ODG - Diagnosis Related Authorization Program

Overview

CompManagement Health Systems (CHS) Disability Management continues to move forward with the ODG pilot and our initiate to change the way that treatment requests are managed in Ohio Workers' Comp. The CHS efforts to pave the path for all MCO's with a new proactive approach to claims management is being recognized at all levels of the Bureau of Workers Comp.

CHS has currently sent out over 8000 ODG letters authorizing treatment proactively for the IW based on the ODG auto authorization guidelines. The ODG auto authorization tables have been modified by CHS staff to comply with Ohio BWC rules. The feedback from the provider community is very supportive of this initiative. Our goal is to reduce the requirement for paper processing of treatment requests if the services are appropriate based on standardized treatment guidelines for the allowed conditions of the claim. This approach, being more proactive in RTW management and other areas reduces the amount of "paper" and "reactive" claims management previously driven by the C9 requirement for the treatment requested. CHS targeted the top 30 ICD-9 codes identified by the Bureau of Workers' Comp for this pilot.

We implemented phase II of the pilot in September of 2004. Phase II merged the ODG auto authorizationorization tables with the current Ohio BWC Presumptive authorization of services. The goal of phase II was to eliminate any confusion between presumptive authorization and the ODG auto authorization treatment as well as provide the physician with treatment options in the early stages of the claim prior to claim allowance, using a disclaimer on claims up to 60 days after date of injury. The CHS QA department is capturing the impact of the pilot on the back end by reviewing return to work outcomes, provider satisfaction, and cost, appeal and C9 volume. We also completed provider and injured worker surveys with feedback on the impact of this pilot. The survey feedback was positive for every aspect of the program. Our plan for Phase III is to add additional ICD-9 codes and automate some of the process to allow our claims management staff the ability to focus on proactive claims management and customer satisfaction.

The CHS Disability Management department continues to strive to be the best in Customer Service, claim reporting, return to work strategies, Case Management services, Voc Services and overall satisfaction at **all** levels of the claims process.

Project Goals

CHS would like to expand this project to the entire State of Ohio. CHS has petitioned Ohio BWC for approval of this project for all MCO's. We submitted our data to the Ohio BWC for review several weeks ago and we are waiting to hear back from the Ohio BWC on their decision to move forward. Our goal is to change the way that workers' comp is administered in Ohio as well as other states.

Results

Our outcome findings are attached.

ODG Pilot lost days and costs.xls

ODG Pilot Interval bw DOI and Initial Tx.xls

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Background

Ohio BWC Provider Update June 2004:

Diagnosis Related Authorization pilot

Compmanagement Health Systems MCO implemented a six-month pilot program May 1, 2004, called the Official Disability Guidelines Diagnosis Related Authorization pilot. The program uses the Official Disability Guidelines (ODG) as a basis for authorizing services for the top 30 industrial injuries for all allowed state-fund claims. The goal of the pilot is to use ODG evidence-based treatment guidelines to support BWC's Health Partnership Program's goal of early and safe return to work. Quality measurements will be in place to evaluate the performance and overall impact of the pilot.

Providers associated with the claim and parties to the claim will receive a notice of approved services based on ODG. BWC will only generate a letter when it finds a claim and the specific condition to be compensable. A Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9) will not be required for these services listed in the auto authorization notification. The auto authorization process does not negate the presumptive authorization process that may begin prior to the claim allowance. When services begin under presumptive authorization prior to the receipt of the auto authorization letter, authorization applies to the richer of the policies. As an example, let's use a case in which 10 physical therapy sessions apply under presumptive authorization. In the event five sessions have been delivered at the time of receiving the auto authorization letter and the auto authorization letter allows 12, then a total of 12 sessions are authorized.

Providers must submit supporting medical documentation prior to bill payment. All services are appealable through the Alternative Dispute Resolution process.

https://www.ohiobwc.com/downloads/brochureware/publications/BRMProvUpdate0604.pdf