



SHEAKLEY
UNICOMP, INC.

Provider Manual

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PREFACE

Sheakley UniComp, Inc. is an Ohio Workers' Compensation Manage Care Organization dedicated to providing quality, cost effective medical care that will facilitate a safe and early return to work or a return to functional lifestyle in the event a return to work is not medically feasible. Sheakley UniComp, Inc. is owed and operated by The Sheakley Group of Companies, in Cincinnati Ohio. The Sheakley Group of Companies has over 34 years experience providing employers with assistance in the field of Ohio Workers' Compensation.

Sheakley UniComp, Inc. utilizes the Ohio Comp Network, Inc. preferred provider network, one of the largest and most innovative P.P.O's in the State of Ohio. The Ohio Comp Network was established in 1993 and is available throughout the entire state.

Sheakley UniComp, Inc. offers an Early Intervention Program and Medical Case Management. Chronic Case Management, Catastrophic Case Management and Vocational Rehabilitation services are provided through BWC certified vendors.

Sheakley UniComp, Inc. also provides Medical Bill Review, Utilization Management, Provider Profiling, and Quality Assurance programs complete with informative employer and provider report card capability. The Sheakley UniComp, Inc. program promotes proper and continuous communication between the injured worker, the employer, the provider and the Bureau of Worker's Compensation. Our goal is to offer exemplary service, assistance and education to all of our program participants.

This manual is designed to anticipate our participant's needs and questions. We encourage a thorough review of this material to ensure familiarization with the policies and procedures of Sheakley UniComp, Inc. Proper utilization of the services available ensures success of the program for its most valuable assets:

EMPLOYERS

EMPLOYEES

PROVIDERS

PRACTICE STANDARDS

- **Injured worker must be seen within 48 hours of incident.**
- **Appointment with, or referral to, a Workers' Compensation provider may be initiated by:**
 1. **Internal Case Manager,**
 2. **Employer,**
 3. **Network Physician**
 4. **Physicians outside the network**
- **As soon as possible following incident or accident, the employer will provide the following:**
 1. **First Report of Injury (FROI),**
 2. **ER or Initial Incident Medical Reports,**
 3. **Job Analysis,**
 4. **Physician's report of work ability (MEDCO-14 form)**
- **Treatment Plan will be required for all cases. Plan services must:**
 1. **Be related to allowed conditions,**
 2. **Be medically necessary,**
 3. **Be focused on the elimination or reduction of lost time through the provision of appropriate care in conjunction with work-site accommodation,**
 4. **Provide as many work site services as possible,**
 5. **Be coordinated in partnership with the internal case manager or field case manager, including original and amended plans.**
- **Close collaboration and coordination with Utilization and Case Management functions.**
- **Sheakley UniComp Inc will complete treatment request forms within 72 hours.**
- **All referrals to other providers (hospital, ancillary, and physician services) will be pre-authorized through the Sheakley UniComp Inc. Utilization Team.**
- **Physician agrees to follow prescribed Treatment Plan and notify Sheakley UniComp, Inc. of any intended departure from the Plan.**



INSTRUCTIONS:

- Physician must complete this form when the injured worker is under work restrictions or is temporarily totally disabled.
- A copy of the completed form must be sent/faxed to the MCO and a copy given to the injured worker at time of exam.
- Any other physician-generated document may be used provided that the substitute document contains, at a minimum, the data elements on the MEDCO-14.
- If injured worker is employed by a self-insuring employer complete this form and mail or fax to the self-insuring employer.

Physician's Report of WORK ABILITY

FAX NOTE:

To	From
Toll-free phone number	Phone number
Toll-free fax number	Fax number

Injured worker name	Claim number	SSN if claim number unknown	Date of injury / /
Injured worker occupation		Employer name	

WORK ACTIVITY	<input type="checkbox"/> May RTW with no restrictions on <input type="checkbox"/> May RTW with restrictions from _____ to _____ (complete work/non-work capabilities on the right). Work restrictions apply to work and non-work activity. If restrictions cannot be met at work, then injured worker is recommended to be off work. The restrictions are <input type="checkbox"/> permanent <input type="checkbox"/> temporary? If temporary, how long? _____ <input type="checkbox"/> Is totally disabled from work from _____ to _____. Please explain in the space provided below why the injured worker is unable to work, due to work-related injury/disease. List ICD-9 codes for the allowed conditions being treated which prevent return to work. _____ Estimated RTW date _____	<table border="1"> <thead> <tr> <th rowspan="2">% of Workday (8hr) Repetitions per hr</th> <th colspan="4">Work/Non-Work Capabilities</th> </tr> <tr> <th>None at all 0%</th> <th>Occasional 1-33% 4-6</th> <th>Frequent 34-66% 6-12</th> <th>Continuous 67-100% >12</th> </tr> </thead> <tbody> <tr> <td>Lift/Carry</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Up to 10 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>11-20 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>21-50 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>51-100 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bending</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Twist/turn</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reach below knee</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Push/pull</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Squat/kneel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Stand/walk</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	% of Workday (8hr) Repetitions per hr	Work/Non-Work Capabilities				None at all 0%	Occasional 1-33% 4-6	Frequent 34-66% 6-12	Continuous 67-100% >12	Lift/Carry					Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twist/turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach below knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squat/kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Hand restrictions <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Must wear splint <input type="checkbox"/> No lifting greater than _____ lbs <input type="checkbox"/> No repetitive activities <input type="checkbox"/> No work with hot or cold substances																																																																						
	No use of <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Finger _____ <input type="checkbox"/> Other _____																																																																						
	<input type="checkbox"/> Change positions every _____ <input type="checkbox"/> Work activity as splint/bandage permits <input type="checkbox"/> Avoid driving <input type="checkbox"/> Keep wound clean/dry <input type="checkbox"/> Limit working to _____ Hrs./Day																																																																						
Physician's further explanation of work abilities or why the injured worker is unable to perform any work: _____ _____ _____																																																																							

MMI	Has the work-related injury(s) or occupational disease reached a treatment plateau at which no fundamental functional or physiological change can be expected despite continuing medical or rehabilitative intervention (maximum medical improvement): <input type="checkbox"/> Yes <input type="checkbox"/> No ► <i>Note: Periodic medical treatment may still be requested and provided.</i>
	IF YES, give date _____ IF NO, please explain (attach additional sheet if necessary)

REHAB	<input type="checkbox"/> Check if vocational rehabilitation return to work services are indicated.
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Physician name and address (please print, type or stamp)

Date of this exam / /	Follow-up appointment Date / /	Time
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I certify that the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment, or both.

Physician signature (mandatory) _____ Date / /

Sheakley UniComp, Inc. Identification Cards

Upon enrollment into Sheakley UniComp, Inc., a Sheakley UniComp, Inc. identification card will be forwarded to each employee by his employer. The employer shall be supplied with extra identification cards to insert into employee orientation packets. Employment at the time of injury is verified through the use of the Sheakley UniComp, Inc. Accident Report Form/BWC Form to prevent fraudulent use or misuse of the cards. The identification card clearly states the role of Sheakley UniComp, Inc., as an Ohio Workers' Compensation Managed Care Organization, and as such, alerts providers should the card be used for non-occupational illness or injury.



Sheakley UniComp, Inc.

An Ohio Workers' Compensation
Managed Care Organization

TREATMENT OF WORK
RELATED INJURIES OR ILLNESSES

IMMEDIATE NOTIFICATION
IS REQUIRED:

1-888-743-2559
(513) 326-8003
Fax 1-888-626-2667
Fax (513) 326-8005



SHEAKLEY UNICOMP FOLLOWS BWC'S STANDARD PRIOR
AUTHORIZATION REQUIREMENTS

SUBMIT ALL MEDICAL BILLS AND MEDCO-14 TO:

SHEAKLEY UNICOMP

P.O. BOX 422402

CINCINNATI, OH 45242

PHARMACY INFORMATION:

ACS STATE HEALTHCARE

1-800-OHIOBWC, OPTION 5



Customer Service Program

The Sheakley UniComp, Inc. customer service program includes an 888-customer service line available to employers, employees, and providers from 8:00 a.m. to 5:00 p.m., EST Monday through Friday. After hours and weekend calls will be handled by an answering machine with 24-hour coverage. All incoming calls to Sheakley UniComp, Inc. within normal business hours are to be returned within one business day. After hours or weekend calls are to be returned the next business day.

Customer service representatives will log the date of incoming calls as well as the nature of the injury and content of response into the UniComp computer system.

Non-Certified Enrollment Application

General Information

1). PROVIDER / PRACTICE NAME:

Facility Practice Name: _____ 	Individual Provider Name: First Name: _____ Middle Initial: _____ Last Name: _____ Occupation: _____
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2). PROVIDER TYPE: _____

3). PROVIDER / PRACTICE / BUSINESS IDENTIFICATION NUMBERS:

Federal Tax ID: 	Social Security #: Individual physicians of a group must provide SSN# for identification purposes	NCPDP #: if applicable Required for Pharmacy enrollments
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4). BUSINESS / REIMBURSEMENT / CORRESPONDENCE ADDRESS:

Business Location / No PO Box: <i>(address where services are rendered)</i>	Reimbursement Address: <i>(address that payments should be sent)</i>	Correspondence Address: <i>(address correspondences should be sent)</i>
Street Address	Street Address/PO Box:	Correspondence Address/PO Box:
City	City	City
County (only Ohio)	County (only Ohio)	County (only Ohio)
State	State	State
Zip	Zip	Zip

Telephone Number () _____

5). BUSINESS TYPE: (Please check one)

Individual _____	Sole Proprietor _____	Partnership _____	Corporation _____	Non-Profit Org _____
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6). OWNER NAME:

Enter the name (s) of the individual (s) or corporation, whose Tax ID # was indicated above. The owner name must exactly match the name recognized by the IRS.

Name: _____

7) STATE LICENSE DATA:

License Number: _____

Type and Expiration Date: _____

8) INJURED WORKER DATA:

Injured Worker Name: _____

Claim Number: _____

Date(s) of Service if any services have already been delivered: _____

Will care be ongoing? Yes _____ No _____

Services (briefly describe)

9)

MCO Representative Name (please print): _____

Date: _____

MCO Representative Signature Required

MCO Name



Application for Provider Enrollment and Certification



SECTION 1 – PROVIDER TYPE

Check the type number that best describes your provider type and complete sections requested for that particular type.

- 12** Group practice – If you are a group practice, a partnership registered with the Internal Revenue Service (IRS) under a different name or incorporated, complete sections 2 and 5 for each tax identification number and/or practice address.

If you check one of the following, complete sections 2,3,4 and 5 and attach requested documents. Malpractice insurance required.

- | | |
|---|--|
| <input type="checkbox"/> 09 Physician (DC) | <input type="checkbox"/> 66 Physician (DO) |
| <input type="checkbox"/> 15 Dentist (DDS) | <input type="checkbox"/> 67 Physician (MD) |
| <input type="checkbox"/> 33 Advanced Practice Nurse (Clinical Nurse Specialist and Certified Nurse Practitioner) – ANCC certified equivalent and Certificate of Authority from State Nursing Board | <input type="checkbox"/> 38 Mechanotherapist (DMT) |
| <input type="checkbox"/> 52 Nurse Anesthetist – AANA or CRNA certification and Certificate of Authority from State Nursing Board | <input type="checkbox"/> 59 Optometrist (OD) |
| <input type="checkbox"/> 70 Podiatrist (DPM) | <input type="checkbox"/> 72 Psychologist (PhD) |
| <input type="checkbox"/> 84 (Licensed) Professional Counselor and (Licensed) Social Worker – State Counselor and Social Worker Board license | <input type="checkbox"/> 88 (Licensed) Professional Clinical Counselor and (Licensed) Independent Social Worker – State Counselor and Social Worker Board license |

If you check one of the following, complete sections 2, and 5 and attach the requested documents.

- | | |
|---|---|
| <input type="checkbox"/> 01 Air Ambulance – FAA Pilot License and Paramedic Training certificate Private = State ambulance Board license. Government = Medicare certification. | <input type="checkbox"/> 45 Laboratory – HCFA CLIA certification |
| <input type="checkbox"/> 02 Ambulance Service – Private = State ambulance Board license. Government = Medicare certification | <input type="checkbox"/> 48 Massage Therapist/Massotherapist – State Medical Board license |
| <input type="checkbox"/> 03 Ambulatory Surgery Center – Ohio Department of Health license | <input type="checkbox"/> 53 Nursing Home – State Health Department license, Medicaid certification |
| <input type="checkbox"/> 04 Audiologist – State Board of Speech Pathology and Audiology license and Certificate of Clinical | <input type="checkbox"/> 57 Occupational Therapist – State Occupational Therapy, Physical Therapy and Athletic Trainers Board license |
| <input type="checkbox"/> 05 Non-Physician Acupuncturist – Applicable State Medical Board Registration | <input type="checkbox"/> 58 Optician – State Optical Dispensers Board license |
| <input type="checkbox"/> 10 Clinic-Drug/Alcohol (free standing) – State Department of Alcohol and Drug Addiction Services certification | <input type="checkbox"/> 64 Pharmacy – Terminal Distributor license from the State Pharmacy Board, electronic point of sale eligibility |
| <input type="checkbox"/> 11 Clinic-Pain (free standing) – CARF accreditation
<input type="checkbox"/> Non-CARF accredited facilities
Application addendum will be required | <input type="checkbox"/> 65 Physical Therapist (LPT) – State Occupational Therapy, Physical Therapy and Athletic Trainers Board license |
| <input type="checkbox"/> 14 Physician Assistant – NCCPA certification and Certificate of Registration from State Medical Board | <input type="checkbox"/> 68 Athletic Trainer – License from the State Occupational Therapy, Physical Therapy and Athletic Trainers Board |
| <input type="checkbox"/> 16 Dialysis Center/ESRD Clinic (free standing) – State Health Department certificate | <input type="checkbox"/> 71 Prosthetist/Orthotist (CO, CP, COP) – Prosthetist-American Board Certified, Orthotist-American Board certification or Board Orthotist certification |
| <input type="checkbox"/> 17 Durable Medical Equipment Supplier – State vendor’s license – Medicare certification or JCAHO accreditation | <input type="checkbox"/> 75 Radiology Services – State Health Department Certificate of Registration |
| <input type="checkbox"/> 27 Hearing Aid Dealer/Dispenser – State Hearing Aid Dealers and Fitters Board license | <input type="checkbox"/> 76 Rehabilitation – Vocational Case Management – COHN, CRC, CRRN, CVE, CDMS or CCM credentials |
| <input type="checkbox"/> 28 Certified Shoe Retailer – Prescription Footwear Association certification | <input type="checkbox"/> 78 Universities and Colleges (Rehab-Formal training, including books and supplies) - services must be part of an approval rehab retraining program. Rehab Plan required |
| <input type="checkbox"/> 30 Home Health Agency – Medicare certification, JCAHO accreditation or CHAP accreditation | <input type="checkbox"/> 79 Rehabilitation – Non-Credentialed Services – approved Rehab Plan or approved Remain at Work plan required |
| <input type="checkbox"/> 34 Hospital – General/Acute – JCAHO accreditation or AOA accreditation or Medicare certification | <input type="checkbox"/> 80 Retail Stores (Rehab) – Approved Rehab Plan or approved Remain at Work Plan required |
| <input type="checkbox"/> 35 Hospital – Drug/Alcohol – JCAHO or AOA accreditation or Medicare and Department of Alcohol and Drug Addiction Services certification | <input type="checkbox"/> 81 Rehabilitation – Unsupervised Conditioning Facility – approved Rehab Plan or approved Remain at Work Plan required |
| <input type="checkbox"/> 36 Hospital – Psychiatric – JCAHO accreditation or AOA accreditation or Medicare certification and Department of Mental Health license | <input type="checkbox"/> 82 Rehabilitation – Traumatic Brain Injury Facility – CARF accreditation |
| <input type="checkbox"/> 37 Hospital Rehabilitation – JCAHO, AOA, or CARF accreditation or Medicare certification | <input type="checkbox"/> 83 Rehab Transportation (taxi, buses and air travel) – Approved Rehab Plan required |
| <input type="checkbox"/> 40 Hotel/Motel – (must be associated with a rehab or chronic pain facility) approved Rehab Plan required | <input type="checkbox"/> 87 Rehabilitation – Voc Case Management Intern – application addendum required and will be sent upon receipt |
| | <input type="checkbox"/> 89 Speech Pathologist – State Board of Speech Pathology and Audiology license |
| | <input type="checkbox"/> 96 Urgent Care Center – JCAHO accreditation |

Bill Review Software

Sheakley UniComp, Inc. utilizes CodeReview to assist in Medical case management and Medical bill payments. CodeReview is a product of McKesson Information Solutions. This product provides clinical editing practices that maximize editing software that ensures the appropriateness of medical payments taking into consideration the procedure codes and diagnosis codes billed.

Managed care organizations are pressured by the need to improve accuracy of claims coding verification as well as increase productivity. CodeReview[®] automatically and comprehensively audits codes before claims are paid. The system identifies the appropriate relationship between thousands of medical, surgical, radiology, laboratory, pathology and anesthesiology procedures identified by CPT[®]-4 and HCPCS codes. CodeReview's sophisticated clinical logic is based on clinical practice and reimbursement standards, along with the knowledge and judgment of medical experts. The system incorporates clinical coding sources including CPT-4, HCPCS and ICD-9-CM, AMA and HCFA guidelines as well as industry standards, medical policy and literature and academic affiliations.

Benefits of Bill Review Software

Saves time by reducing the manual review of routine claims suspensions

Provides consistent and objective claim review by accurately applying the coding criteria for medicine, surgery, laboratory and pathology, radiology and anesthesiology as outlined by the AMA's CPT-4 manual

Incorporates the most recent updates according to the AMA's CPT-4 manual, technology and acceptable medical practices

CASE MANAGEMENT REFERRALS

The case manager may review some cases. Claims will be transferred to a Case manager when at least one of the following situations apply:

1. Injured worker returned to work light duty and is on light duty longer than four weeks.
 2. Claim is in Lost Time (IW misses eight or more calendar days of work).
 3. Claim meets “Remain at Work” criteria for medical only claims
 4. Injured worker has an allowed or certified medical-only claim.
 - a. Injured worker is experiencing difficulty at work due to the allowed condition.
 - b. Employer, injured worker or physician has identified the difficulty in physical function at work, as to the work ability of the injured worker.
 5. Claim is catastrophic. Examples include, but not limited to:
 - Requires a hospital stay or needing immediate surgery.
 - Spinal cord injuries
 - Traumatic brain injuries (Neurological deficits)
 - 2nd and 3rd degree burns requiring hospitalization
 - Multiple trauma injuries (multiple fractures), such as serious falls, serious motor vehicle accidents, and cases that involve Aircare
- AND

A hospital inpatient stay greater than 23 hours

6. Accidents occur outside the United States.

Presumptive Approval

For a period not to exceed 60 days following the date of injury (for dates of injury on or after Nov. 1, 2002) physicians have presumptive approval for providing the following services when treating soft tissue and musculoskeletal injuries for allowed conditions in allowed claims:

- Ten- (10) physical medicine visits including osteopathic, chiropractic, physical therapy & occupational therapy and transitional work (TW) onsite therapy
- Diagnostic studies, including x-rays, CAT scans, MRI scans and EMG/NCV
- Injections up to three soft tissue or joint injections (does not include epidural injections)
- E/M services and consultation services.

The following criteria must be met prior to initiating any or all of the aforementioned services:

- The provider shall file the First Report of Injury (FROI) with the MCO.
- The provider shall complete and file the C-9, with documentation, to the MCO.
- The MCO will notify the provider within three business days acknowledging receipt of the C-9 and that a review was completed to ensure that services being rendered are medically necessary for the claim allowance.
- When the claim or condition for which treatment is being requested is not yet in an allowed status, the MCO may use the disclaimer language when notifying the provider (within three business days) that the MCO received the C-9 and a review was completed. This will ensure that services being rendered are medically necessary for the claim allowance.
- The provider shall notify the MCO within 24 hours of treatment if the injured worker will be off work for more than 2 calendar days

Standardized Prior Authorization Table

Important: Services listed in the standardized prior authorization table below and not indicated as exceptions still require prior authorization. Providers must submit a C-9 to indicate services to be provided through formal authorization.

Standardized Prior Authorization Table

Service	Requirement
Physical medicine services, including chiropractic/osteopathic manipulative treatment and acupuncture	PA
Consultations - Psychological/chronic pain program only	PA
Dental	PA
Diagnostic Testing	PA (except basic x-rays which do not require PA)

DME	PA if the purchase price >\$250.00 PA for all DME rental
Home/Auto/Van modifications	PA REQUIRED FROM BWC
Home Health Agency services	PA
Hospital inpatient treatment, including surgery and outpatient/ASC surgery	PA for surgery from date of injury, IF NOT EMERGENCY
Injections	PA
Non-emergency ambulance services	PA
Orthotic and prosthetic devices and/or repair	PA >\$250.00
Skilled Nursing Facility (SNF)/Extended Care Facility (ECF)	PA
TENS units	PA, both rental and purchase
Vision /hearing services	PA>\$100.00
Vocational rehabilitation - All vocational rehabilitation services, IN OR OUT OF PLAN	PA Note: PA not required for transitional work on-site therapy services provided by an OT or PT that fall under the presumptive authorization guidelines Occupational Rehabilitation (work hardening) requires CARF accreditation

Requests for Treatment

A C9 form is used to request additional conditions and treatment to ensure that injured workers receive appropriate treatment in a timely manner. The MCO will respond to the Physician's treatment request within three (3) business days with a decision regarding the proposed treatment request. Retroactive C9's will be addressed on or before the 30th calendar day. If additional information is required prior to a decision being made, a C9 may be pended to allow five (5) business days in which to receive the information.

C9 Rejection

The MCO may reject a C-9 when there is no evidence that the provider has seen and examined the injured worker within the previous 30 days from the date of the C-9 submission unless there is proof that the injured worker requested a visit with the provider. A C-9 rejected in this manner shall not be appealable through the ADR process.

SHEAKLEY UNICOMP, INC.

Policies and Procedures for Case Management

INTRODUCTION

Sheakley Unicomp, Inc. is an Ohio Workers' Compensation Managed Care Organization dedicated to providing quality, cost effective medical case management that will facilitate a safe and early return to work, or a return to functional lifestyle in the event a return to work is not medically feasible.

MISSION STATEMENT

To promote the rendering of cost-effective, high quality medical care by focusing on minimizing the physical, emotional and financial impacts of a work related injury or illness and promoting a safe return to work.

DEFINITION OF CASE MANAGEMENT

Case management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communications and available resources to promote quality cost effective outcomes.

PROGRAM DESCRIPTION

The purpose of the Sheakley UniComp Inc. case management program is to provide timely coordination of quality health care services to the injured worker in the State of Ohio, focusing on return to work, and the reduction of complications which lead to delayed recovery and increased chance of re-injury. The case management program includes utilization management, return to work planning, and quality management for employers in the state of Ohio.

CASE MANAGEMENT STAFF

BRIEF OVERVIEW OF CASE MANAGEMENT PROCESS AND CASE MANAGER'S RESPONSIBILITIES

- A. ASSESS** – The case manager will gather, assess and evaluate relevant data by:
- Reviewing injured worker's diagnosis and submitted treatment plan
 - Assessing resource utilization
 - Assessing cost management
 - Evaluation of injured worker's current status
- B. PLAN** -- The case manager will plan short and long term goals in the case management plan to minimize re-injury or complications. The case manager will also develop a plan to evaluate ongoing treatment. This will involve demonstration of:
- Knowledge of the injured worker's medical and work status
 - Knowledge of cost containment strategies
- C. MONITOR**—The case manager will continuously check the quality of health care services to determine if the goals are being met. This will include:
- Maintaining excellent communication
 - Assessing the effectiveness of the plan
 - Making revisions to the treatment plan
- D. EVALUATE** – *Case managers will measure the injured worker's response to health care while monitoring the treatment plan. This will include:*
- Assessment of the injured worker's clinical status
 - Assessment of transitional work
 - Assessment of the injured worker's effort to return to work
 - Assessment of the employer's effort in return to work
 - Assessment of employer/employee dynamics
- E. OUTCOMES** – *The case manager will review the treatment plan with the physician*
- To determine whether goals are met or not being met. This review will consist of:
- Evaluating cost and quality outcomes
 - Evaluating quality of life improvements
 - Evaluating employee satisfaction
 - Evaluating return to work options

Review of ER visits

Sheakley UniComp, Inc. will review all Emergency Room bills to ensure that they are appropriate for the allowance in the claim and are medically necessary. Sheakley's ER nurse reviewer will examine all ER bills received 30 days past the date of injury.

If no medical documentation is on file for the billed date of service, the bill processor will deny with EOB 327.

If medical documentation is on file, Sheakley UniComp will send a letter to all parties of the claim informing the parties that ER visits are being reviewed for medical necessity, and that future ER visits may become the responsibility of the injured worker. If ER report relates treatment to the allowed conditions in the claim Sheakley UniComp, Inc. will pay the bill.

If the ER report does not relate treatment to the allowed conditions in the claim the bill processor will then deny the bill with a 395 EOB.

Sheakley's ER nurse reviewer will follow up with phone calls to the injured worker and the provider to notify them that future ER visits may become the responsibility of the injured worker. The ER nurse reviewer will notify them that ER visits are being reviewed, and advise the injured worker that ER visits should be used only for true emergencies. Sheakley UniComp, Inc. will attempt to determine the reason for the frequent ER visits. Sheakley UniComp, Inc. will also attempt to find a new provider for an injured worker who may need one, follow up with diagnostic testing scheduling if necessary, and attempt to help the injured worker resolve delays caused by waiting to see a specialist. Sheakley UniComp, Inc. will address any possible drug-seeking behavior with the provider.

CASE MANAGEMENT

Sheakley UniComp, Inc. case management protocol:

1. The injured work notifies his supervisor immediately when a work related injury occurs.
2. If the injury is non-emergent, immediately within 24 hours, the supervisor and injured worker report to Sheakley UniComp, Inc. the accident utilizing the First Report of Injury form (FROI), online submission, or telephonic notification. Fax the completed report form providing Sheakley UniComp, Inc. with a signed release. If the injury is life threatening, the injured worker seeks immediate medical attention.
3. The injured worker provides the physician with his Sheakley UniComp, Inc. MCO identification card and a physician's report of work ability (MEDCO-14).
4. The physician treats the injured worker, completes the MEDCO-14 form, and faxes it to Sheakley UniComp, Inc. The treating physician will be faxed a MEDCO-14 form, if not received at the time of treatment. The physician has 24 hours to notify Sheakley UniComp, Inc. of the treatment rendered. The physician may be required to precertify certain procedures. The case manager will work with the physician in securing treatment if a referral for specialized care is needed.
5. Sheakley UniComp, Inc. is responsible for the transmission of all claim data to BWC for claim eligibility determination and continuing management of the claim. The transmission of this data will occur through the use of electronically (EDI), facsimile or telephonic communication depending on the needs.
6. A case management plan will be developed for those injured workers who meet the case management criteria.
7. A case management plan will be documented on each necessary case including treatment guidelines, and disability duration. Timely evaluations and continuous monitoring will be conducted.
8. The case manager will work with the physician, employer, BWC and injured worker to help facilitate a timely return to work either transitional or full duty employment.
9. The case manager will supply the physician with a detailed job description including physical requirements. The physician will provide a written release to return to work for the employee to his position. All medical data relevant to return to work issues will be promptly communicated to the BWC service team to ensure an efficient communication circle.
10. Utilization review and quality assurance will be conducted on all cases.

CASE MANAGER QUALIFICATIONS

Sheakley UniComp Inc. case managers will be required to hold professional licensure, certification, education and credentials. This includes:

- **Maintaining a professional license or national certification in a health or human services profession**
- **A minimum of three years of full-time direct care in a health and human services profession**
- **Prefer a minimum of one year of active case management experience in workers' compensation or related area**
- **Maintaining continuing education for licensure or certification**

SHEAKLEY UNICOMP, INC. UTILIZATION MANAGEMENT POLICIES AND PROCEDURES

PURPOSE

The purpose of the Sheakley UniComp, Inc. Utilization Management Program is to promote quality of care by reviewing and evaluating the appropriateness and efficiency of medical services, facilities, procedures, costs, and with the ultimate goal of returning the injured worker back to health and work. This is achieved by focusing on planning, organizing, and directing health care to ensure that the highest quality, most cost effective care is provided.

SCOPE

The scope of the Sheakley UniComp, Inc. utilization program will apply to all Ohio state funded employer accounts under the Health Partnership Program and will be available to all self insured employer accounts under the Qualified Health Plan.

Milliman & Robertson's Healthcare Management Guidelines Vol. VII for Workers' Compensation is referred to by the Utilization Review staff to assist in the delivery of quality care and treatment. In addition, The Official Disability Guidelines assist as a reference in this process for disability duration guidelines for associated ICD-9 codes. The Guidelines For Chiropractic Quality Assurance and Practice Parameters are utilized for reference as to Chiropractic Care.

ACCESSIBILITY AND ONSITE REVIEW PROCEDURES

Sheakley UniComp, Inc. has provided a toll free telephone number for the reporting of all work related accidents and claims as well as an accident report form that the employer can fax to Sheakley UniComp, Inc.

**Telephone: 1-888-743-2559
1-513-326-8003**

**Fax: 1-888-626-2667
1-513-326-4688
1-513-326-8005**

Access to the review staff at Sheakley UniComp, Inc. is provided from 8 a.m. through 5 p.m. E.S.T. After hours and weekend calls will be handled by an answering machine with 24 hour coverage. All incoming calls to Sheakley UniComp, Inc. within normal business hours are to be returned within one business day. After hours or weekend calls are to be returned on the next business day. When the review staff at Sheakley UniComp, Inc. return a call, they verbally identify themselves by name, title and company name. The

review staff are then to inform the designated personnel the reason for the call indicating requirements necessary to complete utilization review.

UTILIZATION REVIEW STANDARDS

The UR staff will collect the information necessary to certify the admission, treatment, length of stay or duration of treatment. Procedures and diagnoses do not have to be coded by providers to be considered for certification. Routine requests for all medical records in reference to all claims may be necessary.

Sheakley UniComp, Inc. agrees to hold all medical records confidential; however, upon submission of a valid medical release agrees to disperse the medical records to the authorized party. No medical records will be released to any party without submission to Sheakley UniComp, Inc. a signed valid medical release.

COMPONENTS

The components within the utilization review program consist of the following and apply to network and non-network panel providers as well as in state, out of state, or out of country providers.

- 1. Medical pre-certification**
- 2. Admission certification**
- 3. Concurrent utilization review**
- 4. Retrospective review**
- 5. Peer review/dispute resolution**

Medical pre-certification process

- A C9 is received from a provider requesting medical services
- Utilization Review staff will gather medical information related to the requested services.
- Utilization Review staff will refer to the Sheakley UniComp, Inc. established guidelines when making the determination of appropriateness.
- If the requested service falls within guidelines used by Sheakley UniComp, Inc., an authorization reference number will be given to the requested provider. This will be done by facsimile. If an update is needed for continued authorization, the new date will be given along with the number of approved visits, if applicable. Continued authorization with timely updates will be granted until the case no longer meets medical criteria. The frequency of the review must be based on the complexity of the patient's conditions.

Admission certification process

If an injured worker requires an urgent or immediate hospitalization, the admitting physician, employer or hospital has 24 hours from admission to notify Sheakley UniComp, Inc. The process is very similar to the medical pre-certification. Admission criteria from the hospitalization are given to the UR staff by the physician or hospital U.R. department

within 48 hours of an urgent or emergency admission. If the criteria are met, an authorization number is given with an initial length of stay and date for the next continued stay review.

Emergency is defined in the Health Partnership Program rules 4123-6-01P as follows: Medical services that are required for the immediate diagnosis and treatment of conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death, or that are immediately necessary to alleviate severe pain. Emergency treatment includes treatment delivered in response to symptoms that may or may not represent an actual emergency, but is necessary to determine whether an emergency exists.

Concurrent utilization review process

Concurrent utilization review continues until discharge or case closure. Extensions of stay or treatments are granted when the condition of the patient meets treatment guidelines used by Sheakley UniComp, Inc. Concurrent review determinations must be made within one business day of receipt of all information and will be transmitted by facsimile or telephone to the requesting provider within one business day.

Retrospective review process

If care was rendered and not pre-authorized by Sheakley UniComp, Inc., the retrospective review process will begin. A letter requesting all medical information will be sent to the provider for the basis of performing a retrospective review. A deadline for the receipt of information, 10 working days, will be given as the retrospective process must be completed within 21 days. Once the medical information is received, the RN/case manager will be able to determine if the criteria for treatment has been met. If criteria have been met and approval has been deemed appropriate, the Utilization Review staff will send notification of approval.

If the decision is made to deny approval, a letter will be sent to the attending physician explaining denial with clinical reasons as well as appeal information. If the decision is made to approve the service, the provider will be notified by fax. If a provider, employee and/or employer refuses to provide Sheakley UniComp, Inc. with the necessary information needed to perform a review for approval, the request will automatically be denied.

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Transitional Work

- **Transitional Work Developer** – The provider who submits a proposal of transitional work services to the employer and then develops the Transitional Work Program. This provider must be qualified by the bureau, which includes possessing necessary credentials, experience and training.
- **Transitional Work Program** – A work-site program that provides an individualized interim step in the recovery of an injured worker with job restrictions resulting from the allowed conditions in the claim. Components include corporate and job analyses, labor and management communications to assist with program implementation, and program monitoring and evaluation. The program is developed in conjunction with the employer and the injured worker, or with others as needed. This may include, but is not limited to the collective bargaining agent (where applicable), the physician of record, rehabilitation professionals, and the MCO. A Transitional Work Program assists the injured worker in progressively performing the duties of a targeted job.
- **Transitional Work Program Development Grants**- The Bureau of Workers' Compensation reimburses the eligible employer for up to 80% of the developmental costs of the program. These grants are funded from the Ohio State insurance fund. The employer directly pays the TWP Developer and is reimbursed by the bureau. The remaining 20% out-of-pocket investment by the employer is expected to return the employer thousands of dollars by virtue of savings from the TWP.

Transitional Work Therapy, (TWT)

- **TWT allows an injured worker to receive necessary treatment or recommended therapy services at the work-site as part of a structured, time and task oriented return to work program. The program can be initiated**

IF THE INJURED WORKER:

- 1. Has a job to return to,**
- 2. Is medically stable, and**
- 3. Can safely tolerate job specific work progression**

AND THE EMPLOYER CAN:

- 1. Accommodate the injured workers restrictions, through modified or alternative duties and**
- 2. Allow for job-task progression**

- **TWT uses real work tasks (as part of alternative or modified duty) that are productive for the employer and within the injured workers current functional capabilities.**
- **The injured worker is evaluated at the job site by a physical or occupational therapist and recommendations are given to the treating physician for appropriate return to work services.**
- **The injured worker is progressed using time and task oriented job duties in combination with any other beneficial therapeutic intervention, to include stretching, strengthening exercises or modalities, i.e. ice, heat, mobilization.**
- **The treating therapist spends up to six hours per week at the work-site with the injured worker reviewing/progressing their job duties, instructing on proper body mechanics, energy conservation techniques, addressing any ergonomic issues, etc...not to exceed 192 units total. This would be billed using code W0637.**
- **The treating therapist has regular contact with human resources, safety director and supervisors to discuss the injured workers progress, job duties, and any other issues that relate to returning to full duty.**
- **The more accommodating the employer is, the earlier an injured worker can be brought back to the work-site, reducing the costs of the claim.**
- **The primary benefit(s) to the employer include;**
 - Participating in the return to work process**
 - Reducing the non-medical cost of the claim**
 - Reducing the overall cost of the claim by positively impacting reserve cost**
 - Receiving first hand information from the treating therapist**
 - Improving Productivity**

Retaining skilled employee

Communicating their concerns, ideas and issues to a trained professional that can effectively address their needs, (as opposed to asking for help or waiting for someone to visit the work-site to identify a problem).

- **Primary benefits to the Injured Worker**

Transitional Work reduces or eliminates other problems that develop for the injured worker as a result of their injury such as:

- 1. Decline in self esteem associated with lost productivity and provider/family roles**
- 2. Onset of financial problems from lost wages**
- 3. Development of the disability or entitlement mindset**
- 4. Fear of re-injury**
- 5. Development of negative feelings towards their employer**
- 6. Development of lack of confidence in the return to work system**

- **Primary benefits to the treating physician**

- 1. Receives useful information related to the injured workers capabilities related to their job, NOT their diagnosis or clinical presentation**
- 2. Instills confidence that the injured worker is in a monitored/safe environment, despite restricted duty status**
- 3. Communicates to the employer that the physician is proactive and receptive to their need to have a productive employee and is concerned about controlling their workers compensation costs**
- 4. Releases the injured worker to full duty much more quickly and exceeds the established practice standards thus improving treatment outcomes**

- **TWT is the ideal vehicle to begin the transformation in the work culture from “I’m injured and deserve my wage loss and time off work to heal”. To “I’m injured, but I am not debilitated and am able stay on the job as I heal to return to full duty safely”.**

- **TWT if necessary, will bring closure to a case quickly if an injured worker is trying to malingering and manipulate the system by giving them the opportunity to return to work ASAP. The treating therapist is able to identify if the injured worker does not want to progress and is unnecessarily prolonging their claim.**

- **All statistics available support the fact that the longer an injured worker is off work, the less likely they are to return to work. TWT in and of itself, (with all of the associated services it encompasses) when used proactively in most cases is the only service you need to effectively return an injured worker to full duty.**

- **TWT and on-site therapy offers such versatility that in most cases, once the return to work process has begun and the injured worker is back to work, no other service will be required.**

On-Site Physical/Occupational Therapy

- **If the injured worker is not medically stable to progress in a TWT program, but needs therapy, the injured worker can receive therapy services at the work-site while working light/modified duty or not at all.**
- **The injured worker would come to the work-site as they would a clinic for their therapy keeping them involved with their job and employer thereby minimizing any negative feelings or the disability mindset.**
- **The injured worker still benefits from having the therapist at the work-site and the employer benefits from minimizing lost time and optimizing productivity.**
- **The therapist would review and/or evaluate their full duty job as appropriate and establish a rapport with key employer contacts.**
- **If the injured worker is waiting for diagnostic tests or surgery and can work modified or alternative duty (and is medically stable) on-site physical therapy can be provided for the injured worker that otherwise would be kept off work receiving Temporary Total compensation and receiving therapy off-site. This would be billed using CPT codes.**
- **In the case of both therapeutic interventions, the therapist maintains close communication with the MCO case manager and/or vocational case manager. As the claim is completed by the POR and employer, a seamless, integrated return to work program is created for each injured worker.**

Remain At Work Program

Date:

IW Name:

BWC Cl#:

Dear Dr. _____,

_____ has been identified as a possible Remain At Work (RAW) candidate. The goal of the RAW program is to assist injured workers in staying at work by providing services to those with medical-only claims who have returned to work but are experiencing difficulties. In the event that this becomes a lost-time claim, the injured worker may be referred for Vocational Rehabilitation services.

The injured worker has met the following criteria as identified by the checked item(s) below and a RAW referral has been made.

- Has an allowed or certified medical-only claim**
- Is experiencing difficulty at work due to the allowed condition**
- Employer, injured worker or physician has identified the difficulty**

The following services may be included in a RAW program:

- **ergonomic study**
- **functional capacity evaluation**
- **job analysis**
- **physical therapy (on-site)**
- **occupational therapy (on-site)**
- **physical reconditioning**
- **transitional work**
- **gradual return to work**
- **on the job training**
- **job modification**
- **tools and equipment**
- **remain at work case management**

Please consider requesting one of the above services on a C9 to help him/her remain at work. Thank you for your consideration.

Sincerely,

Case Manager

Vocational Rehabilitation Program

Date:

Physician:
POR Fax #:
Address:

Re:
BWC#:

Dear Dr:

Vocational rehabilitation is an individualized and voluntary program for eligible injured workers needing assistance in safely returning to work or in retaining employment. It emphasizes restoring or maximizing the injured worker's abilities and minimizing long debilitating absences from work. It can include, but is not limited to various forms of therapy programs, various return to work programs with an original or new employer as well as traditional vocational services such as vocational evaluations and job search programs. BWC provides guidelines to the MCO (Managed Care Organization), the Vocational Rehabilitation vendors and physicians regarding these services. Once the injured worker is deemed eligible by the BWC and feasible by the MCO, a referral will be made to a vocational rehabilitation vendor by the MCO. This vendor then provides a case manager who works with the injured worker, physician and therapists in determining job goals and restrictions for a safe return to work. This vendor also maintains contact with the MCO to promote good communication with the employer of record as well. Plans are written based on individual needs and may include any of the following services.

- work conditioning
- work simulation
- work hardening (occupational rehabilitation)
- job seeking skills training
- job placement assistance
- other services available as outlined in BWC Policy Guidelines

A C9 for one of these plan-able services is necessary from the physician of record in order to complete the referral process and begin a vocational rehabilitation plan. Please consider returning a C9 to Sheakley Unicom for the above named injured worker to begin this phase of returning to work. Thank you for your consideration.

Sincerely,

Case Manager

Catastrophic Claims Procedure

Roles involved: Director of Case Management
Clinical Supervisor
Quality Improvement Coordinator
Case Manager (CM)
BWC Catastrophic Nurse Advocate (CNA)
BWC Customer Service Team (CST)

Definition of Process: The following policy is to be implemented upon identification of a catastrophic injury. Such injuries include, but are not limited to:

Severe brain or brain stem injury
Multiple major extremity fracture or amputation
Paraplegia or quadriplegia
Total industrial blindness
Loss of use of two or more limbs

Expected Outcomes: Management of CAT claims requires that all services be coordinated in a timely manner. This includes:

Expediting claim allowance for prompt payment of benefits
Providing a BWC CNA on-site
Insuring delivery of appropriate, quality medical service
Preventing further disability/impacts to IW/family

Procedure:

- Upon identifying a catastrophic claim, immediately notify BWC CNA by phone. If that person is unavailable, notify the CST team leader.
- Notify your catastrophic nurse liaison (CAT Nurse Coordinator) of the claim; e-mail her with the nature of the claim. Call to discuss any steps in the procedure you are unsure of.
- MCO Case Manager will enter CAT activity code into our system which will be sent to the BWC by EDI.
- Notification of the claim: Upon identification as catastrophic you must reach the CNA within 24 hours (either by MCO directly, or through the CST team leader). E-mail may be a useful tool for this if unable to reach by phone.
- BWC will make initial determination of claim allowance within 48 hours.
- MCO will submit plan of care; subsequent plans will be submitted, as needed based on severity of injury/claim needs.
- MCO will staff (discuss per telephone) claim with CNA within 48 hours of initial notification, then as needed thereafter. The claim should be staffed on at least a quarterly basis.
- BWC CNA will notify MCO when a claim is no longer considered catastrophic and remove the CAT indicator from V-3.

Other issues to address:

The BWC CNA should be providing CSS/MCO with information on local community resources for assisting in both IW's and family's needs.

Life Care Plans will need to be established on all catastrophic injuries resulting in a disabling condition that will last longer than one year. The BWC and MCO will determine the time to initiate this plan. After the acute phase is over and treatment is somewhat "maintenance" in nature, you will be contracting with a BWC-certified Life Care Planner. We will utilize Parman & Associates. (A referral guide will be forthcoming as this role is more clearly defined by BWC).

The Life Care Plan contact must be made within 90 days of identifying that this injury will be debilitating for at least a year.

Home and vehicle modifications will be managed by BWC; consult with your CNA for details when the issues arise. Keep in mind when discussing these matters with the IW/family, that BWC will only pay for so much (example: they will modify an existing vehicle; they will NOT purchase a new vehicle for the IW. If a van is needed & they don't already have one, the IW buys the van, and BWC will reimburse for modifications).

The issue of who can act as POR is the same as for any claim (can be MD, DO, DC, etc).

Please refer to Chapter 3 of the HPP MCO guidelines for more information/details. A list of the BWC CNA's is available within that chapter.

Sheakley UniComp, Inc. Medical Payment Process

Sheakley UniComp, Inc. has entered into a partnership with Ohio Comp Network, Inc., a privately owned Preferred Provider Organization, which contracts with providers for a reduced fee schedule.

- **Provider submits a medical bill to Sheakley UniComp, Inc. through an electronic data interchange (EDI) format approved by the Bureau or hard copy.**
- **A Sheakley UniComp, Inc. representative will review all submitted billing and consider whether treatment was rendered for the allowed conditions of the claim, the appropriateness of care (cross reference with case management) at the point of payment. Our system software compares the billed amount to the state observed usual and customary tables and any applicable network rate. This comparison is based on CPT-4 procedural codes and ICD-9 coding. The panel will be reimbursed the lesser of the three. Duplication of charges is also an issue addressed at this time.**
- **Non-panel providers are subject to the state observed usual and customary table. No further discounts will be applied without the agreement of the provider.**
- **A Sheakley UniComp, Inc. representative adjudicates the charges by either approving, or denying the charges. Seven day turn around time only applies to claims that have been allowed by BWC.**
- **Bill approval information for an allowed condition is forwarded to the Bureau of Workers' Compensation through an electronic data interchange (EDI) format approved by the Bureau. This process will take place within 7 days as stated in the HPP rules.**
- **The Bureau of Workers' Compensation provides the funding to pay the provider for the approved amount as determined by Sheakley UniComp, Inc. This transfer of funds takes place through an electronic funds transfer (EFT) format approved by the Bureau.**
- **Sheakley UniComp, Inc. is granted 7 days from receipt of the funding to disburse the payment to the provider, by issuing a system generated check, payable to the provider's federal identification number. Because provider payments will be based on multiple payments to the same provider, a remittance advice sheet will be forwarded to the provider as well. Remittance advice sheet details the breakdown of the aggregate check total.**
- **Sheakley UniComp, Inc. will not retain any of the funds paid for medical services rendered, nor will Sheakley UniComp, Inc. retain any savings generated by network discounts.**

- **Retrospective review will be based on a percentage of the total volume of bills per bill processor. Bill payments exceeding \$3000 must be approved by the supervisor. The system selects bills in numerical sequence to fulfill in house quality assurance duties. Mechanical and payment errors will be shared with the bill processor to improve their accuracy.**
- **All discrepancies regarding the bill payment process filed by an employee, employer, or provider will be adjudicated through the grievance procedure for non-medical issues.**

Sheakley UniComp, Inc. will have the ability to print the payment file in date range format for hard copy analysis by the Bureau.

WORKERS' COMPENSATION DEFINITIONS

MAXIMUM MEDICAL IMPROVEMENT (MMI)

At such a time as you consider an injured worker under your care to have reached a maximum level of medical improvement such as to be considered permanent, you are directed to notify the Sheakley UniComp Case Manager as well as the Bureau of Workers' Compensation Claims Section. Maximum medical improvement is defined as "A treatment plateau (static or well stabilized) at which no fundamental, functional or physiological change can be expected within reasonable medical probability in spite of continuing medical rehabilitation procedures. An injured worker may need supportive treatment to maintain this level of function." As stated in HPP guidelines, according to BWC law Temporary Total Compensation will be terminated when the injured worker has been declaimed maximum medical improvement.

PERMANENT PARTIAL RATING

An injured worker has the right to file an application for a permanent partial disability award not earlier than forty weeks after termination of the latest period of compensation paid, or forty weeks from the date of injury, or contraction of an occupational disease in the absence of payment of compensation. The evaluation for this award is to be based solely on the allowed conditions of the injured workers' claim and solely on medical or clinical findings reasonably demonstrable. Non-medical factors are not to be included in the permanent partial disability equation. The evaluation of a permanent partial disability award is to be expressed in terms of percentage of impairment to the body as a whole, the whole body equaling 100%. Evaluations for permanent partial rating are to be conducted in accordance with the 4th addition of "The Guides to the Evaluation of Permanent Impairment" published by the American Medical Association.

Specific questions involving Permanent Partial Ratings should be addressed to the Consulting medical Director of Sheakley UniComp, Inc., Dr. David C. Randolph, a Certified Disability Evaluator.

BALANCE BILLING PROHIBITION

Pursuant to Health Partnership Program Rule 4123-6-7, no health care provider shall charge, assess, or otherwise attempt to collect from an employer, employee, The Bureau of Workers' Compensation, or Managed Care Organization, any amount for covered services or supplies that is in excess of the allowed amount reimbursed by The Bureau of Workers' Compensation, or Managed Care Organization.

RETURN TO WORK AND DISABILITY MANAGEMENT

Any injured worker who is deemed unable to return to regular duty is subject to case management by Sheakley UniComp, Inc. Every possible effort shall be made to safely return an injured worker to a medically acceptable form of transitional duty as soon as possible. Immediate notification (within 24 hours) of the injury is to be made to Sheakley UniComp, Inc. Further details relative to disability management is to be found in the Case Management section of this manual.

POLICY AND STANDARDS COMMUNICATION

Information specific to policy and standard communication including referral and authorization procedures may be found in the Case Management section of this manual.

Additions, deletions, and changes relative to policy and standards will be forward as they occur.

COMMON BWC FORMS USED BY PROVIDERS & INJURED WORKERS

C9 Physician's Request for Authorization of Medical Services or Recommendations for additional conditions for Industrial Injury or Occupational Disease.

C-84 Request for Temporary Total Compensation.

MEDCO-14 Physician's Report of Work Ability

C23 Change of Doctor Request. Injured worker completes this form to change from one physician of record to another physician. The injured worker must sign the C23 form.

Medical Dispute Resolution for HPP

The following procedure is to be implemented if there is a standard appeal regarding a medical dispute between the provider (panel and non-panel), employer, employee, or BWC and Sheakley UniComp, Inc. Dispute issues include quality assurance, utilization review, non-covered services, medical necessary and issues involving health care providers.

To formally appeal a disputable issue, the appealing party must submit dated notification within fourteen (14) days of receipt of written notice of Sheakley UniComp, Inc. utilization review determination or vocational rehabilitation case closure. The notification should be directed to the medical dispute department at Sheakley UniComp, Inc. detailing the nature of the appeal. Notification of the medical dispute received by telephone does not constitute formal notification. The appellant is required to provide all supporting documentation so Sheakley UniComp, Inc is able to make an appropriate determination.

Level one

Sheakley UniComp, Inc will do a pre-audit, once all the appeal information is received to determine if the supporting documentation meets criteria for resolution. If the submitted documentation does not meet criteria for resolution, an independent level of review will be conducted by an individual or individuals licensed pursuant to the same section of the Revised Code as the health care provider requesting the disputing issue. Sheakley UniComp, Inc will identify the providers performing the peer review. Sheakley UniComp, Inc will notify all parties and their representatives within twenty-one (21) days by letter of the peer review decision. The twenty-one (21) days shall be measured from the time the written notice of the medical dispute is received by Sheakley UniComp, Inc. Within seven (7) days of receipt of written notice by Sheakley UniComp, Inc of the decision, the employer, injured worker or provider may request that the dispute be referred to the bureau for an independent review. Sheakley UniComp will refer the requested dispute to the BWC within seven (7) days of written notice of the request. Sheakley UniComp, Inc will refer the requested dispute to the BWC within seven (7) days of written notice of the appeal to level two. This is in accordance to 4123-6-16 of the HPP rules.

Level two

Within fourteen (14) days after receipt of an unresolved medical dispute the BWC will conduct an independent review of the unresolved medical dispute received from UniComp, Inc and enters a final bureau order pursuant to section 4123.511 of the Revised Code. The order shall be mailed to all parties and may be appealed to the industrial commission pursuant to section 4123.511 of the Revised Code. Neither the provider nor UniComp, Inc is a party entitled to file an appeal under section 4123.511.

Medical Dispute Resolution for QHP

The following procedure is to be implemented if there is an appeal regarding a medical dispute between an employee and an employer, an employee and a provider, or an employer and a provider.

To formally appeal a medical issue, the appealing party must submit dated notification in writing to the attention of the medical dispute department at Sheakley UniComp, Inc detailing the nature of the appeal. Please provide all supporting documentation so Sheakley UniComp, Inc is able to make the fairest determination of the appeal at hand.

Level one

Once all the appeal information has been received, a pre-audit (review of all documents) will be performed to determine if the supporting documentation meets criteria for resolution. If the submitted documentation does not meet criteria for resolution, the case will be forwarded to the peer review panel physician within the discipline of the appealing provider. The peer review panel physician will complete a documented review and determination. Sheakley UniComp, Inc will verbally notify the appealing party within forty-eight (48) hours of receipt of the appeal and follow up with written notice to all parties within seven (7) working days of receiving the dispute. If denied, reasons for denial, as well as appeal instructions will be within the format of the notification letter. Second level appeal is seven (7) days from the date of the dated denial letter. Letter via mail will notify the parties.

Level Two

If a second appeal is received for the same medical issue, the medical director will review the appeal and supporting information. The medical director will review the submitted appeal and make a determination. Sheakley UniComp, Inc will then notify the appealing party within seven (7) working days. If denied, reasons for denial, as well as, appeal instructions to the Industrial Commission will be included in the format of the notification letter. Thirty (30) days will be measured from the time the first written notice of medical dispute is received by Sheakley UniComp, Inc, unless an extension of time is otherwise agreed to by the parties. Notice of the medical dispute received by telephone does not constitute a formal notification. Sheakley UniComp, Inc shall refer any unresolved disputes to the BWC within seven (7) days of the second level appeal denial. This is in accordance to 4123-6-69 of the QHP rules. Second level outcomes may be appealed to Industrial Commission pursuant to 4123.511 of the revised code within five (5) business days.

Grievance Procedure for Non-Medical Issues

The following procedure is to be implemented if there is a grievance for non-medical issues regarding a dispute between the provider, employer, employee, or BWC and Sheakley UniComp, Inc.

You must submit dated notification in writing to Sheakley UniComp, Inc. detailing the grievance. Please provide all documentation to enable Sheakley UniComp, Inc. to accurately assess the grievance. The letter and supporting documentation regarding the non-medical issue will be reviewed by the administrative board of the Managed Care Organization made up of the vice president and operations manager of Sheakley UniComp, Inc. The decision will be provided in a letter, which will be sent within 30 days from receipt of notification. The decision from the administrative board will be the final decision rendered by Sheakley UniComp, Inc.

Medical Recovery Process

The following procedure is to be implemented by Sheakley UniComp, Inc. if it is determined that an overpayment to a provider has occurred and recovery of the reimbursement was made in excess or in error. Funds will be requested from the provider in accordance with the BWC Recovery Policy as outlined in Chapter 8 of the MCO Policy Reference Guide.

The Provider Account Representative issues a refund request letter by system generation to the provider within seven (7) business days of notification of overpayment. An automatic memo will be created to notify the Provider Account Representative in forty (40) days stating “follow up on refund request” in order to ensure proper tracking of refund requests. The provider will either issue a refund or letter of appeal to the Provider Account Representative within fourteen (14) days of their receipt of the refund request letter.

If the Provider Account Representative receives a refund check from the provider, an adjustment will be submitted by the Provider Account Representative to the BWC with supporting documentation within seven (7) days of receipt of the check. If the Provider does not issue a refund check and does not appeal the overpayment, Sheakley may recover funds from the Provider from any future reimbursements, if the Provider continues to perform services that are reimbursable. If the Provider no longer performs reimbursable services, then Sheakley may initiate legal action to recover the funds.

If the Provider appeals the refund request, it will be directed to the Provider Account Representative. The Provider Account Representative will date stamp the provider appeal. The Operations Manager and the Bill Processing Supervisor will develop a statement of facts and notify the Provider in writing of a Grievance Conference (including date, time, and location of the conference) within fourteen (14) days upon receipt of the written appeal.

Peer Review Panel

Chiropractors:

- G. Steven Baer, D.C., DACBOH
- Thomas Sullivan, D.C.
- A.M. Davoudi, D.C., DACNB
- Todd Conley, D.C.
- Robb Bachelder, D.C.
- Kraig Markland, D.C.
- Jeffrey Elwert, D.C.
- Monica M. Wloszek, D.C.
- Anthony Fiorini D.C.,DACAN

Orthopedics:

- Roger Meyer, M.D.
- Charles Lowrey, M.D.
- Mark Siegel, M.D.
- Robert Bartley, III, M.D.
- Alan Kightlinger, M.D.

Medical Director:

- David Randolph, M.D.

Neurology:

- Amrik Chattha, M.D.
- Arthur Hughes, M.D.

Anesthesiologist:

- David Gutlove, M.D.
- Seth Vogelsten, D.O.
- John Nichels, M.D.

Vocational Rehabilitation:

- Debbie Lucas
- Mary Vanke, RN, CRRN
- Clara Tesarz, B.S.,RN, CRRN
- Robert Sproule, CDMS
- Pamela Fedorke, RN, CCM, COHN-S

Internal Medicine:

- Daniel Franklin, M.D.
- Sulabha Dange, M.D.
- Marc Whitsett, M.D.
- Terri Riddiford, M.D.

Psychology:

- David Greenwald, PHD

- Cheryl Benson-Blankenship

Psychiatrist:

- Douglas Smith, M.D.
- Fred Moss, M.D.

Oral Surgery:

- Frank Karfes, DDS

Dentist:

- Gerry Loewe, DDS

Plastic/Reconstructive Surgery:

- James Kahl, M.D.

Podiatry:

- Pamela Sisney, DPM

Physiatry (Physical Med & rehab=PM&R):

- Vallabhia Mannava, M.D.
- Jesse Portugal, M.D.
- Christopher Cannell, M.D.
- Carl Shapiro, D.O.
- Richard S. Kaplan, M.D.

Occupational Medicine:

- Dean Rasmussen, D.O.
- Paul Eby, M.D.
- Daniel Larusso, D.O.

General Surgeon:

- Alan Palmer, M.D.

ENT (Ear, nose & throat):

- Todd Waller, M.D.
- Romeo Ong, M.D.

TOTAL QUALITY MANAGEMENT PROGRAM

PURPOSE

The purpose of the Sheakley UniComp Inc. total quality management program is to establish a process that provides structure and organization to assess problems with care of the injured worker. The total quality management program strives toward cost effective

medical management, proactive case management and high levels of customer satisfaction. The entire management process allows for quality planning, evaluation, measurement, implementation, improvement and redesign.

OBJECTIVES

The program objectives include but are not limited to:

- 1) maintaining a comprehensive quality management program
- 2) effective communication between all core parties, including providers, employers, injured workers BWC and Sheakley UniComp Inc. employees
- 3) proper identification and assessment of the overall effectiveness of the management program
- 4) evaluating provider medical services using accepted methods of data collection
- 5) recommendations, implementation and redesign of existing policies
- 6) continually assess educational needs for staff
- 7) ensure full compliance of all URAC standards.

OVERVIEW OF THE QUALITY MANAGEMENT PROGRAM

Sheakley UniComp, Inc. is a privately owned managed care organization. Mr. Larry Sheakley, CEO, has delegated to the senior vice president of the MCO the authority and oversight for the overall operation of the quality management program and the Total Quality management Committee (TQM Committee). The committee members include the Medical Director, the Senior Vice-President, Operation Managers, Director of Case Management, Clinical Supervisors, Billing Supervisor, Claim Review Specialist Supervisors, Quality analyst and the Quality Improvement Coordinator. The medical director will be present at least once annually. The role of this committee is to address delivery and quality of care. This includes review of medical dispute outcomes for program improvement, review of quality of customer service, review of grievance outcomes for program improvement, evaluation of quality of case management by audit, and sets policies as necessary to assure quality of care within the Managed Care Organization.

The TQM Committee meets bi-monthly to discuss quality issues; to monitor, evaluate and approve QI projects, to evaluate outcomes and make recommendations. The outcomes of the QI projects may be shared with the staff through team meetings, inservices or the development of new procedures. The committee is accountable to the Senior Vice President. A program plan is developed each year to establish goals for the committee. The program plan and the quality management program are evaluated annually for effectiveness and a written report is sent to the senior Vice President.