

What health-care providers need to know for a smooth transition

Now that the Ohio Bureau of Workers' Compensation's (BWC's) open enrollment is complete, it's time to make the transition to new managed care organizations (MCOs).

Employers' new MCOs will begin to manage the medical portion of their claims June 30, 2008. Continuity of medical care and uninterrupted service to injured workers are of paramount importance. To minimize disruption for injured workers, employers and health-care providers, we have developed a post-enrollment transition plan. The main components of the plan include claims transfer, medical treatment procedures and reimbursement policies.

Claims transfer

If a *First Report of an Injury, Occupational Disease or Death* (FROI) is filed prior to June 30, 2008, the employer's former MCO medically manages the claim until June 30. Effective June 30, the new MCO assumes the responsibility. When a FROI is filed on or after June 30, the new MCO is responsible for medically managing the claim, regardless of the date of injury.

The claim file transfer is extremely important to the continuity of the injured worker's care. We have developed an effective plan for the transfer and will monitor the activity.

Medical treatment procedures

Prior authorizations - To provide uninterrupted service to the injured worker, the new MCO must honor, in its entirety, any authorizations approved by the former MCO that extend past June 30, 2008. The sole exception would be if an alternative course of treatment is available that will affect the injured worker's medical outcome positively. If the injured worker, employer and provider agree to the alternative treatment, the new MCO may change the treatment plan.

Vocational rehabilitation - When the former MCO has authorized vocational rehabilitation that extends past June 30, the new MCO must retain the services of the case manager directing the injured worker's program. The new MCO will retain the case manager until the period of authorization has expired or the injured worker agrees to change case managers.

Alternative dispute resolution (ADR) - The prior MCO will continue to manage any disputed treatment or service that is already in the Alternative Dispute Resolution (ADR) process prior to June 20, 2008, through completion of the ADR process. The new MCO will process all new ADRs received on or after June 20, 2008.

Reimbursement policies

Beginning June 30, 2008, health-care providers send bills to the new MCO. If the new MCO receives a bill with a date of service before June 30, it will review and process the bill. The new MCO must discuss or review bill history with the former MCO, if necessary.

If the former MCO receives a bill after June 30, with a date of service before June 30, it will review and process the bill. If the former MCO receives a bill with a date of service after June 30, it will forward the bill to the new MCO for review. In addition, the former MCO will inform the provider that, effective June 30, the new MCO manages medical services in the claim.

The new MCO must reimburse BWC-certified providers who are part of its panel and who render services for transferred claims at the least of the bureau's fee schedule, their billed charges or the MCO's contractual rate.

The MCO must reimburse BWC-certified providers who are not part of its panel but who render services for transferred claims at the lesser of the bureau's fee schedule or their billed charges.

When a negotiated rate is in effect for services authorized prior to June 30, the new MCO will honor the rate of reimbursement agreed upon by the provider and the former MCO. However, with the agreement of the provider, the new MCO can renegotiate these rates.

If you have any questions about the transition process, call BWC customer assistance at **1-800-OHIOBWC**, and follow the prompts.