Total	242

IC Hearing Issues	
Hearing process/Hearing letter	348
Hearing decision	54
IC form	24
Hearing officer	8
Hearing delay	3
IC exam	1
Total	438

Issue Report - Ombuds Inquiries - continued

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

MCO & Other Treatment Issues	
Bills non-payment	74
Authorization of medical treatment	53
Medical provider	34
Find physician	13
Self-insured medical bill	12
Vocational rehabilitation	12
Prescription - prior authorization	10
Reactivation	9
ADR	9
MCO form	7
MCO staff	5
Prescription - general	4
Provider enrollment	4
Provider policy and fee schedule	3
Prescription - opioids	1
Total	250

COVID-19 Issues	
Hearing decision	2
Safety & Hygiene	1
Claim process	1
BWC appeals	1
Total	5

BWC Processing Issues	
Claim process	177
BWC form	91
CSS/MCS	62
BWC E account	19
Processing delay	16
Independent medical exam	14
Website	13
Status of form/Application	5
Total	397

General Workers' Compensation Issues	
Claim allowance	53
Non specific	35
Medicare	31
Additional allowance	29
Self-insured complaint	22
Attorney/Representative	17
Statute of limitations	13
Fraud allegation	9
Employer form	8
Fee dispute	2
Employer delay of claim	2
Light duty	1
Total	222

Issue Report - Other Inquiries

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

Employer Policy Issues	
Payment issue	504
Coverage	375
Employer true-up	256
Certificate	207
Accounts receivable balance	183
Cancel/Sold company	167
Employer invoice	102
Change of address	55
Lien	32
Safety & Hygiene	27
Rebate/Refund	25
Other state coverage	23
Employer program	22
Policy combined/Transferred/Cancelled	20
Employer form	19
Manual code classification	18
Rate	16
Installment payment	14
Collections	12
Estimated annual premium	7
МСО	5
Amended payroll	4
Billion Back	3
Wrong policy number	3
Audit	3
Total	2,102

Compensation Issues			
AWW/FWW delay	54		
Death benefits	39		
Temporary total disability	24		
Banking issue	12		
Lump sum settlement	12		
AWW/FWW amount			
Permanent total disability/DWRF	8		
Wage loss	3		
Permanent partial disability	2		
Violation of specific safety requirements	1		
Travel reimbursement	1		
Total	165		

IC Hearing Issues		
IC form	7	
Hearing process/Hearing letter	6	
Hearing decision	1	
Hearing delay	1	
Hearing officer	1	
Total	16	

Issue Report - Other Inquiries - continued

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

MCO & Other Treatment Issues	
Provider enrollment	22
Medical provider	16
Medicare	15
Provider policy and fee schedule	13
Self-insured medical bill	10
Bills non payment	9
MCO form	9
Prescription - prior authorization	5
Authorization of medical treatment	5
Prescription - general	4
Find physician	3
ADR	1
MCO staff	1
Prescription - generic vs. brand	1
Vocational rehabilitation	1
Total	115

BWC Processing Issues	
Claim process	158
BWC form	111
BWC E account	80
CSS/MCS	75
Website	4
Independent medical exam	3
Processing delay	1
Total	432

General Workers' Compensation Issues	
Non specific	145
Self-insured complaint	32
Claim allowance	7
Fraud allegation	6
Attorney/Representative	5
Additional allowance	2
Fee dispute	1
Interstate jurisdiction	1
Total	199

2022 Administrative Update

Budget

Expenditures to operate the Ombuds Office in CY2022 totaled \$781,211. This total includes payroll costs for staff of \$761,808 and operating expenses of \$19,403. Total expenditures for CY2022 increased 5 percent as compared to CY2021. A spreadsheet providing budget details is on page 28 of this annual report.

Total payroll costs for 2022 vs. 2021 increased 5 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 CY2022 based on the 26 pay period cycle resulting in two months with three pay periods, and individual employees' selections related to their benefits.

In CY2022, staff included the chief ombudsperson, two exempt employees (in Columbus) and five bargaining unit employees (four in Columbus and one in Cleveland).

Non-payroll operating costs for the Ombuds Office for 2022 were \$19,403. This total is an increase of 1 percent from \$19,177 in 2021. The two largest operating expenses for us are building maintenance and printing (building maintenance is a mass allocation calculated based on the square footage of each department). Also included in this section of the budget, is the cost for office supplies, telephone and travel.

Database

In December 2022 we concluded our fourteenth 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.

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 2022. I continue to accept speaking engagements to explain Ombuds Office services whenever they are offered.

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, 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:

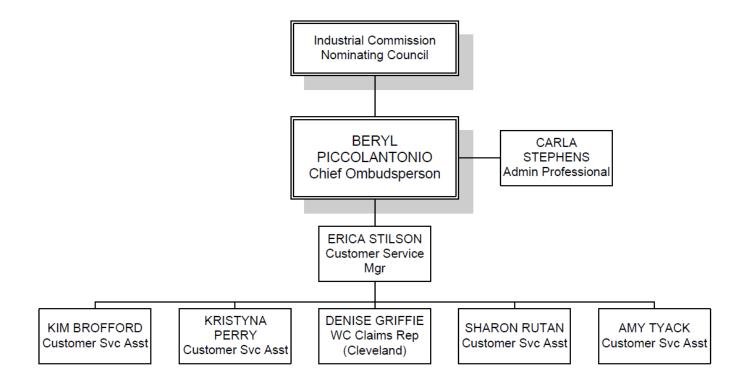
- Mailing letters to unrepresented injured workers prior to their first IC hearing;
- Distributing our capabilities brochure to local unions, across Ohio;
- Speaking at labor seminars, including AFL-CIO, UAW and Teamsters;
- Providing information local unions can share on their websites;
- Conducting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



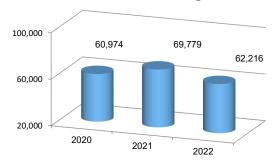
Ombuds Office Expenditure Report - Calendar Year 2022

Prepared By: Budget Department/VMW

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

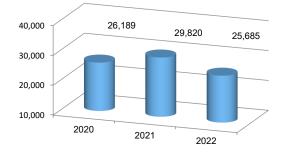
Source: Monthly reports from January through December 2022.

Industrial Commission 2022 Year-End Statistics

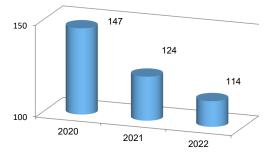


DHO level hearings

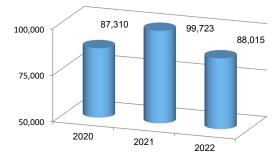
SHO level hearings



Commission level hearings



Total IC hearings



Ohio Bureau of Workers' Compensation

2021 Year-End Statistics

	FY 2022	FY 2021	FY 2020
State Fund Claims Filed			
Lost Time	10,821	10,706	9,850
Medical Only	58,281	53,683	61,101
Occupational Disease	751	1,045	401
Death	154	168	167
Disallowed or Dismissed	<u>10,674</u>	<u>10,232</u>	<u>10,344</u>
Total	<u>80,681</u>	<u>75,834</u>	<u>81,863</u>
Net Allowed Injuries	70,007	65,602	71,519

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	179,122	185,744	192,664
Medical Only	<u>376,809</u>	<u>393,357</u>	<u>417,301</u>
Total	<u>555,931</u>	<u>579,101</u>	<u>609,965</u>
Benefits Paid			
Medical Benefits Paid	\$385,836,050	\$352,566,355	\$430,417,629
Compensation Paid			
Wage Loss	\$4,203,613	\$5,928,044	\$6,481,308
Temporary Total	179,919,262	184,624,581	189,744,611
		, ,	, ,
Temporary Partial	1,819	3,011	2,693
Permanent Partial	23,314,096	22,318,732	19,974,366
% Permanent Partial	44,552,760	50,253,261	52,068,618
Lump Sum Settlement	223,734,112	171,625,160	159,717,230
Lump Sum Advancement	15,374,273	14,611,706	17,990,947
Permanent Total & DWRF	353,418,673	355,515,570	367,284,999
Death	77,648,364	77,824,915	79,249,198
Rehabilitation	19,392,389	21,317,274	23,536,162
Other	<u>3,198,573</u>	<u>2,910,028</u>	<u>3,616,901</u>
Total Compensation Paid	\$944,757,934	\$906,932,282	\$919,667,034
Total Benefits Paid	<u>\$1,330,593,984</u>	<u>\$1,259,498,637</u>	<u>\$1,350,084,663</u>
MCO Fees Paid	\$161,693,729	\$164,987,367	\$168,764,352

Source: BWC Fiscal Year 2022 Annual Report

2022 Year-End statistics

		FY 2022		FY 2021		FY 2020
Fraud Statistics	¢	00,000,000	¢	04 279 509	¢	77 754 000
Fraud Dollars Identified \$\$\$ Saved to \$\$\$ Spent Ratio	\$	89,989,982 7.02 to 1	\$	94,378,598 8.46 to 1	\$	77,754,230 5.79 to 1
Prosecution Referrals		123		89		150
		125		03		100
Active Employers By Type						
Private		251,816		248,256		245,040
Public (Local)		3,807		3,805		3,802
Public (State)		114		114		114
Self-Insured		1,089		1,110		1,139
Black Lung		19		20		26
Marine Fund		125		131		129
Total		<u>256,970</u>		<u>253,436</u>		<u>250,250</u>
NOTE: Starting in FY 2019, policies that lapsed within	the fiscal	year are treated as	s active.			
BWC Personnel		1,545		1,634		1,753
IC Personnel		285		303		320
BWC COMBINED FUNDS FINANCIAL DATA (000s o	mitted)					
Operating Revenues						
Premium & Assessment Income, net of						
Provision for Uncollectibles and Ceded Premiums		\$1,245,461		\$1,169,595		\$1,248,759
Other Income		<u>7,665</u>		<u>7,359</u>		<u>8,670</u>
Total Operating Revenues		<u>\$1,253,126</u>		<u>\$1,176,954</u>		<u>\$1,257,429</u>
Operating Expenses						
Workers' Compensation Benefits and						
Compensation Adjustment Expenses		\$1,405,889		\$526,258		\$1,260,821
Other Expenses		116,436		141,493		176,282
Total Operating Expenses		<u>\$1,522,325</u>		<u>\$667,751</u>		<u>\$1,437,103,</u>
Non-Operating Revenues						
Net Investment Earnings		\$479,562		\$469,028		\$586,514
Increase (Decrease) in Fair Value		<u>(2,049,566)</u>		<u>2,995,025</u>		<u>1,206,417</u>
Net Investment Income		<u>\$(1,570,004)</u>		<u>\$3,464,053</u>		<u>\$1,792,931</u>
Net Dividends, Rebates and Credits		\$28,263		\$6,185,348		\$1,343,613
Total Assets		\$22,289,947		\$24,457,388		\$27,781,847
Total Liabilities		\$14,793,343		\$15,118,553		\$16,195,908
Total Net Position		\$7,496,604		\$9,358,918		\$11,563,977

Industrial Commission Nominating Council

Current as of December 2022

Employer Representatives

Ryan Augsburger Ohio Manufacturers Association

Kevin Shimp Ohio Chamber of Commerce

Roger Geiger National Federation of Independent Business / Ohio

Gordon M. Gough** Ohio Council of Retail Merchants

Denise Evans Ohio Self-Insurers Association

Public Members

Peter Gibson

Robert Schmitz

Labor Representatives

Tim Burga* Ohio AFL-CIO

Frank Gallucci Plevin & Gallucci

R. Sean Grayson AFSCME Ohio Council 8

David Prentice United Steelworkers

Ohio Association of Justice Representative

Philip Fulton***

- * Chairperson
- ** Vice Chairperson
- *** Secretary