15k Medical Only

A cost control program designed to lower premiums by directly paying medical expenses up to $15,000 which are not charged to the claim experience.

PROGRAM OVERVIEW

An employer directly pays up to the first $15,000 of medical and pharmacy bills for a medical only claim (claim with seven or fewer lost days from work). Through the course of payment, the employer inherently approves the treatment in the normal course of the injury. Participants cannot authorize or deny treatment or any additional conditions nor can their assigned managed care organization authorize treatment or pay medical bills. All medical costs paid directly by the employer during participation in the $15k program are not included in the cost of the claim thus lowering overall claim costs which may result in reduced premiums paid annually to the Bureau of Workers' Compensation (BWC).

APPLICATION AND ENROLLMENT

Employers must enroll directly with the BWC by calling (800) OHIOBWC. Follow the options indicated for enrollment in the program and have your BWC policy number available. An employer may enroll at any time to participate in this program. However, as soon as an employer enrolls, they are responsible for the medical and pharmacy bills for all medical only claims with injury dates after the enrollment effective date.

OPTING OUT OF PROGRAM

An employer may choose at any time to opt out of the entire program or to opt out of the program for a specific claim. To opt out of the entire $15k program, contact the BWC at (800) OHIOBWC and follow the prompts. To opt a specific claim out of the program, contact the BWC assigned claims service specialist for that specific claim directly. Once notification has been given, the BWC will send written confirmation of the decision. At that point, the employer's assigned managed care organization will be responsible for processing all medical bills received after the termination date of the program on all medical only claims regardless of the date of service on a bill.

If an injured worker loses more than 7 days of work, the claim is no longer eligible for the $15k program. The BWC's process to change the claim from medical only to lost time will automatically remove the claim from the $15k program. At this point, the assigned managed care organization will be responsible for processing all subsequent medical bills received. BWC will not reimburse an employer for any payments made under this program prior to the change over from medical only to lost time.

PROGRAM REQUIREMENTS

Notifications

- Employer must notify injured workers and their healthcare providers that the employer, not the assigned managed care organization, will be responsible for paying the medical bills for an injury.
- Notify BWC and assigned managed care organization if/when the $15,000 maximum is reached and supply proof of such payment to assigned managed care organization.

Payment

- Employer must pay all bills within 30 days of receipt. Failure to meet this deadline could risk disqualification from the program.
- Pay all bills in accordance with BWC's fee schedule.

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- If payment of a bill will exceed the $15,000 maximum, the employer should pay the portion of the bill that brings the total paid to $15,000 and inform the medical provider to bill the balance to their assigned managed care organization (employer needs to remember to notify both BWC and managed care organization that the $15,000 maximum has been reached and send copies of all bills with proof of dates of payment to managed care organization).

Reporting and Record Retention

- Report qualifying claims per the federal passage of the Medicare, Medicaid and SCHIP Extension Act of 2007 (see CompManagement Program overview below).
- Keep a written record for six years from the last date of bill payment of the following information on all work-related injuries:
  - Injured worker's name, address and social security number
  - Date, time, type of injury along with part of body injured; brief description of accident that lead to injury
  - Copies of all bills with proof and date of payment made under the $15k program
  - Proof of payments made within 30 days of request from BWC
  - Documentation for excluding any wages paid to the injured workers while off work in the $15,000 limit
  - Documentation showing no denial of any bills (by participating in the program, the employer inherently approves the first $15,000 of medical and pharmacy costs)

Exceptions to Program Requirements

- Employer notifies BWC within 14 days of learning that a claim has been filed and they do not want to pay for the bills on that claim.
- Employer notifies BWC that $15,000 maximum for claim has been reached.
- Employer notifies BWC that they no longer wish to pay for any additional medical bills and employer is able to provide last date that they will be responsible for a particular claim (last date may be defined as date of injury or after a payment of any amount up to $15,000).

COMPATIBILITY WITH OTHER BWC PROGRAMS

While participating in the $15 medical only program, employers **<u>can</u>** participate in the following programs:

- Group Rating
- Individual Retrospective Rating
- Grow Ohio Incentive
- Drug Free Safety Program
- Destination Excellence
- One Claim Program
- Safety Council
- EM Cap

COMPMANAGEMENT'S PROGRAM

If an employer chooses to elect CompManagement's services for assistance with the program requirements under the $15k Medical Only program, CompManagement will:

- Record any medical only injury reported under the program and verify medical only status
- Review the incident report to determine validity of the injury
- Review bills prior to payment authorization to ensure the date of injury is on or after $15k enrollment date, date of service is associated with the correct date of injury and the ICD-9 diagnosis code is appropriate for recognized injury condition(s)
- Recommend whether to approve medical bill or deny the medical bill for treatment unrelated to the claim
- Issue to client a voucher or explanation of benefit (eob) for each bill received verifying approval of the bill and amount to pay (or the denial of payment) that should be sent to the medical provider
- Track medical payments up to $15,000 or a threshold amount below $15k designated by the client (for example: $1k, $2.5k, $5k, $7.5k, $10k, $15k)
- In conjunction with our parent company, Sedgwick, electronically interface with the Centers for Medicare and Medicaid Services (CMS) for compliance of federal reporting requirements on behalf of the employer as an Account Designee employer will be required to register as the Responsible Reporting Entity (RRE) with the CMS adding CompManagement/Sedgwick) as an Account Designee)
- Provide employer with sample letters to notify parties related to the claim of actions being taken
- Opt claims out of the program once they reach the $15k or other designated threshold amount