

## **BWC's Plan for Enhancing our Medical Services**

Prompt, effective medical care makes a big difference for those injured on the job. It is often the key to a quicker recovery and timely return-to-work and quality of life for injured workers. Therefore, we have focused on improving services in our core business functions. Our goals are to enhance our medical provider network; establish a better benefits plan; institute an updated and more competitive provider fee schedule; improve our managed care processes; and establish excellent medical bill payment services.

### Enhancing our medical provider network

Maintaining a network of dependable medical and vocational rehabilitation service providers ensures injured workers get the prompt care they need. It also ensures they have access to quality, cost-effective service.

By December 2008, we will accomplish these tasks.

- Examine better ways to analyze the effectiveness of specialty services, such as vocational rehabilitation.
- Develop communications strategies to eliminate barriers to good service.
- Benchmark processes that we and our providers have identified as barriers to delivering good service.
- Develop outreach strategies for recruiting non-participating providers.

We are also developing measures to track each provider's performance. This will ensure accountability and allow us to maintain a reliable pool of providers to serve our customers.

By October 2008, we will accomplish these tasks.

- Complete steps needed to monitor provider services and enforce compliance with our administrative requirements.
- Develop methods to pinpoint treatment trends and other patterns, and to identify practices that deviate from the norm.

### Designing better benefits plans

A quality, cost-effective benefits plans is essential to meet our customers' needs for a full scope of medical care and services. It means injured workers will have ready access to treatments so they can recover faster and return to work promptly and safely. For employers, it means we're monitoring and controlling medical costs on the basis of medical necessity to make the most of their premium dollars.

- We have already begun to improve the structure of medical, vocational rehabilitation and pharmaceutical benefits plans by reviewing and setting appropriate provider fee and reimbursement schedules.
- By August 2008, we will accomplish these tasks.
  - Complete work to determine the appropriateness of each service our plan covers.
  - Develop guidelines to ensure our managed care organizations (MCOs), providers and our staff use the same parameters to administer medical, vocational rehabilitation and pharmaceutical policies and procedures.

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### Establishing better managed care processes

We contract with MCOs to manage the medical component of claims. Injured workers depend on MCOs — and our managed care services, in general — to connect them to critical medical and vocational rehabilitation services. Our customers rely on us to manage this critical business process. Therefore, we aim to develop processes and performance standards that deliver quality, effective managed care services to our customers.

By December 2008, we will accomplish these tasks.

- Create measurements to assess our managed care performance and outcomes, including that of MCOs.
- Strengthen our disability management oversight by expanding evaluation measures and defining desired outcomes, including expanding and validating Ohio-specific disability duration guidelines.
- Develop strategies to integrate claims and medical services to improve disability management.
- Review our processes for authorizing treatment reimbursements to identify opportunities for improvements in efficiency and effectiveness.

### Enhancing our medical bill payment services

Paying the bills on time and using consistent payment procedures ensures providers receive appropriate reimbursement for their services. This, in turn, ensures injured workers receive uninterrupted care.

By December 2008, we will accomplish these tasks.

- Improve processes for documenting diagnoses according to clinical standards to ensure more accurate claims coding. This will help us better determine the appropriate allowed conditions of each claim.
- Study the appropriateness, efficiency and accuracy of bill payment processes for medical, vocational rehabilitation, pharmaceutical and third-party providers.
- Complete a cost and feasibility study to evaluate the best reimbursement methodology for outpatient hospital services.