STATE OF OHIO
OFFICE OF THE INSPECTOR GENERAL

RANDALL J. MEYER, INSPECTOR GENERAL

REPORT OF INVESTIGATION

COMPLIANCE REVIEW

ENTITIES:
OHIO BUREAU OF WORKERS' COMPENSATION
CAREWORKS OF OHIO, LTD.

FILE ID NO.: 2019-CA00006
RELEASE DATE: NOVEMBER 17, 2022

The Office of the Ohio Inspector General … The State Watchdog

"Safeguarding integrity in state government"

The Office of the Ohio Inspector General is authorized by state law to investigate alleged wrongful acts or omissions committed by state officers or state employees involved in the management and operation of state agencies. The Inspector General may investigate the management and operation of state agencies on his own initiative. We at the Inspector General's Office recognize that the majority of state employees and public officials are hardworking, honest, and trustworthy individuals. However, we also believe that the responsibilities of this Office are critical in ensuring that state government and those doing or seeking to do business with the State of Ohio act with the highest of standards. It is the commitment of the Inspector General's Office to fulfill its mission of safeguarding integrity in state government. We strive to restore trust in government by conducting impartial investigations in matters referred for investigation and offering objective conclusions based upon those investigations.

Statutory authority for conducting such investigations is defined in *Ohio Revised Code §121.41* through *121.50*. A *Report of Investigation* is issued based on the findings of the Office, and copies are delivered to the Governor of Ohio and the director of the agency subject to the investigation. At the discretion of the Inspector General, copies of the report may also be forwarded to law enforcement agencies or other state agencies responsible for investigating, auditing, reviewing, or evaluating the management and operation of state agencies. The *Report of Investigation* by the Ohio Inspector General is a public record under *Ohio Revised Code §149.43* and related sections of *Chapter 149*.

The Ohio General Assembly enacted Ohio Revised Code §121.52, effective September 10, 2007, which created the deputy inspector general for the Ohio Bureau of Workers' Compensation (OBWC) and the Industrial Commission of Ohio (ICO). This statute requires a deputy inspector general be designated who "… shall investigate wrongful acts or omissions that have been committed by or are being committed by officers or employees …" of both OBWC and the ICO, and provides the deputy inspector general the same powers and duties as specified in Ohio Revised Code §s 121.42, 121.43, and 121.45 for matters involving the OBWC and ICO.

The Office of the Inspector General does not serve as an advocate for either the complainant or the agency involved in a particular case. The role of the Office is to ensure that the process of investigating state agencies is conducted completely, fairly, and impartially. The Inspector General's Office may or may not find wrongdoing associated with a particular investigation. However, the Office always reserves the right to make administrative recommendations for improving the operation of state government or referring a matter to the appropriate agency for review.

The Inspector General's Office remains dedicated to the principle that no public servant, regardless of rank or position, is above the law, and the strength of our government is built on the solid character of the individuals who hold the public trust.

OFFICE OF THE OHIO INSPECTOR GENERAL
EXECUTIVE SUMMARY

SCOPE OF REVIEW

On December 18, 2018, the Office of the Ohio Inspector General received a complaint alleging that CareWorks of Ohio, LTD[1] (CareWorks), a managed care organization, was manipulating Return to Work (RTW) data submitted to the Ohio Bureau of Workers' Compensation (OBWC) to exclude holidays and/or weekends from the Days Absent calculation. The complaint alleged these manipulations allowed CareWorks to improve its Days Absent score which was used to allocate incentive pool funds using the Measurement of Disability (MoD) metric described in the contract between OBWC and the managed care organizations. As a result, the complaint alleged that CareWorks received a larger share of the incentive pool funds and reduced the amount available to the remaining MCOs.

On February 19, 2019, the Office of the Ohio Inspector General opened an investigation to examine the identification, recording, and submission of Return to Work (RTW) data to OBWC and its impact on the MoD Days Absent measure. This investigation also examined the level of oversight exercised by OBWC when validating the RTW data used in subsequent MoD metric and incentive pool allocation calculations and the MCO contract terms and conditions.

On February 28, 2019, the Office of the Ohio Inspector General and the Ohio Bureau of Workers' Compensation agreed to conduct a joint investigation into this matter.

[1] Effective December 21, 2020, CareWorks of Ohio Ltd., merged with Sedgwick Managed Care Ohio and ceased to exist.

FINDINGS

Investigators from the Office of the Ohio Inspector General and the Ohio Bureau of Workers' Compensation (OBWC) determined the contract between the Ohio Bureau of Workers' Compensation and the managed care organizations (MCOs) which included CareWorks of Ohio, Ltd. (CareWorks) stated that OBWC and the MCOs agreed to a quarterly incentive fee payment based on the MCOs performance as measured by the Measurement of Disability (MoD) metric. This metric consisted of two parts, Days Absent and Recent Medical. Investigators determined OBWC paid the MCOs a total of $132.3 million for snapshots taken for the period October 1, 2017, through June 30, 2019,[2] for the MoD Days Absent metric of which CareWorks received $51.1 million, or 38.6% of the funds paid.

Investigators examined the practices, job aids, training, and management guidance provided to CareWorks staff for the gathering, recording, and submitting of Return to Work data to OBWC. Investigators determined CareWorks had implemented processes for CareWorks staff to elicit questions in a manner to obtain a response of "no missed time" or similar language and used that response to document and submit the same date for the Last Day Worked and Actual Return to Work date. This resulted in a zero-day scoring claim, which is the best score possible for the MoD Days Absent score.

Investigators also examined the Return to Work data submitted by CareWorks for 603 injured claim files and found CareWorks improperly submitted Return to Work data for 195 claims and inaccurately submitted a date for the Last Day Worked for 50 claims and the Actual Return to Work date for 181 claims. Further examination of these inaccuracies found that the 195 claims should have been excluded from the MoD Days Absent calculation. Had the Actual Return to Work data inaccuracies been reported correctly, investigators found the correct dates would decrease CareWorks' MoD Days Absent score for 112 claims. Investigators determined the removal of, or correction of the Actual Return to Work dates in the total of 307 claims[3] (50.9%) would decrease individual claim's MoD Days Absent score.

---

[2] This period encompasses the snapshots taken for the 4th quarter 2017 through 2nd quarter 2019.

[3] The 307 claims consist of the 195 claims that Return to Work data was improperly submitted and the 112 claims where CareWorks submitted the wrong Actual Return to Work date and as such, positively impacted the claim's MoD Days Absent score.

CareWorks' practices which led to the increase of the number of zero-day claims included in the MoD Days Absent calculation and reporting fewer Days Absent increased both the individual claim's and CareWorks' overall MoD Days Absent score for CareWorks, improved their status when compared with their peers, and potentially increased the share of the incentive pool funds received quarterly from OBWC. In addition to these practices, investigators found that CareWorks staff only followed up on additional allowance denials, submitted updated manual class codes or SOC data, or submitted an appeal to OBWC to remove holidays, weekends, and non-scheduled workdays from the Days Absent calculation when there was a positive impact that would increase the claim's MoD Days Absent score. This was in furtherance of CareWorks' overall goal to improve the overall MoD Days Absent score and as such, receive a larger share of the incentive pool from OBWC.

In addition, the Office of the Ohio Inspector General found OBWC failed to clearly define "days absent" and explain how benchmarks were established for the MoD measures in Appendix E of the contract between OBWC and the MCOs. Investigators further determined that the Return to Work Data policy in Appendix A of the contract between OBWC and the MCOs contained subjective, unclear language. Lastly, investigators found OBWC did not have a process in place to verify the accuracy of the Return to Work Data submitted by the MCOs and failed to include a review of the Return to Work data results for five years of on-site audits conducted.

RECOMMENDATIONS

The Office of the Ohio Inspector General is making 28 recommendations to the administrator of the Ohio Bureau of Workers' Compensation in an effort to strengthen the agencies' internal control systems related to the oversight of the terms and conditions in the contract with the managed care organizations. The Office of the Ohio Inspector General requests a response within 60 days with a plan detailing how these recommendations will be implemented.

In addition, the Office of the Ohio Inspector General provided to OBWC on December 13, 2021, 27 preliminary recommendations which at that time could have impacted ongoing changes being implemented by OBWC over the next year. Like the 28 recommendations contained in this report of investigation, the preliminary recommendations provided were developed by a joint

team of investigators from OBWC and the Office of the Ohio Inspector General and address OBWC guidance and administration of the contract between OBWC and the MCOs. On July 29, 2022, OBWC provided a response to these recommendations to the Office of the Ohio Inspector General. **(Exhibit 1)**

To assist the Ohio Bureau of Workers' Compensation in the management of internal procedures and administration of the contract between OBWC and the MCOs, the Office of the Ohio Inspector General has issued three additional comments for the agency's consideration.

TABLE OF CONTENTS

ENTITIES UNDER REVIEW

Ohio Bureau of Workers' Compensation

The Ohio Bureau of Workers' Compensation (OBWC) is responsible for providing workers' compensation benefits to public and private employees who are unable to work due to a work-related injury. In Ohio, all companies or employers must have coverage from either state funds or be self-insured. The agency also operates workplace safety consulting services, safety and hygiene training, and other programs for Ohio employers to support them in providing safe and healthy workplaces. It is the largest state-funded insurance system in the nation.[4]

OBWC's MCO Business & Reporting Unit

The OBWC MCO Business & Reporting Unit is responsible for coordinating "… with Ohio's Managed Care Organizations (MCO)[5] and their role in managing injured workers' and employers' needs," and directing the rules and policies that establish and govern the MCOs' activities. Duties of this unit include but are not limited to:

- Certifying and recertifying the MCOs' participation in the Health Partnership Program.
- Preparing the administrative and incentive payments made by OBWC to the MCOs.
- Monitoring compliance with the OBWC/MCO contract.
- Addressing complaints or issues involving the MCOs.
- Providing training to the MCOs on current OBWC policies and procedures.

OBWC's Compliance and Performance Monitoring Department

The OBWC Compliance and Performance Monitoring (CPM) department is responsible for performing "… compliance auditing of companies contracting with BWC to provide medical management and pharmacy related services for Ohio's injured workers and employers." This department performs "… independent, risk based desk and on-site audits of the managed care organizations (MCO), pharmacy benefits manager (PBM) and pharmacy rebate aggregator." As

[4] Source: Biennial budget documents.

[5] OBWC contracts with managed care organizations (MCOs) to manage a worker's injury and the claims process. The MCOs file and manage claims, ensure injured workers receive quality medical care, and facilitate an injured worker's quick and safe return to work. Source: Understanding managed care organizations (MCOs) | Bureau of Workers' Compensation (ohio.gov).

part of this process, CPM issues a compliance report documenting detailed testing results, recommendations made, and responses of actions taken by the vendor audited.

Health Partnership Program

House Bill 107, enacted in 1993, established a managed care system called the Health Partnership Program (HPP), for state-funded and self-insured employers and their employees. The managed care system is a "… health care model focusing on the proactive oversight and coordination of all medical services rendered to a patient."[6] As of the date of this report, there are 10 MCOs under contract with OBWC to provide these services.

CareWorks of Ohio, Ltd.

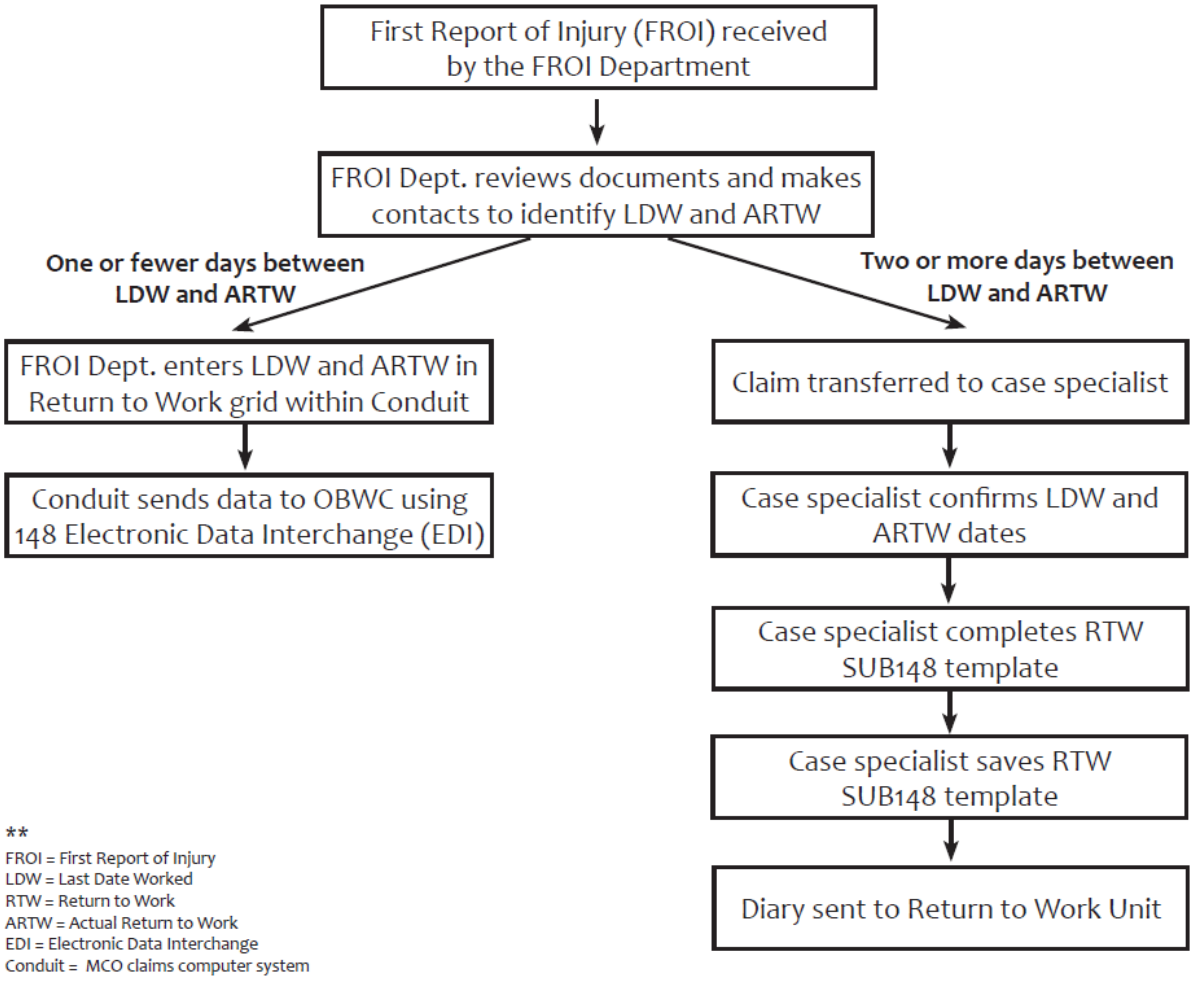
CareWorks of Ohio, Ltd. was established on July 16, 1996, as a limited liability company in accordance with Ohio Revised Code §1705.04. CareWorks entered into managed care contracts with OBWC for periods including but not limited to, January 1, 2016, through December 31, 2017; and January 1, 2018, through December 31, 2020, to provide "… medical management and return to work services to Ohio employers and injured workers in accordance with the HPP." In the fall of 2019, Sedgwick[7] acquired CareWorks and its parent company, York Risk Services. In December 2020, Sedgwick merged its two MCOs, CareWorks and CompManagement Health Systems, into Sedgwick Managed Care Ohio and continued to contract with OBWC to provide managed care services. **(Exhibit 2)**

CareWorks' Return to Work Data Process

OBWC issued Policy No. CP-18-01 - *Return to Work Data*,[8] "… to ensure that MCO and BWC staff appropriately verify, update and/or maintain Return to Work (RTW) data in the claims management system." **(Exhibit 3)** CareWorks implemented a process to gather and report this information and assigned these responsibilities to the First Report of Injury (FROI) Department and Return to Work (RTW) Unit, with the assistance of the State Fund Claims Team staff. The

[6] Source: https://www.bwc.ohio.gov/basics/guidedtour/generalinfo/ProvGlossHPP.asp.
[7] Sedgwick – a global provider of technology-enabled risk, benefits and integrated business solutions. http://sedgwick.com/ Prior to its acquisition of CareWorks in 2019, Sedgwick owned and managed MCO CompManagement Health Systems.
[8] This policy was initially issued on December 23, 2013, and was revised on November 14, 2016, and March 1, 2018.

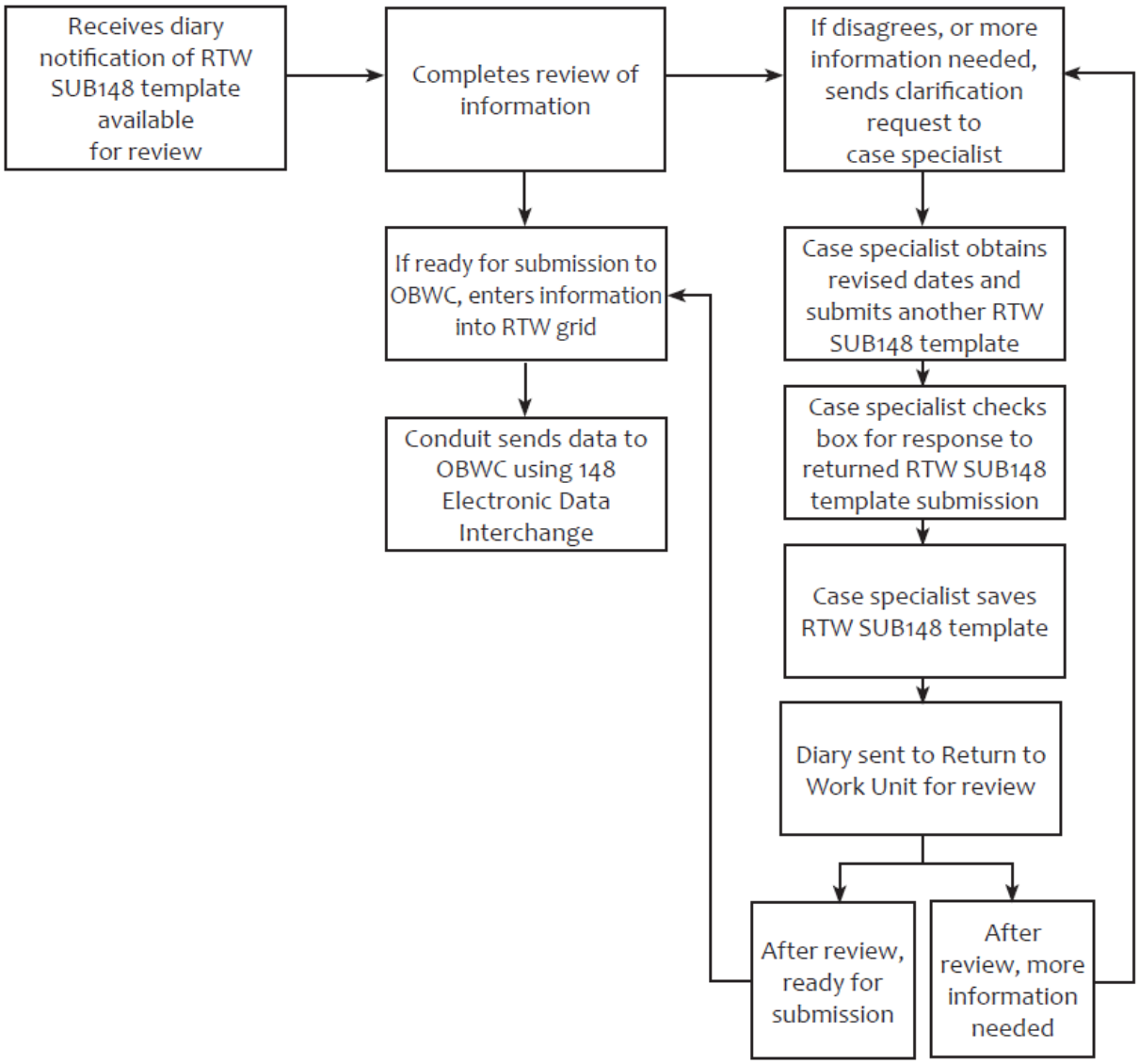
Return to Work data was gathered by staff assigned to the CareWorks FROI Department and/or the different CareWorks State Fund Teams. Once determined, the Return to Work data gathered was entered into Conduit[9] by either the FROI Department or the RTW Unit staff for submission using a 148 electronic data interchange (EDI) to OBWC. The following chart shows the process used after the receipt of a phone call reporting the worker's injury or a FROI form:



The claims management computer system used by CareWorks, called Conduit, only allowed authorized staff assigned to the State Fund Teams to submit a RTW 148 template, which resulted in the system-generated diary being sent to the queue managed by the RTW Unit. The following

[9] Conduit is the claims management computer system used by CareWorks and continued to be used by Sedgwick Managed Care Ohio after the merger of CareWorks and CompManagement Health Systems.

chart illustrates the process completed by the RTW Unit prior to the submission of the Return to Work data to OBWC:



BACKGROUND

Since 1997, OBWC has contracted with managed care organizations (MCOs) to provide medical case management[10] and return to work (RTW) services[11] by the MCOs to Ohio employers and injured workers (IWs). The contract also incorporates Appendix A – MCO Policy and Reference Guide, among other sources, which outlines the policies, procedures, and provisions agreed upon by OBWC and the MCO, including but not limited to:

- Chapter 2: Claims Management Information
- Chapter 3: Medical and Return to Work Management
- Chapter 9: Specific Policies

In accordance with the contract between OBWC and the MCOs, specifically Section 4 - *Amount and Method of Payment*, OBWC and the MCOs agreed to payment calculations based on the provisions including but not limited to Appendix E (Administrative and Incentive Payments). According to Appendix E, Section A of the *Quarterly Incentive Fee Payment --- Measurement of Disability (MoD) Metric*, for each quarter,

> … the MCO's quarterly Incentive Fee shall be based on the MCO's performance as measured by the Measurement of Disability (MoD) metric, which has been developed to measure the performance of an MCO with respect to its effectiveness in Return to Work (RTW), medical case management, and utilization review services provided. The MoD metric consists of two measures: Days Absent and Recent Medical. …

This investigation focuses on the RTW data used to compute the MoD Days Absent incentive payment calculations described in Appendix E. Daily electronic data interchange (EDI)

[10] Appendix G of the contract between CareWorks and OBWC defined medical case management as, "… collaboration to assess, plan, implement, coordinate, monitor and evaluate options and services to meet an injured worker's health needs using communication and available resources to promote quality cost-effective outcomes; within the Ohio workers' compensation program, includes identifying and minimizing potential barriers to recovery, identifying and assessing future treatment needs, evaluating appropriateness and necessity of medical services, authorizing reimbursement for medical services, resolving medical disputes and facilitating successful return to work or claim resolution for injured workers; can be telephonic and/or on-site depending on the need of the injured worker."

[11] Appendix G of the contract between CareWorks and OBWC defined return to work services as, "… services to support an injured worker in returning to employment where the injured worker is experiencing difficulty as a result of conditions related to an allowed lost time claim."

transactions transfer claim information, including but not limited to, RTW data between claims management computer systems used by OBWC and each MCO.

Also, in accordance with the contract between OBWC and the MCOs, Appendix A Chapter 9 Policy No CP-18-01 - *Return to Work Data* **(Exhibit 3)** provides guidance to both MCO and OBWC staff to, "… ensure that MCO and BWC Staff appropriately verify, update and/or maintain return to work (RTW) data in the claims management system." Section IV of the policy states that:

A. It is the policy of BWC to rely primarily on the managed care organizations (MCO) to provide accurate return to work data.
B. It is the policy of BWC to ensure that return to work data is identified, verified, properly updated and maintained in the claims management system.

This policy further contains procedures to be followed by both MCO and OBWC staff when gathering and recording RTW data in accordance with the contractual provisions. Investigators learned during the investigation that the RTW data consisting of the following were submitted to OBWC on a nightly basis through the electronic data interchange process:

- Last Day Worked (LDW) – The last day the injured worker reported to work prior to taking time off, regardless of the length of time the injured worker worked on that date.
- Estimated Return to Work (ERTW) – The anticipated date the injured worker may be able to return to employment.
- Released to Return to Work (RRTW) – The date the physician of record releases the injured worker to return to employment (with or without restrictions).
- Actual Return to Work (ARTW) – The confirmed date that the injured worker returns to employment, with or without restriction(s).

Upon receipt of the data, OBWC's claims computer system, CoreSuite, updated the Claims Dates tab within the Claims Details tab section and in certain instances, the Disability Tracking tab with the relevant data.

Appendix E, Section D of the *Quarterly Incentive Fee Payment --- Measurement of Disability (MoD) Metric* defines the criteria for inclusion of claims in the MoD calculation for both the Days Absent and Recent Medical measures and describes the calculation of the MoD values. The following excerpt shows specifically how the Days Absent measure is defined within the contract:

> iii. Days absent includes all days missed from work during the Measurement Period using the formula **RTW = [ARTW] – LDW – 1 [emphasis is added]** …

Appendix E, Section B of the *Quarterly Incentive Fee Payment --- Measurement of Disability (MoD) Metric* pertaining to the contract between OBWC and the MCOs stated, "… if there is no LDW in the claim, it will not be included in the Days Absent measure."

To calculate the MCO's Days Absent and Recent Medical MoD scores and determine the related MoD Incentive Fee payments, OBWC used all claims assigned to the MCO on the evaluation date for a specified measurement period as indicated in Table 14 of Appendix E of the MCO contract. For example, to calculate the Days Absent and Recent Medical MoD scores for the 1st quarter of calendar year 2018, OBWC took a snapshot of the relevant claims data on April 2, 2018, for claims activity to be evaluated as of March 31, 2018, (the Evaluation Date) during the measurement period of January 1, 2017, through December 31, 2017.

Using the snapshot of the data for the measurement period, OBWC imports the data elements needed for the MoD measurement for all claims that fall within this period. Once the snapshot is taken, each claim within the snapshot is evaluated to determine whether the claim meets the population criteria described in Appendix E of the MCO contract for inclusion in the Days Absent measure, the Recent Medical measure, or should be dropped from consideration. For those eligible claims, OBWC then calculates the total days absent and total eligible medical expenses paid for the measurement period for each MoD measurement. Ineligible claims are not scored, yet remain included in the snapshot taken by OBWC.

Next, OBWC determines the MoD principal International Classification of Diseases, or ICD[12]-9 code, for each claim based on eligible ICD-9[13] codes, bilateral vs unilateral status,[14] and industry category using the severity rankings for each ICD code for the Days Absent or Recent Medical measure. Appendix E states that, "The MoD Principal ICD-9 is the one with the highest severity ranking. If one of the eligible ICD-9 codes in the claim does not have a severity ranking, the claim is dropped from the measure."

Next, OBWC calculates the MoD scores based on the days absent or medical payments for each eligible claim in comparison with the developed decile[15] benchmarks for each measure. According to Appendix E, Section C Calculation of MoD, the benchmarks were developed for each measure based on "… claims that met the MoD criteria for twelve consecutive quarterly snapshots with Measurement Dates from 3/31/2007 through 12/31/2009."[16] The benchmarks were developed to consider the historical performance including legal environmental impacts from Ohio Revised Code and Ohio Administrative Code statutes and Industrial Commission of Ohio orders and included all days or 365 days-a-year. Additionally, the same snapshot was used by OBWC to develop the severity rankings for the ICD-9 codes.

This appendix further describes the process used for developing the standards to calculate the overall score for both the Days Absent and Recent Medical measures and states,

> … The main standards for both measures include: a severity ranking for ICD-9 codes, used to determine the principal/most severe ICD-9 in a claim; the decile benchmarks, used to determine the MCO's performance on a claim; the decile points, used to assign the score to a claim; and the severity weight for ICD-9 codes, used to adjust the claim's score based on the relative severity of the principal ICD-9.

[12] ICD is the International Classification of Diseases which is the global standard used for diagnostic health information.
[13] Although OBWC implemented ICD-10 codes in the Fall of 2015, OBWC used the ICD-9 codes to establish the benchmarks and converted ICD-10 codes in the claims data within CoreSuite to the applicable ICD-9 code for calculation purposes.
[14] This documents whether the injury impacts both sides (bilateral) or one side (unilateral) of the body.
[15] Decile – each of 10 equal groups into which a population can be divided according to the distribution of values of a particular variable.
[16] The benchmarks were scheduled to be updated once sufficient data using ICD-10 codes was available.

As part of the scoring process for each individual claim, the scoring of the claim takes into consideration the ICD code for the injury, the industry involved, laterality,[17] whether the injury had been benchmarked and if so, if there are a sufficient number of claims to benchmark the injury and where on the continuum the particular claim falls. If there are not sufficient injuries to establish a benchmark for an injury, no benchmarks would be established and claims with this injury would be eliminated from the MoD calculation.

Once each claim has been scored individually, OBWC multiplies the score for each claim by the claim's severity weight, totals these scores, and divides the score by the total of the severity weights for all included claims to calculate the overall weighted score for the MCO. This overall weighted score is then used to calculate the MCO's Days Absent Amount of Payment Earned for the quarter. This calculation uses the Days Absent score for the quarter, the MCO Days Absent Target score for the quarter, a ratio of the MCO Days Absent Score divided by the MCO Days Absent target score for the quarter, and a share factor[18] based on the results of the calculation.[19]

Payments made to the MCOs by OBWC for the three months of the quarter include an advance for the quarterly incentive fee earned by each MCO. At the end of each quarter, OBWC calculates the amount of incentive payments for the MCO from the 25% of reserved incentive or outcome payment funds available for that quarter adjusted by the MCO's performance and the performance of all other MCOs. Once calculated, OBWC deducts previously advanced payments and issues a payment for the remainder. Should the MCO have received more funds than owed for the incentive, OBWC deducts the excess paid from the next available payment to the MCO.

[17] Whether the injury impacted one or both sides of the body.
[18] Appendix E stated that the Share Factor is the percent earned based on Peer Comparison. The Peer Comparison as defined in Appendix E, was the "MCO's Days Absent score for the quarter divided by the MCO's Days Absent target score for the quarter."
[19] The current 2021-2024 MCO Agreement eliminated the Share Factor and is now solely based on the MCO's own performance up to an available 100%, but not greater than 100%.

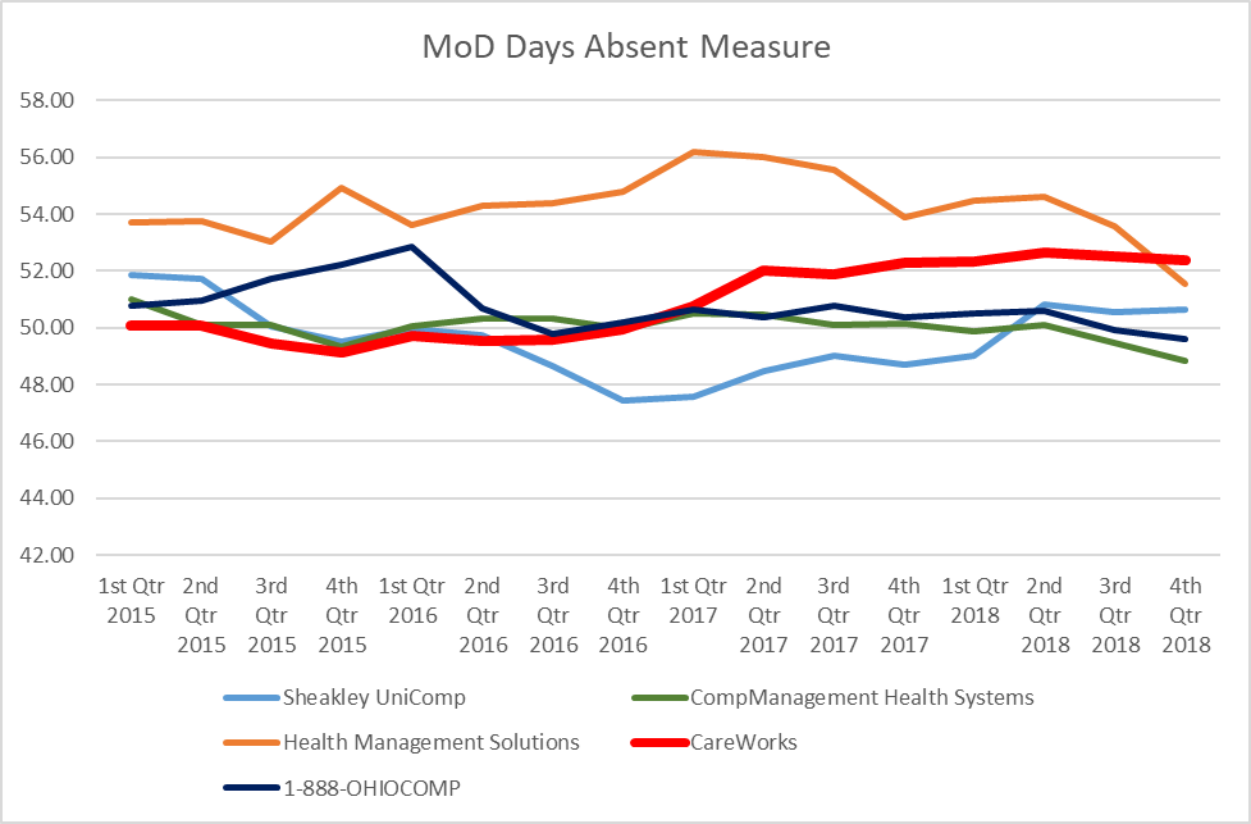
For the snapshots taken for the period October 1, 2017, through June 30, 2019,[20] OBWC allocated and paid $132,368,094.21 of Days Absent Incentive Pool Funds to the following MCOs:

MCO #	Managed Care Organization	Days Absent Incentive Pool Payments	
		Grand Total	%
10002	Sheakley Unicomp Inc	$ 15,470,275.82	11.69%
10005	CompManagement Health Systems, Inc.[21]	$ 23,857,773.05	18.02%
10006	Health Management Solutions, Inc.[22]	$ 11,117,628.00	8.40%
10008	CorVel Ohio MCO, Inc.	$ 2,045,676.26	1.55%
10010	CareWorks of Ohio, Ltd. [23]	$ 51,143,068.52	38.64%
10011	Spooner Medical Administrators, Inc	$ 5,509,679.00	4.16%
10013	3-Hab, Ltd	$ 6,087,378.63	4.60%
10016	AultComp MCO, Inc.	$ 1,940,608.89	1.47%
10017	Occupational Health Link Inc.	$ 2,620,893.26	1.98%
10041	1-888-OhioComp[24]	$ 10,692,555.83	8.08%
10042	Genex Care For Ohio	$ 771,762.28	0.58%
10073	CompOne.[25]	$ 754,682.19	0.57%
10074	WorkStar Health Services[26]	$ 356,112.46	0.27%
		$ 132,368,094.21	

On December 18, 2018, the Office of the Ohio Inspector General received a complaint alleging that CareWorks was manipulating Return to Work (RTW) data submitted to OBWC to exclude holidays and/or weekends from the Days Absent measure calculation. It was further alleged these manipulations resulted in CareWorks improving its Days Absent score and as a result, CareWorks potentially received a larger share of the incentive pool funds, which then reduced the amount available to the remaining MCOs. Investigators reviewed the Days Absent measure for the five MCOs receiving the largest share of the incentive pool and noted the following

[20] These are the total quarterly outcome payments identified using OBWC outcome payment spreadsheets provided by Jacobs for the 4th quarter 2017 through 2nd quarter 2019.
[21] In December 2020, CompManagement Health Systems and CareWorks MCO became Sedgwick Managed Care Ohio.
[22] Effective March 14, 2022, Health Management Solutions' name was changed to ProMedica Medical Management.
[23] In December 2020, CompManagement Health Systems and CareWorks MCO became Sedgwick Managed Care Ohio.
[24] Effective January 1, 2022, 1-888-OHIOCOMP changed its name to Minute Men OhioComp.
[25] Effective April 6, 2020, CompOne merged with Health Management Services.
[26] Effective April 23, 2018, WorkStar Health Services merged with Occupational Health Link.

volatility trends in their scores issued for the 1st quarter of calendar year 2015 through the 4th quarter of calendar year 2018:



As part of a joint investigation, Office of the Ohio Inspector General and the Ohio Bureau of Workers' Compensation Special Investigations Department (SID) investigators examined the identification, recording, and submission of Return to Work (RTW) data submitted by CareWorks to OBWC and its impact on the MoD Days Absent measurement. In addition, investigators from the Office of the Ohio Inspector General examined OBWC's level of oversight of the Return to Work data submitted by CareWorks to OBWC, and CareWorks' compliance with authoritative guidance found in the contract between OBWC and the MCOs.

OBJECTIVE, SCOPE OF REVIEW & METHODOLOGY

The investigation's primary objective was to examine the processes used by CareWorks when obtaining Return to Work data and whether selected data submitted to OBWC was supported by underlying claim documentation. The investigation's secondary objective was to determine the level of oversight exercised by OBWC to validate the data submitted by the managed care

organizations and to determine whether such data was recorded in accordance with OBWC policies, procedures, and the MCO contract terms and conditions.

The investigation's review included:

1. Determining whether CareWorks had implemented policies and procedures for the gathering and reporting of accurate, supported Return to Work data[27] to OBWC.
2. Determining whether CareWorks accurately reported the date of occurrence/injury, time of injury, Last Day Worked (LDW), and Actual Return to Work (ARTW) date in accordance with the terms and conditions of the contract between OBWC and the MCOs and guidance issued by OBWC.
3. Determining whether CareWorks complied with OBWC policies, procedures, and MCO contract terms and conditions when notified that OBWC had issued an Additional Allowance Closure Letter.
4. Determining whether CareWorks complied with OBWC policies, procedures, and MCO contract terms and conditions when submitting or requesting an update to existing National Council on Compensation Insurance (NCCI)[28] manual class or Standard Occupational Code (SOC)[29] codes.
5. Determining whether OBWC processed appeals of RTW data submitted by the MCOs in a consistent manner and in accordance with the terms and conditions of the MCO contract and OBWC policies and procedures.
6. Determining whether the OBWC claims data contained indicators pointing to other MCOs who may have been or were engaging in similar practices used by CareWorks.
7. Determining whether OBWC through its MCO contract terms and conditions and policies and procedures provided clear, consistent guidance to the MCOs when gathering and submitting RTW data, selecting NCCI or SOC data, and steps to be taken when an Additional Allowance Closure Letter was issued.

[27] Return to Work data includes dates submitted by the managed care organization to OBWC for an injured worker's Last Day Worked, Estimated Return to Work, Released to Return to Work, and Actual Return to Work dates.
[28] The National Council on Compensation Insurance (NCCI) is a six-digit code that indicates the injured worker's job classification. This code is used for all employers except public employers.
[29] The Standard Occupational Code (SOC) is a four-digit code that indicates the classification for a public employer's injured worker's job classification.

8. Determining activities used by OBWC to monitor the RTW and other relevant claims data submitted by the MCOs and whether these activities complied with OBWC policies, procedures, and the MCO contract terms and conditions.

The Office of the Ohio Inspector General examined OBWC and MCO claim files, training documents, emails, and other relevant records; subpoenaed relevant employer records; and conducted interviews with OBWC and MCO staff.

FINDINGS

Investigators from the Office of the Ohio Inspector General and the Ohio Bureau of Workers' Compensation found CareWorks of Ohio, Ltd., implemented practices, used job aids, provided training, and direction to its staff for the obtaining and recording of Return to Work data which was contrary to the provisions of and spirit of OBWC Policy CP-18-01– *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs.

Investigators examined 603 claim files, subpoenaed employer records for those claims, and reviewed emails and found that CareWorks improperly submitted Return to Work data (195 claims) and submitted inaccurate Last Day Worked (50 claims) and Actual Return to Work data (181 claims). Additionally, investigators determined CareWorks staff considered the impact on the claim's MoD Days Absent score when evaluating whether to follow-up on an Additional Allowance, to submit a manual class code or SOC data, to appeal for removal of specific days, or to follow-up on an update not made by OBWC staff. Investigators also determined CareWorks' improper or inaccurate reporting of Return to Work data was due to CareWorks management's direction to staff to obtain Return to Work data in a certain manner to minimize the number of Days Absent reported for the claim in an effort to improve both the individual claim's and CareWorks' overall MoD Days Absent score and thereby increasing the likelihood of receiving a larger share of the available incentive pool funds from OBWC.

The Office of the Ohio Inspector General found OBWC failed to clearly define "days absent" and explain how benchmarks were established for the MoD measures in Appendix E of the contract between OBWC and the MCOs. In addition, investigators determined that the Return to

Work Data policy in Appendix A of the contract between OBWC and the MCOs contained subjective, unclear language. Lastly, investigators found OBWC did not have a process in place to verify the accuracy of the Return to Work data submitted by the MCOs and failed to include a review of the Return to Work data results for five years of on-site audits conducted.

The specifics of these findings are discussed in the following paragraphs.

FINDING 1 – MCO Complaints

Issue:	Whether OBWC tracked and addressed complaints submitted by MCOs to OBWC involving the submission of Return to Work (RTW) data by CareWorks used in the Measurement of Disability (MoD) Metric.
Findings:	OBWC received additional complaints besides the one received by investigators and analyzed the complaints and relevant data contained in CoreSuite. OBWC concluded the data they analyzed did not support inaccurate or inappropriate abuses by CareWorks of the RTW data policy. However, it was noted that only those making the complaints and not the subjects of the complaint were notified of the results.

On December 18, 2018, the Office of the Ohio Inspector General received a complaint alleging that CareWorks of Ohio, Ltd.[30] (CareWorks), a managed care organization, was manipulating Return to Work (RTW) data submitted to the Ohio Bureau of Workers' Compensation (OBWC) to exclude holidays and/or weekends from the Days Absent calculation. The complaint alleged these manipulations allowed CareWorks to improve its Days Absent score, which was used to allocate incentive pool funds using the Measurement of Disability (MoD) metric described in the contract between OBWC and the managed care organizations (MCOs). As a result, the complaint alleged that CareWorks received potentially a larger share of the incentive pool funds which then reduced the amount of funds available to the remaining MCOs.

Investigators conducted a key word search of emails obtained from OBWC and CareWorks during the investigation. During this review, investigators discovered a March 22, 2018, email sent by MCO CompManagement Health Systems, Inc. (CHSI) president to OBWC expressing concerns about an MCO's MoD scores. In the CHSI email **(Exhibit 4)**, the MCO president

[30] Effective December 21, 2020, CareWorks of Ohio, Ltd., merged with Sedgwick Managed Care Ohio and ceased to exist.

expressed concerns on behalf of themselves and other MCOs regarding recent increases of at least one MCO's MoD score in the last few quarters and questioned whether the increase in CareWorks' Return to Work performance by 6.5% during the past two years was "even possible."

In addition, CHSI stated, there were questions around the use of Estimated Return to Work dates by certain MCOs during recent contract negotiations "in a manner that is at least not consistent with the spirit of the contract or the MoD measurement." Investigators also discovered a March 22, 2018, email sent by MCO 1-888-OhioComp representatives to OBWC expressing similar concerns as CHSI about the use of Estimated Return to Work dates by MCOs to improve the MoD Days Absent score. Lastly, CHSI questioned whether OBWC performed any "… tracking/ trending/auditing with the MoD model to look for consistencies and more importantly inconsistencies amongst the MCOs?"

Investigators learned that when OBWC received CHSI's initial March 2018 complaint, OBWC Chief of Medical Services Freddie Johnson contacted OBWC MCO Business & Reporting Unit Director Barb Jacobs to discuss CHSI's concerns that CareWorks was instructing its staff to enter Return to Work data inaccurately. According to Jacobs, Johnson stated CHSI believed when the injured worker was hurt or sought treatment on a Friday during the workday and the physician told the injured worker that they were released to return to work at the end of their appointment, that "CareWorks might be reporting the Friday date as the actual return to work date even though the injured worker didn't return to work until the following Monday."

Jacobs told investigators upon receipt of CHSI's complaint, she worked with former OBWC Director of Predictive Analytics Teresa Arms[31] to develop and review a query of the Return to Work dates across days of the week for all MCOs. Based on the complaint allegations, Jacobs stated that they, "… anticipated that we would see a greater percentage of Return to Work dates on a Monday, or no Return to Work dates reported on saturdays and sundays." However, Jacobs stated that she and Arms did not, "… note that CareWorks stood out from the state-wide average or from the other MCOs." However, it was determined that MCO Spooner Medical

[31] Arms retired from OBWC effective July 31, 2021.

Administrators (Spooner) had a higher RTW rate on Mondays and CHSI had a lower reported RTW rate on Fridays.

On April 13, 2018, CHSI sent OBWC an email requesting a status update and expressing concern about the matter since the MCO Report Card still contained the MoD information,[32] and was intended to be published the following Monday. On the same date, Johnson responded to CHSI stating that he had spoken with his staff and that, "… it was shared that the analytical group performed their normal validation as they compiled the monthly and quarterly scores. The group has statistical methods that results in further evaluation of identified anomalies." Johnson further explained that a review of CareWorks' historical data did show a steady improvement in the score and that there were "… no large anomalies which would have caused the statistical team to further question the number … ." Johnson then stated the team believed that CareWorks' MoD scores were "okay" and that the Estimated Return to Work date issue raised was, "… deemed nominal because all of the MCOs exhibited some of these dates within their claims."

CHSI responded to Johnson on April 13, 2018, questioning OBWC's determination based on CHSI's belief that, "University CompCare consistently had one of the worst MoD scores of all MCOs, yet BWC determined that those scores positively impacted CWs [CareWorks'] score." CHSI also expressed concerns that CareWorks had, "… three times the number of estimated RTW dates than the next MCO which was CHS [CHSI] while CareWorks had 60% more claims than CHS [CHSI]." CHSI then commented, "… These discrepancies not only provide an unfair advantage to the remaining MCOs, they also create 100s of 1,000s of dollars if not 1,000,000s of dollars in payment shifting."

On April 18, 2018, Jacobs responded to CHSI addressing the concerns raised in the March 22, 2018, email and stated **(Exhibit 5)**:

> … Throughout the time that MoD has been in place, BWC has continually performed a validation process to ensure that the reported scores are accurate and no anomalies in the

[32] This information was to be reported in the MCO report card which OBWC created to "make it easy to evaluate every MCO's performance." The most recent MCO report card can be found at: https://info.bwc.ohio.gov/static/Employers/MCOReportCard.pdf.

> data are left unaddressed. This validation has focused on any MCO that had a significant increase or decrease in their score, with significant being defined as a 2.5% change in either direction.

Jacobs's response to CHSI also described six different comparisons completed by OBWC for claim populations comparing the prior quarter to the current quarter. Jacob explained in the response that this validation process,[33] "… normally involves approximately 6-7 MCOs every quarter," and provided graphs containing an overall view of the validation process from the 4th quarter of 2013 through the 4th quarter of 2017. Investigators learned during the investigation that CareWorks was often one of the MCOs included for the review as part of the validation process to determine whether the results are remaining relatively steady or whether there is an increase or decrease in an area. However, Jacobs acknowledged there were quarters that CareWorks might not be included in the validation process.

During an interview, Jacobs told investigators the validation process was expanded to include a validation assessment of the number of zero-day claims that an MCO had and examined whether there was a notable increase. By adding these additional queries, OBWC hoped to identify from the data whether the MCO might be doing something that OBWC can "ferret out" from the data. Jacobs noted that a MCO managing a smaller number with four or five bad scoring claims or the MCO who acquired these poor scoring claims during open enrollment would see a greater impact on their overall MoD score when compared to an MCO managing a larger number of claims having four or five poorly scored claims, which would see significantly reduced impact of these claims due to the volume of claims managed.

Jacobs further explained based on the concerns expressed in the March 2018 complaints, additional validation was performed of data for the 4th quarter of 2016 through the 4th quarter of 2017. This additional validation process assessed and concluded:

[33] The validation process was performed prior to the distribution of the final outcome payment, involved a number of MCOs, and is performed to determine the reasons for an MCO's increased or decreased MoD score.

CHSI Question	Conclusion
Does OBWC track the percentage of zero-day medical-only claims and compare MCOs?	Nothing in the data reviewed raised any question that the MCO against which the question was raised had engaged in any suspect behavior.
Does OBWC track the average number of lost days for medical-only claims and compare MCOs?	During the quarters noted, the average number of lost days for medical-only claims had continued to increase statewide.
Does OBWC track the percentage of claims reported with an estimated RTW date and compare MCOs?	The MCO against which the question was raised experienced an increase on par with the overall statewide rate.

Based on the validation process completed and findings in response to the questions posed in the complaint, OBWC concluded that, "… nothing in the data indicated that the MoD scores as reported on the 2018 MCO Report Card are inaccurate or reflect any inappropriate abuses by CareWorks of the RTW data policy."

Investigators found during the review of emails, that CareWorks Vice President Lori Finnerty had emailed Jacobs on April 19, 2018, about an earlier OBWC response sent to all MCOs responding to concerns involving the MCO Report Card. Finnerty stated that the OBWC response stated that, "… a response to the MCOs complaint regarding the validity and accuracy of the scores was provided by separate e-mail on April 18, 2018." Finnerty explained that CareWorks had not been copied on the response referenced in the email and requested from Jacobs copies of both the complaint and the response. After consulting with Johnson regarding this request, Jacobs forwarded the two March 22, 2018, complaints and OBWC's response to CareWorks' Vice President Finnerty.

Through inquiries and interviews, investigators learned that the complaints received by OBWC were not tracked internally and that the OBWC MCO Business & Reporting Unit only maintained an issue log that was used for "some things." In addition, Johnson told investigators that MCOs would only request a copy of a complaint should they become aware of it. Investigators further learned the OBWC Medical Services Division, which includes the MCO Business & Reporting Unit, did not have a written policy for documenting and processing complaints or how to handle requests for copies of complaints.

FINDING 2 – Gathering of Return to Work Data – First Report of Injury Department

Issue:	Whether the job aids, practices, and training provided to and used by CareWorks First Report of Injury Departmental staff for the obtaining and reporting of Return to Work data was in accordance with the spirit and the provisions of OBWC MCO Policy Reference Guide found in Appendix A of the contract between OBWC and CareWorks.
Authoritative Guidance:	OBWC Policy CP-18-01 – *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs **(Exhibit 3)** defined when a Last Day Worked and Actual Return to Work date existed, the requirements for the MCOs to follow when obtaining these dates, and that if the Return to Work data was obtained to document in the claim notes, what those dates were.
Findings:	Investigators found CareWorks provided job aids, procedures, training, and guidance to the First Report of Injury Departmental staff to ask questions of employers or injured workers in a manner to elicit a "no missed time" or some variation of that response. When receiving this response, the First Report of Injury Departmental staff were trained to enter the date of injury or initial treatment date as the Last Day Worked and Actual Return to Work date. Investigators determined these practices were contrary to the provisions and or the spirit of OBWC Policy CP-18-01 and were used by CareWorks in an effort to increase the number of the individual zero missed day claims in the measurement and as such, increase CareWorks' overall MoD Days Absent score, thereby impacting the share of the incentive pool dollars received.

Investigators learned through a review of documents and information provided by the complainant that there were allegations that CareWorks was:

> … side-stepping verification of the actual return-to-work dates from their clients and injured workers. CareWorks employees are directed to ask whether the injured workers had "missed any days" or whether there were "no missed days" of the employer. If there are no missed days indicated, they are reporting that the Last Day Worked and the return-to-work date are one and the same.

Additionally, the complaint alleged that CareWorks had directed staff, "… not to report weekend days as days absent from work in reporting return to work periods if the injured worker does not work weekends."

Investigators from the Office of the Ohio Inspector General and the Ohio Bureau of Workers' Compensation Special Investigations Department (investigators) interviewed then-CareWorks and current Sedgwick First Report of Injury Department Manager Jessica Green about the responsibilities of the First Report of Injury Department when gathering and submitting Return to Work data. The following paragraphs explain the practices, job aids, and training received and/or used by the First Report of Injury Departmental staff when gathering and reporting Return to Work data.

3-Point Contact to Obtain Initial Claim Information

Chapter 2 Section C *Claim Management and the Claim Life Cycle* Subsection (3)(a)(1) *Notification Phase – Reporting* of the MCO Policy Reference Guide in Appendix A of the contract between OBWC and the MCOs states the MCO shall …:

- Make a reasonable attempt to contact the injured worker to obtain accident description information;
- Make a reasonable attempt to contact the employer to verify the claim and obtain employer certification of the claim.

In the contract between OBWC and the MCOs, Appendix A of the MCO Policy Reference Guide includes Chapter 2, Section B – *Communicating with the Customer Care Team (CCT)*, Subsection (5)(d) *MCO Notes – Quality Assurance* which states that the notes should, "… cite all contacts." Investigators reviewed the claim notes for 528 claims for attempts made by the MCO to obtain return to work information from the employer and found CareWorks staff:

- Failed to attempt to contact the employer of record for 91 claims and instead, relied upon information provided by the injured worker or documents in the claim file.
- Attempted to contact the employer of record to obtain Return to Work data for 63 claims, in which the notes documented that the employer of record was contacted, but did not document that a response was received by CareWorks.
- Did not document a discussion or receipt of Return to Work data from the employer of record for 55 claims and the Return to Work data was not documented in the notes.

Additionally, investigators found in certain instances, the claim notes did not reflect the injured workers' shift schedules, or reflected that the injured workers' shift schedules[34] were different from those documented on the First Report of Injury (FROI) form, the injury/accident report completed by the employer, or other documents maintained in the claim file. In certain instances, investigators found the shift detail note in the claim file reflected a shift of Monday, Wednesday, and Friday, which did not match the shift days and times reported on the First Report of Injury form.

OBWC MCO Business & Reporting Unit Director Barb Jacobs responded to inquiries that OBWC's expectations for gathering and verifying return to work information and the shift schedules were the same as for any other data element in the claim. Jacobs stated, "the MCO must make its 3-point contact and report the data collected." Jacob acknowledged to investigators that there are several documents which can provide this information but that, "… the preference and contractual requirement is for the MCO to make 3-point contact with the injured worker, employer, and provider."

When asked about the gathering of injured worker shift and work schedule information, Jacobs further stated in an email that since 2014, she had not provided any other guidance to the MCOs on the collection of the shift details. According to Jacobs, the 148 Data Matrix in Appendix B of the MCO Policy Reference Guide (MPRG) incorporated into the contract between OBWC and the MCOs, categorized this information as an S1 data element and she stated that the, "… MCO is required to submit these data elements to BWC within 3 business days of the notification of the injury and within 2 business days from receipt of changed data."

During an interview, Jessica Green explained that when her staff obtained the required information without conflicts, her staff would not call the injured worker, employer, or provider (3-point contact). However, Jessica Green noted that, "… now that you have to call, no matter what." When asked what she meant by that statement, Jessica Green explained that the direction

[34] Shift schedules included the days of the week and start and end times the injured worker was scheduled by their employer to work.

"… to call, no matter what" was based on OBWC audit feedback provided in the Fall of 2019[35] that required MCOs to complete the 3-point contact when initially gathering information. Jessica Green explained to investigators that since receiving the feedback from OBWC, CareWorks "… had to change that process going forward."

When asked whether contacts were required to be documented in a note, Jessica Green told investigators that if a phone call was not documented in a contact note within Conduit,[36] that the phone call did not occur. Investigators then told Jessica Green they had identified claims with Return to Work data being entered in Conduit, but that there were no contact notes with the injured worker or the employer of record supporting those dates. In certain instances, Jessica Green admitted, if the staff had the necessary information, there were no calls made to the employer. This was to avoid questions from the injured worker or employer as to why the CareWorks staff were calling when the employer or injured worker had just notified CareWorks of the injury.

Investigators determined CareWorks not only failed to make a "… reasonable attempt to contact the employer to verify the claim" but also failed to contact the employer at all for 91 injured worker claim files.

MCO RESPONSE: Policy Changes

On June 21, 2022, Sedgwick provided a copy of a 3-Point Contact job aid implemented by Sedgwick effective on November 2, 2021, providing guidance to the Sedgwick MCO Triage staff (formerly known as the First Report of Injury Department within CareWorks) on the actions to be completed for the 3-point contacts.

Conflicting Claims Data

Investigators determined in certain instances the dates recorded in the injured worker and employer contact notes for the Last Day Worked and Actual Return to Work date did not match.

[35] OBWC conducted an on-site audit September 23-26, 2019, which included a review of the 3-point contact and issued their audit report on January 22, 2020.
[36] Conduit was the claims management system used by CareWorks to document injured worker claim activity.

In many instances, investigators were unable to locate evidence within the claim file in certain instances supporting the CareWorks' efforts to resolve the date conflicts.

When conflicts were identified, then-CareWorks and current Sedgwick First Report of Injury Department Manager Jessica Green told investigators during an interview that her staff would first try to contact the employer or injured worker because of the date conflict. The information obtained would be documented in a note in Conduit which was sent to OBWC. If the conflict remained, Jessica Green explained that if her department could not reconcile the conflicted dates, the claim would be forwarded to the CareWorks State Fund Teams staff to "clarify" the information.

When there was conflicting Return to Work dates reported on multiple First Reports of Injury forms for an injured worker, Jessica Green admitted to investigators that her staff would report the earliest date, but stated that they would first try to validate the correct date (with the injured worker or employer) and would document the date in the claim notes. If her staff was unable to reconcile these dates, Jessica Green stated that this was forwarded to the State Fund Teams to clarify. When investigators asked Jessica Green if, when her staff had obtained multiple Actual Return to Work dates, whether the staff would choose the earliest of those days to report, she stated, "Yes, for us we would, but we would, we would document it too."

Investigators then asked CareWorks RTW Unit Manager and current Sedgwick employee Meredith Green, when there were multiple First Reports of Injury forms with differing dates, how the RTW Unit staff determined what date should be entered and submitted to OBWC. Meredith Green explained that her staff relied upon the claim contact notes entered by the First Report of Injury Department or State Fund Team staff because the First Reports of Injury are not, "100% accurate."

Investigators inquired with OBWC MCO Business & Reporting Unit Director Barb Jacobs as to what OBWC expected of the MCOs when there was a conflict in the Return to Work data obtained. Jacobs responded,

> ... the MCO is the party responsible for contacting the injured worker, employer, and provider (3-point contacts) and it is BWC's expectation that the MCO make the necessary contacts to determine the correct information to report. 3-point contact is part of the MCOs' core responsibilities.

First Report of Injury Training Material

In the contract between OBWC and the MCOs, OBWC Policy CP-18-01–*Return to Work Data* found in Appendix A of the MCO Policy Reference Guide Chapter 9, Section III contained the following definitions:

- Last Day Worked (LDW) is defined as, "… The last date the IW [injured worker] reported to work prior to taking time off, regardless of the length of time the IW worked on that date."
- Actual Return to Work (ARTW) date is defined as, "the confirmed date the injured worker (IW) returns to employment, with or without work restriction(s) … ."

Investigators learned through interviews and a review of documents that the CareWorks First Report of Injury Department's internal training material included high-level miscellaneous handouts, a 10-chapter book, and a survival guide containing "cheat sheets." Jessica Green explained that the training material created internally was not meant to include all situations but was "quite extensive."

During a review of emails provided by Sedgwick in response to a subpoena, investigators discovered emails between First Report of Injury (FROI) Department Manager Jessica Green and RTW Unit Manager Meredith Green, and attachments containing a "cheat sheet" revised in February 2018 and in March 2018. When shown these "cheat sheets," Jessica Green confirmed that she had created these documents and had based them on previous training she had received. Jessica Green confirmed that she had reviewed the "cheat sheets" with Meredith Green to, "… make sure we're on the same page and we're doing this right, following policy." Jessica Green acknowledged to investigators that the "cheat sheets" were used by her staff.

Investigators found the February 2018 "cheat sheet" contained the following guidance to be used by the FROI Department staff when obtaining the Last Day Worked and Actual Return to Work data:

LDW/ARTW/ERTW/RTW/RRTW Cheat Sheet

LDW (Last Date Worked): Will always be the date of injury, **no exceptions**.

In a follow-up March 16, 2018, email sent to then CareWorks RTW Unit Manager Meredith Green, Jessica Green provided an updated version of the FROI Department's "cheat sheet" which contained the following guidance:

LDW/ARTW/RTW/ERTW/RRTW Cheat Sheet

All dates need to be documented in a Conduit note.

LDW (Last Date Worked)

LDW is the last day the IW worked and may not necessarily be the DOI.

- If there is no missed time and IW sought TX, use initial date of service as LDW.

ARTW (Actual Return to Work) & RTW (Return to Work)

ARTW is the date the IW actually returns to work and cannot be a future date.

- If there is no missed time and IW sought TX, use initial date of service as ARTW.

Investigators also found on April 2, 2018, Meredith Green replied to an email from Jessica Green and provided the following guidance to Jessica Green's question involving the date entered for the Last Day Worked and Actual Return to Work date:

Question posed by Jessica Green:

> For this part that we added for the FROI Specialist cheat sheet – the PC note with the IW and EOR will stated LDW/ARTW as the dates of the ITD and not what they confirmed correct? And this is why we only ask if they missed any work and if they state "no" then we add the dates of the ITD …

Response from Meredith Green:

> If they are given the specific dates, then they should list those in the notes. If they confirm "No missed time", then we can use the treatment date as the LDW/ARTW and those would be documented in the notes. During the contact they should confirm no missed time and also confirm work status (MD/FD) and hierarchy (SJSE, DJSE, etc.).

When asked who approved the use of the guidance in the "cheat sheets," Jessica Green told investigators it was, "… probably Meredith [Green] because she was heading over the, those dates and stuff." Jessica Green told investigators that she based the guidance provided by the "cheat sheets" on what she had learned from training. Jessica Green noted that she had Meredith Green review the "cheat sheets" to verify the information provided followed current policies and procedures.

During an interview, Meredith Green confirmed that she had received the February and March 2018 "cheat sheets" from Jessica Green and that these were the job aids used by the First Report of Injury Department staff, "… to update the return-to-work information." However, she did not recall discussing this guidance with Jessica Green. After reviewing both the February and March 2018, "cheat sheets" and the April 2, 2018, email, Meredith Green told investigators that the guidance in these documents was consistent with what was used by the RTW Unit staff. In addition, Meredith Green told investigators the Actual Return to Work date guidance found the March 2018 "cheat sheet" was the, "… directive that we gave everyone." When asked by investigators, Meredith Green confirmed at that time, it was CareWorks' practice to use the injured worker's date of injury or initial treatment date to document when the injured worker completed their shift.

After her interview, Jessica Green provided investigators with, through Sedgwick MCO's legal counsel, a copy of a July 13, 2018, revision to the "cheat sheet" which contained the same guidance for the Last Day Worked and Actual Return to Work date as the March 2018 revision. Investigators determined the use of the date of injury and or the initial treatment date for the Last Day Worked or Actual Return to Work date failed to consider whether the injured worker had missed a portion of their scheduled shift and when the injured worker physically returned to work. As such, the guidance contained in the "cheat sheets" was contrary to the guidance in OBWC Policy CP-18-01– *Return to Work Data.* **(Exhibit 3)**

Additionally, investigators found instances in which the contact with employer notes documented the date of injury as the Last Day Worked and the Actual Return to Work date, even though the injured worker did not seek treatment until days or months later. Investigators asked

OBWC MCO Business & Reporting Unit Director Barb Jacobs about when Last Day Worked and Actual Return to Work dates should be reported by the MCO. Jacobs explained if the injured worker did not miss any part of his or her shift, the MCO is not to report a Last Day Worked or an Actual Return to Work date. In addition, Jacobs was asked what guidance she had provided to the MCOs about the use of the initial treatment date as the Last Day Worked or the Actual Return to Work date. Jacobs responded that she did not recall, "… any MCO ever asking me about using a treatment date as a LDW [Last Day Worked] or an ARTW [Actual Return to Work], but if I had been asked that question my answer would have been plainly no." Jacobs further explained that the treatment records often report when the injury occurred but would not identify the injured worker's Last Day Worked or Actual Return to Work date. Jacobs then stated, "It would be incumbent on the MCO to confirm with the injured worker and the employer the actual LDW and the RTW **dates**. That is what is set forth in the RTW policy and that continues to be the expectation."

No Missed Time

During an interview, investigators told Jessica Green that several contact notes were identified in claim files which included the phrase "no missed time" or some variation of that phrase. When asked what was meant by "no missed time" or a variation of that phrase, Jessica Green explained she instructed her staff that "no missed time" meant the injured worker did not miss any time from work and that they did not leave work early to seek treatment, the injured worker sought treatment after work, and that there was no time missed from work for this injury. Upon receipt of a response of no missed time or similar verbiage, Jessica Green then told investigators during the time in question (2017-2019) that her staff would not ask any further questions and follow the "cheat sheet" guidance (either record the date of injury or initial treatment date as the Last Day Worked and Actual Return to Work Date).

When asked, Jessica Green acknowledged her staff had been trained to ask a series of questions to determine whether the injured work missed any work. She further explained when receiving a response of "no missed time" or similar verbiage, the staff were trained to record the same date for the date of injury (DOI), the Last Day Worked, and the Actual Return to Work date. Jessica Green commented that this would result in a zero-day claim. Green told investigators that she

was unsure in what instances her staff would not record a Last Day Worked and that she would need to review the guidance on the "cheat sheet."

During her interview, Meredith Green told investigators that prior to the internal CareWorks' training in June 2020, the directive to the staff was, "… you ask if they missed any time or not. And then if they said no, we didn't miss any time then the last date worked and actual was the same day." When asked where this guidance originated from, Meredith Green recalled that then-CareWorks Vice President of State Fund Operations Angie Paul had asked the managers to review the snapshot provided of claim activity[37] and search for trends in the data. Meredith Green explained that they were looking for employers who did not offer transitional work that could be addressed or whether there were trends with certain International Classification of Disease [ICD] codes.

Meredith Green stated it was during this review that, "… something that came out of that was a lot of their two-day claims were just weekends where the person actually didn't miss any time." Green then explained that based on the identification of this trend, there were discussions during the managers meeting, "… like how, what, what do we do about something like this because there is no missed time. And so that's I think kind of like how it started as far as going down the road of no missed time."

When asked whether this was a decision made by Paul or a consensus of the managers, Meredith Green replied, "… possibly both, but ultimately it would be Angie [Paul] that would or and QA [Quality Assurance] that um … would agree to that, that that's within the policy." Green recalled being told that this practice had been vetted through QA but did not recall when the managers meeting was held to discuss the issue. Green explained that prior to this meeting that she believed the use of the phrase "no missed time" was "always out there," but believed that after the decision was made, the staff accepted, "… this is how we need to approach our initial contacts." Green explained the change in procedure was intended, "… to look at those claims and see did they really miss any time from work or not." When asked why CareWorks changed

[37] According to Green, each of the CareWorks' State Fund teams received from CareWorks' management a snapshot of their claims including their one-to-seven-day[37] claims and their 50 worst scoring claims.

their approach at this time, Green believed that it was the trend CareWorks had identified and that, "… they were looking at confirming if it was no missed time."

When CareWorks staff reported the same date for the Last Day Worked and Actual Return to Work, investigators learned that a zero-days absent would be calculated, and if included in the population for the MoD Days Absent calculation, would result in the best score possible for that claim. While examining claim file notes, investigators found the contact with employer notes documented in certain instances that either the injured worker had no missed time, did not miss any time from work due to injury or some variation of those responses in 185 of the 528 claim files reviewed. Furthermore, investigators found the claim file notes containing the injured worker had "no missed time" or similar verbiage often reflected the same date for the Last Day Worked and Actual Return to Work date. Lastly, investigators found in 43 of the 185 claim files, the Last Day Worked documented in the note was not the date CareWorks reported to OBWC.

In the contract between OBWC and the MCOs, the MCO Policy Reference Guide Chapter 9, Appendix A, Section V(C) of the OBWC Policy CP-18-01 – *Return to Work Data* issued in March 2018 **(Exhibit 3)** provides that, "… The MCO shall enter detailed claim notes reflecting all actions taken to gather RTW data. Every claim note shall include the following: … If RTW data was obtained, what those dates are."

When asked, OBWC confirmed this provision required the MCO to obtain a date from an employer or injured worker and further stated that, "… these are actual dates certain." OBWC further explained that Section III of the policy defines the Last Day Worked and Actual Return to Work dates as a specific date. When asked whether contractual provisions or OBWC policies permitted the MCO staff to ask the employer or the injured worker whether there were any days missed, OBWC responded, "The MCO Agreement neither permits nor prohibits MCOs from asking the employer or injured worker whether there were any days missed." OBWC further stated that the MCO was not tasked under the *Return to Work Data* policy to ask, "… 'whether there were any days missed.' The MCO is tasked with obtaining the actual Last Date Worked and the Actual Return To Work date."

Investigators determined the practice of the MCO asking an employer or injured worker whether they missed any time or missed time from work due to the injury or some variation of that question was contrary to the OBWC Policy CP-18-01 – *Return to Work Data* in Chapter 9 of Appendix A of the contract between OBWC and the MCOs.

Conclusion

Contrary to the guidance provided in the MCO Policy Reference Guide Chapter 2 of the contract between OBWC and CareWorks, investigators determined CareWorks failed to make a, "… reasonable attempt to contact the employer to verify the claim" when CareWorks failed to contact the employer for 91 claims.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

Investigators determined the following actions taken and practices implemented by CareWorks and used by the First Report of Injury Department staff members were contrary to the requirements of the contract between OBWC and the MCOs, *Return to Work Data* policy in Chapter 9 of Appendix A, **(Exhibit 3)** which requires the MCOs to obtain the RTW data, document the RTW data obtained in a note, and report the Last Day Worked and Actual Return to Work dates:

- Providing guidance in the February, March, and July 2018 revisions of the "cheat sheet" which instructed the staff to either use the date of injury with no exceptions (February 2018) or when receiving a no missed time response, use the date of injury or initial treatment date as the Last Day Worked and Actual Return to Work date (March and July 2018).
- Training staff to ask the injured worker whether they missed any time or missed time from work due to the injury or some variation of that question instead of asking the injured worker for specific dates for the Last Day Worked or the Actual Return to Work date.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

FINDING 3 – Gathering of Return to Work Data – State Fund Teams Staff

Issue:	Whether the job aids, practices, and training provided to and used by CareWorks State Fund Team staff for the obtaining and reporting of Return to Work data was in accordance with the spirit and the provisions of OBWC MCO Policy Reference Guide found in Appendix A of the contract between OBWC and CareWorks.
Authoritative Guidance:	OBWC Policy CP-18-01 – *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs **(Exhibit 3)** defined when a Last Day Worked and Actual Return to Work date existed, the requirements for the MCOs to follow when obtaining these dates, and that if the Return to Work data was obtained to document in the claim notes what those dates were.
Findings:	Investigators found that the State Fund Team staff also asked questions of employers and injured workers in a manner to elicit a response of "no missed time" or a similar response. Instead of obtaining a specific date from the employer or injured worker, the State Fund Team staff reported the same date as the Last Day Worked and Actual Return to Work date in a note in the claim file before sending the claim to the Return to Work Unit to identify the dates to be submitted to OBWC. Investigators determined these practices were contrary to the provisions of and/or the spirit of the provisions of OBWC Policy CP-18-01– *Return to Work Data* and were used by CareWorks in an effort to increase the number of individual zero missed day claims in the measurement and as such, increase CareWorks' overall MoD Days Absent score, thereby impacting the share of the incentive pool dollars received.

Investigators learned during interviews that the First Report of Injury Department staff entered the Return to Work data if there was 24 hours or less between the Last Day Worked and the Actual Return to Work date. According to CareWorks' internal policy, Jessica Green explained if there were conflicting dates or if the Actual Return to Work date was more than 24 hours after the Last Day Worked, her staff referred the claim to a case specialist assigned to a State Fund team for follow-up and clarification.

Investigators from the Office of the Ohio Inspector General and the Ohio Bureau of Workers' Compensation Special Investigations Department (investigators) interviewed two confidential informants (CI 1 and CI 2) about CareWorks' practices. Investigators learned during these

interviews that the State Fund Team staff members examined available medical records; the MEDCO-14,[38] if it was on file; and identified the time when the injured worker sought treatment. During an interview, CI 2 explained to investigators that the State Fund Team staff:

- Verified that the Last Day Worked information obtained by the FROI staff was correct and could only use the Last Day Worked reported on the FROI if it had been confirmed.
- Could not use the Actual Return to Work date field on the FROI as it may be incorrect or did not reflect whether the injured worker had returned to work full or light duty.
- Entered the same date for Last Day Worked and Actual Return to Work if the injured worker's employer stated that there was "no missed time" or no scheduled days missed.
- Did not report the same day for Last Day Worked and Actual Return to Work in certain instances and instead reported the next day as the Actual Return to Work if the injured worker left their shift early.

CI 2 told investigators that for the medical-only claims the FROI Department assigned to the State Fund Team, the team staff would contact the injured worker, employer of record, and provider to clarify and confirm the dates reported in Conduit were accurate and to determine whether the staff could obtain an earlier Return to Work date than was reported, and whether the injured worker returned to their next scheduled shift. Investigators learned of the following additional practices used by CareWorks staff from CI 2:

- Reporting the injured worker returned to work the same day if the employer confirmed the injured worker returned to work their next shift. The staff would try to obtain the same information from the injured worker.
- Reporting the same day for the Actual Return to Work date when the injured worker finished their shift, sought treatment after work and returned the next day.
- Obtaining a copy of the injured worker's schedule from the employer when the responses from the employer and injured worker conflicted.

[38] MEDCO-14 is the Physician's Report of Work Ability form used by providers of record to, "… certify an injured worker is temporarily and totally disabled due to a work injury or to identify work abilities when worker capabilities are restricted due to the work injury." Source: https://info.bwc.ohio.gov/for-providers/provider-forms/physicians-report-of-work-ability-(MEDCO-14).

In reviewing the Return to Work data documented within OBWCs' CoreSuite, the supporting contact with employer notes submitted by CareWorks to OBWC, and documents maintained in the claim file by both OBWC and CareWorks, investigators found that in 482 of 603 injured worker claim files examined, CareWorks staff reported the date of injury as the Last Day Worked and the Actual Return to Work date, even though the injured worker did not seek treatment in some instances until days or months later.

Job Aids: Initial Contact Summary

During an interview with investigators, CI 2 explained that they were provided a "script" documenting what they were supposed to say and the information they were supposed to obtain when contacting the employer to obtain the Return to Work data. CI 2 further commented, "… they [management] gave us a script to use like when we were in training to help us … ."

During his interview with investigators, former CareWorks RTW Analyst and current Sedgwick employee Jacob McFaddin explained that when he was a case specialist, he was provided "… a helpful kind of script on how your phone call should go." In response to an Office of the Ohio Inspector General subpoena, CareWorks through its parent company Sedgwick, provided the Initial Contact Summary form dated May 2016, which provided questions to ask both the injured worker and the employer of record as seen in the following excerpts:

INJURED WORKER INFORMATION

IW Name: Phone #: Claim #: Date of Injury:
Alternate Contact Name: Relationship:

☐ Did you miss any time from work due to this injury? **NO** ➔ Skip to the next question.
YES ➔ What was your last day worked? _____ Did you return to work? **YES (date_____)** **NO**

☐ If the IW has RTW, please confirm their working status: **LIGHT DUTY** or **FULL DUTY** & **SAME JOB** or **DIFFERENT JOB**
If Light Duty what are your current restrictions? _____

EMPLOYER OF RECORD INFORMATION

Contact Name: Contact Title:
Phone Number: Fax Number:

☐ Are you aware of the injury? **YES** **NO**

☐ Did the Injured Worker miss any time from work due to this injury?
YES ➔ What was the IW last day worked? _____ Did IW return to work? **YES (date_____)** **NO**
NO ➔ Skip to the next question.

☐ If the IW has RTW, please confirm their working status: **LIGHT DUTY** or **FULL DUTY** & **SAME JOB** or **DIFFERENT JOB**

After reviewing the Initial Contact Summary last revised in 2016, McFaddin acknowledged he was familiar with the document. McFaddin stated that he did not know who created it or when he had received it. McFaddin believed that every new case specialist was given this form but was not sure who provided it to them. Investigators asked McFaddin whether it was a CareWorks' practice to ask the individual contacted the question of, "Did the injured worker miss any time from work due to this injury?" McFaddin replied, "That's how I was trained."

Investigators then asked McFaddin whether, if he received a "no" response to the question, "Did the injured worker miss any time from work due to this injury?" if he was trained to ask for specific dates or just move on to the next question. McFaddin could not recall, but stated,

> … at some point, I was asked to move forward with the, with the no missed days, no missed time confirmation as Last Day Worked, actual [Return to Work date] same day. Um … I don't remember if that was from the get-go or not.

During her interview, former CareWorks State Fund Team 2 Manager and current Sedgwick employee Jodie Napier told investigators that she believed the Initial Contact Summary form was a document that was provided to the staff during training to use when making a phone call to gather information about an injured worker. Investigators asked Napier about what training was provided to the staff regarding the date they should document as the Last Day Worked and the Actual Return to Work date when receiving a "No" response to the question of the injured worker missing any time from work due to the injury. Napier explained to investigators that,

> … we have to have a Last Day Worked. You have to ask for their Last Day Worked because in order to report it in the [RTW] SUB[148 Template] note. You have to have it. So, it has to be in your contact note because your contact note has to match your SUB note. If it doesn't match, then it's sent back. So, we would have to ask for last date worked.

Although Napier told investigators that the State Fund Team staff was required to report a Last Day Worked date in a SUB note documented in the RWT SUB148 template, investigators learned through other interviews that this was an internal CareWorks requirement, and not an OBWC requirement. Investigators noted that Appendix E Section B - *Calculation of Activity*

Used in Days Absent and Recent Medical Measures of the contract between OBWC and the MCOs provided:

> 1. The Days Absent measure includes the total days absent from work during the twelve month Measurement Period. **If there is no LDW in the claim, it will not be included in the Days Absent measure. [*emphasis added*]** If there is a LDW but no actual RTW, the metric will assign a date to be used as the RTW date … .

Job Aids: Employer of Record Template

During interviews, CI 2 also mentioned that the State Fund Team staff would send a form letter requesting certain information from the employer that the MCOs were required to validate per the guidance in the contract between OBWC and the MCO. CI 2 believed that, initially, the letter sent asked for information such as, "… Last Day Worked, Actual Return to Work, same job, different job, modified, light, or full duty." The CI then explained to investigators that not everyone within the State Fund Teams used this letter or questionnaire, and noted it was an available tool to obtain the information from the employer.

CI 2 explained that, as time passed, the form letter evolved from asking for certain dates to asking a series of questions. The following is an excerpt of the questions asked in a form letter that was received in in response to an Office of the Ohio Inspector General subpoena to Sedgwick provided on behalf of CareWorks:

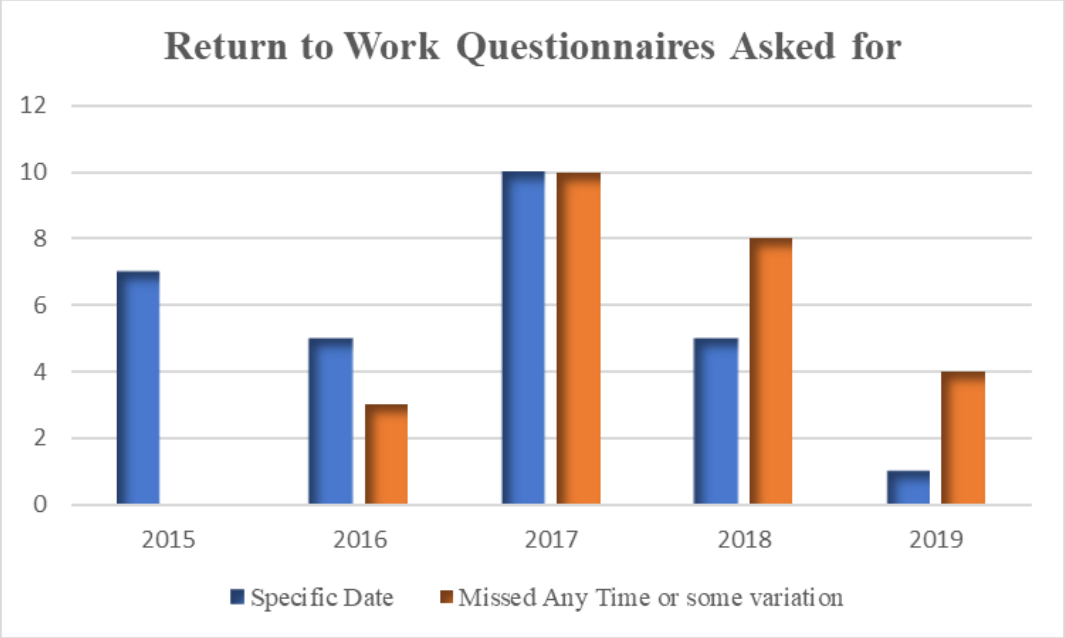
Please verify the following information regarding your employee:

1. Was there any time missed from work due to this injury? Yes ☐ or No ☐ *(if no, skip to question 2)*
   - If yes, what was their *last day worked*? Click here to enter a date.
   - Did the injured worker return to work? Yes ☐ or No ☐
   - What was the date of the *actual return to work*? Click here to enter a date.
   - If no RTW, can restrictions be accommodated if necessary? Yes ☐ or No ☐
2. If the IW has RTW, please confirm their working status: Modified Duty ☐or Full Duty ☐

In reviewing the Return to Work data documented within OBWC's CoreSuite, the supporting contact with employer notes submitted by CareWorks to OBWC, and documents maintained in the claim file by both OBWC and CareWorks for 603 injured worker claims, investigators found:

- The CareWorks staff documented in 12 Contact with Employer notes reviewed, a series of questions were included like those in the form letter referenced by the CI.
- The CareWorks staff documented in 167 Contact with Employer notes reviewed, the staff had asked questions of the employer regarding whether the injured worker missed any time off work due to their injury, missed any scheduled days, missed any time from work or similar questions.

Investigators examined claim documents imaged into CareWorks' Conduit system and Return to Work letters attached to emails provided by Sedgwick on behalf of CareWorks, and those documents provided by employers in response to subpoenas issued by the Office of the Ohio Inspector General, and discovered a trend from asking for specific dates to instead asking whether the injured worker missed any time or some variation. This trend is depicted in the following chart:



Investigators determined both the intake scripts and the Return to Work letters contained a question asking whether the injured worker missed any time from work. Investigators further

noted starting in 2017 that there were fewer letters asking for specific dates and more letters that asked a variation of the question of whether the injured worker missed time from work due to the injury. As reported earlier in **Finding 2**, investigators were told by OBWC that the contract between OBWC and the MCOs does not prohibit the MCO from asking these questions. However, OBWC stated that, "The MCO is tasked with obtaining the actual Last Date Worked and the Actual Return to Work date."

Section V (B)(1) of the *Return to Work Data* policy, found in Chapter 9 of Appendix A in the contract between OBWC and the MCO **(Exhibit 3)** states, "… the MCO shall **determine [*emphasis added*]** the LDW [Last Day Worked], RRTW [Released to Return to Work], ERTW [Estimated Return to Work], and ARTW [Actual Return to Work] dates based on documentation received and contained in the claim file or as provided by the employer, injured worker, provider or other reliable source." Investigators inquired of OBWC whether this provision can be construed by the MCO as permitting the MCO the flexibility to ask questions such as, "did the injured worker miss any time," and allow them to interpret the employer's response and decide what date should be reported. OBWC staff responded that this provision could not be construed in this manner.

Investigators also inquired of OBWC MCO Business & Reporting Unit Director Barb Jacobs whether a response that the injured worker, "didn't miss any time from work," to questions posed by CareWorks staff to an employer of record was a sufficient response to determine the Last Day Worked and the Actual Return to Work date. Jacobs responded that this employer response, "… should be followed by questions from the MCO, not the least of which is the shift schedule for the employee and whether the employee left during the shift to seek treatment." Jacobs further explained that the MCO was required to obtain report dates and that the, "… employer's statement of no missed time has no bearing on that requirement."

Conclusion

Investigators determined the following actions taken and practices implemented by CareWorks and used by the State Fund Teams staff members were contrary to the requirements of the contract between OBWC and the MCOs *Return to Work Data* policy in Chapter 9 of Appendix A:

- CareWorks staff improperly asked questions of injured worker or employer contacts to elicit a response of "no missed time" or some variation of that response.
- CareWorks staff improperly entered the same date for Last Day Worked and Actual Return to Work if the injured worker's employer stated that there was "no missed time" or no scheduled days missed.
- CareWorks improperly provided job aids that contained questionable guidance to CareWorks staff members who received a "no" response to the question of whether an injured worker missed any time from work due to the injury. Staff were directed not to ask for the Last Day Worked and Actual Return to Work dates, and instead ask whether the injured work had returned to work.
- CareWorks staff improperly failed to obtain and document a Last Day Worked or Actual Return to Work date in the Contact with Employer or Contact with Injured Worker notes and instead only documented the injured worker had "no missed time," "no lost time," or a similar statement in the note.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

FINDING 4 – Reporting of Return to Work Data – RTW Unit

Issue:	Whether the practices, and training provided to or by CareWorks Return to Work (RTW) Unit staff for the obtaining and reporting of Return to Work data to OBWC was in accordance with the spirit and the provisions of OBWC MCO Policy Reference Guide found in Appendix A of the contract between OBWC and CareWorks.
Authoritative Guidance:	OBWC Policy CP-18-01 – *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs **(Exhibit 3)** defined when a Last Day Worked and Actual Return to Work date existed, the requirements for the MCOs to follow when obtaining these dates, and that if the Return to

	Work data was obtained, to document in the claim notes what those dates were.
Findings:	Investigators found CareWorks RTW Unit staff requested State Fund Team staff to ask questions to elicit a response of no missed time or whether the injured worker missed no time or a similar response in an effort to minimize the number of days reported as Days Absent to OBWC. Additionally, investigators discovered the RTW Unit staff provided guidance to the State Fund Team staff which focused on whether the injured worker missed scheduled workdays and that weekend days not worked are days not missed, again in an effort to minimize the number of days between the Last Day Worked and Actual Return to Work date reported to OBWC. Investigators determined these practices were contrary to the provisions and/or the spirit of OBWC Policy CP-18-01 and were used by CareWorks in an effort to increase the number of individual zero missed day claims in the measurement and as such, increase CareWorks' overall MoD Days Absent score, thereby impacting the share of the incentive pool dollars received.

Investigators learned through interviews that the CareWorks State Fund Team staff recorded the Return to Work data gathered during their claim review in a RTW SUB148 Template within Conduit. According to the CareWorks staff interviewed, CareWorks internal policies required a minimum of a Last Day Worked and one other date (i.e., Estimated Return to Work date, Released to Return to Work, or the Actual Return to Work) to be documented and included a space for CareWorks' staff to document additional comments about the data gathered. Once the RTW SUB148 Template was saved by the CareWorks State Fund Team staff, a system-generated diary notification was sent to the RTW Unit[39] staff that the RTW SUB148 Template was available for review. Upon receipt of the diary notification, the RTW Unit reviewed the information in the RTW SUB148 Template in conjunction with the information maintained in the claim file notes and documents to validate the dates reported in the RTW SUB148 Template. Once the dates were validated, the RTW Unit entered the data into the Return to Work grid within Conduit for submission to OBWC as part of the nightly 148 EDI.

Both CI 1 and CI 2 told investigators that the RTW Unit staff checked the claim notes every time Return to Work dates were reported using the RTW SUB148 Template in Conduit. CI 1

[39] The Return to Work (RTW) Unit, supervised by Meredith Green, was focused on the MoD score. Due to the number of employers, each team had a RTW Unit specialist assigned who reviewed every RTW SUB148 Template that the team members entered in Conduit. This included a review of the notes for the identified claim reporting a Return to Work date. These individuals were assisted by staff on each team due to the volume of claims.

explained that it was their understanding that the RTW Unit staff and those assigned to assist on the teams were trained to search for the following information regarding an injured worker:

- Was the injured worker off over a weekend?
- What is the injured worker's usual work schedule?
- Does the injured worker have a rotating work schedule?
- Is the injured worker in a field that would only work every two weeks?
- Is the injured worker a temporary employee?

During an interview with former CareWorks Return to Work Specialist and current Sedgwick employee Ericka Jancsek, she explained the review of the RTW SUB148 Templates involved examining the claim notes and medical records of the injured worker to ensure the dates reported were supported and that the medical records, including time stamps, matched the information in the claim file. Jancsek told investigators that she was taught during her training to rely heavily on the claim note information which was entered by the State Fund Team staff.

RTW Unit: Clarification Requests

During an interview with investigators, CI 1 explained that when questions about the Return to Work data reported in the RTW SUB148 Template arose, the RTW Unit staff contacted the State Fund Team staff to obtain more information. CI 1 recalled receiving emails from the RTW Unit staff asking, "Hey can you look at that note for this." In other instances, CI 1's supervisor would ask, "Hey that was a weekend, that was, they work a rotating schedule, are you sure that was the day? Ask if there was no missed time."

Investigators learned each RTW Unit staff member was assigned to a different team and was responsible for reviewing and when necessary, returning the RTW Sub148 Templates to the State Fund Team staff. At the end of each day, the RTW Unit staff also sent to the State Fund Team staff a spreadsheet identifying the claim, the information from the RTW SUB148 Template, and what information needed to be clarified.

During a review of emails obtained from Sedgwick on behalf of CareWorks, investigators discovered a July 11, 2017, email sent by RTW Unit Return to Work Analyst Jacob McFaddin to two other RTW Unit employees which contained the following "shortcut":

> Weekend email:
> I am reviewing a sub reporting LDW 06/23/2017, ARTWFD 06/26/2017. Please review as this could be a case where no missed time took place

After reviewing this email, McFaddin explained to investigators that this "shortcut" was something he used as a RTW Unit staff member. McFaddin stated that these "shortcuts" were "quick templates" that were used to add the relevant dates and added to the spreadsheet that was sent to each State Fund Team manager and "team lead" to address issues with the RTW SUB 148 Templates received. McFaddin was unable to recall who provided him with these shortcuts.

In certain instances, CI 2 acknowledged that the RTW Unit instructed the CareWorks State Fund Team staff to request the injured worker or the employer of record to send an email documenting the days missed or stating that there was no missed time. If that documentation could not be obtained, CI 2 stated that a verbal response was considered acceptable. Once the response was obtained, the CareWorks State Fund Team staff documented the response in a note titled, "contact with injured worker" or "contact with employer." Investigators learned through interviews that these notes were transmitted to OBWC electronically for inclusion in the OBWC injured worker claim file.

Both CI 1 and CI 2 agreed that in certain instances, the CareWorks RTW Unit staff asked other CareWorks State Fund Team staff to follow-up on the dates reported in the RTW SUB148 Template. CI 2 recalled when the CareWorks RTW Unit staff believed there could be an earlier date, the CareWorks RTW Unit staff would contact a CareWorks State Team Fund staff member to clarify the dates obtained. CI 2 also provided the following example,

> … if we said, like the employer said there was no missed time … the injury was on a Friday or it happened on a Monday, we would try to get those weekend days removed. If they like, like, if they're not scheduled those days, we would try to get it … the employer to say no missed time. So, we reported Last Day Worked, Actual Return to Work the same day.

In addition, CI 2 recalled being contacted by the RTW Unit by phone to see whether they could try to get a response of "no missed time" or a similar response or for State Fund Team staff to see whether they could "try to get those weekend days removed. …" When investigators asked why CareWorks would want the weekend days removed from the Return to Work data, CI 2 replied, "… cause that would increase the MoD score, I assume … That's what they said. Less days missed means better number."

Investigators learned through interviews that when a different date was obtained by the CareWorks staff and the note had already been sent to OBWC, the CareWorks staff would add a "contact with employer" note to the claim file with a clarification of the Return to Work date, often stating, "Employer confirms no missed time." However, if the initial note had not been sent to OBWC, the CareWorks staff would adjust the note to reflect the updated information, and the revised note would be sent with the next 148 EDI transmission to OBWC.

After reviewing examples of emails containing a request to the State Fund Team staff to follow-up and determine whether there was no missed time, Meredith Green confirmed to investigators that these were the types of emails that her staff would send. Meredith Green then explained that if the State Fund Team staff was, "… telling us certain days [in the RTW SUB148 template], but yet their contact notes said something else, that would be a discrepancy that we would want to clarify so that it all matched."

RTW Unit: Weekend Dates

During the email analysis, investigators discovered an attachment to a September 15, 2017, email sent by then-CareWorks Return to Work Analyst and current Sedgwick employee Melissa Acker containing a series of workflow guidelines for various RTW Unit activities, including the following involving weekend date emails:

Weekend Email Process
This is just an update on the timeframes. Continue to send to Manager/Supervisor and copy me and Angie. Changes below.
Here is something I put together for Amy with Meredith to help with process for weekend emails and time to address.
Email Manger/Sup and copy Meredith & Angie. Explain sub received reporting weekend dates, please review for possible no missed time.
Must address same day (to make changes to contacts before transmitted to BWC).
If no action by team (try to give most of the day if possible) around 3 PM - Follow up with manager/supervisor – see if they have an updates, will be contacting to clarify or if we are to proceed with dates as reported?
If team attempting w/o update Give until the next day to see if response received prior to 2pm. If no response received and no further action documented by team, then staff with Meredith and/or follow-up with team manager/supervisor to determine how they want to proceed.
Additional contact attempts to team need to be documented in diary comments with time, date and initials
This will help show our continued review for updates and so others in the queue know that it is being worked.

Please Read - Weekend Day Emails
Reminder – Weekend day emails must be sent to the teams on all SUBs reporting LDW Friday, ARTW Monday. Start including the CS/CM name in the email for tracking purposes. Teams are working their quarterly reports and finding 2 day claims reporting weekend days, however they did not receive an email from the RTW Unit. Also, if the SUB is reporting 2 days off during the week and appear to be the IW's 'weekend' due to their scheduled days off, go ahead with an email to the team. Indicate that it is similar to the weekend issue due to IW's schedule.
This process is mandatory as it is a way to improve the score on the front end. In many cases, finding it on the appeal report is too late to make changes. It also helps the teams to identify if they have trends with specific CS/CM and can work with them on how to report RTW information. Please let me know if you have any questions.

When asked, Meredith Green did not believe she was copied on every email and was perhaps copied more frequently in situations when the RTW Unit staff were not certain as to how to proceed. Green told investigators, that she knew when this process started that then-CareWorks Vice President of State Fund Operations Angie Paul was copied on all the initial emails sent to the State Fund Team staff.

Investigators also discovered the following examples of email correspondence involving the questioning or identification of whether an injured worker worked weekends which occurred prior to Acker emailing the Workflows[40] document as an attachment:

Date: Tue, 10 Nov 2015 21:06:51 +0000
Importance: Normal
Inline-Images: image001.jpg

IW LDW 12/11/14 and ARTW FD 12/15/14. 12/13 and 12/14 are weekend days and per IW signed FROI she doesn't work the weekends ☺

[40] This attachment titled "Workflows" was a Word document containing various email excerpts, including the two reported earlier in this section of the report, that Acker sent to her personal email on September 15, 2017.

From: Green, Meredith
Sent: Thursday, September 29, 2016 10:39 AM
To: Walsh, Jennifer; Ortega, Erica; Leist, Theresa
Subject: RE: [redacted]: Weekend Days Reported

They have been instructed to ask the "no missed time" question but I know this will be an ongoing issue. When they email the EOR, they do specifically ask for LDW and ARTW since those are fields on the FROI. We were unable to get that changed. In this case, it appears to have been a phone call so I can't say for sure if the no missed time question was asked.

During the interview, investigators notified McFaddin that they observed references in emails sent by him to the State Fund Team staff containing the phrase "weekend dates." When asked what was meant by "weekend dates," McFaddin explained,

> … the weekend dates would be if the injured worker's workday was a Monday through Friday job and if they worked on Friday and then the only time that they missed would have been Saturday and Sunday and then returned Monday with no missed time. That's what the weekend dates um would have been in reference to.

Investigators then asked McFaddin what the goal was when questioning the reporting of the weekend dates. McFaddin told investigators that the goal was "for no missed time to be reflected."

Investigators also discovered an email sent on March 22, 2017, from Meredith Green to Napier which stated,

> … I don't understand why this is reporting 2 days absent. … If IW [injured worker] does not work weekends, then there is no missed time. Adding this information in the notes is causing us to report 2 days absent on these types of claims.

Shortly after sending this email, Meredith Green sent the following email to then-CareWorks Vice President of State Fund Operations Angie Paul, stating:

Can we discuss this further? The majority of the weekend emails we send are going to Team 2 and it seems like their documentation is deliberately going into way too much detail so that we are stuck with reporting the 2 days absent instead of working toward confirming no missed time. Even when I have provided additional information to Jodie/Amanda, they continue to tell us to go with the dates as reported. This is taking additional time from my group and if there isn't going to be any attempt to correct this, then I don't see the benefit of sending the emails.

Meredith Green
Return to Work Manager

Paul responded to this email on March 23, 2017, with the following:

> I spoke with jodie this morning … I think we have a move forward. She thought her team was improving and didn't realize the majority of the emails were going to her (of course she wouldn't know otherwise)….. I think we have a plan to help them … We can discuss further – I have a 9:30 and then of course our Supervisor meeting but we can touch base on this!
>
> **Angie Paul, MBA, CDMS**
> *Vice President of State Fund Operations*

Investigators asked then CareWorks State Fund Team 2 Manager Jodie Napier what Meredith Green meant by "weekend emails." Napier recalled that they started getting weekend date emails from the RTW Unit staff. Napier told investigators that it was her "… understanding it was a suggestion from a team lead to start having those dates reviewed as if they were really missed days. So, then we would get the e-mail for weekend dates." After reviewing the email between Green and Paul regarding a conversation Paul had with her, Napier stated that she did not recall discussing this issue.

During a review of records provided by the complainant, investigators were provided an April 5, 2018, email sent by Napier to her staff which contained the following guidance:

> … If you have days missed (especially for the weekend) you might want to staff [with your supervisor]. If someone doesn't work the weekend, they **DID NOT** miss days for their injury and weekend days **SHOULD NOT** be reported. … **If someone tells you no missed days, you should be reporting NO MISSED DAYS.**

In a response to an investigative inquiry, Napier stated that at the time the email was sent,

> … the direction we were given to advise our staff would be if they did not work weekend dates, we did not count the weekend dates … so we would have reported LDW [Last Day Worked] Friday, ARTW [Actual Return to Work] Friday if IW [injured worker] did not work weekends as they did not miss scheduled work days.

Napier stated that the guidance she received involving Return to Work data and MoD came from either Angie Paul and/or Meredith Green. Napier further stated, "If I provided this information to my staff, it was discussed and/or provided to us managers during a meeting and/or via email."

However, she could not recall an exact date, how this guidance was provided, or a timeframe of when it went into effect.

Investigators also found an August 22, 2017, email between CareWorks Return to Work Unit Manager Meredith Green and RTW Unit staff Jacob McFaddin containing talking points for an upcoming round table with Team 8. According to the talking points, the following was going to be discussed by McFaddin:

"No Missed Time" / Weekend Days – Jacob

- Need to ask the right question – focus on did they miss any scheduled days?
- RTW Unit sends emails to team for any SUBs that report missed days over the weekend – this is a 2 day claim and can result in a negative scoring claim.

During his interview, investigators asked McFaddin about the "need to ask the right question" and why the focus was on whether the injured worker missed scheduled days versus asking for the specific Last Day Worked and Actual Return to Work date. McFaddin told investigators that it was his understanding that, if the weekend dates were identified as missed by an injured worker that the staff would report the same date for the Last Day Worked and Actual Return to Work date. McFaddin explained that the staff focused on whether the injured worker missed any time related to the injury.

When asked about the agenda's second bullet point stating the "RTW Unit sends emails to team for any SUBs that report missed days over the weekend … ." In this scenario, McFaddin explained the State Fund Team staff were directed to clarify, "… if two days of work were missed or if two days of non-working days were missed. And if non-working days were missed, then it would be the no missed time." McFaddin then told investigators that, "… the way that I would have been trained would be to focus on the days related to the injury that are missed. So, if the weekend days weren't missed, then those wouldn't be, those wouldn't be in the claim."

When asked about weekend days or scheduled days off, McFaddin agreed with investigators that it was a fair statement that the goal was to ask contacts of the employer or injured worker questions in a manner that would elicit a response of no missed time, which then allowed

CareWorks staff to enter the same date for both the Last Day Worked and the Actual Return to Work date.

During her interview with investigators, Meredith Green could not recall the reason for the round table and noted that they were "kind of rare." However, Meredith Green recalled that there, "… was a period where we did a round table with each team just to kind of go over trends," but could not provide any additional specifics. Investigators asked Green to explain how and why there was a focus on whether the injured worker missed any scheduled days. Green stated she believed it was going back to the no missed time issue and whether the injured worker missed any workdays. Green explained to investigators that she believed CareWorks' focus of not missing an injured worker's scheduled days off developed from discussions during the meeting with Angie Paul and the managers about the trends analysis conducted.

Investigators further questioned Meredith Green as to why the focus was on obtaining information from contacts on an injured worker's missed scheduled workdays rather than just asking for specific dates the injured worker missed based on the requirements specified by OBWC Policy CP-18-01–*Return to Work Data* **(Exhibit 3)**. Meredith Green told investigators that, "… it was just to focus on the no missed time ... direct it towards that." When asked whether this action would increase CareWorks' MoD score, Meredith Green replied, "Potentially yes." When asked what a higher MoD score meant for CareWorks, Green replied, "Um … a potential for more money, I guess."

Meredith Green told investigators that a zero-day claim within MoD is the, "… highest score that you could potentially get for that claim." Meredith Green confirmed claims that typically fell within CareWorks' definition of no missed time claims were generally zero-day claims. Meredith Green also confirmed for those zero-day claims that typically the date of injury and Last Day Worked would be the same as the Actual Return to Work date.

For those instances in which the CareWorks State Fund Team staff confirmed the injured worker had missed no time, investigators asked Meredith Green whether that response afforded the CareWorks State Fund Team staff the opportunity to determine what date would be entered as

the Last Day Worked or the Actual Return to Work date. Green told investigators that this scenario would be, "… true unless the, in their conversation with the employer, they've said no he came back the next day. Then that would be what they would report … ." Green further explained that this date may not be the date of injury if the injured worker continued to work before seeking treatment. When that occurs, Green told investigators the staff, "… may confirm if there was no missed time around the treatment date."

Investigators then questioned Meredith Green about the second bullet point in the round table agenda which stated that when days were reported over a weekend, "… this is a 2 day claim and can result in a negative scoring claim." Green told investigators that this was also, "… something that came out of that whole trend analysis with Angie… ." Green further explained that, "… The teams wanted to see when they, when their people reported dates from like Friday to Monday. So, that is what that e-mail was like. A weekend e-mail would go back to the team lead for them and basically our e-mail would say review this for possibly a no missed time claim."

Meredith Green was asked whether there was an expectation that the State Fund Team staff would confirm no missed time and the RTW Unit would get a corrected note in the claim. Green replied, "… that's a possibility, or they [the State Fund Team staff] would confirm there was missed time and we proceed with the dates." Investigators then questioned why the agenda referenced that missed days reported over the weekend, "… can result in a negative scoring claim." Green believed this was the RTW Unit's attempt "… to make the teams more aware of MoD in general as they work their claims and push them to, to work towards a return to work."

Conclusion

Investigators determined the following actions taken and practices implemented by CareWorks and used by the RTW Unit staff members were contrary to the requirements of the *Return to Work Data* policy in Chapter 9 of Appendix A:

- CareWorks' staff improperly sent clarification requests to State Fund Team staff to determine whether the scenario was a "no missed time" scenario to reduce the number of days absent.

- CareWorks' staff improperly directed the State Fund Team staff to elicit a response from an employer or injured worker of no missed time or similar response instead of the actual Last Day Worked and Actual Return to Work date.
- CareWorks' staff improperly directed staff to enter the same date for Last Day Worked and Actual Return to Work when the injured worker's employer stated that there was "no missed time," no scheduled days missed, or similar response.
- CareWorks' staff improperly provided training and guidance to State Fund Team staff that focused on whether the injured worker missed any scheduled days instead of obtaining the injured worker's actual Last Day Worked and Actual Return to Work date.
- CareWorks' staff improperly directed staff to report an injured worker as missing no work, in cases when the injured worker reported they were not scheduled to work weekends. In these instances, staff were improperly directed to enter the same date for Last Day Worked and Actual Return to Work.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

FINDING 5 – CareWorks Internal Training Materials

Issue:	Whether the training material and supplemental guidance developed by CareWorks RTW Unit staff and provided to staff assigned to the First Report of Injury Department and the State Fund Teams was in accordance with the spirit and the provisions of the OBWC MCO Policy Reference Guide found in Appendix A of the contract between OBWC and CareWorks.
Authoritative Guidance:	OBWC Policy CP-18-01 – *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs **(Exhibit 3)** defined when a Last Day Worked and Actual Return to Work date existed, the requirements for the MCOs to follow when obtaining these dates, and that if the Return to Work data was obtained, to document in the claim notes what those dates were.
Findings:	Investigators found the training developed by the RTW Unit staff and provided to new hires and other staff directed those staff to ask questions in a certain manner to elicit a no missed time or similar response rather than obtaining the actual Last Day Worked and Actual Return to Work date when CareWorks was aware that OBWC included all calendar days such as weekends and scheduled days off in the MoD Days Absent calculation. Investigators determined these practices were contrary to the provisions and/or the spirit of OBWC Policy CP-18-01 and were used by CareWorks in

	an effort to increase the number of individual zero missed day claims in the measurement and as such, increase CareWorks' overall MoD Days Absent score, thereby impacting the share of the incentive pool dollars received.

Through interviews with the confidential informants (CI 1 and CI 2), investigators learned that the CareWorks new hire training program occurred over a two-week period. During this time, the new employees would be tasked with reading OBWC information, reviewing the claim information to learn the acronyms, processing C-9[41] forms, and then completing a week of claims management with the CareWorks resource team to learn how to process new claims and perform claims management. Investigators learned from CI 2 that the CareWorks staff member responsible for mentoring a new employee directed the new employee to, "… look at the schedules, clarify with the employer if there was no missed time or no scheduled days missed because that would help our, increase our MoD score." When asked, CI 2 could not recall whether staff was directing the new employees to ask the question in a certain manner to elicit the answer they wanted. However, CI 2 stated that staff explained to the new employees how to document responses received and, "… the no missed time thing."

According to CI 2, CareWorks' new employees were provided internal training sessions on what was expected of them in their positions. During the interviews, CI 1 commented that when it came to Return to Work data, it was, "… how you ask the question … that's what we were trained to do." The following scenario is a summary of what CI 1 described to demonstrate the training provided to the CareWorks staff when calling an injured worker's employer on a new claim:

> The process began with a call to the injured worker's employer asking, "… So, I heard Joe was off work. Did he miss any time?" In certain instances, the employer responded along the lines that the employee/injured worker went to his doctor's appointment, but that he had returned and was back at work. When receiving this type of response, the CareWorks employee posed a follow-up question, asking whether that return to work was the next day the injured worker was scheduled to work. Often the employer would reply,

[41] A C-9 form is the Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupation Disease. Medical providers use this form to supply information to the MCOs or others and to request authorization for additional treatment. Source: https://info.bwc.ohio.gov/for-providers/provider-forms/request-for-medical-service-reimbursement.

> "Yes." The CareWorks staff would comment to the employer that, therefore, the injured worker really didn't miss any time. The employer would respond, "No. I guess you're right, he didn't." The CareWorks staff would then ask the employer if they could record, "no missed time," to which the employer would respond, "yeah, that's right."

After receiving this response, the confidential informant stated, "… we would put no missed time and the RTW Unit deals with it." CI 1 then explained,

> … we were told, is if you got hurt on Friday, your next day is Wednesday, and this is where they really pick up the days, your next day scheduled is Wednesday … It doesn't matter if you've had a doctor's appointment or you've been in the hospital, did you make your next shift? … Yes. … No missed time and we let the Return to Work Unit do it. … Or we'll put the Last Day Worked and the Actual Return to Work the same day which equals no missed time.

Investigators determined that for this scenario, and provided the injured worker left during their shift on Friday to seek treatment that the Actual Return to Work would be Wednesday when the injured worker physically returned to work. Using the formula defined in Appendix E of the contract between OBWC and CareWorks, this scenario would result in a total of four days[42] missed. However, CareWorks staff were directed to document "no missed time" and record zero days for a difference of four days for their MoD Days Absent measurement.

CareWorks' Internal MoD Basics Training

The Office of the Ohio Inspector General issued a subpoena to Sedgwick, the parent company of CareWorks, to obtain training materials used by CareWorks to train their staff on the collection and reporting of Return to Work data. Investigators received copies of CareWorks' internal PowerPoint training presentations titled MoD Basics for 2017, 2018, and 2019. Investigators found during a review of the training slides, that guidance was provided on what information to include in the notes, and identified that additional documentation should be included with dates and information to, "… help identify missed days NOT related to injury."

[42] This would be the difference between Wednesday – Friday -1 per the ARTW – LDW – 1 formula in Appendix E.

During the interview, Meredith Green acknowledged the MoD Basics PowerPoint training slides for the for 2017, 2018 and 2019 were familiar to her. Meredith Green told investigators the training was intended to be given to the teams as an introduction into MoD, what it means to them, and "… how we're [CareWorks] measured by the Bureau."

In response to a subpoena Sedgwick provided on behalf of CareWorks, training records which documented the MoD Basics training was provided to CareWorks staff on the following dates:

- October 27, 2017, and November 9, 2017, to 40 staff members from the First Report of Injury Department, State Fund Teams and Vocational Rehabilitation teams.
- January 24, 2018, and July 24, 2018, to 22 staff members assigned to State Fund teams, Quality Assurance and certain management staff.
- March 13, 2019, to 16 participants from State Fund and Vocational Rehabilitation teams.

Investigators asked Meredith Green whether she reviewed the concepts and guidance in the training with OBWC Policy CP-18-01– *Return to Work Data* from Appendix A Chapter 9 of the contract between OBWC and CareWorks **(Exhibit 3)** and other available OBWC guidance for compliance with contract terms and conditions. Meredith Green replied, "I can't say that I pulled that up and compared at that time," and instead admitted that she reviewed the training based on her knowledge of OBWC guidance.

During a review of emails obtained in response to an Office of the Ohio Inspector General subpoena, investigators found attached to an October 10, 2017, email sent by then-CareWorks RTW Analyst Melissa Acker to RTW Unit staff member Ericka Jancsek containing the following talking points for Contact with Employer of Record:

Contact with EOR
-"no missed time" can be based on initial treatment or DOI
-if initial treatment, possible RRTW to also report in RTW SUB 148
-still able to keep working supports "no missed time"
-RTW unit must be able to follow teams documented support
-date of notification received helpful in contact note when entered on a different date

During an interview, investigators asked Jancsek what authoritative guidance was used to define and explain "no missed time" in the talking points above. Jancsek stated, "… It was … How can

you basically, get no missed time by asking it the correct way?" When investigators asked Jancsek for the reason for obtaining the "no missed time" response when contacting the injured worker's employer, she responded that it was, "… to get a better MoD score." Jancsek told investigators that she did not believe this guidance was ever documented in a policy.

Like Jancsek, Meredith Green told investigators that she believed it was a known CareWorks' practice that a no missed time response could result in either the date of injury or the initial treatment date being recorded for the Last Day Worked and Actual Return to Work date. Green did not know whether this practice was documented in CareWorks' written policies or procedures.

Acker told investigators that her definition of "no missed time" was that there were no physical days between the Last Day Worked and the Actual Return to Work date. Like Jancsek, Acker was not aware of this definition being incorporated into CareWorks policies or procedures to assist employees in understanding this concept.

Investigators reviewed the talking points for slide 6 attached to the October 10, 2017, email between Acker, Jancsek and McFaddin. The notes for this slide were for the RTW SUB148 Template which required the CareWorks staff to report at least a Last Day Worked and one other date in the template before saving the template. The notes further provided that an option for the Estimated Return to Work date was also the Released to Return to Work date. Investigators had learned through interviews that the requirement to have a Last Day Worked date and a second date was an internal CareWorks' requirement.

When asked, neither McFaddin or Jancsek were aware of a specific written CareWorks or OBWC policy or procedure which permitted the practice of using a Released to Return to Work date as the Estimated Return to Work date. McFaddin told investigators that the training he received was that "a release could be assumed as an Estimated [Return to Work date]." However, McFaddin noted that had recently changed.

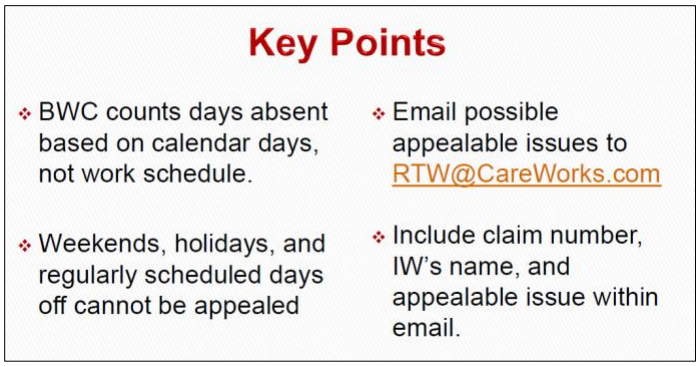
When asked about the use of a Released to Return to Work date as an Estimated Return to Work date and whether this was in a written CareWorks or OBWC policy, Acker told investigators, "… this was something that we came up with, I know to be able to report dates because we would end up pending stuff for a second date and we just would never get a second date." Acker noted to investigators that this often involved lost time claims because there was more leniency with those claims and what the Estimated Return to Work dates could be.

According to Appendix E of the contract between OBWC and CareWorks, depending upon when the snapshot was taken to calculate the MoD Days Absent measurement for a quarter, investigators found the following provisions related to the Estimated Return to Work date:

> iv. If no actual RTW date exists to close a period of absence, the following logic is applied:
>
> *a.* If an estimated RTW date exists and that date is at least 6 months prior to the Evaluation Date, then the estimated RTW date will be used in place of an actual RTW date.
>
> *b.* If a claim has not received any of the following forms of compensation, the open episode is capped at 7 days absent:

Should CareWorks have entered the Released to Return to Work date as an Estimated Return to Work, there is no Actual Return to Work date in the claim, and the Estimated Return to Work date is less than the seven-day cap for a medical-only claim with no Actual Return to Work date, investigators determined that the use a Released to Return to Work date as an Estimated Return to Work date could positively impact the Days Absent MoD score for that claim.

Investigators noted CareWorks training contained a Key Points Slide in the 2017 and 2018 training materials, and the same information was included in a similar slide in the 2019 training materials which also included the following talking points:



1. BWC counts calendar days, not work schedule.
-With the BWC, every day counts. If the IW is a part time worker who only works 2 days a week, if their LDW was a Sunday and they returned to work the next Monday, we would be counted for 7 days absent, not just the two scheduled shifts that the IW was supposed to work.
2. Weekends, holidays, and regularly scheduled days off cannot be appealed
-this is why it is important to ask questions in a way that we will not be penalized for days absent that an IW was not scheduled to work (A way to do this: Start by asking the IW if they missed any days from work due to the injury).

During the interview, investigators asked Meredith Green about the second talking point for the 2018 version of the MoD Basics training. Green told investigators that she did not know when or how the process originated of asking questions in a certain manner so CareWorks would not be penalized for days the injured worker was absent but not scheduled to work. Green further stated that this process was related to the direction given to staff to elicit a "no missed time" response. When asked what was meant by the phrase, "… penalized for days absent," Green told investigators that she believed the phrase meant, "… each day absent counts on that claim and it is one, one day more, which hurts the [MoD] score."

Since weekends, holidays, and standard scheduled days off could not be appealed, investigators asked Meredith Green whether it was CareWorks' intent to eliminate those dates before submitting the Return to Work data to OBWC since CareWorks knew OBWC would deny an appeal of those dates. Meredith Green confirmed those dates could not be appealed. Green admitted the goal was to ask questions in a certain manner as to minimize the number of days that would be reported between the Last Day Worked and the Actual Return to Work date.

After reviewing the Key Points slide, McFaddin confirmed to investigators that the guidance to ask questions in a certain manner was consistent with the training he recalled receiving. Like Meredith Green, McFaddin told the investigators that the reason for asking questions in that manner was, "… to not be penalized for normally scheduled days off." When asked, McFaddin agreed with investigators it would be a fair assumption that by asking questions in such a manner, CareWorks was basically reducing the number of days that would be reported as days absent.

McFaddin also admitted to investigators that it was a common practice at CareWorks to ask the questions in a certain manner.[43] When asked whether asking questions in a certain manner positively or negatively impacted the MoD score, McFaddin replied it had a "positive impact." Investigators then asked McFaddin whether he knew if this was the practice of other individuals within the RTW Unit. McFaddin replied, "I believe that that was the overall way that everybody was trained. … I don't believe that I was ever trained differently than the normal, the normal training procedure on that."

Also in response to the subpoena issued to Sedgwick, investigators were provided MoD handouts dated June 20, 2019, and February 2, 2020, developed by CareWorks. Investigators reviewed the handouts and found the following guidance provided for identifying the Last Day Worked:

> The Last Day Worked is the Date of Injury or the date the Injured Worker was first treated **IF** unable to confirm the Actual Last Day Worked with the Employer or Injured Worker.

Investigators determined the guidance in the MoD handouts dated June 20, 2019, and February 2, 2020, to use the date of injury or the initial treatment date for instances in which the staff member was unable to confirm the actual Last Day Worked with either the employer or injured worker was contrary to OBWC Policy CP-18-01 – *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs.

[43] McFaddin stated that this practice has since changed. He believed this change had occurred by the time OBWC provided their training in September 2020.

Conclusion

Investigators determined the following training or guidance summarized in CareWorks' internal training materials were contrary to the requirements of the OBWC Policy CP-18-01– *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs:

- CareWorks improperly directed CareWorks staff, using training and internal guidance materials or through email requests, to ask questions of an employer or injured worker in a certain manner to obtain a response of no missed time in an effort to minimize the number of days reflected as days absent for that claim.
- CareWorks improperly focused the training and guidance provided to CareWorks staff on whether the injured worker missed any scheduled days, or in obtaining a response of "no missed time" or a similar response, rather than of obtaining the actual Last Day Worked and Actual Return to Work date when CareWorks was aware OBWC included all calendar days in the MoD Days Absent calculation.
- CareWorks improperly directed staff to report that the injured worker's Last Day Worked should either be the date of injury or the initial treatment date if the staff was unable to confirm the actual Last Day Worked with the employer or injured worker.
- CareWorks improperly implemented a practice of reporting the Released to Return to Work date as the Estimated Return to Work date in order to report an earlier Return to Work date, which could positively impact the Days Absent MoD score for that claim, depending upon when the snapshot was taken by OBWC.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

In addition, investigators found that CareWorks' management failed to provide CareWorks staff, in the job aids, policies, procedures, and training materials provided, a definition of what was meant by "no missed time," to alleviate confusion among staff, and failed to emphasize the impact of such a response on the accurate reporting of Return to Work data.

MCO RESPONSE: Policy Changes

On May 14, 2020, OBWC and representatives of Sedgwick, parent company of CareWorks, met virtually to discuss what Return to Work data should be recorded for various scenarios. On June 3, 2020, OBWC provided guidance on what Return to Work data should be recorded for the seven bulleted scenarios previously provided by Sedgwick.

Correspondence and records provided by Sedgwick supported the implementation of a new policy titled "Capturing, Validating, and Entering Return to Work Information," which was distributed to both CHSI and CareWorks staff effective July 1, 2020. In addition, an internal training was provided to CareWorks staff in June 2020 on these new procedures.

AGENCY RESPONSE: Training

On September 30, 2020, OBWC provided a Return to Work training using WebEx to MCO staff. OBWC provided training on defining critical system data elements; guidance on reporting Last Day Worked, and Return to Work data elements accurately and completely; and discussed the "… requirements for MCOs to obtain RTW data and properly document the sources of the data."

FINDING 5 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Consider implementing as part of the MCO audit process a review of MCO policies, procedures, and training materials providing MCO staff with guidance on the recording of, and submission of Return to Work data, for compliance with guidance provided by OBWC through the MCO Policy Reference Guide (MPRG), the terms and conditions of the contract between OBWC and the MCOs, and with guidance clarifications sent to the MCOs by the MCO Business & Reporting Unit.

FINDING 6 – Data Inaccuracies – Regarding Injury Data

Issue:	Whether CareWorks reported the date and time of injury received for each claim in accordance with the spirit and the provisions of the OBWC MCO Policy Reference Guide found in Appendix A and the Information Systems Documentation found in Appendix B of the contract between OBWC and CareWorks.
Authoritative Guidance:	Chapter 2 Section (C)(3a)(1) of the MCO Policy Reference Guide (MPRG) provides that the MCO was responsible for notifying OBWC upon receipt of a new injury reported by either telephone or a first report of injury notification. Appendix B Section 0410 Claims 148 Business Rules Matrix of the Information Systems Documentation categorizes the date of injury as a required reporting element to be submitted by the MCO to OBWC, whereas the time of injury is a situational element. This appendix further provides timeframes when this data is to be reported by the MCO to OBWC.
Findings:	Investigators examined the claim file documentation for the date and time of injury reported by CareWorks to OBWC and found CareWorks failed to send updated time of injury information received from either the employer, injured worker or provider to OBWC for 87 of the 528 claim files reviewed as required by Appendix B of the contract between OBWC and the MCOs Section 0410 – Claims 148 Business Rules Matrix.

Section 2(C) of the contract between OBWC and CareWorks states,

> The MCO agrees to abide by all Bureau policies and MCO reporting requirements as set forth in the MCO Policy Reference Guide (Appendix A of this agreement) and all future updates.

Chapter 2 Section (C)(3a)(1) of the MCO Policy Reference Guide (MPRG) provides that:

> The MCO is responsible for notifying BWC of a new injury or occupational disease. …. The date to be reported for the "Date Reported to MCO" field on the initial 148[44] shall be the actual day the MCO receives the first report of injury notification …

This section also contained a grid defining the required data elements to be submitted to OBWC when filing the First Report of Injury (FROI) electronically on the OBWC website. This grid

[44] 148 is the electronic data interchange transaction to transmit the Report of Injury, Illness or Accident information for all injured worker claim data since the previous transmission. A subsequent 148 EDI includes the updated or changed information. For the purposes of this report, these will be referred to as the 148 EDI.

required the reporting of certain injured worker demographical information and included, but was not limited to, the date of injury, occupation or job title, accident description, type of injury, and body part affected. According to Appendix B of the contract between OBWC and the MCOs Section 0410 – Claims 148 Business Rules Matrix, OBWC classifies the time of injury a Situation 1 (S1) element. For S1 elements, the Business Rules Matrix stated the, "… MCO is required to submit these data elements to BWC within 3 business days of the notification of the injury and within 2 business days from receipt of changed data."

According to the First Report of Injury form introduction, "Injured workers, employers or medical providers use this form to initiate a workers' compensation claim. Whoever completes the form should provide as much detailed information as possible." The introduction provided that the date of injury was required to be provided when the form was completed by the injured worker or their representative; the employer or their representative; or the provider. Investigators noted the First Report of Injury form also included an area for the individual completing the form to document both the date of injury and time of injury.

Investigators examined 528 claim files in OBWC's CoreSuite computer system to determine whether the date of injury and time of injury reflected in CoreSuite was supported by the information reflected on the FROI form and/or the injury/accident report completed by the employer. Investigators determined:

- The date and time of the injury reported on the claim file's CoreSuite Summary tab was not supported either by the injury date and time documented on the FROI form, or if a FROI form was not received, by the injury/accident report completed by the employer for 84 of the 528 (15.9%) claim files.
- The time of injury was not completed by the injured worker, employer, or provider on 31 (5.8%) of the 528 FROIs found in the claim files.
- There were multiple FROIs or employer accident reports with the same injury date but a different injury time which prevented investigators from verifying the accuracy of the injury time reported in the claim file's CoreSuite Summary tab for 70 of the 528 (13.2%) claims examined.

- There was a lack of, or illegible, documentation in the claim file supporting the reported date and/or time of injury for eight of the 528 (1.5%) injured workers.

Investigators considered the date and time of injury when determining Return to Work data and found that knowing the time of injury in relation to the shift start and end times and treatment times could assist the MCO or OBWC staff in make Return to Work data determinations. This information assists the staff in determining whether additional clarification should be obtained when reporting the Actual Return to Work date by asking the employer of record (EOR) whether the injured worker had returned to complete the shift on the date of injury after having received treatment.

Of the 528 claim files reviewed, investigators also noted 87 claim files reported an injury time of 12:00:00 a.m. on the CoreSuite Summary tab. However, a review of the injured worker claim files found that for 66 of the 87 claim files, the MCO had received a FROI form, or an injury/accident report completed by the employer identifying the time of injury. Further examination of the FROI forms and the injury/accident reports completed by the employer found that in certain instances, the initial FROI form was submitted via the Web without a time of injury. Investigators also noted that the MCO failed in certain instances to submit to OBWC via the 148 EDI the time of injury reflected on subsequently received FROI forms or injury/accident reports completed by the employer. As such, the CoreSuite Summary Tab continued to incorrectly report an injury time of 12:00:00 a.m.

Investigators learned through inquiries with OBWC for claims using the 148 Electronic Data Interchange (EDI) process, the injury time was not a required element. In addition, OBWC stated that if the injury time was not submitted, the CoreSuite system defaults the injury time to 12:00:00 a.m. If the injury time was submitted by the MCO, the time was added to the claim file at the time of filing the claim within CoreSuite. To update a claim that was in an "open" status, OBWC explained to investigators that CoreSuite would update the injury time in CoreSuite when the MCO sent the injury time in a subsequent 148 EDI transaction to OBWC.

Investigators determined CareWorks' failure to send updates on "time of injury" data to OBWC upon receipt of that information for 87 claim files was contrary to the requirements of Appendix B of the contract between OBWC and the MCOs Section 0410 – Claims 148 Business Rules Matrix.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

FINDING 6 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. For non-occupational disease injuries, consider requiring the individual completing the First Report of Injury form to document the time of injury and make this entry a required data element to be submitted by the MCO within a similar time frame as the date of injury described in Appendix B of the contract between OBWC and the MCOs.
2. OBWC should consider providing guidance to the MCOs regarding its expectations that the MCOs report the time of injury when the data is received, and the steps to take to either obtain or resolve date and time of injury discrepancies between multiple FROI forms or injury/accident reports completed by the employer received for the claim.

FINDING 7 – Data Inaccuracies – Reporting Last Day Worked Data

Issue:	Whether the Last Day Worked reported by CareWorks for 603 claims was supported by underlying claim and employer-obtained documentation and was reported in accordance with OBWC Policy CP-18-01–*Return to Work Data* found in Appendix A, Chapter 9 of the contract between OBWC and the MCOs. *Note: This data is one of the components used in the calculation of a claim's MoD Days Absent score.*
Authoritative Guidance:	OBWC Policy CP-18-01– *Return to Work Data* found in Appendix A, Chapter 9 of the contract between OBWC and the MCOs, the Last Day Worked (LDW) is defined as the "… last day the injured worker reported to work prior to taking time off, regardless of the length of time the injured worker worked on that date." In addition, in a July 26, 2018, email sent to the MCOs, OBWC provided clarification of this policy which explained situations when Return to Work data should and should not to be recorded.
Findings:	Investigators examined claim file and employer-provided documentation supporting the Last Day Worked submitted by CareWorks. Investigators found for the 603 injured worker claim files reviewed, CareWorks should not

	have submitted a Last Day Worked for 195 (32.3%) injured worker claim files and submitted the wrong Last Day Worked for 50 (12.2%) of the remaining 408 injured worker claim files. Investigators determined CareWorks staff's improper, or inaccurate submission of the Last Day Worked data was the result of guidance, job aids, and training provided to the staff which were contrary to the definitions and requirements of OBWC Policy CP-18-01, and in 119 of the 195 (61%) instances contrary to the July 26, 2018, clarification provided by OBWC. These actions resulted in the improper inclusion or reporting of days absent for the identified claims in an effort to cause a positive impact on CareWorks' overall MoD Days Absent score and thereby potentially increasing the share of the incentive pool funds received.

Section 2(C) of the contract between OBWC and CareWorks states,

> The MCO agrees to abide by all Bureau policies and MCO reporting requirements as set forth in the MCO Policy Reference Guide (Appendix A of this agreement) and all future updates.

Investigators examined OBWC policies and procedures, the contract between the MCOs and OBWC, and email guidance sent by OBWC to the MCOs containing the following guidance involving Return to Work data:

- Appendix A Chapter 9 Policy No CP-18-01– *Return to Work Data* of the contract between OBWC and the MCOs defined the Return to Work data elements and contained procedures to be followed by both MCO and OBWC staff when gathering, documenting, and recording Return to Work data. **(Exhibit 3)**
- On October 4, 2017, OBWC provided a WebEx training to the MCOs in which the training discussed the issuance of a job aid to assist the MCO and OBWC staff in recording Return to Work data for various scenarios.
- On July 26, 2018, OBWC MCO Business & Reporting Unit Director Barbara Jacobs sent an email **(Exhibit 6)** to the MCO representatives clarifying the submission of Return to Work data.

CareWorks' Understanding of Last Day Worked

According to the OBWC Policy CP-18-01– *Return to Work Data* found in Appendix A, Chapter 9 of the contract between OBWC and the MCOs, **(Exhibit 3)** the Last Day Worked (LDW) is

defined as the "… last day the injured worker reported to work prior to taking time off, regardless of the length of time the injured worker worked on that date."

Investigators asked each of the former CareWorks and current Sedgwick employees interviewed for their understanding of what the Last Day Worked meant and in what instances there would not be a Last Day Worked recorded from a claim. All six then-CareWorks' staff interviewed told investigators that it was their understanding that the Last Day Worked was the last day the injured worker actually worked or was on the clock. Investigators further were told by then CareWorks RTW Unit Analyst Jacob McFaddin that for the Last Day Worked, it did not matter whether the injured worker worked part or all of the workday.

Investigators compared the definitions of Last Day Worked provided by then CareWorks and current Sedgwick employees to the definition in OBWC Policy CP-18-01– *Return to Work Data* found in Appendix A, Chapter 9 of the contract between OBWC and the MCOs. Investigators found many of the definitions provided by the then-CareWorks employees failed to recognize the part of the Last Day Worked definition that stated, "… this was the date the injured worker reported to work **prior to taking time off [*emphasis added*]**, regardless of the length of time the injured worker worked on that date."

No Last Day Worked Exists

Investigators examined 603 injured worker claim files in OBWC's CoreSuite computer system; subpoenaed or requested payroll, leave, and other records supporting days the injured worker was not at work due to the injury obtained from employers; data extracted from CareWorks' Conduit claims computer system; and CareWorks emails to determine whether the Last Day Worked or Actual Return to Work date reported by CareWorks was supported. Investigators found 195 of 603 injured worker claim files examined, or 32.3%, in which the injured worker finished their shift, sought treatment after their workday had ended, and returned to work their next scheduled shift.

In response to investigative inquiries, OBWC stated that:

> If the injured worker did not take any time off work, there would be no last day worked, and therefore there could be no "return to work" as the terms "Last Date Worked" and "Actual Return to Work" are defined in Section III. of the Return to Work Data policy and procedure. In that case, neither date could be reported by the MCO or recorded in the claim.

Because the injured worker completed their shift and did not take time off during their shift because of the injury, investigators determined CareWorks should not have submitted any Return to Work data to OBWC for those claims. Investigators found the recording of the Last Day Worked when the injured worker had completed their entire shift did not meet the Last Day Worked definition in OBWC Policy CP-19-01 – *Return to Work Data*, in Appendix A, Chapter 9 of the contract between OBWC and the MCOs, which defined the Last Day Worked as the, "… last day the injured worker reported to work **prior to taking time off**, **[*emphasis added*]** regardless of the length of time the injured worker worked on that date."

Requirement for Last Day Work Submissions

During her interview, while discussing when a Last Day Worked was required, then-CareWorks RTW Unit Manager and current Sedgwick employee Meredith Green told investigators that during MoD workgroup meetings, there were MCOs who stated that they believed that the MCO was required to submit a Last Day Worked for every claim. Meredith Green stated she believed the policy referred to by these MCOs was the Electronic Data Interchange (EDI) transmission policy found in Appendix B of the contract between OBWC and the MCOs which required the MCOs to submit a Last Day Worked within a certain timeframe.

According to Appendix B of the contract between OBWC and the MCOs Section 0410 – Claims X12 148 Business Rules Matrix (Matrix), the Last Day Worked is considered to be a situational element.[45] Appendix B Section 1400 further requires the MCO, "… to obtain/report the date on which the injured worker last performed his/her job duties." Both sections provide that this data

[45] The Matrix states Situational data elements must be sent to OBWC within specified time frames as described in the different MCO receipt categories.

can be submitted on the initial or subsequent transmission to OBWC of claim information within a specified timeframe.

Appendix E, Section B. Calculation of Activity Used in Days Absent and Recent Medical Measures, in the contract between OBWC and the MCOs, stated:

> 1. … If there is a LDW but no actual RTW, the metric will assign a date to be used as the RTW date as described in Section D2 below. Examples are shown in Table 10.

When asked whether there was a conflict between the provisions in Appendices B and E and whether the MCOs were required to submit a Last Day Worked for every injured worker claim, OBWC responded to investigators stating,

> Appendix B and Appendix E are not in conflict. The MCO is required to report a last date worked ONLY if such exists. No further guidance was issued, as the expectation is that the MCO will report a last date worked only when there has been confirmation that the injured worker missed some portion of his or her work day, as further defined in the RTW Data policy. If the injured worker did not miss any portion of his or her work day, there is no last date worked and such should not be reported.

July 2018 OBWC Clarification

According to the July 26, 2018, email sent by Jacobs to the MCO representatives, CareWorks was notified that its staff should not be submitting to OBWC Return to Work data for instances when an injured worker sought treatment after completing their shift and returned to work their next shift but should submit Return to Work data for instances when an injured worker sought treatment during their shift before returning to complete their shift. However, investigators found that CareWorks submitted Return to Work data to OBWC for 119 of the 195 injured worker claim files, which was contrary to the clarification issued by Jacobs in the July 26, 2018, email.

During her interview, Meredith Green explained that in July 2018, when the CareWorks staff would call an employer to verify whether an injured worker had returned to work, it was their process to first ask the employer whether the injured worker had missed any time from work.

Meredith Green stated that if the response to the question was "no," the staff would record the same date for the Last Day Worked and the Actual Return to Work date. Meredith Green was unable to recall how long that process had been in place prior to receiving Jacobs' July 26, 2018, email. When questioned further about how long this practice had been in place, Meredith Green told investigators that she would, "… go more towards years versus months."

From a review of emails obtained in response to an Office of the Ohio Inspector General subpoena, investigators determined Meredith Green forwarded Jacobs' July 26, 2018, email to the CareWorks' RTW Unit staff shortly after receiving it with the following comments:

> Interesting clarification from BWC regarding "No missed time" scenarios...not sure who submitted the question or the details around that...
>
> Based on the first scenario, she is stating that no dates should be listed in the Disability Management Screen, which means we would not be reporting dates. I will be discussing further with Angie before we change any processes or provide any instructions to the SF teams.

Investigators reviewed this email with Meredith Green who recalled receiving Jacobs' email. When asked what changes were made to CareWorks' processes based on this email, Green told investigators, "none." Investigators asked her why there were no changes made and what discussions she had about the clarification with then-CareWorks Vice President of Claims Administration Angie Paul. Meredith Green told investigators she recalled discussing the email with Paul, "… because I knew it was going to change all of our uh job aids and we would have to do a training like we did in 2020." Meredith Green recalled that Paul said, "… it was just an e-mail. It was not in a policy." Meredith Green also remembered a follow-up email sent by another MCO to Jacobs with a question. Meredith Green remembered Paul telling her to wait for the responses to that question, and to "… get more clarification before we do anything."

On May 24, 2022, investigators sent a letter to former CareWorks President Angie Paul with a request that she contact the Office of the Ohio Inspector General to schedule an interview. On July 18, 2022, investigators were notified by Paul's legal counsel that she declined to be interviewed.

In response to an investigative inquiry, OBWC stated that it was OBWC's expectation that the MCOs would have complied with the clarification or guidance provided in the July 26, 2018, email. OBWC MCO Business & Reporting Unit Director Barb Jacobs stated,

> The guidance provided in the July 2018 email was clarification of the RTW Data policy, which is part of the MCO Agreement. It was not in conflict with or in opposition to the RTW Data policy. All MCOs are required to comply with all contractual terms.

Jacobs further stated that, "… no MCO was given permission to ignore or refuse to follow a contractual requirement." When asked whether the MCO could ignore the clarification provided in the July 26, 2018, email, Jacobs replied, "no." Jacobs further stated that the email was sent to all MCOS to "… ensure that all had the same understanding of reporting return-to-work data, as already required by the [OBWC Policy CP-18-01] *Return to Work Data* policy."

Documenting Return To Work Data In Notes

According to Chapter 2 of the MCO Policy Reference Guide Section B - *Communicating with the CCT (5)(d) MCO Notes – Quality Assurance*, the notes to the claim file were to reflect the progress of the claim, contain objective statements and, "… should not contain ***subjective*** statements, such as opinions, perceptions or drawn conclusions."

Investigators learned through interviews that if a CareWorks staff member received a response of "no missed time" or something similar, they would record the Last Day Worked and the Actual Return to Work date as the same date. CareWorks' practice of reporting no missed time when receiving a certain employer's or injured worker's response and using the same date for the Last Day Worked and Actual Return to Work date, led investigators to believe that the notes entered for these claims were not based on facts obtained, but rather conclusions drawn from the responses of "no missed time" or something similar. Investigators determined that 195 injured worker claim files should not have had Return to Work data entered in CareWorks' Conduit system, and should not have been submitted to OBWC.

Initial Return to Work Data Transmission Updates

During email analysis, investigators found an October 2, 2017, email sent by OBWC to the MCOs which stated that the *Disability Management Resources with Scenarios* and *RTW Scenarios Claims Policy* materials were available on the MCO portal for the MCOs to access prior to the October 4, 2017, Webex training. In addition to examples of how to record the Return to Work data for submission to OBWC, investigators noted the *Disability Management Resources with Scenarios* document included the following MCO update tips:

- PowerSuite[46] allows MCOs to correct dates using the EDI 148 on medical-only claims. Most 148 updates to those claims, including updated LDWs, will be applied automatically. There should be very little need to contact Medical Claims (especially claims assigned to Lem F.[47]) for RTW information corrections.
- If you believe data was applied incorrectly, describe why you think the update is incorrect and include screenshots from the Web … with your explanation as to what you think the disability management episodes should look like. Also include RTW data and screenshots of notes that include RTW info in question … .

Investigators found during a review of data reported in the OBWC CoreSuite Disability Tracking and Claims Details Date screens for the current and previous data submitted by CareWorks to OBWC that this data in certain instances did not match the Return to Work data that Sedgwick, on behalf of CareWorks, had extracted from CareWorks' Conduit system in response to an Office of the Ohio Inspector General subpoena.

During her interview, Meredith Green told investigators that if there was a change to the initially submitted Last Day Worked, CareWorks would submit this information to OBWC using the 148 EDI process. Meredith Green noted to investigators that the staff was told by OBWC that their 148 EDI transmission would update the claim. When asked whether the OBWC CoreSuite system updated the claims with this information, Meredith Green told investigators that this should occur, but she did not, "… know that it always does." Green then stated that when the

[46] PowerSuite was the previous name of OBWC's current claims management system, CoreSuite.
[47] Lem Fridley claims are those claims which were processed in accordance with OBWC auto adjudication guidelines.

staff contacted the assigned OBWC staff for the Lem F. claims to request these updates, they receive "pushback" about making the change.

Investigators inquired with the OBWC CoreSuite team about the transfer of Return to Work data using the EDI process between OBWC and the MCOs and whether OBWC's CoreSuite system was updating the data, or if the CoreSuite system was instead automatically adding a second Return to Work iteration in the disability tracking screen based on the revised data received from CareWorks. The OBWC CoreSuite team responded to investigators that after the MCO submits an original Last Day Worked for the claim using the 148 EDI process or requesting OBWC staff to add the Last Day Worked that it cannot be modified by a subsequent 148 EDI sent by the MCO. If there was a new Last Day Worked received by OBWC, the OBWC CoreSuite team explained the system would not update the Last Day Worked and instead created "a new period" or iteration. Instead, the OBWC CoreSuite team stated that, "… the MCO representative would need to make a call to BWC and have the LDW updated manually, then they would be able to continue sending in the appropriate EDI RTW information."

Accuracy of Last Day Worked Submission

Investigators reviewed the First Report of Injury forms in conjunction with the claim notes; injury/accident reports completed by the employer; records subpoenaed from employers; and the Last Day Worked dates reported for 408[48] claim files and found that CareWorks staff incorrectly reported the Last Day Worked for 50 of the 408 claims, or 12.2%. Additionally, investigators were unable to verify the Last Day Worked reported by CareWorks for 37 of the 408 claims, or 9%, due to a lack of documentation obtained from the claim file and records subpoenaed from employers including, but not limited to, incomplete or inaccurate shift schedules.

Conclusion

Contrary to OBWC Policy CP-18-01– *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs, and the July 26, 2018, clarification email sent by

[48] Investigators determined that of the 603 injured worker claim files, 195 claim files should not have had a Last Day Worked or Actual Return to Work date submitted to OBWC. This left 408 claims which should have had a Last Day Worked and Actual Return to Work date submitted to OBWC for further review of the accuracy of the data submitted.

OBWC MCO Business & Reporting Unit Director Barb Jacobs, investigators determined CareWorks staff:

- Improperly submitted Return to Work data for 195 of the 603 injured worker claim files reviewed in which the injured worker completed their shift after being injured, sought treatment after work or on a scheduled day off, and returned to work their next scheduled shift.
- Inaccurately submitted a date for the Last Day Worked for 50 of the remaining 408 claim files which was not supported by underlying documentation maintained in the claim file and/or records provided by the employer in response to an Office of the Ohio Inspector General subpoena.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

Because of these inaccuracies, investigators determined that it was possible that the data extracted by OBWC for determination of what claims should be included in the calculation of the MoD Days Absent measure improperly included claims or reflected a smaller number of days absent than what was supported by the underlying documents. However, without comparing the corrected claims' Return to Work data to the data used to calculate the Days Absent measure for each measurement period, investigators were unable to determine the impact of these inaccuracies on the overall quarterly MoD score for CareWorks. It should be further noted that those claims determined to be improperly included in the Days Absent measure of MoD may impact the MoD Recent Medical[49] measurement calculation for the identified periods.

[49] According to Appendix E, the MoD Recent Medical measurement "includes claims that do not meet the criteria to be included in the Days Absent measure in which medical management and/or utilization review activity occurred as defined by any of the following events:" which includes a medical bill or ADR appeal during the measurement period.

FINDING 7 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Review the Last Day Worked data discrepancies for the 245[50] injured worker claim files identified during this review to validate that the data errors exist and were based on data submitted by CareWorks, and were not the result of an incorrect entry by an OBWC staff member, an employer or third-party administrator, or due to a data defect. Once the data errors are validated, it is recommended OBWC evaluate the impact of these data errors on the MoD calculation for the measurement periods these claims were included.
2. Consider reviewing OBWC training materials, guidance, MCO Policy Reference Guide provisions, and the contract terms and conditions of the contract between OBWC and the MCOs to ensure consistent guidance was provided for the updating of Last Day Worked, Released to Return to Work modified duty, Released to Return to Work full duty, and Actual Return to Work dates in initial and subsequent submissions using the EDI process. Also consider in what instances OBWC staff are required to be contacted to make the change requested to the Return to Work data.
3. Consider updating OBWC Policy CP-18-01– *Return to Work Data* from Appendix A, Chapter 9 of the contract between OBWC and the MCOs and future refresher trainings provided to the MCOs to stress the importance of obtaining injured worker work schedule dates and times to support the determination of whether the injured worker left during the work day due to the injury or completed their shift before seeking treatment.
4. Consider amending the terms and conditions of the contract or the MCO Policy Reference Guide to incorporate a provision that requires MCOs to comply with the guidance, training, or clarification provided by OBWC of contractual terms, the MCO Policy Reference Guide or existing OBWC or procedures.

[50] This includes the 195 claims in which investigators determined no Return to Work data should have been reported and the 50 claims that investigators determined CareWorks reported the wrong Last Day Worked.

FINDING 8 – Data Inaccuracies – Regarding Actual Return to Work Data

Issue:	Whether the Actual Return to Work date reported by CareWorks for 603 claims was supported by underlying claim and employer-obtained documentation and was reported in accordance with OBWC Policy CP-18-01– *Return to Work Data* found in Appendix A, Chapter 9 of the contract between OBWC and the MCOs. *Note: This data is one of the components used in the calculation of a claim's MoD Days Absent score.*
Authoritative Guidance:	OBWC Policy CP-18-01– *Return to Work Data* found in Appendix A, Chapter 9 of the contract between OBWC and the MCOs, the Actual Return to Work Date (ARTW) is defined as the "…The confirmed date the injured worker (IW) returns to employment, with or without work restriction(s)…." In addition, in a July 26, 2018, email to the MCOs, OBWC provided clarification of this policy which explained situations when return to work should and should not to be recorded.
Findings:	Investigators examined claim file and employer-provided documentation supporting the Last Day Worked submitted by CareWorks. Investigators found for 408 injured worker claim files reviewed, CareWorks submitted the wrong date as the Actual Return to Work date for 181 (44.4%) injured worker claim files reviewed. Investigators determined CareWorks staff's inaccurate submission of Actual Return to Work data for each claim was the result of guidance, job aids, and training provided to the staff which were contrary to the definitions and requirements of OBWC Policy CP-18-01. These actions resulted in the improper reporting of days absent for the identified claims in an effort to cause a positive impact on CareWorks' overall MoD Days Absent score and the share of the incentive pool funds received.

Section 2(C) of the contract between OBWC and CareWorks states,

> … The MCO agrees to abide by all Bureau policies and MCO reporting requirements as set forth in the MCO Policy Reference Guide (Appendix A of this agreement) and all future updates.

Investigators examined OBWC policies and procedures, the contract between the MCOs and OBWC, and email guidance sent by OBWC to the MCOs and found the following guidance involving Return to Work data:

- Appendix A Chapter 9 Policy No CP-18-01– *Return to Work Data* of the contract between OBWC and the MCOs defined the Return to Work data elements and contained procedures to be followed by both MCO and OBWC staff when gathering, documenting, and recording Return to Work data. **(Exhibit 3)**

- On October 4, 2017, OBWC provided a WebEx training to the MCOs in which the training discussed the issuance of a RTW Scenario Job Aid to the MCOs. This Job Aid was developed to assist the MCOs and OBWC staff on how to record the Return to Work data for various scenarios.

According to the OBWC Policy CP-18-01– *Return to Work Data* found in Appendix A, Chapter 9 of the contract between OBWC and the MCOs, the Actual Return to Work date was defined as, "… the confirmed date that the injured worker returns to employment, with or without restriction(s)." From interviews conducted with former CareWorks and current Sedgwick employees, investigators learned that each employee defined the Actual Return to Work date as the date when the injured worker actually or physically returned to work at a job.

Multiple Requests to Change Return to Work Data

In a review of emails obtained during the investigation, investigators noted that CareWorks employees sent repeated requests to OBWC staff requesting changes of dates previously reported as Return to Work data. Further email analysis revealed a May 5, 2017, email in which an OBWC staff member stated that she believed what she was being asked to do by the MCO, in comparison to OBWC reference materials, seemed to contradict each other. In this email, the OBWC staff member commented,

> … with the triage roles so split, DM [Disability Management or the Disability Tracking screen in CoreSuite] updates for R@W [RAW or Remain at Work] staff basically bring our brains to a screeching halt. We don't handle TT [Temporary Total Compensation] on a regular basis … Even using the job aids, I feel like I'm at a huge risk of doing something that will impact the claim and create a mess for the RTW CSSs or the MCOs. … It's not necessarily a training issue it is that as a R@W were not updating DM every day.

Investigators spoke with former OBWC Central Claims Office Director Karen Thrapp[51] who acknowledged her staff received MCO change requests for medical-only claims. Thrapp told investigators that her staff received a lot of "pushback" from the MCOs for "years and years."

[51] Thrapp retired from OBWC effective December 1, 2020.

Thrapp explained that the MCOs emailed and called the medical claims specialist to make these changes. According to Thrapp, how successful the MCO was in having the change made depended upon whether the medical claims specialist was seasoned or stubborn. Thrapp explained that if the medical claims specialist determined not to make the MCO's requested change, their refusal could cost the MCO anywhere from an additional two – four days on their Days Absent calculations.

Accuracy of Actual Return to Work Date Submissions by CareWorks

Investigators asked OBWC whether there were specific provisions of the terms and conditions of the contract between OBWC and the MCOs, which prohibit the MCOs from adjusting Actual Return to Work dates prior to submitting them to OBWC in order to exclude weekends, holidays, non-scheduled workdays or days absent due to other non-injury related activities. OBWC MCO Business & Reporting Unit Director Barb Jacobs responded to investigators:

> The MCOs are to collect the calendar dates that represent the Last Day Worked date and the Actual Return to Work date. To report any other date by "adjusting it" would not be in compliance with Appendix E or the Return to Work policy. If an MCO reported an Actual Return to Work date that was not the day on the calendar that the injured worker reported back to the workplace, it would be a violation of Appendix E and the Return to Work policy.

Investigators reviewed the First Report of Injury forms in conjunction with the claim notes, injury/accident reports completed by the employer, records subpoenaed from employers, and the Actual Return to Work dates CareWorks reported for 408[52] claim files, and found that CareWorks staff incorrectly reported the Actual Return to Work date for 181 of the 408 claims, or 44.4%. Additionally, investigators were unable to validate the Actual Return to Work date reported by CareWorks for 94 of the 408 claims, or 23%, due to a lack of documentation available in the claim file or records subpoenaed from employers including, but not limited to, incomplete or inaccurate shift schedules and days the employee was physically at work.

[52] Investigators determined that, of the 603 injured worker claim files, 195 claim files should not have had a Last Day Worked or Actual Return to Work date submitted to OBWC. This left 408 claims which should have had a Last Day Worked and Actual Return to Work date submitted to OBWC for further review of the accuracy of the data submitted.

Of the 181 claim files with an incorrect Actual Return to Work date reported to OBWC, investigators determined the correct data reported by CareWorks would:

- Negatively impact the claim's Days Absent MoD score in 112 injured worker claim files because investigators determined the injured workers had returned to work between two and 35 days later than what was reported by CareWorks.
- Not impact the claim's Days Absent MoD score for 65 injured worker claim files because investigators determined the injured workers had returned to work within zero or one day of the date reported by CareWorks.
- Positively impacted the claim's MoD score by one day in four instances, based on a determination that the four injured workers had returned to work a day earlier than CareWorks reported.

During an analysis of records obtained by investigators to validate the Actual Return to Work dates submitted by CareWorks to OBWC, investigators evaluated whether the incorrect reported Actual Return to Work dates were due to information entered by staff and submitted by CareWorks, or the result of one of the following identified data defects found within the CoreSuite System:

Data Defect: Change to Submitted Actual Return to Work Date

In examining the Return to Work data submitted by CareWorks via the 148 EDI, investigators found instances in which the dates recorded in the OBWC CoreSuite Disability Tracking screen was one day earlier than the dates submitted by CareWorks. In April 2020, OBWC MCO Business & Reporting Unit Director Barb Jacobs notified investigators that there had been a defect identified within CoreSuite.

Jacobs explained that when the MCO sent a subsequent 148 EDI transmission with updates to the Return to Work data in the claim, and the transmission was received by OBWC, CoreSuite automatically applied incorrect logic and updated the Actual Return to Work date to a day earlier. Jacobs explained that the application of the incorrect logic within CoreSuite changed claims reporting a one-day absence from a next day claim to a same day claim, both of which are zero-day claims for the MoD calculation. Using the formula to calculate the

Days Absent measure identified in the contract between OBWC and the MCOs, this incorrect application did not impact the MoD calculation.

Investigators learned through inquiries with OBWC that this known issue was initially discovered in May 2019 and only occurred when the MCO submitted the same Actual Return to Work date a second time to OBWC. OBWC further explained that this issue was a missed requirement in the initial design of the CoreSuite system, the errant logic was corrected, and the impacted data was updated on April 11, 2021. Investigators considered this correction when validating the Return to Work data submitted by CareWorks for each of the 603 claims.

During this review, investigators identified additional instances of this errant logic being applied and sent examples to OBWC for further review. After reviewing the examples, OBWC explained the first data fix focused on disability management records with a specific work status. However, the examples provided by investigators reflected a different work status than used in the query to fix the defect. On December 14, 2021, OBWC notified the investigators the updated query with the additional work statuses had been created and the data defect fix was applied to claims meeting the query parameters and the data updated.

During further review of the 603 injured worker claim files, investigators identified additional instances of the errant logic being applied and consulted with OBWC. Investigators learned that those claim files in which had a user intervention (i.e., a change made by OBWC staff) were excluded from data defect "clean-up." OBWC explained that, "… those claims would have to be manually updated by a user as a clean-up systematically [and] is no longer straight forward."

Data Defect: Modified to Full Duty

Investigators learned during interviews the CareWorks' RTW Unit staff received system-generated diary entries in Conduit to review a Last Day Worked and Actual Return to Work iteration received from OBWC. Investigators were told by then-CareWorks RTW Unit staff the diary entries, in certain instances, appeared to be the result of data sent by OBWC to

CareWorks resulting from an injured worker transitioning from modified duty to full duty. Investigators further learned this scenario is still occurring sporadically and was often dependent upon which OBWC claim service specialist was assigned to the claim.

During her interview, then RTW Unit staff member Ericka Jancsek told investigators that in instances where the CareWorks staff was unable to determine the reason for the change or find a note in the claim file supporting the change, the RTW Unit staff would not make any changes in Conduit. Instead, the CareWorks staff entered an internal note within Conduit stating the claim was or will be flagged for date discrepancies or similar language between Conduit and OBWC.

Investigators requested and received from Sedgwick an export from the preserved data in CareWorks' Conduit computer system containing the Notes Not Sent to OBWC for all claims with a date of injury between October 1, 2017, and June 30, 2019. Investigators searched the spreadsheet for the phrase, "recognizes change from FD to MD" used in the template and found 119 claims with a similar internal note within Conduit.

Based on the content of these notes not sent to OBWC and interviews conducted, investigators suspect that these notes **may** indicate an issue with the accuracy of the Return to Work data. As such, the identified 119 claim files are being referred to OBWC for further review of the claim file, and if needed, supporting documentation from an employer, to determine whether these inaccuracies exist and the impact on the MoD score.

AGENCY RESPONSE: Implementation of Fix to System Defect

OBWC notified the Office of the Ohio Inspector General that they had reviewed the defect fixes executed within CoreSuite. OBWC reported to investigators that OBWC had implemented changes to the CoreSuite program in May 2019 to correct the adding of a new iteration to the Disability Tracking Screen within CoreSuite when an injured worker transitioned from modified duty to full duty moving forward. This defect had been identified in December 2018.

Conclusion

Contrary to the guidance provided in the MCO Policy Reference Guide, OBWC email clarifications, and the contract between OBWC and CareWorks, investigators determined CareWorks incorrectly reported Return to Work data, and submitted inaccurate Actual Return to Work data for 181 of the 408 claims examined with dates of injury between October 1, 2017, through June 30, 2019.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

Because of these inaccuracies, investigators determined that it was possible that the data extracted by OBWC for determination of what claims should be included in the calculation of the MoD Days Absent measure improperly included claims or reflected a smaller number of days absent than what was supported by the underlying documents. However, without comparing the corrected claims' Return to Work data with the data used to calculate the MoD Days Absent measure for each measurement period, investigators were unable to determine the impact of these inaccuracies on the overall quarterly MoD score for CareWorks. It should be noted that those claims determined to be improperly included in the MoD Days Absent measure may impact the MoD Recent Medical measurement[53] calculation for the identified periods.

FINDING 8 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Examine the Actual Return to Work data discrepancies identified during this review for the 181 injured worker claim files to validate that the data errors existed and were based on data submitted by CareWorks and not the result of an incorrect entry by an OBWC staff member or due to a CoreSuite data defect. Once the data errors are validated, it is recommended OBWC evaluate the impact of these data errors on the MoD calculation for the measurement periods these claims were included.

[53] According to Appendix E, the MoD Recent Medical measurement "includes claims that do not meet the criteria to be included in the Days Absent measure in which medical management and/or utilization review activity occurred as defined by any of the following events:" which includes a medical bill or ADR appeal during the measurement period.

2. Review the 119 claims identified in CareWorks' Conduit computer system with a comment in an internal note for the phrase "recognized change from MD to FD," and using the information maintained in the claim, determine whether the correct Return to Work data was reflected in CoreSuite. For those claims in which the incorrect Actual Return to Work date was reflected in CoreSuite, it is recommended OBWC evaluate the impact of these data errors on the MoD calculation for the measurement periods these claims were included.
3. Should the employer verification form of Return to Work data or some other practice previously recommended by investigators to gather this information be implemented, it is recommended that the data elements relating to return to work activity be removed from the First Report of Injury form and only those data elements needed to determine whether the injury occurred during the injured worker's work shift be included on this form.
4. Consider expanding existing desk audits performed by the Claims Division staff and implementing similar reviews by the Medical Claims Division staff of the Disability Tracking screen and Return to Work data to validate that the dates reflected in the Disability Tracking screen were based on MCO data submissions, supported by records maintained in the claim file, and to verify that inaccurate dates identified were not the result of either computer system logic or errors by CSS data entries.

FINDING 9 – Additional Allowances

Issue:	Whether CareWorks completed the required contacts when OBWC issued an Additional Allowance Closure letter. *Note: If approved by OBWC, the Additional Allowance can impact the primary ICD code assigned to the claim which is one of the components used in the calculation of a claim's MoD Days Absent score.*
Authoritative Guidance:	OBWC Policy CP-01-03 – *Additional Allowance* described the reasons why OBWC would issue an Additional Allowance (AA) Closure Letter to the injured worker, provider, employer, and/or parties' legal representatives. OBWC Policy CP-01-03 Section VI. *Procedure* directs the OBWC staff, upon issuance of the AA Closure Letter, to notify the MCO that this letter was issued and stated, "… The MCO will then notify the treating physician the status of the recommendation."
Findings:	Investigators found during an examination of Additional Allowance Closure Letters, emails, and injured worker claim files that CareWorks had implemented a practice of determining the impact of the AA on the claim's MoD score when deciding whether to follow-up on the processing of an Additional Allowance Closure Letter. Investigators further found in claim

	files examined that the CareWorks staff did not enter a note supporting their contact with the provider after OBWC issued an AA Closure Letter. Investigators determined CareWorks' calculation of the impact of the AA on the MoD score and not contacting providers when the AA negatively impacted the claim's MoD score was contrary to the provisions and the spirit of OBWC Policy CP-01-03.

Chapter 2 of the MCO Policy Reference Guide[54] (MPRG) explained the additional allowance (AA) process began when the MCO received a "Physician's Request for Authorization of Medical Service or Recommendation for Additional Conditions for Injury or Occupational Disease (C-9) recommending allowance of an additional condition." This Chapter of the MCO Policy Reference Guide further states the MCOs were responsible for providing input to OBWC, contacting medical providers to obtain certain information, and notifying the "… [medical] provider who recommended the additional allowance of the action BWC is taking regarding the proactive allowance."

An additional allowance for a claim is an additional condition supported by medical evidence and causally related to the original injury. For example, an injured worker initially suffers a knee sprain at work. It is later determined through medical examination that the actual injury was a torn ACL. To allow for treatment of the torn ACL, the provider or injured worker must submit either a C-9 or an injured worker request motion known as a C-86, respectively, to request that this condition be added to the claim as an additional allowance. Should an additional allowance be approved by OBWC and be determined by OBWC to be the primary ICD code for the claim, investigators learned through interviews that this change in the primary ICD code could increase or decrease the MoD Days Absent score for that claim.

After the submission of a C-9 form by the provider and OBWC's evaluation of the form, OBWC Policy CP-01-03 Section VI. *Additional Allowance – Procedure: C-9 Additional Allowance Recommendations*[55] stated in certain instances, OBWC notifies the injured worker and the parties

[54] The MPRG effective January 2016 was incorporated into Appendix A of the 2018-2020 Contract between OBWC and the MCOs. The MPRG is located at https://info.bwc.ohio.gov/for-providers/MCO-Policy-Reference-Guide-PolicyAlerts.
[55] The current additional allowance policy containing OBWC and MCO staff responsibilities can be found at https://www.bwc.ohio.gov/basics/policylibrary/fileshell.aspx?file=%2fclaims+policy%2fadditional+allowance.htm.

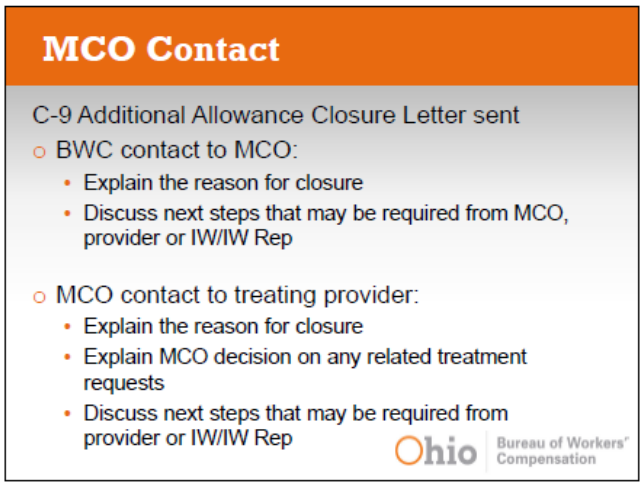
of the claim by issuing the C-9 Additional Allowance Closure Letter (AA Closure Letter) and deletes the recommended conditions from the claim within CoreSuite. OBWC Policy CP-01-03 Section VI. (F)(3)(b)(v) *Additional Allowance – Procedure: C-9 Additional Allowance Recommendations*[56] states, "The MCO will notify the treating physician of the status of the recommendations."

The AA Closure Letter sent to the injured worker identifies the additional condition considered by OBWC, the reason why it was not being added to the injured worker's claim, and guidance on next steps should the injured worker want OBWC to consider adding the allowed condition to the claim. Investigators reviewed a sample of the claims identified in the 62 emails and reviewed the notes for the selected 15 claims for evidence that CareWorks staff had contacted the medical provider regarding the Additional Allowance Closure Letter. OBWC Special Investigations Department (SID) investigators were unable to find evidence in five of the 15 claims that CareWorks' staff had reported contacting the provider to discuss the AA Closure Letter. In each of those instances, OBWC SID investigators found that the RTW Unit staff had notified the claims staff that either there was no change to the MoD score or that no follow-up was needed on the AA Closure Letter issued by OBWC.

<u>OBWC Training for MCOs on Additional Allowances</u>

According to the 2012 OBWC MCO Additional Allowance training slides maintained on the OBWC MCO Portal SharePoint site available to MCO staff, the MCOs were to contact the treating provider after a C-9 Additional Allowance Closure Letter was sent:

[56] The current policy effective April 14, 2021, can be found at https://www.bwc.ohio.gov/basics/policylibrary/fileshell.aspx?file=%2fclaims+policy%2fadditional+allowance.htm.



The 2012 MCO Additional Allowance training slide notes further stated that,

> While you typically send a response in writing to the provider, it is recommended that you also contact the provider, by phone, if the closure is 'additional medical requested but not received'. As always, please make sure the conversation is documented in MCO notes.

During her interview, investigators asked then-CareWorks State Fund Team 2 Manager Jodie Napier whether her staff was responsible for contacting the provider to explain why the additional allowance closure letter was issued. Napier told investigators that her staff only contacted the provider when the provider had initiated a call for an update on the additional condition. Napier acknowledged the guidance that OBWC would notify the MCO of the Additional Allowance Closure Letter being issued and that the MCO was to notify the treating physician of the recommendation sounded familiar. However, Napier told investigators, "But that has been said that that's going to happen, but it doesn't happen. I just reviewed one this morning and it didn't. We didn't have any notification from BWC about the closure letter."

Investigators asked Napier if, when the staff saw that an Additional Allowance Closure Letter had been issued, whether the staff contacted the provider to explain why it was closed. Napier responded, "I would say no, they're not." Napier acknowledged that had her staff contacted the provider, that contact should be documented in the notes using a provider contact note.

In addition to the 2012 MCO Additional Allowance training slides, investigators were made aware of a quarterly training held by OBWC for the MCO staff on June 22, 2021, which discussed the MCO's responsibilities for the Additional Allowance process. The training objectives per the slides included an objective to, "identify when it's appropriate for BWC to send the Additional Allowance Closure Letter, which tells the injured worker he or she may file a Motion (C-86)." Investigators noted additional slides explained when OBWC would issue the Additional Allowance Closure Letter. However, investigators were unable to find guidance on the MCO responsibilities identified in the OBWC Additional Allowance procedures when OBWC issued an Additional Allowance Closure letter.

Monitoring of Additional Allowances and AA Closure Letters

In reviewing emails provided by Sedgwick on behalf of CareWorks in response to a subpoena of the Return to Work email box,[57] investigators identified emails sent periodically by Meredith Green to CareWorks State Fund Team staff during 2018 and 2019 with the following directions on steps to take when reviewing the "MoD AA [additional allowance] C9 Report":

> The MoD score is determined based on the ICDs listed on the claim and the AA submitted could increase or decrease the score. Below is the process to use when reviewing the report:
>
> - Find the C9 requesting AA and review BWC notes and/or BWC/IC orders to determine if AA was processed or not, or if the C9 request was closed.
> - If the C9 Closure Letter was sent or BWC has not processed the AA request, email the RTW Unit (RTW@careworks.com) with the Claim Number and ICD-10 so that we can review the impacts to the MoD score. **We will need the ICD-10 code, not just a description.** **Please email as you identify the claims – do not wait until you have reviewed the entire report.**
> - RTW Unit will notify the team if the AA would increase the MoD score and further follow-up with BWC is needed to have AA processed, or if the team should consider follow-up with IW for C86 (if C9 closure letter was sent). RTW Unit will also notify if AA would decrease score so no further action is needed.
> - If further follow-up with BWC is recommended, please document all contact attempts to have the AA processed and request that the ICD be listed in the diagnosis screen. If you have notified BWC CSS and BWC Supervisor and there is no response (or refusal that is not supported), please notify RTW Unit as this could become an appealable issue.

During an interview, investigators asked Meredith Green to explain the RTW Unit staff's involvement should they identify an AA previously submitted to OBWC that had not been addressed. When these were identified, Green told investigators that her staff would email the CareWorks State Fund Team requesting that they contact OBWC to notify them of the AA, state that it had not been addressed, and request that OBWC add the allowance to the diagnosis screen

[57] Emails sent were sent to the following email address: RTW@careworks.com.

within CoreSuite. Green explained to investigators that the "MoD AA [additional allowance] C9 Report," consisted of a list of C-9s that had been or were being processed for an AA and to make sure OBWC had processed the request. This report was provided to each State Fund Team for further review and analysis.

Scoring of Claims with Additional Allowances

According to the instructions provided to the State Fund Teams while reviewing the MoD AA C9 Report, investigators noted that Meredith Green instructed the State Fund Teams staff that, "… if the C9 Closure Letter was sent or BWC has not processed the AA Request, email the RTW Unit (RTW@careworks.com) with the Claim Number and the ICD-10 so that we can review the impacts to the MoD score … ." During her interview, Meredith Green explained to investigators that when the State Fund Team staff had found an AA request that was not listed on the OBWC CoreSuite diagnosis screen or had not been processed, the State Fund Team staff was directed to contact the RTW Unit staff to score the claim.

During an interview, CareWorks RTW Unit staff member Ericka Jancsek confirmed that she had received requests from the State Fund Team staff stating that the staff was trying to determine whether they should follow-up on the AA Closure Letter based on the impact to MoD. Jancsek recalled receiving these requests more often after the MoD AA [additional allowance] C9 Report instructions were sent by Meredith Green to the State Fund Teams. When receiving these requests, Jancsek told investigators that she would score the claim to determine whether the AA would improve the MoD score.

After scoring the claim, Jancsek recalled emailing the State Fund Team staff the following based on the impact of the AA on the MoD Score:

Impact on MoD Score	Response to Staff
Increase	If you would like to follow up [by the State Fund Team] to see if they [the injured worker] wished to proceed with that it would help.
Decrease	If it decreased the score, we just said no further follow up [by the State Fund Team] is needed.
No Change	There was no score change.

During an interview, investigators asked then-CareWorks State Fund Team 2 Manager and current Sedgwick employee Jodie Napier about her staff's involvement when OBWC issued an AA Closure Letter. Napier told investigators that while working for CareWorks, she was asked to review AA reports. Napier recalled the RTW Unit would provide guidance in reviewing the report, which included notifying the RTW Unit when there was a closure letter. Napier told investigators that if the RTW Unit staff felt the AA would help the claim's MoD score, they were asked to contact the injured worker to follow-up on whether they still wanted to proceed with the AA, since the injured worker had not responded to OBWC requests. In addition, Napier recalled that if the RTW Unit determined there was no impact on the MoD score, they would not pursue further action.

Investigators conducted a search of the RTW@careworks.com email box for emails sent in accordance with the guidance contained in the periodic emails sent by certain RTW Unit staff.[58] Investigators found 62 emails involving 22 medical-only and 40 lost-time claims sent by CareWorks staff containing the claim number, ICD-10 codes requested for the AA, and often-requested direction from the RTW Unit staff as to whether additional action should be taken.

Investigators examined the 62 emails and found:

- The RTW Unit responded in 25 of the 62 emails that adding the ICD code would be **beneficial or improve** the claim's MoD score and, in many instances, recommended follow-up.
- The RTW Unit responded in 21 of the 62 emails that adding the ICD code would have **no impact or no change** on the claim's MoD score and, in many instances, recommended no follow-up.
- The RTW Unit responded in seven of the 62 emails that adding the ICD code would **decrease** the claim's MoD score, and recommended no follow-up.
- The remaining nine emails sent to the RTW Unit asked whether follow-up was appropriate or notified the RTW Unit that an AA Closure Letter had been issued.

[58] Investigators learned not all RTW Unit staff processed these requests from the State Fund Teams.

From this analysis, investigators believed the direction provided by the RTW Unit staff to the State Fund Team staff indicated the focus of the CareWorks staff was on improving their MoD score in an effort to receive a larger share of the incentive funds rather than focusing their efforts on providing medical management and complying with the guidance in the MPRG.

During interviews, investigators also learned that the CareWorks staff would document in a text box titled, "RTW Obstacles," matters which may impact the claim's MoD score. Investigators requested and received a spreadsheet from Sedgwick for the RTW Obstacles text box extracted from the CareWorks Conduit data for accident dates between October 1, 2017, through September 30, 2020. While examining the RTW Obstacle descriptions, investigators identified that explanations for 12 injured worker claims mentioned the status or impact of an AA. Of those 12 explanations, investigators determined three explanations discussed the impact on the MoD score.

Conclusion

OBWC Policy CP-01-03 – *Additional Allowance* described the applicable reasons why OBWC would issue an AA Closure Letter. OBWC Policy CP-01-03 Section VI. *Procedure* directs the OBWC staff, upon issuance of the AA Closure Letter, to notify the MCO that this letter was issued and that, "… The MCO will then notify the treating physician the status of the recommendation."

Investigators found the following practices used by CareWorks were contrary to this guidance:

- Improperly scoring identified claims to determine the impact of the AA request on the claim's MoD score, and failing to follow-up with a provider should it be determined that an AA, if approved, would result in a decrease in the claim's MoD score.
- Failing to contact the provider and/or documenting the contact with the provider had occurred in the claim notes to explain the reason for the issuance of an AA Closure Letter.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

FINDING 9 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Consider incorporating into existing OBWC weekly audits a sample of claims in which an AA was requested, granted, and/or denied and conduct a desk audit of the claim to verify the MCO is in compliance with the guidance in the MCO Policy Reference Guide and OBWC policies and procedures. This desk audit should also verify completion of the MCO's responsibility to contact the provider when an AA Closure Letter was issued.

FINDING 10 – Manual Class Codes

Issue:	Whether CareWorks submitted the manual class code and Standard Occupational Code (SOC) obtained in accordance with provisions of Appendix A of the contract between OBWC and the MCOs.. *Note: This data is one of the components used in the calculation of a claim's MoD Days Absent score.*
Authoritative Guidance:	Chapter 2 of Appendix A MCO Policy Reference Guide of the contract between OBWC and the MCOs Section C(3)(a)(1) states the MCO shall, "… submit the most accurate and complete information available within the timeframes established above." Appendix B Section 410 of the contract between OBWC and the MCOs established timeframes for the submission of both the manual class code and SOC gathered by the MCOs to OBWC.
Findings:	Investigators learned CareWorks had implemented a practice of reviewing claims listed on a system-generated report without an assigned manual class code or SOC. From this review, CareWorks identified the appropriate codes for these claims, calculated the claims' MoD score, and if the change would positively impact the claims' MoD score, submitted a request to OBWC to update the code. Investigators determined CareWorks calculation of the impact of the change in manual class code or SOC data on the MoD score and submitting the appropriate code only when such submissions positively impacted the claim's MoD score was contrary to the provisions and the spirit of the provisions in Appendices A and B of the contract between OBWC and the MCOs.

According to Appendix E of the contract between OBWC and the MCOs, in the **2018-2020 Quarterly Incentive Fee Payment – Measurement of Disability (MoD) Metric** Section C - *Calculation of MoD,*[59] the calculation of the MoD scores for the Days Absent measurement for

[59] These provisions were included in the same provision within Appendix E of the 2016-2017 contract between OBWC and the MCOs.

eligible claims was based on a comparison between the days absent to the decile[60] benchmarks established for the Days Absent and Recent Medical Measures. Investigators learned that this calculation considers the industry group in conjunction with two other factors to determine which benchmark the claim should be compared against.

Investigators learned that there are three sets of code classifications used by OBWC in the MoD metric which are allocated into one of the 10 MoD metric industry categories and an 11th category when an industry cannot be determined. The two code classifications, identified in MoD Exhibit 3 of the contract between OBWC and the MCOs, and reviewed as part of this investigation, were the National Council on Compensation Insurance (NCCI) manual classifications (referred to as manual class codes) used for private employers, and the Standard Occupational Codes (SOC) used for public taxing district and state agency employers.

Investigators further noted that in the contract between OBWC and the MCOs, Appendix A, Chapter 2 of the MCO Policy Reference Guide, Section C(3)(a)(1) states the MCO shall, "… submit the most accurate and complete information available within the timeframes established above." Appendix B Section 410 of the contract between OBWC and the MCOs established timeframes for the submission of both the manual class code and SOC gathered by the MCOs to OBWC.

Manual Class Codes

Investigators learned that the manual class codes available for assignment to each claim are based on those codes assigned to the employer's policy. According to OBWC, CoreSuite has existing system logic which prevents a user from selecting a manual class code not reflected on the employer's policy. If there was only one manual class code assigned to the employer, the claim would be assigned that code. Should there be multiple manual class codes, the code associated with the employee's job duties is to be selected for the claim. OBWC further stated that a new NCCI code could not be added by OBWC without an audit being performed on the

[60] Decile – each of 10 equal groups into which a population can be divided according to the distribution of values of a particular variable.

employer's policy or a request to add the NCCI code being sent to the Manual Class Code Unit within OBWC.

Standard Occupational Codes (SOC)

Investigators learned through email inquiries and interviews that the MCOs were responsible for examining the injured worker's job description, reviewing the list of SOCs issued by OBWC, and selecting the appropriate SOC to send to OBWC using the 148 EDI transmission. Unlike the manual class codes, OBWC told investigators that there are no limitations on which SOC can be selected and submitted for the injured worker. Instead, CoreSuite either updates or creates a system task for the assigned OBWC staff to update the SOC submitted by the MCO sent via the 148 EDI transmission.

CareWorks Practices Involving Manual Class Codes and SOC

During a review of emails provided in response to subpoenas, investigators discovered an October 21, 2014, email to various CareWorks staff discussing the pre-calculation appeal process and included the following direction:

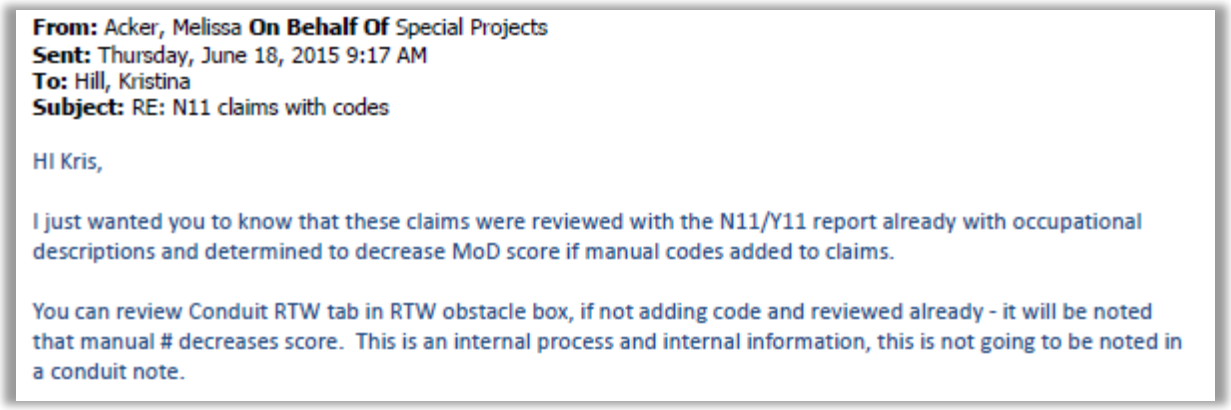
> **Please also review the claims with Industry Code N11 and Y11. These claims are defaulting to the miscellaneous industry. The Manual Number or the SOC code may need to be entered to get the claim assigned to a specific industry which could improve the claim's score. If you identify that the claim needs a manual number, please determine the job title/description and send an email to special.projects@careworks.com. We can review the EOR's information in EDA to try to find the appropriate manual number and enter it into the claim. Now that we can transmit the manual number it should eliminate the call to BWC CSS to get the code entered.

Further review of emails provided found the following references to adjusting the manual class code or SOC to improve the MoD score for the claim:

From: Walsh, Jennifer
Sent: Friday, October 31, 2014 4:13 PM
To: Special Projects
Cc: Leist, Theresa
Subject: N11 claims

In the group of claims below- 2 are listed as N11 but both have SOC codes entered…?

In this group of claims- there is one claim with N11- the IW is a podiatry resident- should be listed as a physician. I know this is already a good claim for me but I wanted to see if the manual code would improve anything?



From: Acker, Melissa **On Behalf Of** Special Projects
Sent: Thursday, June 18, 2015 9:17 AM
To: Hill, Kristina
Subject: RE: N11 claims with codes

HI Kris,

I just wanted you to know that these claims were reviewed with the N11/Y11 report already with occupational descriptions and determined to decrease MoD score if manual codes added to claims.

You can review Conduit RTW tab in RTW obstacle box, if not adding code and reviewed already - it will be noted that manual # decreases score. This is an internal process and internal information, this is not going to be noted in a conduit note.

During an interview, then-CareWorks RTW Unit Specialist Jacob McFaddin confirmed his involvement with the N11/Y11 report.[61] McFaddin explained that documentation in the claim file for each claim in the report was reviewed to determine the correct manual class code or SOC. Once determined, McFaddin stated that he entered the correct code into Conduit and in some instances, would follow-up with OBWC to update the code. McFaddin admitted to investigators that prior to updating the codes, he determined whether the change would have a positive or negative impact on the MoD score. McFaddin admitted to not submitting a code to OBWC when there was a negative impact to the claim's MoD score.

During her interview, Meredith Green, like McFaddin, confirmed the existence of this report of claims without an assigned manual class code or SOC which were then assigned to a miscellaneous industry. Meredith Green acknowledged that the staff assigned to this report were responsible for calculating the MoD score to determine whether there was an impact the change would have on the claim's MoD score. Meredith Green admitted CareWorks staff submitted the updated code if it was a positive impact to the MoD score. If the change would result in a negative impact to the MoD score for the claim, Meredith Green admitted CareWorks would not submit the change to OBWC. Meredith Green acknowledged these actions were taken to improve the claim's MoD score.

Meredith Green also acknowledged that it was possible that a code which did not represent the injured worker's job duties could be selected and submitted to OBWC. Should the inaccurate

[61] N11 is a unilateral injury and Y11 is bilateral injury.

code not be identified by OBWC, investigators questioned whether this incorrect code could be used to calculate a potentially higher MoD score for the claim. Meredith Green confirmed to investigators that this scenario could have occurred.

Investigators learned that in a text box titled "RTW Obstacles" in the Conduit data, CareWorks staff would document various issues, including when code changes were not submitted to OBWC. Investigators requested and received a spreadsheet from Sedgwick extracted from the CareWorks' Conduit data for accident dates between October 1, 2017, through September 30, 2020. Investigators reviewed the descriptions in the "RTW Obstacles" field and identified explanations for 59 injured worker claims that mentioned the SOC or manual class code. Investigators determined 57 of the 59 explanations discussed the impact the codes would have on the MoD score.

Based on the content of the RTW Obstacle comments and interviews conducted, investigators believe these obstacle comments **may** indicate an issue with the accuracy of the Return to Work data. As such, the identified 59 claim files are being referred to OBWC for further review of the claim file, and if applicable, supporting documentation from an employer, to determine whether these inaccuracies exist and the impact on the MoD score.

Conclusion

Chapter 2 of Appendix A MCO Policy Reference Guide of the contract between OBWC and the MCOs Section C(3)(a)(1) states the MCO shall, "… submit the most accurate and complete information available within the timeframes established above." Appendix B Section 410 of the contract between OBWC and the MCOs established timeframes for the submission of both the manual class code and SOC gathered by the MCOs to OBWC. Investigators determined CareWorks' practice of only submitting those manual class code or SOC updates which positively impacted the claim's MoD score, and CareWorks' failure to submit known manual class code or SOC was contrary to these requirements.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

FINDING 10 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Consider reviewing the explanations in the "RTW Obstacles" box for the identified 59 claims to determine whether the appropriate manual class code or SOC was reflected in the claim within CoreSuite and if not, determine the impact of the inaccurate code on the individual claims and quarterly MoD score.
2. Consider the benefit of providing periodic refresher training to the MCO staff as part of the quarterly training on the identification, assignment, and submission of the NCCI codes or SOCs by the MCO to OBWC. This training should also address and convey that the impact of the industry code assignment on a claim's MoD Days Absent score should have no impact on the identification of the appropriate classification code for submission to OBWC.

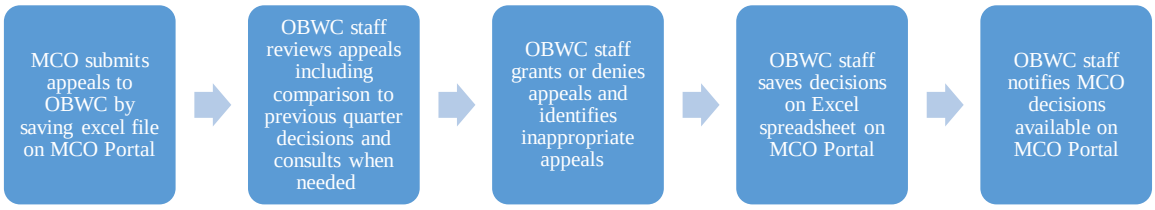
FINDING 11 – Appeals

Issue:	Whether CareWorks submitted appeals in accordance with the provisions of Appendix E of the contract between OBWC and the MCOs. *Note: Appeals are made to remove days between the Last Day Worked and the Actual Return to Work date which are one of the components used in the calculation of a claim's MoD Days Absent score.*
Authoritative Guidance:	Appendix E of the 2018-2020 MCO contract between OBWC and each MCO Section J[62] provided that the MCO "shall have the right to appeal" the Days Absent quarterly MoD scores only if the MCO's Days Absent Peer Comparison for the quarter is less than 1.05, or if the score is to be published in the MCO Report Card. These appeals were limited to "errors and omissions by BWC that affect the score given to a specific claim" and provided examples of appealable issues. The section also contained examples of non-appealable issues.
Findings:	Investigators found that CareWorks, in 2017 and 2018, had submitted appeals requesting the removal of weekend days, holidays, and/or non-scheduled workdays contrary to the provisions in Appendix E. Had OBWC granted these appeals, CareWorks would have reduced the number of days absent used in the calculation of the claim's MoD score, thereby improving the claim's score.

[62] These provisions were included in the same provision within Appendix E of the 2016-2017 contract between OBWC and the MCOs except the 2018-2020 Appendix E also contained provisions for days due to plant closings or employer required drug tests.

Appendix E of the 2018-2020 MCO contract between OBWC and each MCO Section J[63] provided that the MCO, "shall have the right to appeal …" the Days Absent quarterly MoD scores "… only if the MCO's Days Absent Peer Comparison for the quarter is less than 1.05, or if the score is to be published in the MCO Report Card." These appeals were limited to, "… errors and omissions by BWC that affect the score given to a specific claim …" and provided examples of appealable issues. The section also contained examples of non-appealable issues.

OBWC MCO Business & Reporting Unit Director Barb Jacobs explained in response to an investigative inquiry, that the focus of the appeals was, "… primarily to allow MCOs to appeal errors in data caused by BWC … ." Investigators learned through inquiries and interviews that the appeals process for both pre-calculation[64] and post-calculation appeals[65] is as follows by the MCO Business & Reporting Unit staff, unless otherwise stated:



Investigators learned through inquiries that the same claim could be reflected on multiple-quarter appeals submitted by the MCO. When asked, MCO Business & Reporting Unit staff explained in an email that it was common for a claim to be appealed to remove days for multiple quarters until the claim was no longer within the measurement period for MoD. When discussing the review of appeals by the MCO, Jacobs told investigators that she, "… often looked at the notes documenting conversations between MCOs and injured workers and employers. For the most part, the MCO notes documented dates or there were BWC notes verifying return to work dates."

[63] These provisions were included in the same provision within Appendix E of the 2016-2017 contract between OBWC and the MCOs, except the 2018-2020 Appendix E also contained provisions for days due to plant closings or employer-required drug tests.
[64] Pre-calculation appeals are appeals are to be filed with OBWC one month prior to the snapshot date for each measurement period identified in Appendix E of the contract between OBWC and the MCOs.
[65] Post-calculation appeals are appeals to be filed with OBWC within three weeks from the date that the notice of the quarterly Days Absent and Recent Medical scores are received from OBWC. The notice sent by OBWC with these scores will include the deadline for filing these appeals.

Given the results of this investigation and the assertions by CareWorks staff that they recorded the date of injury or initial treatment date as the Last Day Worked and Actual Return to Work date when the injured worker or employer indicated the injured worker had missed no time from work, investigators have concerns regarding the accuracy of the appeal decisions if the MCO Business & Reporting Unit staff relied solely on the contact notes entered by the MCO.

During these discussions, investigators also learned that:

- The Medical Services Division Procedures Section F.06 MoD Calculation: Processing Mod Appeals, last updated July 30, 2014, were created prior to Jacob's arrival at OBWC, referred to the previous OBWC claims system, and have not been updated since.
- Jacobs and other MCO Business Unit & Reporting staff responsible for processing appeals received on the job training.
- No training or written guidance other than the provisions in Appendix E of the contract between OBWC and the MCOs has been provided to the MCOs on what documentation should be obtained, maintained, and included in the appeal request since Jacobs started in her current position in November 2014.

CareWorks' Practices

During an interview with CI 1, investigators were told when appealable issues were identified, the RTW Unit staff would send clarification requests to State Fund Team staff to obtain any information to support the filing of an appeal. In many instances, there would be a correction note entered in the claim and the dates would be appealed. Additionally, investigators were told by CI 2 that CareWorks used the following practices to identify appealable issues:

- State Fund Teams had a staff member assigned to review quarterly MoD reports for appealable items to increase the MoD score. The claims were reviewed, "… to see if there was no missed time." If this was a possibility of "no missed time," the person reviewing the report emailed the assigned staff member to clarify with the employer if there was "no missed time" or "no scheduled time missed."
- State Fund Team staff members would clarify with the employer if there was no missed time when the injured worker returned to their next scheduled shift so that CareWorks could, "… get those days removed to increase our MoD score."

Investigators learned during interviews with CareWorks RTW Unit staff members that the staff documented appealable items in a text box titled “RTW Obstacles” within Conduit data. Investigators requested and received a spreadsheet from Sedgwick containing the data from the “RTW Obstacles” text field within Conduit data for accident dates between October 1, 2017, through September 30, 2020. Investigators reviewed the descriptions in the “RTW Obstacles” field and identified 183 injured worker claim explanations that discussed the removal of days and/or mentioned appealable issues. Of those, investigators determined 74 explanations mentioned the impact the removal of days or appealable issues would have on the MoD score.

Based on the content of these RTW Obstacle comments not sent to OBWC and interviews conducted, investigators believe these notes **may** indicate an issue with the accuracy of the Return to Work data. As such, the identified 183 claim files are being referred to OBWC for further review of the claim file, and if applicable, supporting documentation from an employer, to determine whether these inaccuracies exist and the impact on the MoD score.

During the review of emails obtained from CareWorks in response to a subpoena, investigators discovered the following email example discussing whether to appeal or not:

On Tue, Feb 19, 2019 at 3:04 PM Jancsek, Ericka <ericka.jancsek@careworks.com> wrote:

> Ugh that is no fun!
>
> Regarding this one - I think you are correct. No indication on if EOR could accommodate, so if this was me I would appeal 3/28/18 - 4/2/18 if it increases DA to do so. Meredith will let you know if she wants to appeal more of it, but if it were me based on what I saw I would go from RRTWFD onward as well for the exact same reason!

From: "McFaddin, Jacob" <jacob.mcfaddin@careworks.com>
To: "Jancsek, Ericka" <ericka.jancsek@careworks.com>
Subject: Re: blue ones on 5
Date: Tue, 19 Feb 2019 15:05:42 -0500
Importance: Normal

---

okay great thank you thats what i thought but was hoping you would tell me to do more hahaha

yes it is a .00009 increase for the 6 days!

In separate interviews with then-CareWorks RTW Unit staff members Ericka Jancsek and Jacob McFaddin, investigators learned that for each item identified as appealable through a review of reports or system-generated diaries, the RTW Unit staff determined whether the appeal had a positive or negative impact on the claim's Days Absent MoD score. If the impact was positive, investigators were told the appealable issue was drafted to remove the days from counting against CareWorks and added to a spreadsheet that was sent to Meredith Green for her review. However, if there was a negative impact on the claim's MoD score, both Jancsek and McFaddin stated that the appealable days would not be written up for an appeal. Jancsek explained to investigators that, "… our goal was to increase our score. So, we would score every one of them [appealable issues]."

During her interview, Meredith Green confirmed for investigators that the RTW Unit staff assisted her in identifying appealable items, she reviewed every appealable item, and decided whether to submit the appealable item to OBWC. For each appeal being considered, Meredith Green admitted the RTW Unit staff calculated the MoD score for the claim to evaluate how the removal of the appealed dates impacted the overall MoD score for that claim. Like Jancsek and McFaddin stated, Meredith Green told investigators that only those which positively impacted the MoD score were sent to OBWC.

Investigators examined the CareWorks' appeal submissions to OBWC between the 3rd quarter of 2017 through calendar year 2018 and found CareWorks had submitted appeals to OBWC to remove weekend days, holidays, non-scheduled workdays, and pre-scheduled vacation days for certain claims. Investigators determined CareWorks' appeals for weekend days, holidays, and non-scheduled work days were contrary to the provisions in Appendix E of the 2016-2017 and 2018-2020 contracts between OBWC and the MCOs which identified those days as non-appealable. Therefore, investigators concluded OBWC properly denied those requests.

Investigators also obtained and analyzed 301 appeals CareWorks submitted for the 4th quarter MoD Appeals for 2020 and found:

- In two appeals, CareWorks submitted a request to remove days absent based on non-claim reasons to adjust the Actual Return to Work date to match the Released to Return

to Work date reflected on the Medco-14 Physician's Report of Work Ability form. OBWC denied those two requests.

- One appeal CareWorks submitted to exclude weekends and holidays was denied by OBWC. Investigators discovered that this appeal was submitted after the September 30, 2020, Return to Work training provided by OBWC to the MCOs.

Inappropriate Appeals Submitted by the MCO

In the 2018-2020 contract between OBWC and the MCOs, Section 4 (C)(1)(i) *Inappropriate MoD Appeals* provides that, should the MCO's percentage of successfully granted claim appeals divided by the number of overall appeals fall within a specified range, OBWC will deduct for the next month's administrative fee payment to the MCO a specific dollar amount for each inappropriately submitted appeal. This section further defined what was considered an inappropriate appeal, which included but was not limited to an appeal reason included in the non-appealable issue list in Appendix E of the contract between OBWC and the MCOs.

Investigators examined logs maintained by OBWC documenting the total number of appropriate or inappropriate appeals for the quarter, and the calculation of financial "set-off" to be deducted from the next month's administrative fee payment issued by OBWC to the MCO. The following tables summarize, for the pre- and post-calculation appeals submitted for the 1st quarter 2017 through 4th quarter 2019, the number of OBWC-identified inappropriate appeals and when applicable per the contract, the associated financial "set-offs":

Pre-Calculation Inappropriate Appeals	2017		2018		2019		Total	
MCO	No.	Amount	No.	Amount	No.	Amount	No.	Amount
1-888-OHIOCOMP	177	$ 7,145.00	31	$1,050.00	23	$ 45.00	231	$ 8,240.00
3-Hab LTD	9	$ 450.00	0	$ -	5	$250.00	14	$ 700.00
AultComp	0	$ -	0	$ -	11	$550.00	11	$ 550.00
CareWorks	149	$ -	65	$ -	59	$ -	273	$ -
CompManagement Health Systems	8	$ -	16	$ -	3	$ -	27	$ -
Corvel	3	$ 75.00	0	$ -	0	$ -	3	$ 75.00
Health Management Solutions	7	$ 215.00	17	$ 850.00	0	$ -	24	$ 1,065.00
Sheakley Unicomp	120	$ 4,700.00	7	$ 125.00	7	$150.00	134	$ 4,975.00
Spooner Medical Administrators	72	$ 570.00	32	$ -	33	$ -	137	$ 570.00
	545	$13,155.00	168	$2,025.00	141	$995.00	854	$16,175.00

Post Calculation Inappropriate Appeals	2017		2018		2019		Total	
MCO	No.	Amount	No.	Amount	No.	Amount	No.	Amount
3-Hab LTD	0	$ -	0	$ -	1	$ 50.00	1	$ 50.00
AultComp	0	$ -	0	$ -	1	$ 50.00	1	$ 50.00
CareWorks	14	$ -	9	$ -	3	$ -	26	$ -
CompManagement Health Systems	0	$ -	0	$ -	1	$ 50.00	1	$ 50.00
Comp One	27	$1,350.00	0	$ -	0	$ -	27	$1,350.00
Health Management Solutions	6	$ -	0	$ -	0	$ -	6	$ -
OHL	0	$ -	0	$ -	12	$ 600.00	12	$ 600.00
Spooner Medical Administrators	14	$ 650.00	12	$295.00	4	$ 15.00	30	$ 960.00
	61	$2,000.00	21	$295.00	22	$ 765.00	104	$3,060.00

While the number of inappropriate appeals declined during the period under review, investigators found there were still instances of inappropriate appeals submitted, such as those by CareWorks, with no financial "set-offs" being imposed because of the parameters specified in the contract.

Conclusion

Appendix E, Section J[66] of the 2018-2020 MCO contract between OBWC and each MCO provided that the MCO, "… shall have the right to appeal" the Days Absent quarterly MoD scores "… only if the MCO's Days Absent Peer Comparison for the quarter is less than 1.05, or if the score is to be published in the MCO Report Card." These appeals were limited to, "… errors and omissions by BWC that affect the score given to a specific claim" and provided examples of appealable issues. The section also contained examples of non-appealable issues.

Investigators found the following actions taken by CareWorks were contrary to the terms and conditions contained in Appendix E of the contract between OBWC and the MCOs:

- CareWorks improperly submitted appeals requesting the removal of weekend days, holidays, and non-scheduled workdays contrary to the provisions in Appendix E in the 3rd quarter of 2017 and 2018.

[66] These provisions were included in the same provision within Appendix E of the 2016-2017 contract between OBWC and the MCOs, except the 2018-2020 Appendix E also contained provisions for days due to plant closings or employer-required drug tests.

- CareWorks incorrectly submitted two appeals to remove days absent based on non-claim reasons to adjust the Actual Return to Work date to match the Released to Return to Work date in the appeal submission for the 4th quarter of 2020.
- CareWorks incorrectly submitted an appeal to exclude weekends and holidays after receiving training from OBWC on September 30, 2020, which clarified these dates could not be appealed.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

FINDING 11 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Review the 183 claims identified in CareWorks' Conduit computer system with a "RTW Obstacle" comment in an internal note discussing the removal of days or mentions appealable items. Based on the information maintained in the claim, determine whether the correct Return to Work data was reflected in CoreSuite. For those claims determined to have an incorrect Actual Return to Work date reflected in CoreSuite, it is recommended OBWC evaluate the impact of these data errors on the MoD calculation for the measurement periods these claims were included.
2. Consider developing and implementing written procedures to be followed when evaluating appeals submitted by the MCOs for the Days Absent and Recent Medical Measures which incorporates documents and information to review to determine the validity of the appeal, steps to follow when requesting a claim service specialist's assistance, what information is to be reflected when granting or denying an appeal, the process for identifying an appeal as inappropriate, and calculating the applicable financial "set-off" in accordance with the contract.
3. Consider developing a standardized form for use by the MCO to submit their appeals, and for OBWC to use to document the granting or denial of the appeals. The form should require the MCO to explain the reason for the appeal and identify documents or specific notes in the claim file to review which support the reason for the appeal.

4. To reduce the reviewing of the same appeal in multiple quarters, consider using the standardized form perpetually, removing appeals after the measurement period ends, and to use Excel protect functions to prevent MCO staff from making alterations to decisions previously rendered by OBWC.
5. Consider limiting MCOs' ability to submit previously denied appeals in subsequent quarters unless new documentation or information is provided in both the claim file and the MCO appeal form.
6. Consider revising the scale used to impose financial "set-offs" for inappropriate appeals to address the amount of time spent by OBWC staff evaluating appeals that were submitted for non-appealable items and as such, deemed inappropriate.
7. Consider providing training to the MCOs on the appeals process, the type of documentation and information expected by OBWC to grant an appeal based on common appeals received, and clarification on instances of when an appeal will be denied and/or determined to be inappropriate. This training should include a discussion that the impact of the MoD score on a claim should not be the determining factor of whether an appeal should be submitted to OBWC.

FINDING 12 – Additional CareWorks Practices

Issue:	Whether there were additional unwritten practices or activities undertaken by CareWorks management and/or staff contrary to the spirit and provisions of the terms, conditions, and appendices of the contracts between OBWC and the MCOs.
Authoritative Guidance:	OBWC Policy CP-18-01 – *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs **(Exhibit 3)** stated that, "It is the policy of BWC to rely primarily on the managed care organizations (MCO) to provide accurate return to work data." This policy further defined the components of Return to Work data, the requirements for the MCOs to follow when obtaining these dates, and that if the Return to Work data is obtained, to document in the claim notes what those dates are.
Findings:	Investigators learned through examination of records and interviews conducted, that CareWorks' internal team guidance included direction contrary to the provisions and/or spirit of OBWC Policy CP-18-01. Investigators further found that CareWorks' direction of what steps to take within the RTW Unit Workflow and whether to request OBWC make a data change previously transmitted were based on how the action would impact the claim's MoD score. Lastly, investigators found CareWorks closely monitored each team's MoD score, set regular goals with specific MoD

	score increases to be achieved, and incorporated the importance of meeting MoD goals into employee performance evaluations. Investigators determined these actions and comments in the employee performance evaluations continued to stress the importance of improving the MoD score, which not only benefited CareWorks by receiving a larger share of the incentive pool payments, but also benefited certain CareWorks managers who received bonuses based on meeting their goals and overall company performance.

In **Findings 2 - 5** of this report of investigation, investigators identified that several practices used by CareWorks when recording Return to Work data were contrary to the guidance provided by OBWC in Appendix A, Chapter 9, Policy CP-18-01– *Return to Work Data* found in the contract between OBWC and the MCOs. Additionally, investigators identified that certain training materials and job aids contained guidance which were also contrary to the terms and conditions of the contract between OBWC and the MCOs. During interviews and upon examining documents provided, investigators discovered additional practices used by CareWorks to improve their MoD score on a claim-by-claim basis in an effort to improve their overall Days Absent MoD Score. The following paragraphs describe those additional practices or activities.

Staff Guidance

Investigators found during a review of documents received as part of the initial complaint, a picture of a document containing guidance for the CareWorks staff to follow. In addition, investigators were provided a copy of a one-page document of typed notes taken by CI 2 during meetings with the RTW Unit manager and CI 2's supervisor which matched the information contained in the picture provided by the complainant. Investigators were told that these notes were used as part of CI 2's mentoring and training of new State Fund Team staff. This document included the following excerpts:

- Documentation needs to be clear for claims with sporadic shifts.
- No Missed Time/Days Claims. The way you document these affects our MOD. ***(Ex. IW DOI: FRIDAY. LDW: Friday, RTW Monday. IW has weekends scheduled off.)*** This would be an example when you would want to only document **No missed time** and not the actual dates. *LDW/ARTW* would be the same day.
- Initial Treatment date/LDW is critical because BWC may use ITD as LDW.

- Closed- Not Working. Check with the MOD Unit on whether you should attempt to obtain ARTW date from IW. Reporting an ARTW for active claims that have been open long may hurt MOD score because a claim caps off at 365 days.
- A claim's MOD will cap at 7 days, when an IW has been RRTW and no compensation has been paid. Sometimes it is not necessary to obtain RTW dates in these cases, because it may negatively affect our score.

Investigators asked during the interviews of then-CareWorks and current Sedgwick staff whether the document containing these excerpts was familiar. The six individuals stated they were not familiar with this document. However, each stated the guidance provided for the "No Missed Time/Days Claims" was familiar and/or consistent with their recollection of how the data was processed from either internal CareWorks' job aids, or training they received. Investigators learned from Jacob McFaddin that the guidance provided in the document was the same guidance he had received during his training when he began working on the State Fund Team in the fall of 2015.

Investigators asked Meredith Green whether the "No Missed Time/Days Claims" portion of the document was guidance that former CareWorks Vice President/President Angie Paul would have shared with the State Fund Team staff. Meredith Green agreed that it was. Meredith Green further told investigators that this guidance would have been shared during the MoD Basics training provided to internal CareWorks staff in 2017, 2018, and 2019. When asked whether this guidance was shared during CareWorks' internal manager meetings, Meredith Green confirmed it was discussed during the manager meetings and that the discussions about the "two-day thing" (removal of weekend days discussed in **Finding 2**), in general, was at a manager meeting. As previously reported in **Finding 2**, former-CareWorks President Angie Paul, through her legal counsel, declined requests to be interviewed by the Office of the Ohio Inspector General.

Additional Practices - RTW Unit Workflow

In response to a subpoena, records provided by Sedgwick on behalf of CareWorks contained a document dated October 7, 2015, which was titled, RTW Unit Workflow (the Workflow). This document identified the steps to be followed by the RTW Unit when processing Return to Work data for submission to OBWC. During interviews, RTW Unit staff members Melissa Acker, Ericka Jancsek, and Jacob McFaddin acknowledged the document was familiar to them. Like

her staff, RTW Unit Manager Meredith Green stated she was familiar with this document and that it had not been updated.

Investigators discovered when examining the Workflow document, that both the entering and monitoring of Return to Work data sections discussed the scoring impact on the claim. When asked, Green explained the reference to scoring the claim meant that the RTW Unit staff member was identifying how many days were going to be reflected in the snapshot in that measurement period, using available information in the claim, and calculating the claim's MoD score.[67] Investigators then asked Green why the Workflow document mentioned the scoring impact on the claim when recording Return to Work data. Meredith Green stated she believed that at one point, the staff scored the claims to evaluate how variables would impact the MoD score. However, Meredith Green stated if there was support in the claim that the data needed to be entered, the staff was required to enter it.

Additional CareWorks Practices – Failing to Request Updates

During an evaluation of claims data maintained in OBWC's CoreSuite and the data extracted from CareWorks' Conduit, investigators identified instances when OBWC transmitted dates to CareWorks, but the internal notes documented in Conduit (which were not sent to OBWC) indicated that CareWorks staff determined the dates OBWC had transmitted were wrong dates for a specific reason.

During an interview, Jancsek told investigators that CareWorks staff would only notify OBWC that the Return to Work data was incorrect if it impacted the MoD score "poorly." Jancsek also confirmed to investigators that if it benefited the MoD claim score for OBWC to have transmitted an incorrect date, the CareWorks staff would not contact OBWC and request an update. Jancsek explained to investigators that for CareWorks, the focus was whether the change in dates helped their MoD score. If it did, Jancsek stated that staff would "flag" the date in Conduit and would keep the date that was better for CareWorks' MoD score. Investigators asked

[67] Meredith Green explained the information used to score the claim was based on the information contained in the claim file, which included the principal rank ICD code for the allowed conditions, and the industry manual class code or SOC documented in the claim was assigned per Appendix E of the contract between OBWC and the MCOs.

whether this was a practice followed by the CareWorks' staff or just those within the RTW Unit, and Jancsek responded it was, "… basically taught to us throughout."

Investigators asked both Jancsek and Meredith Green to explain the internal notes maintained in Conduit which were not sent to OBWC. Investigators informed Jancsek and Meredith Green that they had discovered some internal notes reporting dates being "flagged" for a date discrepancy and notes that indicated that the Return to Work data was from an "unknown source." Jancsek explained this internal note template was used when OBWC added a date to the claim which benefited the claim's MoD score for CareWorks at that time or would do so in the future, but in which CareWorks staff could not find evidence to support the date. Jancsek acknowledged that it was a fair assumption by investigators that CareWorks' internal notes containing the phrase "unknown source," referred to dates OBWC provided which positively impacted the claim's MoD score for CareWorks.

Both Green and Jancsek explained that the references to "flags" were just a notification for the CareWorks staff. In addition, Meredith Green explained that staff would "flag" the data within Conduit, retain the data CareWorks confirmed since the data had previously been transmitted by CareWorks to OBWC, and would not ask OBWC for any updates to the data. Investigators asked Meredith Green whether there were certain note templates from the list of RTW Unit Templates provided by Sedgwick on behalf of CareWorks which would assist investigators in identifying claims where CareWorks would not have followed up with OBWC to request a change to the data based on the impact on the claim's MoD score. Green confirmed that there would be certain templates that fit that scenario and identified which of those templates were applicable.

In examining the templates identified by Meredith Green, investigators found that each template identified by Green included the language that the claim flagged for a "date discrepancy." Investigators requested and received a spreadsheet from Sedgwick containing internal Miscellaneous RTW Notes and diary entries from the CareWorks Conduit data for accident dates between October 1, 2017, through September 30, 2020. Investigators searched the note descriptions for the key phrase "flagged" and found 3,156 notes contained this phrase.

Additionally, investigators searched the diary descriptions for diary entries containing the words weekend, increase, decrease, score, code, N11, allowance or appeal, and found 10,647 diary entries containing one or more of these key words in the comments. Investigators determined the 3,156 notes and 10,647 diary entries were associated with 7,994 injured worker claims and **may** indicate an issue with the accuracy of the Return to Work data, manual class codes or SOCs, AAs, or issues appealed. However, additional review of the claim file and if applicable, supporting documentation from an employer, would need to be conducted to determine whether these inaccuracies exist.

Lastly, during McFaddin's interview, investigators discussed with him the following methods used by CareWorks to specifically improve a claim's Days Absent MoD score, which included:

- Talking about non-scheduled days and how to adjust for them (i.e., excluding those days).
- Using the "no missed time" phrase.
- Not implementing, not entering, or not obtaining Return to Work data when it was not needed and it negatively impacted MoD.
- The potential impact of AAs on the MoD Score.
- Manual class codes/SOC data.

When investigators asked McFaddin whether there were any other methods they had not discussed that were solely used by CareWorks to improve their MoD scores, McFaddin initially replied that either he could not recall, or was unaware of any other methods. However, later in the interview, McFaddin told investigators that when an Actual Return to Work date had been confirmed by staff, sent to OBWC by CareWorks, and OBWC failed to update the Actual Return to Work date, that the CareWorks staff would then determine whether it was beneficial to keep the existing Estimated Return to Work date previously reported, and not send a follow-up request to OBWC to add the Actual Return to Work date.

<u>Additional CareWorks Practices – Notification of MoD Scores</u>

During an interview with a CI, investigators reviewed the April 5, 2018, email sent by then-CareWorks State Fund Team 2 Manager Jodie Napier to her team which stated, "We finished 1st

quarter with only a 0.36 point increase. Our goal is 1.2 point increase. We need to focus on 2nd quarter to meet our goal." Both CIs recalled receiving similar emails to these examples on a regular basis. During her interview, Meredith Green told investigators that she believed the reports generating the team's weekly scores were discontinued at the time of the merger of CareWorks and CHSI to Sedgwick MCO.

Also, CI 2 told investigators that they believed the goal set for the State Fund Team was to increase the MoD score 1.2 points each quarter. Investigators asked Napier whether there were any specific metrics to be achieved. While Napier could not recall the exact number, she commented that she just, "… knew the higher the number, the better … ." Meredith Green told investigators that she did not know whether then-CareWorks Vice President/President Angie Paul had provided a goal to each of her managers. However, Meredith Green recalled that there was a goal for the RTW Unit as well. Green told investigators that she believed, but could not guarantee, that the goal was possibly, "… like a 1.5 increase, maybe through the, the quarter and then a .5 for a post or for the appeal." As reported earlier, former CareWorks President Angie Paul, through her legal counsel, declined to be interviewed by the Office of the Ohio Inspector General.

CareWorks Practices - Management Direction

During the interview, CI 2 recalled that staff was directed, when initially gathering Return to Work data, to obtain a specific Last Day Worked and an Actual Return to Work date. However, CI 2 stated this practice changed and the staff was then directed to obtain a response of "no missed time." CI 1 acknowledged to investigators that CareWorks' focus appeared to be on the MoD score, rather than on getting people back to work. CI 1 also told investigators that the staff was trained that they, "… were getting our days back. And they would even say we're paid on this. Why should we lose days and lose money? …"

CI 1 continued,

> … it's not just the weekend days. It's rotating schedules, it's … are they a temporary employee? Are they a substitute? When did they return? When are they scheduled to return? Okay, this is a guy that works two days a month, did he show up at his next

> scheduled shift? Yes. So, he didn't miss any scheduled time? Employer says no. He missed no time. No missed days.

When asked who within CareWorks provided this direction that weekends and holidays did not count in Return to Work calculations, CI 1 stated this direction came from then-CareWorks Vice President Angie Paul. CI 1 further recalled an instance in which Paul and former CareWorks Vice President of Customer Relations Derek Stern[68] had come to CI 1's team work area before visiting other teams and,

> … talk[ed] to us about our MoD dates, 'how great you are, and don't forget keep an eye on all of those, send it to Sawyer [Napier][69] if you have any questions about that day, anyway we can get these things, talk to Return to Work team, … keep this going … you have a whatever increase, we need to keep that moving.' …

When asked, CI 2 told investigators that there was always pressure on the staff to increase the MoD score, and that obtaining the response of "no missed time" was one way to accomplish that goal. CI 2 then commented to investigators that, "… this was the main way to do it." Investigators asked the CIs whether the changes in practices and emphasis on reporting dates began when York Risk Services acquired CareWorks in 2014 or when Paul moved from being a CareWorks' vice president to the president in 2018. In response, CI 1 stated they believed that the changes came in slowly and that the changes began during a team meeting about staff being evaluated on MoD scores. The CI then explained there was a discussion about increasing the MoD score and what the staff needed to do to increase the score. CI 1 recalled things to consider included: 1) If the injured worker does not work weekends, those days do not count. 2) Was the injured worker a nurse that works three days and is off for two weeks? If so, the managers would say, "… those are a lot of days … Did they work the day they got hurt and did they come back the next scheduled day? … If they did, that is no missed time."

Lastly, investigators asked the CIs if they were aware of any internal discussions about whether the changes in CareWorks' practices complied with the terms and conditions of the contract

[68] Stern left CareWorks of Ohio in July 2018 per his LinkedIn profile.
[69] Sawyer Napier was a member of the RTW Unit staff supervised by Meredith Green.

between OBWC and the MCOs. CI 1 recalled the staff had asked if there had been changes to the guidance when management first started "pushing" these practices. CI 1 recalled being told that there had been no changes in the contract between OBWC and the MCOs and, "… this is how we are supposed to do it." The CI then commented to investigators that,

> … It became very evident very quickly, the more this ramped up that this is the way it is supposed to go. It seemed like, oh they just missed something. It was just a different wording. It was in how you asked …

During interviews conducted with then CareWorks and current Sedgwick employees, investigators learned that there was an increased focus on the impact of actions such as gathering data for return to work activities, AAs, and the manual class codes or SOC data on the claim's MoD score. Napier told investigators that she believed the focus on the MoD score increased in 2017 or 2018, whereas McFaddin stated that he believed the MoD score was a consistent focus from the time he joined the State Fund Team in the fall of 2015.

Investigators asked Meredith Green how the focus on the MoD score developed and who created the practices used by CareWorks staff to improve a claim's MoD score. Meredith Green was unable to identify a specific person, but said she believed, "… a lot of it is consensus and looking through some of the claims and, and the trends that were identified and, and the MoD criteria itself and looking at the different things like for the additional allowance." When asked whether this consensus occurred prior to or after Paul became president of CareWorks, Green believed that the consensus was established before Paul became president, and that the consensus meeting, "… was with the managers and myself." Green further recalled during the meeting that they were,

> … just talking about the different things and … not having it all fall on the return to work team. I mean it's, it's the, the days are … getting people back to work is on the team as well. So, she [Paul] put some responsibility on them to find ways as well.

<u>Employee Incentives</u>

Investigators learned during interviews that certain positions within CareWorks received bonuses for meeting certain goals. The Office of the Ohio Inspector General issued a subpoena to

Sedgwick, the parent company of CareWorks, and obtained documentation verifying that bonuses or other incentives were paid to certain CareWorks employees. Investigators learned through inquiries that the bonuses paid for 2018 were awarded to CareWorks staff at the discretion of then-CareWorks President Dennis Duchene and his senior team based on the performance reviews and overall company performance goals associated with increasing MoD scores and the overall MoD score.

Investigators examined additional correspondence received in response to a subpoena issued to Sedgwick and found the correspondence associated with the compensation paid to both Paul and Duchene prior to the period[70] under review. Investigators discovered that Duchene's Employment Term Sheet, signed May 22, 2015, stated that he was eligible to receive a substantial bonus based on his annualized base salary with the ability to earn a larger bonus based on achievement of personal and company performance goals which included MoD-related performance goals. Additionally, investigators discovered a February 5, 2016, letter to Paul which stated Paul was eligible for certain incentive compensation awards for goals which included MoD and accomplishments for calendar year 2016 up that were a significant amount of her base salary.

Investigators examined company performance evaluations for certain then-CareWorks' staff, including those interviewed, and found goals were in effect during the period under review, which was October 1, 2017, through June 30, 2019, associated with increasing MoD scores and/or the reporting of Return to Work data.

During interviews, investigators asked the former CareWorks and current Sedgwick employees what discussions they could recall about steps to be taken to meet the goals identified in the chart above for calendar years 2017, 2018, and 2019. Investigators learned none of the former CareWorks and current Sedgwick employees recalled much about a discussion of steps to be taken to achieve these goals.

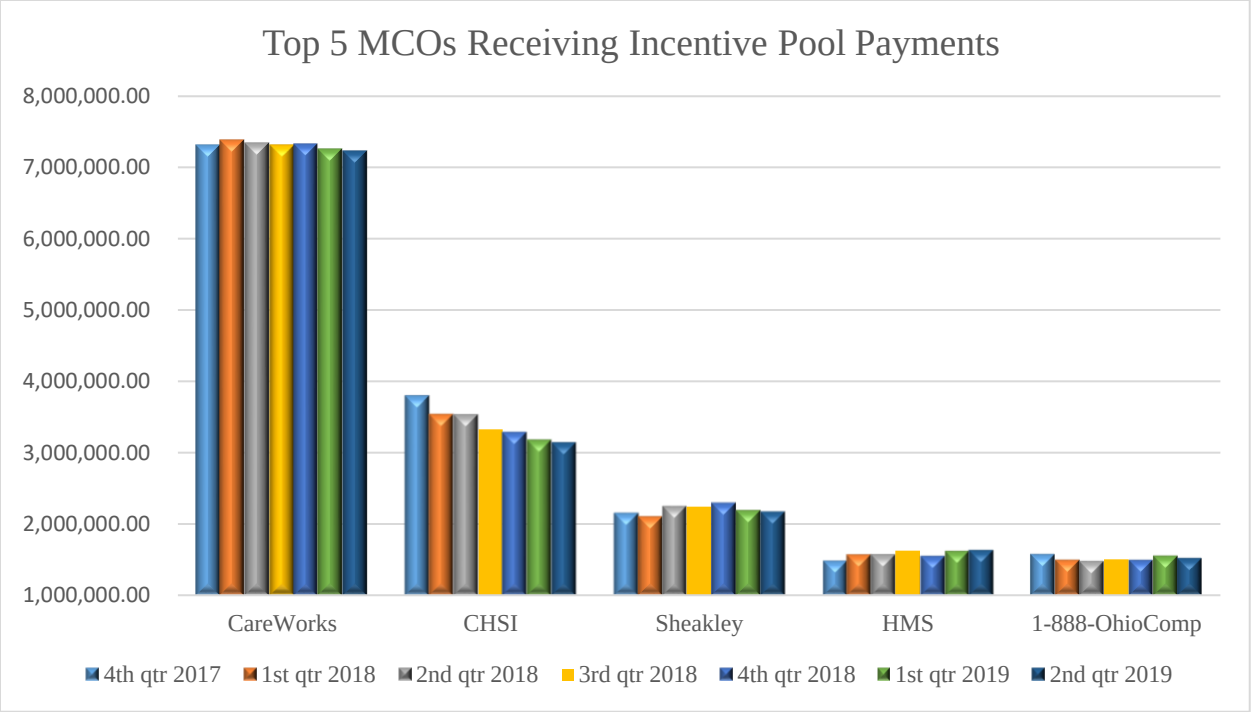
[70] The period under review for this investigation was claims with an accident or injury date between October 1, 2017, and June 30, 2019.

Investigators noted during further examination of Green's 2017 performance evaluation that Paul had commented that there had been "historically high scores for Days Absent." When asked, Green was unable to identify practices that changed within CareWorks which would cause the increase to the MoD scores for 2017. Upon further questioning, Green acknowledged part of the increase to the MoD scores may have been a result of implementing the practice of obtaining a "no missed time" response from employers or injured workers. However, Green also stated that she believed the increase was due to the RTW Unit staff, "… working the claims and, and submitting our appeals."

Investigators also examined the performance evaluations for Angie Paul as CareWorks' vice president in 2017 and 2018 and president in 2019, for comments and goals associated with MoD. Investigators found the 2017 evaluation directed Paul to increase her efforts to improve the MoD scores for the company. Additionally, Paul's 2018 evaluation incorporated specific measurements Paul was to achieve.

Duchene, as Paul's manager, commented in her 2017 evaluation that he had notified Paul that she must have an increased focus on the MoD score due to the impact on the payment from OBWC which was considered critical to the CareWorks organization. Duchene further commented on Paul's significant focus and attention to the MoD Score resulted in higher quarterly incentive payments from OBWC and that this should continue to be a significant focus for 2018. In her 2018 evaluation, Duchene commented that Paul should continue to keep her focus on the MoD scores for 2019 and noted that the "MCO payment pool will decline by another 1% in 2019."

Investigators examined the incentive payments made to CareWorks for the snapshots taken for the 4th quarter of 2017 through the 2nd quarter of 2019 and found CareWorks received 38%, or $51,143,068.52, of the total $132,368,094.21 of incentive pool funds available for MCOs. The quarterly payments earned by the top five MCOs is shown in the following chart:



Like Paul's evaluation, investigators discovered during a review of then-CareWorks' President Dennis Duchene's evaluation[71] that he also had financial goals in 2017 and 2018 which involved MoD. For 2017, Duchene's goal was to maintain or improve the MoD scores for 2017 from 2016. For 2018, his goal was to maintain the MoD score and included additional metrics for evaluation. In the overall comments section of Duchene's 2017 evaluation, investigators noted the supervisor commented that Duchene and his team would need to focus and increase their growth goals for 2018 and 2019 involving Return to Work data.

Conclusion

Investigators concluded CareWorks' focus on minimizing the number of days between the Last Day Worked and the Actual Return to Work date, and other practices described in this report was an effort by CareWorks to improve their overall MoD score and consequently, increase CareWorks share of the OBWC incentive pool monies distributed between the other MCOs. CareWorks practices were contrary to the policies specified in the terms and conditions of the contract between OBWC and the MCOs.

[71] Duchene was evaluated by Richard Taketa (CEO of York Risk Services) for his 2017 Evaluation and by Holly Shuter (Senior Manager for HR Shared Services at York) for his 2018 Evaluation.

Investigators identified the following practices used by CareWorks that resulted in inaccurate Last Day Worked or Actual Return to Work dates reported in the claim files maintained by OBWC and were contrary to the guidance contained in Appendix A, Chapter 9, OBWC Policy CP-18-01– *Return to Work Data* of the contract between OBWC and the MCOs:

- Improperly providing guidance in the form of notes and job aids to CareWorks staff discussing how the recording of Return to Work data affects the MoD score, and providing examples of when to document "no missed time"; and when not to report the actual dates, but rather, record the Last Day Worked and Actual Return to Work date as the same date.
- Improperly implementing workflows in 2015 used for the RTW Unit staff to follow which emphasized the scoring of a claim to determine the impact on the MoD score when considering next steps.
- Improperly accepting and not requesting changes of dates sent from OBWC (via the 148 EDI) to CareWorks when the notes and documents in the claim files failed to support the dates reported by OBWC, and the incorrectly reported dates by OBWC positively impacted the claim's MoD score.
- Failing to follow-up on previously requested submissions by CareWorks to OBWC to update a Last Day Worked or Actual Return to Work date when the change in the date would negatively impact the claim's MoD Score.

In addition to practices described earlier in this Finding, investigators identified following additional practices used by CareWorks:

- Implementing and monitoring MoD score goals and holding discussions with managers to improve the overall MoD score even when the practices were contrary to OBWC guidance in Appendix A, Chapter 9, OBWC Policy CP-18-01– *Return to Work Data* contained in the contract between OBWC and the MCOs.
- Emphasizing in performance evaluation goals and staff meetings the importance of improving the MoD score and how this improvement benefited CareWorks in the form of increased payments from OBWC.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

FINDING 12 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Review the 7,994 claims containing the identified key phrases to determine, based on information maintained in the claim, whether the correct Actual Return to Work date, manual class code or SOC data, or AA were accurately reflected or addressed in CoreSuite. For those determined inaccuracies, it is recommended OBWC evaluate the impact of these data errors on the MoD calculation for the measurement periods these claims were included.
2. Consider incorporating into the on-site audits, a review of training materials and internal guidance provided to CareWorks staff for compliance with OBWC guidance and terms and conditions and appendices of the contract between OBWC and the MCOs.

FINDING 13 – Systemic Issue in the Recording of RTW Data

Issue:	Whether data analysis contains indicators that practices used by CareWorks may have been used by other MCOs which supports the issues may not be limited to just CareWorks and instead, may be systemic.
Findings:	Investigators analyzed Return to Work data maintained within CoreSuite and found indicators that other MCOs may have also improperly submitted Last Day Worked dates for certain claims described in the July 26, 2018, clarification; documented the phrase "no missed time" or similar verbiage with Return to Work data in notes, and recorded an Actual Return to Work date before or a Last Day Worked after the initial treatment date. These issues are indicative there may be inaccurately recorded Return to Work data and as such, were referred to OBWC for further examination to determine whether additional review or further action is warranted.

Investigators identified several practices used by CareWorks which resulted in an improper or inaccurate submission of Return to Work data to OBWC including the improper recording of Return to Work data when an injured worker sought treatment after work or on a day off and did not miss any part of their shift. In addition, investigators also learned that current and former OBWC staff expressed that there were MCOs other than CareWorks that had a higher Return to Work rate on Mondays or a lower Return to Work rate on Fridays. For example, in response to CHSI's March 22, 2018, complaint, OBWC MCO Business & Reporting Unit Director Barb Jacobs stated in an email that,

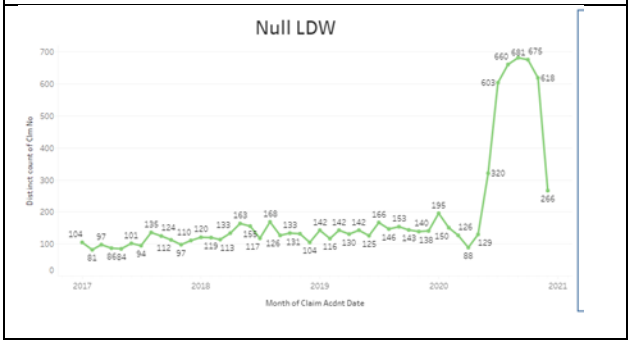
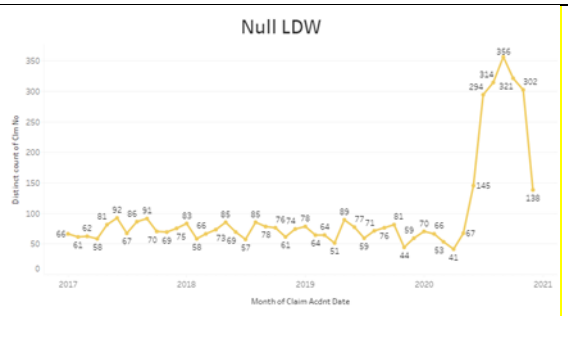
> … The interesting thing for you to note is that one of the more serious offenders of the RTW policy was CompManagement, not CareWorks. The other one was Spooner …

The following paragraphs summarize an analysis of data extracted by OBWC Special Investigations Department (OBWC SID) and analyzed by both OBWC SID and the Office of the Ohio Inspector General for trends which may indicate a systemic issue by the MCOs of inaccurate reporting of Return to Work data.

Medical-Only Claims with No Last Day Worked Data

Investigators learned from interviews with former CareWorks employees and current OBWC employees that other MCOs were also improperly recording in claims a Last Day Worked when the injured worker completed their shift and had not missed any work contrary to the provisions specified in Appendix A, Chapter 9, of OBWC Policy CP-18-01– *Return to Work Data* contained in of the contract between OBWC and the MCOs.

OBWC SID extracted available Return to Work data from CoreSuite for medical-only claims with an accident date between October 1, 2017, through May 20, 2022, to identify trends in reporting of no Return to Work data for medical-only claims. The following charts show the trend of medical-only claims in which CareWorks and its sister company, CHSI[72] reported no Return to Work data for the claim:

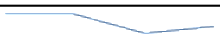
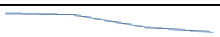
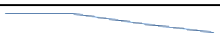
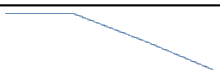
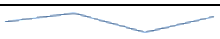
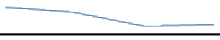
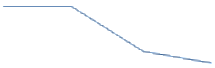
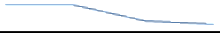
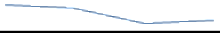
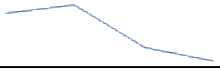
CareWorks	CompManagement Health Systems
	

Investigators noted for both MCOs there was an increase of medical-only claims submitted without Return to Work data which occurred after Sedgwick implemented new Return to Work procedures effective July 1, 2020. See **Exhibit 7** for similar charts for the remaining MCOs which document this activity.

[72] Effective September 3, 2019, Sedgwick was the parent company of CareWorks and CompManagement Health Systems. These two MCOs merged and became Sedgwick MCO in December 2020.

Additionally, OBWC SID compared the number of claims with no Return to Work data reported, with the number of medical-only claims assigned to the currently remaining MCOs for the period January 1, 2017, through May 31, 2022, and found that in many instances there was a significant increase in the number of medical-only claims submitted with no Return to Work data within a few months of the September 2020 training. However, there were certain MCOs that noted no significant change prior to or after the training, which raises the question of whether the MCOs were correctly reporting the claims with no Return to Work data the entire time, or whether the MCOs had not changed their procedures, which resulted in the MCOs incorrectly reporting the data after the date of the training.

During this same period, OBWC SID extracted claim Return to Work data showing a decline in the number of zero-day medical-only claims reported by the MCOs as shown in the table below:

MCO	2018	2019	2020	2021	Data Trend
1-888-OhioComp	4,371	4,325	3,222	2,736	
3-HAB	2,482	2,527	1,712	2,027	
Aultcomp MCO	849	768	485	359	
CAREWORKS	18,334	17,850	8,364	-	
CompManagement Health Systems	9,772	9,551	5,055	-	
Corvel Ohio MCO	864	945	771	902	
Genex Care For Ohio	324	276	176	189	
Health Management Solutions	4,386	4,403	2,966	2,560	
Occupational Health Link	892	882	638	575	
Sedgwick	-	-	279	9,334	
Sheakley Unicomp	5,204	4,855	3,336	3,647	
Spooner Medical Administrators	1,884	2,017	1,367	1,147	

Note: CareWorks and CompManagement Health Systems merged to become Sedgwick MCO in December 2020.

The Office of the Ohio Inspector General found this data to be significant in that additional MCOs may have engaged in a similar practice as CareWorks and as such, there is a potential for inaccuracies in the Return to Work data submitted by the identified MCOs to OBWC, when OBWC guidance provided that no such data should have been reported. As such, the underlying claims data for these instances are being referred to OBWC for further examination and determination of whether additional review or further action is warranted.

No Missed Time

Investigators found that CareWorks staff were trained to obtain a response to whether an injured worker missed time, lost time, missed any time from work due to an injury, or similar questions. When receiving that response, CareWorks staff members reported the same date for the Last Day Worked and the Actual Return to Work date, which resulted in zero days missed, the best possible MoD score for a claim. OBWC SID extracted data for claims filed between October 1, 2017, through December 31, 2021, and analyzed the claim contact notes to identify instances where the "no missed time" phrase or similar verbiage was documented. OBWC SID agents found the following:

MCO Name	Claim Contact Notes with Verbiage and RTW Data	Claim Contact Notes Indicated Asking Question of No Missed Time or Similar Verbiage
1-888-OhioComp	9,795	456
3-Hab	1,943	137
AultComp	165	23
Comp One	101	34[73]
CompManagement Health Systems	1,007	147
Corvel	766	237
Genex	490	142
Health Management Solutions	3,167	812
Occupational Health Link	474	94
Sheakley Unicomp	876	206
Spooner Medical Administrators	445	142

The asking of questions similar to those used by CareWorks, and/or recording similar phrases in some instances, recording the Last Day Worked and Actual Return to Work date as the same date, raises the question whether the Return to Work data was supported by the documents maintained in the claim file and by the employer. As such, the underlying claims data for these instances are being referred to OBWC for further examination and determination of whether additional review or action is warranted.

[73] Effective April 6, 2020, CompOne merged with Health Management Solutions.

Initial Treatment Date Concerns

Investigators discovered CareWorks' internal job aids and training provided to CareWorks staff, directed staff that when they received a response from an employer or injured worker of "no missed time" or a similar response, to use either the date of injury/occurrence or initial treatment date as the Last Day Worked and Actual Return to Work date. OBWC SID extracted data for claims reflecting an initial treatment date for the period under review. The following anomalies were discovered from a comparison between the initial treatment date, and the Last Day Worked and Actual Return to Work date:

MCO	No. of Claims Where ARTW was Prior to Initial Treatment Date	No. of Claims Where the Initial Treatment Date was Prior to the Last Day Worked
1-888-OhioComp	428	216
3-Hab	15	1
AultComp	56	19
CareWorks	2700	523
Comp One	45	29
CompManagement	1346	438
Corvel	14	7
Genex	74	18
Health Management Solutions	182	87
Occupational Health Link	28	4
Sheakley Unicomp	697	377
Spooner Medical Administrators	11	216

In both scenarios and based on the results of the claims examined, investigators believed the recording of a Last Day Worked after the injured worker's initial treatment date, or an Actual Return to Work date prior to the injured worker's initial treatment date may affect the accuracy of the data reported for the time the injured worker missed work due to their injury. As such, the underlying claims data for these instances are being referred to OBWC for further examination and determination of whether additional review or action is warranted.

FINDING 13 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. For the underlying claims identified in the data referred to OBWC, where indicators support the potential for inaccurate reporting of Return to Work data by an MCO, consider whether any additional action is warranted based on the information and examination of the claims data.
2. Consider implementing the use of data analytics to identify trends or anomalies in the Return to Work data for further review and validation to ensure Return to Work data is supported, accurate, and in accordance with the terms and conditions of the contract between OBWC and the MCOs.[74]

FINDING 14 – Guidance Provided to MCOs

Issue:	Whether the terms and conditions and appendices provide clear, concise guidance to the MCOs on the recording of Return to Work data and the data reporting requirements for the remaining components used to calculate the Measurement of Disability Days Absent measure.
Findings:	Investigators examined the terms and conditions and appendices of the contract between OBWC and the MCOs and found the contracts failed to clearly define days absent, did not describe how the benchmarks were established, and contained subjective, unclear language that could result in users interpreting the contractual requirements in a manner different than OBWC intended.

During the period under review, investigators determined that OBWC and CareWorks entered into a contract for calendar years 2016-2017 on December 30, 2015; and for calendar years 2018 – 2020 on December 28, 2017. Investigators evaluated the contract terms and conditions, exhibits, and appendices for the contract between OBWC and the MCOs, and based on the results of the investigation, found the following areas of concern:

Definitions of Contract Terms or Phrases

Investigators found in In Part B(1) (page 5) of Appendix E for the 2018-2020 Quarterly Incentive Fee Payment – Measurement of Disability (MoD) Metric, the contract provides:

[74] The Office of the Ohio Inspector General provided a list of queries for OBWC's consideration when developing a data analytics to identify potential anomalies or discrepancies in the Return to Work data submitted by the MCOs.

The Days Absent Measure includes the total days absent from work during the twelve-month Measurement Period.

Moreover, in Section D Detail of MoD Metric Design Part 2(a)(iii) (page 12), the contract provides:

Days absent includes all days missed from work during the Measurement Period using the formula … .

Investigators found a definition of "days"[75] in Appendix G but was unable to locate in the remaining appendices and terms and conditions of the contract between OBWC and the MCOs a definition of what OBWC meant by "total days absent from work" and "all days missed from work." Investigators inquired with OBWC whether there was a formal definition for these terms within the MCO agreement. OBWC responded that there was no formal definition of these terms, and that the two terms had the same meaning.

Days Absent Calculation

Investigators determined Appendix E Section (D)(2) provides that, "… days absent includes **all days missed from work *(emphasis added)*** during the Measurement Period." However, the formula to calculate Days Absent per the contract provisions was calculated using the formula "**RTW** [Actual Return to Work Date] **– LDW** [Last Day Worked] **– 1** …" Investigators expressed a concern that the word definition of "Days Absent" discusses all days missed from work, whereas the formula is counting every calendar day. Investigators asked OBWC whether this inconsistency could be interpreted by the MCOs that only those days that the injured worker did not report for a scheduled work shift are to be included. In response, OBWC stated that, "The MoD Days Absent calculation formula provides no impression that only those days that the IW did not show for a scheduled shift are to be included."

Investigators asked OBWC what authoritative guidance provides that all days are to be included in the Days Absent calculation and not just those that the injured worker failed to report for a

[75] Appendix G of the 2016-2017 and 2018-2020 contracts between OBWC and CareWorks stated, "… for the purposes of this Agreement, 'days' shall mean calendar days unless specified."

scheduled workday. OBWC directed investigators to the Days Absent formula calculation and stated that,

> By its operation, the portion of the formula subtracting the actual Return to Work date from the Last Day Worked date – which are both actual dates certain (e.g., 10/21/17, 4/15/17, etc.) - includes all the days in between those two dates, unless they are otherwise excluded elsewhere in the Agreement …

OBWC further explained that Section J, 2018-2020 Incentive Fee Payment Appeal Process (MoD) of Appendix E provides the MCO can file an appeal requesting OBWC to remove certain days included in the Days Absent calculation, and identified those days allowed as appealable items within the Appendix. Additionally, Section J also contains a list of non-appealable days which cannot be excluded from the Days Absent calculation, which included the following: "… days the injured worker was not scheduled to work, for reasons such as weekends, holidays … ." As such, OBWC concluded that,

> Therefore, by operation, the MoD formula for calculating the Days Absent measure includes days the injured worker was not scheduled to work for reasons such as weekends, holidays, plant closings, etc. includes those days.

MoD Benchmarks

According to 2018-2020 Quarterly Incentive Fee Payment — *Measurement of Disability (MoD) Metric* Section C of Appendix E, the MoD scores are, "… calculated based on the days absent or medical payments for each eligible claim compared to the decile benchmarks that have been developed for each measure." From a review of the contract and training materials, investigators learned these benchmarks were based on Ohio OBWC data and were developed using claims data that, "… met the criteria for twelve consecutive quarterly snapshots with Measurement Dates from 3/31/2007 through 12/31/2009." OBWC further explained to investigators that the historical claims data used to develop the benchmarks and used in the MoD calculation formula includes, "… weekend days, holidays, and other 'non-scheduled' work days because there is no way to systematically account for all possible work schedules."

OBWC MCO Business Unit & Reporting Director Barb Jacobs informed investigators that when MoD was constructed, the "all days count" phrase was a known component of MoD, that all of the MCOs were involved in the development of the benchmarks, and that the MCOs knew what was being included and excluded. Jacobs further explained the benchmarks were discussed during the 2018-2020 contract negotiations which investigators determined occurred in the Fall of 2017.

Investigators asked Jacobs whether the benchmarks that were initially established with OBWC claims data at the inception of MoD had been updated with current trends and costs; and if not, why. Jacobs acknowledged the benchmark data had not been updated and that there were no written procedures established to update the data. Jacobs further stated,

> … BWC made a conscious decision to delay rebuilding the benchmarks, knowing that there would be a conversion from ICD-9 to ICD-10 in 2015. As three years of data is needed to establish solid benchmarks, the plan was to update the benchmarks once three years of data in ICD-10 existed in BWC's systems.

Investigators were then notified by OBWC that the bureau was in the process of building a new MoD 2.0 model which would be based upon more current, ICD-10 data. The 2021 – 2024 contract between OBWC and the MCOs provided for the development and implementation of the new MoD 2.0 measurement.

<u>OBWC Policy CP-18-01– *Return to Work Data*</u>

Investigators examined OBWC Policy CP-18-01–*Return to Work Data* found in Chapter 9 of Appendix A of the contract between OBWC and the MCOs. According to Section V(B)(1) of the *Return to Work Data* policy, "… The MCO shall determine the LDW, RRTW, ERTW, and ARTW dates based on documentation received and contained in the claim file or as provided by the employer, injured worker, provider or other reliable source."

Investigators inquired whether this provision required the MCO staff to obtain specific dates for each Return to Work data component. OBWC explained this section of the policy must be considered in conjunction with the definition of each of these items in the policy and that these

definitions indicate that these data points are actual dates. Investigators further inquired of OBWC whether this provision could be interpreted by the MCOs as permitting them the flexibility to ask questions, such as "did the injured worker miss any time," and allow the MCO to interpret the employer's response to determine what data should be reported. OBWC responded, "No." Investigators considered the guidance provided, which directed the MCO to determine these dates, was subjective, given the definition of "determine" is "… to come to a decision or resolution; decide."[76]

Investigators also noted that Section V(B)(1)(a) of OBWC Policy CP-18-01– *Return to Work Data* states that, "The MCO shall exercise due diligence in obtaining the ARTW date for all medical only claims." During interviews and inquiries, investigators learned that for an Actual Return to Work date to be reported, there had to be a Last Day Worked date reported in the system. Given this requirement, investigators questioned the guidance given to the MCOs to, "exercise due diligence in obtaining the ARTW [Actual Return to Work] date for **all (*emphasis added*)** medical only claims" since there would be instances in which a last day worked would not exist. The lack of a Last Day Worked date was addressed in Appendix E Section (B)(1) of the MCO contract with OBWC which provided, "If there is no LDW in the claim it will not be included in the Days Absent Measure."

Investigators asked OBWC whether the provisions of Section V(B) of the OBWC Policy CP-18-01– *Return to Work Data* were in conflict with Appendix E which acknowledged there will be instances in which no Last Day Worked exists for a claim. Additionally, investigators asked OBWC if there was no Last Day Worked reported in a claim, how could the MCOs obtain an Actual Return to Work date for that claim. OBWC explained to investigators that, "… if the injured worker did not take any time off work, there would be no Last Day Worked." Based on this, OBWC stated that the policy definitions supported that there could not be a Return to Work date and as such, "neither date could be reported by the MCO or recorded in the claim."

Based on Section VI(B)(1)(a) of the OBWC Policy CP-18-01– *Return to Work Data*, OBWC explained that due diligence, "… requires a certain level of effort by the MCO, not a certain

[76] Obtained from https://www.dictionary.com/browse/determine.

outcome or result." Therefore, the MCO is not required to report an Actual Return to Work date that is not obtainable or does not exist.

Guidance to MCO Staff

Records provided by OBWC and discovered through email reviews supported that OBWC had provided two job aids involving the recording of disability management scenarios, including Return to Work data, during the October 4, 2017, WebEx training attended by the MCOs. During a review of emails, investigators discovered a March 30, 2018, email from then-CareWorks RTW Unit Manager Meredith Green to then-CareWorks Vice President of State Fund Operations Angie Paul discussing references made by an OBWC claim services specialist about a Disability Management training held in the Spring of 2018. On April 10, 2018, Paul emailed Jacobs the following:

> Barb,
>
> Do you have any update on when MCOs will receive additional information on this? We have continued to get feedback from Service Offices that they cannot make updates due to a recent training but we are unaware of what changes were made.
>
> Thank you,
> Angie

In her response to an investigative inquiry, Jacobs explained that the Lost Time Job Aid training referenced in the emails was intended to be a, "… joint training with the CSSs and MCOs together." Jacobs stated, "Unfortunately, training moved forward for the CSSs and I was not informed. I was not provided with the final Lost Time job aid, and we did not conduct a separate training for the MCOs."

Other Matters

During a review of the contract terms and conditions between OBWC and the MCOs and the appendices to the contracts, investigators noted the following:

- The contract terms and conditions and appendices contain references to the former OBWC claims computer system V3, which is no longer used by OBWC.
- The contract terms and conditions and appendices contained references to the ICD-9 codes which are no longer used by OBWC to identify claims. Additionally, there was no

discussion of the crosswalk used to translate ICD-10 codes used in the claim system to the ICD-9 codes used to calculate the MoD scores.

- Appendix 2 of Appendix A MCO Policy Reference Guide, of the contract between OBWC and the MCOs, and dated January 2010, contains guidance that conflicts with the guidance contained in Appendix B of the contract between OBWC and the MCOs Section 410 X12 148 Business Rules Matrix, dated January 1, 2016.

FINDING 15 – Return to Work Data Verification

Issue:	Whether the Ohio Bureau of Workers' Compensation has implemented policies and procedures to, "ensure that Return to Work data is identified, verified, properly updated, and maintained in the claims management system."
Authoritative Guidance:	OBWC Policy CP-18-01 – *Return to Work Data* in Appendix A, Chapter 9 of the contract between OBWC and the MCOs **(Exhibit 3)** provided that: A. It is the policy of BWC to rely primarily on the managed care organizations (MCO) to provide accurate Return to Work data. B. It is the policy of BWC to ensure that Return to Work data is identified, verified, properly updated, and maintained in the claims management system.
Findings:	Investigators learned during interviews that the OBWC MCO Business & Reporting Unit performs a quarterly validation of the Return to Work data for anomalies but did not take any additional actions to verify the accuracy of the Return to Work data used in the validation process. Investigators further learned for claims categorized as lost time, that the OBWC claims service specialists do examine and verify the accuracy of the Return to Work data. However, for the medical-only claims, which is approximately 80% of the claim population during the period under review, investigators learned the medical claim specialists did not verify the accuracy of the Return to Work data submitted by the MCOs to OBWC unless the data appeared unusual or was contradictory. The lack of a process to verify this information used to allocate approximately $132 million during the period under review was contrary to the provisions and spirit of OBWC Policy CP-18-01.

Appendix A, Chapter 9 Policy No CP-18-01– *Return to Work Data* **(Exhibit 3)** of the contract between OBWC and the MCOs, provides guidance to both MCO and OBWC staff to, "… ensure that MCO and BWC Staff appropriately verify, update and/or maintain Return to Work (RTW) data in the claims management system." Specifically, OBWC Policy CP-18-01 Section IV states:

Policy

A. It is the policy of BWC to rely primarily on the managed care organizations (MCO) to provide accurate Return to Work data.
B. It is the policy of BWC to ensure that Return to Work data is identified, verified, properly updated and maintained in the claims management system.

Investigators obtained the number of medical-only and lost-time claims opened with an accident date during the period of October 1, 2017 – June 30, 2019, and found these claims were allocated as follows:

Investigative inquiries with both OBWC Chief of Medical Services Freddie Johnson and OBWC MCO Business & Reporting Unit Director Barb Jacobs revealed that the Medical Services Divisional staff does not take any additional actions to verify the accuracy of the Return to Work data besides the validation process (described in **Finding 1**). Both Johnson and Jacobs explained that the OBWC claim services specialists are responsible for updating and making changes to the lost-time claims' Return to Work data. In addition, Jacobs explained that, to the best of her knowledge, "Claims Services does not verify the return-to-work information in a medical-only claim unless there is a discrepancy or if the claim is converted to a lost-time claim."

During an interview, former OBWC Central Claims Service Office Director Karen Thrapp[77] explained that update requests originate either by phone call or email from the MCO, or through a CoreSuite system-generated task. Upon receipt of the request, Thrapp explained that the medical claim specialist reviews and updates the data, unless there is something "contrary." Thrapp stated that the medical claim specialist will only make a call to validate the data if it is unclear or is "contrary." Thrapp explained that the medical claims specialist does not normally call to validate the data with the appropriate parties, because OBWC and the MCO work in conjunction with each other and are considered partners. Furthermore, Thrapp stated that the data sent by the MCO to OBWC is assumed to be valid. Thrapp further explained that the MCOs have a closer relationship with the injured worker's employer since the employer selected the MCO for their services.

Investigators learned in previous investigations that injury management supervisors conducted audits of certain claims assigned to each OBWC claim services specialist. Investigators asked OBWC Claims Division Claims Audit Manager Bernadette Delgado for an explanation of the audits completed by the supervisors of medical claim specialists and whether these audits verified the accuracy of MCO-submitted Return to Work data. For medical-only claims, Delgado explained the medical claims supervisors were responsible for conducting six audits specifically designed for those claim activities. Similar to those audits conducted for lost-time claims, Delgado told investigators that the question of, "Was the Disability Tracking screen updated correctly?" is included in two of the six audits. According to the Medical Audit Questions spreadsheet, the Q-Help column states that in order to achieve a "yes" response to this question, "… there should be one documented attempt to obtain RTW information" in the claim file."

When asked whether there were other audits conducted to verify the accuracy of the Return to Work data submitted by the MCO, Delgado responded,

> In order to reduce if not eliminate the duplication of efforts between BWC CSS' [claim services specialists] and the MCO's, we do not require the CSS' (or IMS' [injury management supervisor]) to verify demographic or RTW data provided by the MCO's.

[77] Thrapp retired from OBWC effective December 1, 2020.

> Unless there is a glaring discrepancy between the information a CSS has gathered and what the MCO has submitted, the CSS is not responsible for verifying the information provided by the MCO.

Delgado further explained that OBWC, "… received a great deal of pushback from employers and injured workers complaining that they were answering the same questions from different people (the MCO and the CSS) and not being able to distinguish between BWC and the MCO." Delgado stated OBWC compensates the MCOs for providing the return to work information. To avoid a duplication of work performed by the MCOs, Delgado added, "… the CSS' have been instructed to accept what the MCO has submitted and move on unless the CSS receives conflicting information."

Conclusion

Appendix A Chapter 9 Policy No CP-18-01– *Return to Work Data* **(Exhibit 3)** of the contract between OBWC and the MCOs provides guidance to both MCO and OBWC staff to, "… ensure that MCO and BWC Staff appropriately verify, update and/or maintain return to work (RTW) data in the claims management system." OBWC Policy CP-18-01 Section IV *Policy* states that:

> … B. It is the policy of BWC to ensure that return to work data is identified, verified, properly updated and maintained in the claims management system.

The Office of the Ohio Inspector General determined that the lack of a validation process to verify the accuracy of the Return to Work data in the medical-only claims unless something looks unusual or is contradictory, is contrary to the guidance in Section IV (B) of this policy.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

OBWC Oversight of Manual Class Codes and SOC Data – Claims Division and Other Divisional Staff

OBWC Policy CP-9-01 Section V.C.1.g – *Initial Claim Determination* states:

> Claim services staff shall request certification information, verify the manual number, also referred to as the National Council on Compensation Insurance (NCCI) manual classification number.

Investigators learned that the verification of the manual class code is a routine procedure performed as part of the initial investigation of a claim either by phone, email, or a fax sent to the employer. The OBWC claims service specialist, responsible for managing lost-time claims, is expected to enter a note in the claim documenting this verification. During a review of claims, investigators discovered notes in claims that were titled, "Note – Manual Verification for Lost Time claims." The following table summarizes the types of reviews performed or not performed by OBWC staff for medical-only claims:

Type of Review	Explanation
Weekly Manual Class Code Reviews	• Weekly report is generated randomly selecting 20 medical-only claims for a quality review by 15 business consultants or employer management supervisors.[78] • Review is completed to verify the accuracy of the claims selected by the medical claim specialists, not the MCO. • Claims included in the population for review from those claims determined as allowed the previous week include those: assigned to the Medical Claims Division, belonging to a private or public taxing district employer, and involving an employer with more than one manual class code including those claims with an employer with more than one manual class code. • Review examines whether the manual class code number was correct and whether a referral was made for a premium audit to review the assigned codes. • OBWC did not capture the results of these reviews to identify MCOs incorrectly submitting manual class codes which could indicate additional training was needed.
SOC Data Reviews	• The Claims Division staff did not audit the SOC data entered and submitted to OBWC by the MCOs. • Medical claims specialists either add or update a SOC data based on an MCO's request.

[78] Approximately 300 manual class code reviews are completed weekly or 15,600 annually (calculated as 300 claims per week for 52 weeks)

	• Medical Claim Specialist Supervisor Drew Noe explained that since the SOC data is a data element used by the MCO, that it is "reasonable to conclude that the code is accurate" when a request is made by the MCO.
No Manual Class Code Assigned	• CoreSuite creates a 353-reminder task when the manual class code field is determined to be blank, indicating the field needs to be completed. • During the period under review, these tasks were assigned to an OBWC Employer Services Division Account Examiner 2 within the OBWC Claims Coding Unit[79] to assign the appropriate manual class code and enter a note documenting the code. • Once addressed, the staff reported the task as complete and documented the resolution in an OBWC Claims Review Tool. • Once the staff completed the task, the supervisors marked the review as "resolved" and the Claim Review Tool recorded date the issue was resolved.

Manual Class Code Change Request

Investigators learned through interviews and email inquiries there were instances in which the MCO contacted an OBWC staff member stating the employer had confirmed the identified manual class code was inaccurate which supported the need for the update. Investigators were told the OBWC field staff updated the manual class code based on their reliance on "the veracity of the MCO's information." When making this update, investigators learned the OBWC field staff were expected to document in a note within the claim file the steps taken during the investigation and resolution of a questionable manual class code. Investigators learned that after this was completed, there was no other review required to verify this change.

SOC Change Updates

Investigators learned through inquiries with OBWC staff, that should an MCO submit a Standard Occupational Code (SOC) using a 148 EDI, the CoreSuite system would automatically update the SOC in instances where the SOC field was previously blank. Should there be an existing SOC in the field and a new SOC was submitted, or the MCO identifies the wrong SOC and submitted the change via the 148 EDI, OBWC explained that CoreSuite would generate a task for the assigned OBWC claims staff to review the change request and adjust if appropriate. In addition, the MCO could also contact the assigned claims staff to make the request.

[79] The OBWC Claims Coding Unit was disbanded on October 6, 2021, and these responsibilities were transferred to the medical claims specialists managed by OBWC Medical Claims Supervisor Drew Noe.

Investigators learned that the OBWC field staff do not have access to the SOC list from which to select the appropriate SOCs, and instead relies on the MCO's submissions.

FINDING 15 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Consider expanding the existing audit review tools used by OBWC staff reviewing manual class code and SOC submissions and change requests received from the MCO for medical-only claims, to track the MCO assigned to claims selected for review which identifies the number of inaccurate manual class codes or SOCs submitted or change request denials by each MCO.
2. Recommend OBWC track errors in the submission of manual class codes or SOCs by each MCO and change request denials, collect the data periodically, and use this data and the results of audits conducted by OBWC Compliance and Performance Monitoring to evaluate whether additional training should be provided to all or specific MCOs on the process for assigning and submitting manual class codes or SOCs to OBWC.

FINDING 16 – MCO Contract -- Audits

Issue:	Whether the Ohio Bureau of Workers' Compensation included, as part of an audit or follow-up review, a review of the Return to Work results submitted by the MCOs to OBWC.
Authoritative Guidance:	The contract between OBWC and the MCOs Section 1(L)(1). MCO REVIEWS AND AUDITS permitted OBWC to conduct audits and follow-up reviews and provided that the scope of these audits or reviews, … **shall include**, ***[emphasis added]*** but is not limited to, business process reviews and implementation of internal controls including … consistent and appropriate use of treatment guidelines and return to work guidelines, … utilization of RTW and rehabilitation services, … and **return to work results *[emphasis added]***.
Findings:	Investigators examined the on-site audits conducted by OBWC's Compliance and Performance Monitoring and determined the on-site audits conducted for calendar years 2013 and 2014-2018 did not include a review of the Return to Work data as required by the terms and conditions of the contract between OBWC and the MCOs.

The contract between OBWC and the MCOs Section 1(L)(1). MCO REVIEWS AND AUDITS contains a provision permitting OBWC to conduct audits and follow-up reviews or audits to address deficient areas. This section further states,

> The scope of such reviews or audits **shall include**, ***[emphasis added]*** but is not limited to, business process reviews and implementation of internal controls including … consistent and appropriate use of treatment guidelines and return to work guideline, … utilization of RTW and rehabilitation services, … and **return to work results** ***[emphasis added]***.

Investigators learned through interviews and inquiries that OBWC Compliance and Performance Monitoring conducted annual on-site audits at the MCOs to determine compliance with the terms and conditions of the contract between OBWC and the MCOs and the related appendices. OBWC provided records supporting that Compliance and Performance Monitoring staff conducted on-site audits annually for MCO activity occurring during calendar years through 2019. When asked, OBWC Compliance and Performance Monitoring Director Nancy Barber identified that audits conducted in 2012, 2015, and 2019 included an examination, in some part, of the Return to Work data entered by the MCO and submitted to OBWC.

Although it was noted that the contract between OBWC and the MCOs stated auditors shall review return to work activities when conducting on-site audits, Barber told investigators that OBWC performed an annual risk assessment to identify the specific areas to be reviewed, because of the extensive number of areas that can be reviewed as part of the on-site audit.

The Office of the Ohio Inspector General determined that OBWC Compliance Performance and Monitoring failed to conduct, as part of the on-site audit, a review of the Return to Work data submitted to OBWC by the MCOs for calendar years 2013, 2014, 2016, 2017, and 2018.

Accordingly, the Office of the Ohio Inspector General finds reasonable cause to believe that a wrongful act or omission occurred in this instance.

AGENCY RESPONSE: On-Site Audits

Since 2019 and the inception of this investigation, investigators determined OBWC has included a review of the Initial 3-Point Contact and Return to Work practices by the MCOs as part of the 2020 and 2021 on-site audits.

Distribution of MCO Guidance to OBWC Compliance and Performance Monitoring

Investigators learned during interviews with former CareWorks employees that OBWC had conducted an on-site review in September of 2020. Investigators were told that after the completion of this review, the OBWC audit staff informed the CareWorks staff that they were failing to submit a Last Day Worked and Actual Return to Work date for certain claims to OBWC. During an interview, former CareWorks Vice President of Quality Assurance Lori Finnerty[80] told investigators that after the OBWC auditors notified CareWorks of this failure, she emailed OBWC Compliance and Performance Monitoring Director Nancy Barber and stated that for the instances OBWC audit staff reported CareWorks had failed to submit a Last Day Worked and Actual Return to Work date, that OBWC had previously told CareWorks they were not to submit Return to Work data in those instances.

When asked during an interview whether she received copies of the guidance provided to the MCOs involving Return to Work data and MoD, Barber told investigators that she was generally copied on these matters. Additionally, Barber believed that she would be aware of the job aids or trainings OBWC provided to the MCOs but was unsure if this was the case every time guidance was issued. During the interview and in emails, Barber was asked for the list of training and guidance provided to the MCOs for 2017 – 2018 and was asked whether she was aware or received a copy of the identified guidance, or participated in the identified trainings. Barber provided the following explanations:

[80] Finnerty left her position at Sedgwick on March 28, 2022, for her current position within OBWC.

Training or Guidance	Barber Response
10/4/17 WebEx Training and Job Aids	--Assigned to IT – Enterprise Services Department. --Training was not discussed in her weekly reports. --Document was unfamiliar.
7/26/18 Email Sent by Jacobs to MCOs	--Assigned to IT – Enterprise Services Department. -- Unaware of guidance until it was provided by CareWorks to her staff on 9/23/2020.
2019 Disability Tracking Manual Training for CSSs	--Her staff is a "view only" user of CoreSuite. --Believed different training was provided based on use of system. --Document was unfamiliar.
September 2020 Return to Work Training	--Notified of training on 9/25/20. --Sent request to department staff to register and attend training. --Training materials saved for future auditor reference along with summary notes from training.

OBWC MCO Business Unit & Reporting Director Barb Jacobs responded to investigator inquiries stating that she, "… did not specifically send the July 2018 email [containing clarification on the recording of Return to Work data] to Compliance and Performance Monitoring." Jacobs further stated,

> Compliance and Performance Monitoring does not enter return-to-work data into BWC's claims systems and this was not intended as instruction to the Compliance and Performance Monitoring staff. However, I have met with the Compliance and Performance Monitoring staff on multiple occasions and have provided them guidance when they conduct audits of return-to-work data.

OBWC Oversight of Additional Allowances (AA)

Based on the concerns identified in **Finding 9** of this report involving AA, investigators asked Barber whether the on-site, desk, or additional audits or reviews conducted by OBWC Compliance and Performance Monitoring during calendar years 2018 through 2021 included a review of the AA process. Secondly, investigators asked Barber whether, for those audits conducted, the review included determining whether the MCO completed the contacts required by OBWC policy for an AA Closure Letter and if the results were documented in a claim note.

In response to these inquiries, Barber stated testing as completed for the 2018 and 2021 on-site audits were based on management requests of whether the MCOs were submitting the necessary

medical documentation in a prompt manner to allow OBWC sufficient time to make their determinations. In 2021, Barber stated her staff was also requested to determine whether the MCO note was complete and accurate. Investigators examined the audit results and noted the following:

- The 2018 on-site audits found that 10 of the 12 MCOs, including CareWorks, were "… not appropriately submitting additional allowance requests to BWC in accordance with BWC policies and procedures … ."
- The 2021 on-site audits found that four of the 10 MCOs were "… not appropriately processing additional allowance requests." In addition, there were exceptions identified during testing for the remaining six MCOs.

When asked, Barber stated that OBWC Compliance and Performance Monitoring has not, "… tested the back-end process in either year which would have included whether BWC notified the MCO and/or the MCO notified the provider of BWC's determination."

OBWC Oversight of SOCs

Investigators reviewed the risk assessment conducted for on-site audits for calendar years 2017, 2018, 2019, and 2020, and found a 2016 request from former OBWC Director of Predictive Analytics Teresa Arms for a review of, "… SOC code accuracy: validation that reported code for SOC is accurate for PEC & PES employers."[81] Barber responded to investigators that Arms had discussed the SOC data during a training presentation to her staff and subsequently "… requested a review of the accuracy of the SOC codes submitted." Barber could not recall any other audits performed of the SOC data submitted by the MCOs using a 148 EDI other than the SOC audit conducted as part of the 2019 on-site audit.

Investigators obtained the results of the 2019 SOC review performed by Compliance and Performance Monitoring (CPM), which determined that two of the MCOs had not assigned the appropriate SOCs in accordance with the contract between OBWC and the MCOs. The audit staff deemed one MCO to be "non-compliant in appropriately assigning the SOC code

[81] PEC employers consist of public employer taxing districts. PES employers consist of public employer state agencies.

completely and accurately" and concluded, "… the MCO does not appear to be assigning SOC [data] in accordance with the contract."

FINDING 16 RECOMMENDATIONS

Ohio Bureau of Workers' Compensation

1. Consider implementing a process to provide guidance distributed to the OBWC claims staff and the MCO staff and to OBWC Compliance and Performance Monitoring to allow for assessment of whether upcoming on-site or desk audits should be expanded to encompass policy or contract changes and to ensure audits are conducted in accordance with this guidance.

OTHER GENERAL COMMENTS

In addition to the findings and recommendations discussed in this report, the Office of the Ohio Inspector General identified the following recommendations to the Ohio Bureau of Workers' Compensation:

1. Consider implementing a process to ensure changes in the guidance or procedures developed and/or revised by OBWC staff used when executing the snapshot for the measurement period, calculating the MoD score for each claim and the overall Days Absent and Recent Medical measurements, validating the final Mod Score, and calculating the outcome payments, are reviewed for compliance with the terms and condition of the contract between OBWC and the MCOs, and that approval of the guidance and procedures is documented.
2. Consider providing guidance to the MCOs on managing the injured worker and accident reports filed by employers, and other documentation supporting Return to Work data and how these should be categorized and submitted to OBWC for inclusion in the claim file to refer to during the validation of Return to Work data.
3. Consider eliminating the expiration date of quarterly MCO training sessions and other trainings provided to the MCOs from the OBWC Learning Center to make these training sessions available after the identified expiration date in the OBWC Learning Center for MCO access to allow for refresher trainings and training of new hires.

PRELIMINARY RECOMMENDATIONS FOR OBWC

On December 13, 2021, the Office of the Ohio Inspector General provided to the Ohio Bureau of Workers' Compensation preliminary recommendations which could impact ongoing changes being implemented by OBWC over the next year. The preliminary recommendations provided were developed by a joint team of OBWC and Office of the Ohio Inspector General investigators and addressed the following subjects:

- MCO contract terms and conditions.
- Appendix A, Chapter 9, MCO Policy Reference Guide – *Return to Work Data* policy found in the contract between OBWC and the MCOs.
- The MCO Portal.
- Administration of the MCO contracts.
- Measurement of Disability (MoD) measurement.
- Additional Allowances.

The 27 preliminary recommendations and the OBWC responses received on July 29, 2022, can be found in **Exhibit 1**.

REFERRALS

This report of investigation will be provided to the Ohio Auditor of State's Office for consideration during a review of each agency's internal control system in subsequent audits.

STATE OF OHIO
OFFICE OF THE INSPECTOR GENERAL
RANDALL J. MEYER, INSPECTOR GENERAL

NAME OF REPORT: Ohio Bureau of Workers' Compensation

CareWorks of Ohio, Ltd.

FILE ID #: 2019-CA00006

KEEPER OF RECORDS CERTIFICATION

This is a true and correct copy of the report which is required to be prepared by the Office of the Ohio Inspector General pursuant to Section 121.42 of the Ohio Revised Code.

Jill Jones
KEEPER OF RECORDS

CERTIFIED
November 17, 2022

Rhodes State Office Tower ◇ 30 East Broad Street – Suite 2940 ◇ Columbus, Ohio 43215-3414
Phone: 614-644-9110 ◇ FAX: 614-644-9504 ◇ Toll Free: 800-686-1525 ◇ Email: watchdog@oig.ohio.gov
Internet: watchdog.ohio.gov

MAILING ADDRESS

OFFICE OF THE INSPECTOR GENERAL
JAMES A. RHODES STATE OFFICE TOWER
30 EAST BROAD STREET – SUITE 2940
COLUMBUS, OH 43215-3414

TELEPHONE

(614) 644-9110

IN STATE TOLL- FREE

(800) 686-1525

FAX

(614) 644-9504

EMAIL

WATCHDOG@OIG.OHIO.GOV

INTERNET

WATCHDOG.OHIO.GOV

Ohio | Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256

Governor Mike DeWine
Administrator/CEO Stephanie McCloud
www.bwc.ohio.gov
1-800-644-6292

July 29, 2022

Inspector General Randall J. Meyer
Office of the Inspector General
30 East Broad Street, Suite 2940
Columbus, Ohio 43215

Re: Response to Recommendation Letter

Dear Inspector General Meyer:

Thank you for the ongoing collaboration on the joint investigation between the Ohio Bureau of Workers' Compensation (BWC) and the Office of the Ohio Inspector General (OIG) involving the contract between BWC and the managed care organizations.

We received the December 13, 2021 preliminary draft recommendations and have prepared the attached document in response. Please let me know if you or your staff have any questions.

Sincerely,

Stephanie McCloud
Administrator

Ohio Bureau of Workers' Compensation Response to December 13, 2021 Preliminary Draft Recommendations

Contract:

1. Consider amending the terms and conditions in Appendix E of the MCO contract to incorporate a paragraph describing how the benchmarks were established, components considered, and the types of data excluded during the establishing of the benchmarks including but not limited to, weekends, holidays, the injured worker's scheduled vs nonscheduled workdays, and release to return to work dates.

   Context: During a review of emails, listening to questions posed during training, and examination of notes in claim files, it came to our attention that although OBWC provided verbal guidance to the MCOs regarding what was included in the benchmarks that this information is not being retained by or shared amongst MCO staff

   Response: BWC will consider this recommendation and by the end of the 3rd Quarter 2022, our goal is to establish a plan for memorializing the process used to set the benchmarks for the current Days Absent measure, including the data included and excluded. While this may not be a contract amendment, we will look for an opportunity to ensure that this information is shared with all MCOs.

2. Consider amending the terms and conditions in the MCO contract and its appendices including the MCO Policy and Reference Guide to eliminate references to outdated material or guidance and include new processes including but not limited to, references to ICD-9 codes when applicable, former computer systems, and incorporating changes made to processes when implementing the current claims management system.

   Response: BWC has removed outdated references in the main body of the MCO Agreement most recently with the 2021-2024 MCO Agreement and has been working on rewriting significant portions of the MCO Policy Reference Guide [MPRG]. We will continue with this work moving forward. To the extent ICD-9s remain part of the MoD measurement and remain valid on claims, these references must be retained.

3. Consider implementing a process to evaluate, calculate, and cyclically update the decile benchmarks developed using Ohio BWC data developed for both the Days Absent and Recent Medical measure.

   Context: Prior to updating/or MoD 2.0 to be implemented in 2023, previous benchmarks were based on data for measurement periods quarterly between 3/31/07 - 12/31/09-p 5 of Appendix E

   Response: BWC has had a project underway to automate the process for developing benchmarks for MoD. The project crosses multiple divisions within BWC including BWC IT, Data Analytics, and Medical Services. This process will include the consideration of appropriate cyclical updates of all benchmark components including

deciles. Once the underlying data structure is finalized, this will allow BWC to establish a schedule for routinely updating the benchmarks moving forward.

4. Consider amending the terms and conditions of the MCO contract and its appendices to clarify that the Days Absent measurement includes all days that the injured worker was not at work regardless of whether they were scheduled or not scheduled to work and eliminating subjective language that days absent are those "all days missed from work" or "total days absent from work" to avoid interpretations that days absent only includes those scheduled days that were missed.

Context: During a review of emails, listening to questions posed during a training session provided by the MCO, examination of claim notes, and examination of training files, it came to our attention that there are MCO staff who feel that the Days Absent measurement only includes activities associated with the injured worker's scheduled days of work because to include them would penalize the MCO for something they do not have control over.

Response: BWC will consider this recommendation and by the end of 3rd Quarter 2022 our goal is to establish a plan for clarifying any subjective language with an execution of such clarification to occur within revisions to the MCO policy reference guide, which is appendix A of the MCO contract.

5. Consider clarifying the terms and conditions of the MCO contract and appendices or the MCO Policy and Reference Guide that a Last Day Worked does not exist when an injured worker has completed their shift, seeks treatment after the end of their shift, and returned to work their next scheduled shift.

Response: The Return-to-Work Data policy in Chapter 9 of the MPRG can be updated to clarify that a Last Day Worked does not exist for all claims, specifically those in which the injured worker did not miss any portion of his/her shift, sought treatment after the schedule shift end time, and returned to work at the next scheduled shift.

MCO Policy and Reference Guide - RTW Data Policy:

Context: During our review of emails, claim files, and guidance provided, we have found the following during the investigation to date:

Although guidance was provided via email in July26, 2018 that a last day worked does not exist in this situation, the MCO is still entering last days worked and actual return to work dates when an injured worker did not miss any of their shift before seeking treatment. This results in these claims being eligible for consideration in the Days Absent measurement when they should not.

1. Consider expanding the existing definition of the Last Day Worked in the Return-to-Work Data Policy No CP-18-01 policy to incorporate the provisions from Appendix E that this data element does not exist if the injured worker completes their shift after being injured, seeks treatment after the completion of their shift, and or does not miss any scheduled shifts.

   Response: BWC can amend the policy, as stated above. The policy review and draft will be completed in the 3rd quarter 2022 with the goal of full implementation by the end of 4th quarter.

2. Consider revising the procedures in the Return-to-Work Data Policy CP-18-01 to provide that **only** for medical only claims in which the injured worker has a last day worked (LDW) as defined in the policy that the MCO shall exercise due diligence to obtain through inquiry from the employer or a review of OBWC forms submitted by the employer or provider from the claim file the specific LDW, Release to Return to Work (RRTW), Estimated Return to Work (ERTW) and Actual Return to Work (ARTW) dates and prohibits inquiring whether the injured worker missed any time or missed time due to injury.

   Context: Currently, this policy provides that "The MCO shall exercise due diligence in obtaining the ARTW date for all medical only claims." Based on the results of the claims audit to date, review of CareWorks internal training, and emails, there is a concern that the MCO must obtain this data for all medical only claim regardless of whether the injured worker left work or after work to seek treatment.

   Response: BWC will clarify the MCO responsibilities for confirming all required dates for every claim (date of injury, last day worked if one exists, and return to work date if one exists).

3. Consider amending the existing policy and procedures to prohibit the use of the treatment date as a Last Day Worked when the MCO is unable to obtain this information from the employer.

   Context: During our review of emails, claim files, and guidance provided, we found guidance being developed directing MCO staff that they are to pose the question of whether the injured worker missed any work or missed work due to injury. If not, we have seen guidance contained in emails stating that the treatment date could be used as LDW and ARTW date.

   Response: BWC can amend the policy.

4. Consider amending the existing procedures for medical only claims to document in what limited instances an ERTW date should be submitted for medical only claims.

   Context: During email reviews, we have seen concerns expressed by MCOs regarding the submission of ERTW date. Additionally, we have learned through email correspondence with OBWC staff that an ERTW dates would be rare for a medical only claim since the injured worker missed less than eight days from work.

   Response: The staff reviewed the current language of the policy relative to this concern and believe that the current Return-to-Work policy language provides the documentation of the limited instances an ERTW date should be submitted for medical only claims. An MCO may only enter an ERTW date in a Medical Only claim when the MCO had contacted the provider and verified that the provider intended the date to be an estimate instead of a release date. Further, the policy requires the MCO to document the contact with the provider in the claim notes as verification that the provider intends the date to be an estimate. In those instances when there is an estimated return to work date, the MCO must take additional steps to verify the meaning of the expected date the injured worker may return to work.

5. Consider creating a note type within the claims management system to document the inquiry made or documents used to identify the return-to-work data submitted to OBWC to allow for easy retrieval of this information when conducting audits to validate the accuracy of the return-to-work data in accordance with Return-to-Work Data Policy CP-18-01.

   Context: During the claims audits, a significant amount of time has been spent reviewing claim notes to identify RTW data. By creating a specific note type, this would allow for staff within the Claims Division and MCO Business Unit to easily identify notes containing RTW data when completing audits of and reviewing appeals of RTW data.

   Response: We will take this recommendation with a BWC position determined by the beginning of 4th Quarter 2022. However, it is noted that MCOs contact injured workers and employers, and which results in conversations that cover more than one topic at a time. Although a note title may be helpful, the note itself under that title may not be the sole source for this information and BWC staff would still need to look at all notes in a claim.

6. Consider updating guidance through both written material and a training video for viewing by both OBWC and MCO staff involved in the examination or assessment of Return-to-Work data which contains guidance from the 2017 MCO Job Aid, OBWC Disability Tracker Manuals for both medical only and lost time claims, general guidance to follow when a situation does not fall within one of the scenarios, and guidance which addresses the following scenarios for recording RTW data and supporting notes:

   Guidance on what is considered the **last day worked** in the following instances:

   - When a shift starts on one day and ends the next day what date should be used when documenting a last day worked (LDW) should the IW leave prior to completing their shift.

Guidance on what is considered the **release to return and actual return to work dates** in the following instances:

- When an injured worker leaves before their shift is completed, is paid for their full shift, and returned for their next scheduled day and whether the payment for the remainder of the day impacts the return-to-work data.
- When an injured worker works a non-traditional schedule and is "on demand," and or does not have a defined work schedule.
- When an injured worker is injured, is released to return to work full duty, but the employer is closed due to a plant shut down.
- When a seasonal injured worker has been released to return to work full duty but is unable to do so due to the business being closed for the season.
- When an injured worker is injured at one job but continues to work at another job while recovering from their injury.
- Whether there is an impact on the recording of these dates when the injured worker is paid salary continuation, occupational injury, or other type of leave by an employer.

Guidance on the type of return-to-work data to be documented for the following instances:

- When an injured worker seeks treatment at a clinic located at their employer's location and returns to complete their shift.
- When an injured worker is injured, seeks treatment, and is subsequently terminated or resigns prior to return to work for that employer.
- When an injured worker is injured, seeks treatment, and has previously scheduled days off before returning to work.

Response: A detailed training will be developed and housed in the BWC Learning Center. This level of training will take significant time and coordination of tasks. By the end of November 2022, BWC will create a plan identifying all the tactical steps needed for this task, with execution of those tactical steps to begin in December 2022.

7. Consider developing and providing training to employers, OBWC staff, and MCO staff defining the elements of the return-to-work data required to be obtained by the MCOs, what will be required to be provided by the employers and explaining the differences between the data to be provided to OBWC and the MCOs for return-to-work versus the data captured by the employers for injury reporting on OSHA forms.

   Response: As stated above in #6, BWC will develop extensive training for BWC and MCO staff. The employer services division will be engaged to determine how best to appropriately share the appropriate level of information relative to that extensive training with employers. While employers should be educated on what return-to-work information the MCOs are supposed to be correctly capturing and inputting in the system, employers are not expected to oversee or manage the collection of return-to-work data.

8. Consider implementing a process to provide guidance distributed to the OBWC claims staff and the MCO staff to the OBWC Compliance and Performance Monitoring division to allow for assessment of whether upcoming on-site or desk audits should be expanded to encompass policy or contract changes and to ensure audits are conducted in accordance with this guidance.

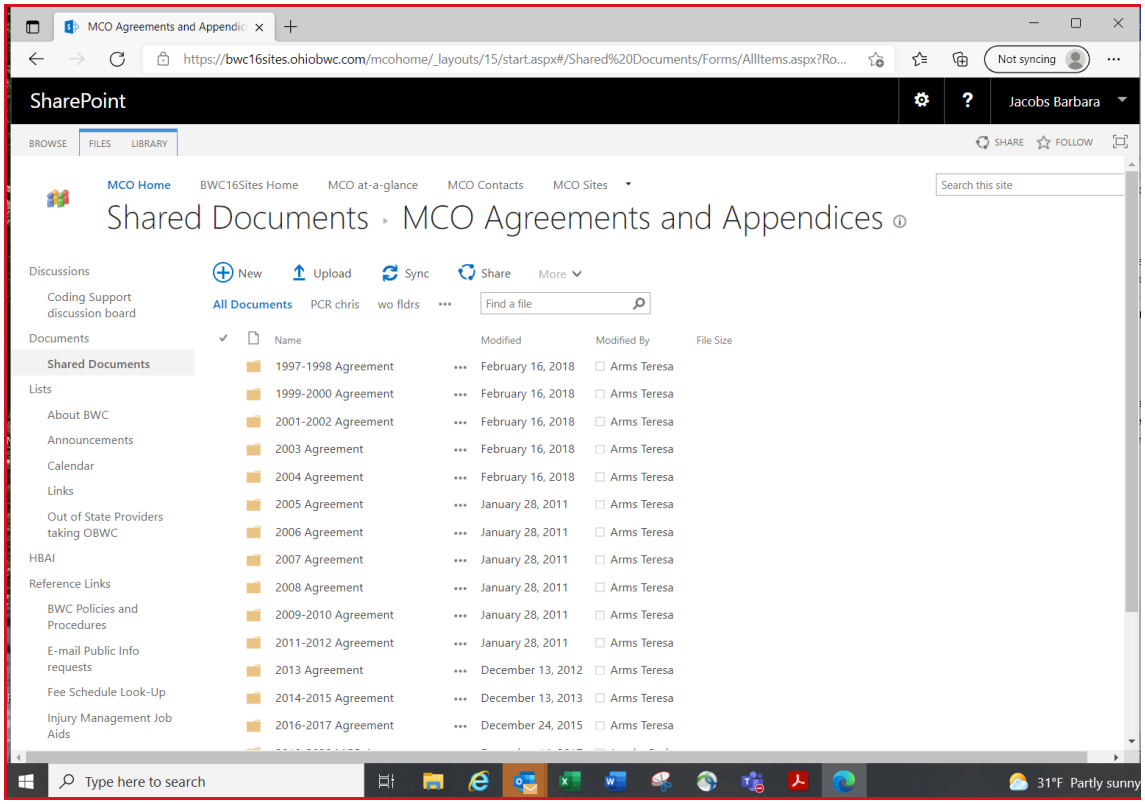
Response: Prior to initiating an audit, the Compliance and Performance Monitoring staff pulls the current policies and procedures to build the audit plan. CPM will routinely meet with the manager over the area being audited to ensure that the CPM staff understands any direction or guidance that is given outside of the written policies, when such exists. In addition, CPM meets regularly with the MCO Business Unit, Claims Services, and SID and discusses a variety to topics related to audits. Additionally, CPM is included on relevant emails.

MCO Portal

1. Consider evaluating the files maintained on the MCO Portal SharePoint site and archiving files containing expired contracts, inapplicable training, or guidance, and other nonrelevant information in a separate area of the SharePoint site to ensure the MCO users accessing the site understand which of the files maintained on the SharePoint are applicable to current activity.

   Response: The MCO portal houses a variety of information and documents that are necessary to evaluate an MCO at the point that the information was germane. We will review to make sure that all items are clearly labeled and that any documents that are no longer needed are removed.

   Please note that we will not remove prior MCO Agreements, as these are clearly labeled by the years that the contracts were effective. Please see the screenshot below:



2. Consider developing and publishing a frequently asked questions site which documents questions posted by all MCOs regarding return-to-work data and other aspects of the MCO contract or MCO Policy and Reference Guide to ensure consistent, clear guidance is provided to all MCOs. It is recommended the guidance provided to Sedgwick MCO in June 2020 incorporated into this site.

   Response: BWC believes this would be a beneficial strategy and is evaluating the proper strategy to put in place for this activity. The goal is to recommend a system strategy by the middle of the 3rd quarter 2022.

3. Consider implementing a process for drafting meeting minutes summarizing discussions and guidance provided during the MoD Workgroup and other workgroup meetings held between OBWC and the MCOs. It is recommended these meeting minutes be approved at the next meeting, be made available on the MCO Portal SharePoint site, and reviewed to determine whether further clarifications or changes need to be made to the MCO contract terms and conditions or appendices.

   Context: During the investigation, we were able to obtain some of the MoD workgroup meeting minutes from various sources. We were unable to locate within the meeting minutes some of the discussions referred by OBWC staff that occurred in which the MCOs were reminded of what was included in the MoD Benchmarks and guidance on the inclusion of all dates and not just scheduled workdays.

   Response: BWC will assign a staff member to take minutes at the MoD workgroup meetings and will make the minutes available to all members of the workgroup.

4. Consider implementing a process to obtain the MCO Business Council minutes and save those files on the MCO Portal for access by all MCOs to ensure both OBWC and MCO staff have access to the same information.

   Response: BWC will require the leadership of the MCO Business Council to share meeting minutes with BWC. We will also require that the MCO Business Council leadership post the minutes to the MCO portal after they have been approved.

MCO Administration

1. Consider developing and implementing a process to track the filing and resolution of complaints against MCOs and the process to be followed when sharing complaints received and subsequent resolutions with other MCOs. Should these complaints identify noncompliance with OBWC policies, procedures or the MCO contract terms and conditions, it is recommended that OBWC send reminders to all MCOs of what is expected in those situations.

   Response: BWC does have a process for tracking complaints regarding MCOs. A staff member will be assigned to update and maintain the tracking tool within the third quarter 2022.

2. Consider reviewing and compiling noncompliance and internal control weaknesses identified during the annual on-site reviews completed by the OBWC Compliance and Performance Monitoring division, complaints and requests received, and use this information to develop an annual refresher training for MCO staff.

   Response: CPM will evaluate preparing a report on an annual basis summarizing noncompliance and control weaknesses identified by CPM and share the report with the MCOs. If a training topic is identified as part of the preparation of this report, the MCO Business Unit may include these topics in the MCO quarterly training plan.

3. Consider implementing a review process to ensure that requests received from the MCOs are entered into the MCO Business Unit Tracker, responded to, and closed in a timely manner.

   Response: Please see Item #1 in this section above. The MCO Tracker houses both complaints about MCOs and requests from MCOs. Please also note that if an MCO request involves a public record, the Public Records Office tracks these requests, as the responses may be prepared by a variety of different offices within BWC.

MOD:

Context: *During the claims audit, investigators identified inconsistencies between information obtained from employers, the injured workers, and from the medical records provided which have resulted in inaccuracies in the RTW data. We have also identified instances in which questions were posed in an effort to change dates to exclude non-scheduled or weekend days or to adjust a manual class code in an effort to improve the overall MoD score for the claim.*

1. Consider developing and implementing a form which contains questions the **employer** shall complete within a prescribed timeframe which include but are not limited to:
    a. The last date the injured worker worked all or part of their shift when the injury occurred.
    b. The scheduled days and times the injured worker was scheduled to work that week.
    c. Whether the injured worker left during their shift to seek treatment and if so, whether they returned to complete their shift.
    d. The date the injured worker physically returned to work.
    e. The manual class code assigned to the injured worker's position.

    It is further recommended that the form:

    a. Allow for partial submissions of data should an injured worker have not returned to work yet.
    b. Require updates when additional information is received.
    c. Require documentation supporting the leaving and returning to complete their shift on the same day be attached to the form (i.e., leave forms, sign-in sheets, or other records).
    d. Require the employer to complete a certification statement stating the information provided is true and accurate to the best of their knowledge.

    Upon receipt, OBWC should require the MCO to enter the data into its claims management system and send the form and attachments to OBWC for imaging into the injured worker's claim file for future use by OBWC staff when conducting audits of claims data received from the MCO.

    Response: BWC will consider implementing the recommendation as part of an ongoing audit strategy. A form will be developed and implemented as part of the strategy but will not be used in every claim. Such a strategy supports an objective of having employers help identify where issues might exist and/or areas of absence reporting which may need a deeper evaluation. That strategy will also be in line with BWC principles of reducing and/or avoiding unnecessary administrative burdens to employers. The MCO Business unit staff will review and as appropriate update current policies and procedures to ensure that MCOs have clear direction on the collection and reporting of return-to-work data, given the proper collection of this information is the MCOs responsibility.

2. Consider developing and implementing a continuous audit process to audit the return-to-work data and manual class codes submitted by the MCOs to verify the data is supported by the recommended form and other documentation maintained in the claim file to ensure the data obtained from the employer is reported to OBWC. For inaccuracies identified in the data, it is recommended that OBWC incorporate into its existing contract with the MCOs financial penalties and or setoffs for data inaccuracy that escalates should the errors continue or increase to include additional financial penalties or setoffs, being placed at capacity for a period of time, and if determined the inaccuracies are a result of fraud, the potential for debarment.

   Context: Currently there are audits completed which involve the accuracy of the disability tracking screen performed typically on lost time claims and a smaller number of medical only claims. We have learned that many of the medical only claim RTW data is not reviewed unless an issue is brought up or a staff person notices something unusual.

   Given most of the claims are medical only, there is a concern that inaccurate data submitted by the MCO likely would not be identified and could result in inaccurate scores due to the incorrect data. Implementing such a process which involves not only reviewing the claim notes but also reviewing information obtained from the employer and medical records will allow OBWC to comply with its guidance in the policy that it will "ensure that return to work data is identified, verified, properly updated and maintained in the claims management system. "

   Response: BWC will develop and implement a continuous audit process per internal discussions with all impacted business areas by the end of the 4th quarter 2022.

   We will not be negotiating a new MCO Agreement until 2024 and it would be unlikely that the MCOs would agree to open the current contract to add additional penalty measures. However, if the continuous audit indicates that an MCO is submitting fraudulent information, BWC will look to current contractual penalties to determine the appropriate course of action.

3. Consider establishing a process for requests for changes to be made to return to work data in a claim submitted by MCO staff be sent to a specific mailbox and those requests be processed by a core group of experienced staff to ensure consistency in the granting or denial of such MCO change requests.

   Context: Through emails and conversations with OBWC staff, we have found that the MCO often leaves a voice mail, then sends an email a few minutes later, and sends multiple follow-up emails in an effort to get the change made. Investigators found instances the staff were frustrated by the multiple requests and in some instances, the staff would just make the change. Others expressed concerns that this was not something they typically dealt with so it was difficult to know what should be entered

   Response: This recommendation will be evaluated in concert with the Claims Services management. The assigned CSSs are currently responsible for updating claims data, including return-to-work data and manual class codes. If the issue relates to the timeliness of the CSSs' responses to the MCOs, this must be evaluated by the Claims Services management, as well.

4. Consider requiring all OBWC CSSs, CPM staff, and the MCO staff complete the Disability Management training available in the OBWC Learning Center as a refresher on how the return-to-work data is to be captured and recorded in the OBWC claims management system for both medical only and lost time claims.

   Response: The current content found in the learning center will be evaluated to determine if that content should be required for training others beyond the BWC CSS, which would include the MCO staff. The content will also be evaluated to determine if any other updates and/or materials are needed. This review will be completed by the end of the 3rd quarter 2022.

Additional Allowances

Context: During email reviews, we identified instances in which the MCO staff were asking whether to follow-up after the issuance of the Additional Allowance Closure Letter based on the impact of the additional allowance on the MoD score for the claim. If there was no impact or a decrease in the score, the MCO staff were instructed to not follow-up on the letter issued. The claim notes did not always reflect the MCO had followed up as provided in the MCO Policy and Reference Guide.

1. Consider providing a refresher training to both MCO and OBWC staff reiterating their roles from the time an additional allowance is requested using a C-9 form or a C-86 motion through the granting of the request or issuance of an Additional Allowance closure letter and reminding the MCOs that the granting or denial of these additional allowances and the subsequent impact on MoD does not relieve the MCO of its responsibilities under the guidance in the MPRG.

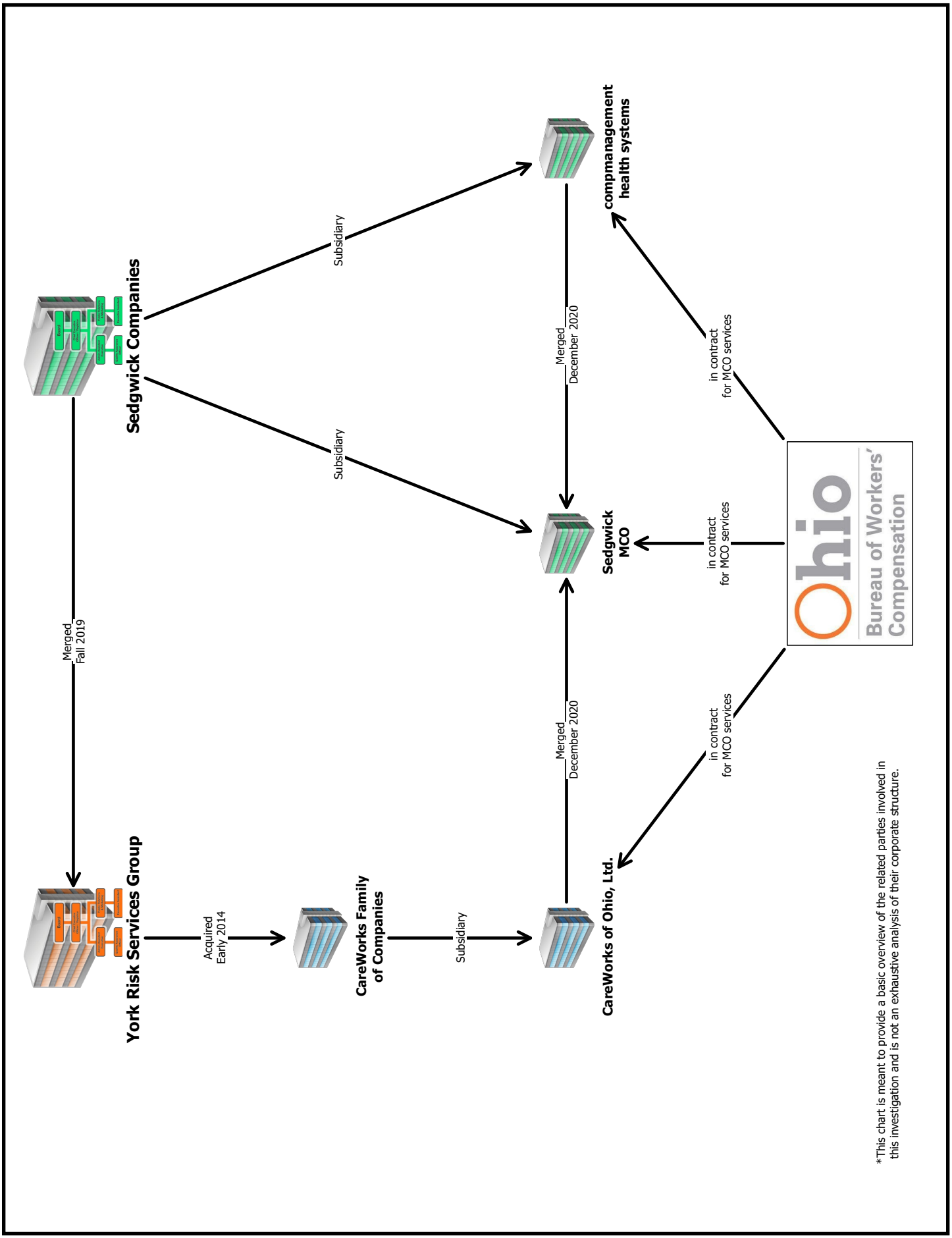
   Response: BWC held a quarterly training for MCO staff on June 22, 2021 and covered the responsibilities of the MCOs related to the Additional Allowance process. This training was recorded and is available in the BWC Learning Center to both MCO and BWC staff.

2. Consider establishing a specific note type for the MCOs to use to document contacts made and after the granting or denial of an Additional Allowance request.

   Response: There is a note title for Contact with Provider; however, Medical Services will work with the Claims Services staff to consider whether an additional note title is beneficial and, if so, implement same.

3. Consider developing and implementing a process to periodically sample claims in which an additional allowance was requested, granted and or denied and conduct a desk audit of the claim to verify the MCO is compliance with the guidance in the MCO Policy and Reference Guide and OBWC policies and procedures.

Response: CPM completed audits of the Additional Allowance process in 2018 and 2021 during the annual MCO audit. Additional Allowance audits will continue to be evaluated as part of the annual risk assessment and tested on a periodic basis. Additional views of the data that will be included with audits of this area will be considered to ensure the recommendation is effectively incorporated in future audits.


Sedgwick Companies
compmanagement health systems
Subsidiary
Subsidiary
Merged December 2020
in contract for MCO services
Merged Fall 2019
Sedgwick MCO
in contract for MCO services
Ohio
Bureau of Workers' Compensation
Acquired Early 2014
CareWorks Family of Companies
Subsidiary
Merged December 2020
in contract for MCO services
York Risk Services Group
CareWorks of Ohio, Ltd.
*This chart is meant to provide a basic overview of the related parties involved in this investigation and is not an exhaustive analysis of their corporate structure.

Policy and Procedure Name:	**Return to Work Data**
Policy #:	CP-18-01
Code/Rule Reference:	None
Effective Date:	11/14/16
Approved:	Rick Percy, Chief of Operational Policy, Analytics & Compliance
Origin:	Claims Policy
Supersedes:	Policy # CP-18-01, effective 12/23/13
History:	New 12/23/13
Review date:	12/23/18

I. POLICY PURPOSE

The purpose of this policy is to ensure that MCO and BWC staff appropriately verify, update and/or maintain return to work (RTW) data in the claims management system.

II. APPLICABILITY

This policy applies to MCO and Field Operations staff.

III. DEFINITIONS

Actual Return to Work: The confirmed date the injured worker (IW) returns to employment, with or without work restriction(s). This may include an IW that has returned to the workplace with restrictions, but is participating in a vocational rehabilitation plan such as:

- Employer Incentive;
- On-the Job Training;
- Transitional Work; or
- Gradual Return to Work.

Estimated Return to Work: The anticipated date the IW may be able to return to employment.

Last Date Worked: The last date the IW reported to work prior to taking time off due to the work-related injury or illness, regardless of the length of time the IW worked on that date.

Return to Work Data: Data that includes any combination of the dates related to return to work, last date worked, estimated return to work, released to return to work or actual return to work.

Released to Return to Work: The date the physician of record releases the IW to return to employment (with or without restrictions). This may include an IW that is released to return to work with restrictions, and is participating in a vocational rehabilitation service or program such as:

- Job Search/Job Seeking Skills Training;
- Job Retraining; or
- Work Trial.

Start and Stop Dates: The beginning and end dates of a working period or a period of disability/off work.

Wage Replacement Compensation: Compensation intended to replace an IW's earnings. This includes temporary total, living maintenance, living maintenance wage loss, wage loss (working and non-working), permanent total disability and salary continuation..

IV. POLICY

A. It is the policy of BWC to rely primarily on the managed care organizations (MCO) to provide accurate return to work data.

B. It is the policy of BWC to ensure that return to work data is identified, verified, properly updated and maintained in the claims management system.

VI. PROCEDURE

A. BWC staff shall refer to the *Standard Claim File Documentation* policy and procedure for claim-note requirements and shall follow any other specific instructions included in this procedure.

B. The MCO shall provide RTW data on medical only claims, which will systematically update in the claim management system.

C. For lost time claims, Field Operations staff shall presume the reliability of RTW data provided by the MCO when accompanied by a detailed MCO note which contains the following information:
   1. The estimated or release to RTW date, and the verified actual (i.e., employee physically reports to work) return to work date;
   2. The name of the person who provided the RTW information;
   3. The date the MCO spoke to the person who provided the RTW information;
   4. Clarifying details, including when "other" is noted as a reason the IW has not returned to work, if needed; and
   5. Any other information relevant to the RTW data.

D. If the MCO has not entered a note containing the above-listed information, or if for any other reason further verification is needed, Field Operations staff shall first contact the MCO, and then, only if necessary, the employer or employer representative, IW or IW representative, medical provider, rehabilitation provider or other reliable resource. Staff may also use documentation for verification, as appropriate.

E. Estimated RTW and End of Period Stop Dates
   1. Field Operations staff shall enter the initial estimated RTW date in order to:
      a. Calculate days of work missed and determine if a claim is a medical only or lost time; and
      b. Pay any form of compensation.
   2. Field Operations staff shall reflect a subsequent estimated RTW date (even if there is a release to RTW date, or a no RTW reason pursuant to V.G) by entering a stop date (the day before an estimated RTW) on a period of disability. This occurs when:
      a. A future date is received on a MEDCO-14;
      b. When wage continuation information is received from the employer and there is no estimated date provided on the MEDCO-14 or other medical documentation.

F. Actual RTW
   1. Field Operations staff shall enter an actual RTW date when:
      a. MCO staff has verified the IW has actually returned to employment; or,
      b. BWC staff has verified the IW has actually returned to employment.
   2. When entering actual RTW data, Field Operations staff shall ensure the following are documented in the claims management system:
      a. Whether the RTW was:
         i. Light/modified duty (i.e., with restrictions); or
         ii. Full duty (i.e. with no restrictions); and
      b. The RTW job being returned to was:
         i. Same job, same employer; or,
         ii. Different job, same employer; or
         iii. Same job, different employer; or
         iv. Different job, different employer.

G. No RTW Information Provided
   1. Once the IW is no longer receiving wage replacement compensation and Field Operations staff obtains a specific reason why the IW will not be returning to work, Field Operations staff shall update the claims management system to reflect one of the following reasons:
      a. Termination;
      b. Resignation;
      c. Layoff;
      d. Social Security retirement;
      e. Voluntary workforce abandonment;
      f. Incarceration;
      g. School enrollment;
      h. Retirement;
      i. Social Security disability;
      j. Other.
   2. Field Operations staff shall use the “Other” option as a reason for IW not returning to work only when no other listed reason is accurate for the situation.
   3. If more than one reason applies, Field Operations staff shall provide the additional reasons in comments.

4. Field Operations staff shall not delete the estimated RTW date even when one of the reasons listed in E.1 above, apply.

H. Released to Return to Work
Field Operations staff shall enter the released to return to work date when provided. Field Operations staff shall recognize that a release to return to work does not necessarily indicate that the IW will be immediately returning to work or otherwise that the estimated RTW date must be altered.

I. Field Operations staff shall ensure that all periods of lost time related to the allowed condition(s) are reflected in the claims management system with appropriately identified last date(s) worked and return to work date(s), including periods of lost time when the IW does not receive compensation. Field Operations staff shall ensure that compensation is not paid over periods of ineligibility. Field Operations staff shall not delete periods of lost time from the claims management system unless the periods are incorrect.
   1. Example 1: The IC has issued an order which states that temporary total disability (TT) is denied because the IW violated a written work rule and was fired, and thus the IW voluntarily abandoned the job. In this case, in the disability management window in the claims management system, the disability type selected is “off work-ineligible for compensation”, medical status is “not released”, work status is “no RTW” and the “reason” is “voluntary workforce abandonment.”
   2. Example 2: The IC has issued an order which states that TT is not payable because the IW lost time from work because of some reason other than the allowed conditions in the claim. In this case, in the disability management window in the claims management system, the disability type selected is “off work-ineligible for compensation”, medical status is “not released”, work status is “no RTW” and the “reason” is “no supporting medical documentation.”
   3. Example 3: The MCO approves surgery for an allowed condition, but the IW does not request compensation for that period of lost time. In this case, on the disability management window in the claims management system, the disability type selected is “off work-ineligible for compensation”, medical status is “not released”, work status is “no RTW” and the “reason” is “Other” and then enter comment indicating compensation not requested.

J. Permanent Total Disability (PTD)
   1. If the IW is receiving non-statutory PTD, Field Operations staff shall remove any actual or estimated RTW date, which is after the most recent last date worked.
   2. If an IW is receiving statutory PTD compensation Field Operations staff may enter RTW data without affecting compensation related to the statutory PTD.

Policy and Procedure Name:	**Return to Work Data**
Policy #:	CP-18-01
Code/Rule Reference:	None
Effective Date:	March 1, 2018
Approved:	Kevin R. Abrams, Chief Operating Officer
Origin:	Claims Policy
Supersedes:	Policy # CP-18-01, effective 11/14/16
History:	New 12/23/13; Rev.11/14/16

I. POLICY PURPOSE

The purpose of this policy is to ensure that MCO and BWC staff appropriately verify, update and/or maintain return to work (RTW) data in the claims management system.

II. APPLICABILITY

This policy applies to MCO and claims services staff.

III. DEFINITIONS

Actual Return to Work (ARTW): The confirmed date the injured worker (IW) returns to employment, with or without work restriction(s). This may include an IW that has returned to the workplace with restrictions, but is participating in a vocational rehabilitation plan such as:

- Employer Incentive;
- On-the Job Training;
- Transitional Work; or
- Gradual Return to Work.

Estimated Return to Work (ERTW): The anticipated date the IW may be able to return to employment.

Last Date Worked (LDW): The last date the IW reported to work prior to taking time off, regardless of the length of time the IW worked on that date.

Return to Work Data: Data that includes any combination of the dates related to return to work, last date worked, estimated return to work, released to return to work or actual return to work.

Released to Return to Work (RRTW): The date the physician of record releases the IW to return to employment (with or without restrictions). This may include an IW that is

released to return to work with restrictions, and is participating in a vocational rehabilitation service or program such as:

- Job Search/Job Seeking Skills Training;
- Job Retraining; or
- Work Trial.

Start and Stop Dates: The beginning and end dates of a working period or a period of disability/off work.

Wage Replacement Compensation: Compensation intended to replace an IW's earnings. This includes temporary total, living maintenance, living maintenance wage loss, wage loss (working and non-working), permanent total disability and salary continuation.

IV. POLICY

A. It is the policy of BWC to rely primarily on the managed care organizations (MCO) to provide accurate return to work data.

B. It is the policy of BWC to ensure that return to work data is identified, verified, properly updated and maintained in the claims management system.

V. PROCEDURE

A. BWC staff shall refer to the *Standard Claim File Documentation and Altered Documents* policy and procedure for claim-note requirements and shall follow any other specific instructions included in this procedure.

B. Medical Only Claims: The MCO shall provide RTW data on medical only claims, which will systematically update in the claims management system.
   1. The MCO shall determine the LDW, RRTW, ERTW, and ARTW dates based on documentation received and contained in the claim file or as provided by the employer, injured worker, provider or other reliable source.
      a. The MCO shall exercise due diligence in obtaining the ARTW date for all medical only claims.
      b. Before submitting an ERTW that results in seven (7) or fewer missed days for a particular disability period in a medical only claim, the MCO shall contact the provider to verify the provider intended the RTW to be an ERTW and not an RRTW, and shall document the contact in notes.
      c. The MCO shall not submit an RRTW date as an ERTW. RRTW dates will be captured on the Claims Maintenance>Claim Dates page in the claims management system.

C. The MCO shall enter detailed claim notes reflecting all actions taken to gather RTW data. Every claim note shall include the following:
   1. If RTW data was obtained, what those dates are;
   2. The name and position of the person the MCO spoke to or the name and date of the document being relied on to determine the reported dates;
   3. The date the MCO spoke to the person who provided the RTW information, if applicable;

4. Clarifying details, including when “other” is noted as a reason the IW has not returned to work, if needed; and
5. Any other information relevant to and supporting the RTW data.

D. Lost Time Claims: For lost time claims, the MCO shall provide the RTW data to claims services staff via the Electronic Data Interchange (EDI) 148. Claims services staff shall presume the reliability of the data when accompanied by a detailed MCO note and enter the data into the claims management system.

E. If the MCO has not entered a note containing adequate information, or if for any other reason further verification is needed, claims services staff shall first contact the MCO, and then, only if necessary, the employer or employer representative, IW or IW representative, medical provider, vocational rehabilitation provider or other reliable resource. Claims services staff may also use documentation in the claim file for verification, as appropriate.

F. ERTW and End of Period Stop Dates
   1. Claims services staff shall enter the initial ERTW date in order to:
      a. Calculate days of work missed and determine if a claim is a medical only or lost time; and
      b. Pay any form of compensation.
   2. Claims services staff shall reflect a subsequent ERTW date (even if there is a RRTW date, or a no RTW reason) by entering a stop date (the day before an ERTW) on a period of disability. This occurs when:
      c. A future date is received on a MEDCO-14;
      d. When wage continuation information is received from the employer and there is no estimated date provided on the MEDCO-14 or other medical documentation.

G. ARTW
   1. Claims services staff shall enter an ARTW date when:
      a. MCO staff has verified the IW has actually returned to employment; or
      b. BWC staff has verified the IW has actually returned to employment.
   2. When entering ARTW data, claims services staff shall ensure the following is documented in the claims management system:
      c. Whether the RTW was:
         i. Light/modified duty (i.e., with restrictions); or
         ii. Full duty (i.e. with no restrictions); and
      d. The RTW job being returned to was:
         i. Same job, same employer; or,
         ii. Different job, same employer; or
         iii. Same job, different employer; or
         iv. Different job, different employer.

G. No RTW Information Provided
   1. Once the IW is no longer receiving wage replacement compensation and claims services staff obtains a specific reason why the IW will not be returning to work, claims services staff shall update the claims management system to reflect one of the following reasons:
      a. Termination;
      b. Resignation;

c. Layoff;
d. Social Security retirement;
e. Voluntary workforce abandonment;
f. Incarceration;
g. School enrollment;
h. Retirement;
i. Social Security disability;
j. Other.

2. Claims services staff shall use the “Other” option as a reason for an IW not returning to work only when no other listed reason is accurate for the situation.
3. If more than one reason applies, claims services staff shall provide the additional reasons in comments.
4. Claims services staff shall not delete the ERTW date even when one of the reasons listed above apply.

H. RRTW
1. Claims services staff shall enter the RRTW date on the Claims Maintenance>Claims Dates screen in the claims management system when provided.
2. Claims services staff shall recognize that a release to return to work does not necessarily indicate that the IW will be immediately returning to work or otherwise that the ERTW date must be altered.
3. Claims services staff shall not assume the RRTW date and the ERTW date are the same.

I. Claims services staff shall ensure that all periods of lost time related to the allowed condition(s) are reflected in the claims management system with appropriately identified last date(s) worked and return to work date(s), including periods of lost time when the IW does not receive compensation.
1. Claims services staff shall ensure that compensation is not paid over periods of ineligibility.
2. Claims services staff shall not delete periods of lost time from the claims management system unless the periods are incorrect.
3. Example 1: The IC has issued an order which states that temporary total disability (TT) is denied because the IW violated a written work rule and was fired, and thus the IW voluntarily abandoned the job. In this case, in the disability management window in the claims management system, the disability type selected is “off work-ineligible for compensation”, medical status is “not released”, work status is “no RTW” and the “reason” is “voluntary workforce abandonment.”
4. Example 2: The IC has issued an order which states that TT is not payable because the IW lost time from work because of some reason other than the allowed conditions in the claim. In this case, in the disability management window in the claims management system, the disability type selected is “off work-ineligible for compensation”, medical status is “not released”, work status is “no RTW” and the “reason” is “no supporting medical documentation.” In addition, if an end date was entered into the previous working period, the end date should be removed.
5. Example 3: The MCO approves surgery for an allowed condition, but the IW does not request compensation for that period of lost time. In this case, on

the disability management window in the claims management system, the disability type selected is “off work-ineligible for compensation”, medical status is “not released”, work status is “no RTW” and the “reason” is “Other” and then enter a comment indicating compensation not requested, to prevent payment of compensation. A second row is created and is sent electronically to the MCO to reflect the correct status. The new row is largely identical, except the disability type is “off work”, medical status is “not released”, work status is “no RTW”, and the “reason” is “other.”

J. Permanent Total Disability (PTD)
   1. If the IW is receiving non-statutory PTD, claims services staff shall remove any ARTW or ERTW date which is after the most recent last date worked.
   2. If an IW is receiving statutory PTD compensation claims services staff may enter RTW data without affecting compensation related to the statutory PTD.

[redacted]

From: Guist, Quinn [mailto:GuistQ@chsmco.com]
Sent: Thursday, March 22, 2018 4:27 PM
To: Johnson, Freddie <Freddie.J.1@bwc.state.oh.us>; Jacobs, Barbara <barbara.j.1@bwc.state.oh.us>; Annarino, John <john.a.2@bwc.state.oh.us>
Cc: dneubert@1-888-ohiocomp.com; 10002 - Andrea Kiener <10002-andreakiener@exchange.state.oh.us>; 10005 - Quinn Guist <10005-quinnguist@exchange.state.oh.us>
Subject: Concerns Regarding MCO MoD Scores

Good afternoon,

Several MCOs (including 888OHIOCOMP, Sheakley UniComp, CompManagement Health Systems, and several others) have concerns regarding a certain rise in at least one MCO's MoD scores over these past few years with more of a recent spike in the last few quarters alone. We have known that there can be greater swings occurring with smaller MCOs than with larger MCOs. A BWC employee with close knowledge of MoD indicated that larger MCOs will not see the types of fluctuations and quick gains that a smaller MCO might see. However, one MCO in particular has seen more than a 3 point increase in the past eight quarters alone. With MoD being a measurement on the effectiveness of return-to-work, many MCOs are questioning whether this particular MCO actually had the ability to increase their return-to-work performance 6.5% during the past two years. Is this type of improvement even possible? The below provides an analysis of our findings along with questions and recommendations:

- For 21 quarters of MoD performance, CareWorks has hovered around the 50.0 mark (+ or – a point or two) averaging 50.08.
- For the past three quarters alone, CareWorks averaged 52.03. This is a large increase for an MCO that represents approximately 1/3 of the entire claim population.
- Over the past 8 quarters, 9 MCOs have experienced a decrease in their MoD performance, and four MCOs have improved, and no MCO (small or large) has improved at the same rate when compared to the largest, and perhaps most difficult to move based on size - CareWorks.
- CareWorks has improved 3.22 points (6.56%) while the next best improvement during that same time was by less than a single point (less than 2%), and CareWorks is nearly 30 times their size.
    - While we are looking at snapshots in time, the trends are real and consistent.
- During the recent contract negotiations, there were questions around certain MCOs utilizing estimated RTW dates in a manner that is at least not consistent with the spirit of the contract or the MoD measurement.
- More than 80,000,000 dollars are at stake annually with the MoD RTW measurement with MCOs who perform better on the score securing money from MCOs who aren't performing at the same level.
- If MCOs are taking advantage of the system, or the wording of the contract, or perhaps even manipulating data, this is highly alarming to most MCOs and as I would imagine to BWC as well.
- With the DoDM measurement, BWC had a variety of tools to monitor MCO activity such as running the percentage of claims reported at zero days for medical only claims (as an example).

- Does BWC do any tracking/trending/auditing with the MoD model to look for consistencies and more importantly inconsistencies amongst the MCOs?
    - Does BWC track the percentage of zero day Medical Only claims and compare MCOs?
    - Does BWC track the average number of lost days for MO claims and compare MCOs?
    - Does BWC track the percentage of claims reported with an estimated RTW date and compare MCOs?
    - Does BWC audit MCO claims that are within the model and perhaps more importantly that don't have RTW dates to see if they should be in the model?
- If there are no auditing tools similar to the ones described above, many MCOs are requesting that they be implemented and also investigated prior to the publication of the MCO open enrollment report card.

With MoD having such a large impact on MCOs financially with setting the individual MCO targets and with Open Enrollment coming up here shortly, many of the MCOs are requesting that BWC validate the scores that will be displayed on the report card which could provide MCOs a certain marketing advantage over other MCOs.

If there are any lingering questions or concerns about an MCO's accuracy with their MoD scores (MCOs have many concerns), we are requesting that those MCOs be excluded from the MoD measurement on the report card and be forbidden to market their scores. Another option can be to exclude the MoD Days Absent measurement altogether from the report card.

Respectfully,

Quinn

QUINN P. GUIST | President
CompManagement Health Systems, Inc.
Direct 614-376-5416| Fax 614-932-1811
Cell 614-202-5363
Email GuistQ@chsmco.com
www.chsmco.com | *Caring Counts*

[redacted]

From: Jacobs, Barbara
Sent: Wednesday, April 18, 2018 3:00 PM
To: Guist, Quinn <GuistQ@chsmco.com>; Dan Neubert <dneubert@1-888-ohiocomp.com>; Andrea Kiener <andreak@Sheakley.com>; Derek Scranton <Derek_Scranton@Corvel.com>
Cc: Annarino, John <john.a.2@bwc.state.oh.us>; Johnson, Freddie <Freddie.J.1@bwc.state.oh.us>
Subject: BWC Response - MCO MoD Scores
Importance: High

Good Afternoon:
We wish to address the concerns that were raised in an e-mail to BWC on March 22, 2018.

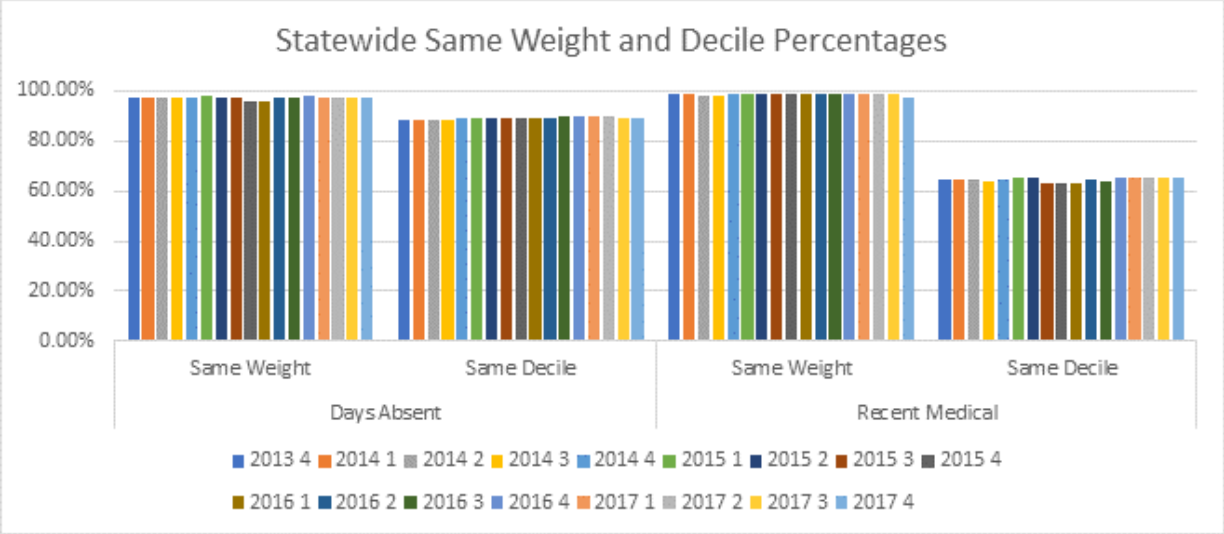
Some MCOs specifically questioned whether BWC currently performs any tracking/trending/auditing with regard to MoD. Throughout the time that MoD has been in place, BWC has continually performed a validation process to ensure that the reported scores are accurate and no anomalies in the data are left unaddressed. This validation has focused on any MCO that had a significant increase or decrease in their score, with significant being defined as a 2.5% change in either direction. Should we note that such a change has occurred between quarters, the claims populations for the prior quarter and the current quarter are compared to determine:

1) % of claims in both calculations that have the same severity weight (same principal ICD) at both the statewide level and the MCO level
2) % of claims in both calculations that have the same decile (same days/dollars) at both the statewide level and MCO level
3) At the MCO level, for the claims with a different decile:
    a. % of claims with a better decile
        i. % of claims that moved 1 decile
        ii. % of claims that moved 2 deciles
    b. % of claims with a worse decile
4) At the MCO level, % of new/added claims to total claims in the calculation
    a. Generally between 20 and 25% for Days Absent and between 10 and 20% for Recent Medical
5) At the MCO level, MoD score for:

a. all claims
b. dropped claims
c. added claims

6) At the MCO level, looking at/adjusting for the impact of other events, such as:
   a. Mergers
   b. Open enrollment
   c. BWC's data conversion

The validation process normally involves approximately 6-7 MCOs every quarter. Historically, the % of same severity weight and same decile have remained stable and the individual MCOs follow these patterns if no other event occurred. The graph below provides the overall view of the validation process from 4th Quarter 2013 – 4th Quarter 2017.



By way of example, the above validations have identified instances where:
1) There was an issue with the processing of an MCO's SOC code file,
2) An MCO sending in updated SOC codes and a BWC clean-up of NCCI codes,
3) An MCO was doing a clean-up of missing RTW dates, and
4) An MCO lost some large employers relating to a policy combine or due to Open Enrollment

Upon receiving the e-mail dated March 22, 2018, BWC conducted additional validation looking specifically at the questions raised, those being:
1) Does BWC track the percentage of zero day Medical Only claims and compare MCOs?
2) Does BWC track the average number of lost days for MO claims and compare MCOs?
3) Does BWC track the percentage of claims reported with an estimated RTW date and compare MCOs?

Data was pulled for all claims in 4th Quarter 2016 through 4th Quarter 2017.

In response to Question 1, during the quarters noted, the percent of zero day claims in Medical Only claims has been very stable. The total change across the quarters noted was an increase of .46% out of a total claims population of approximately 67,500. No MCO had greater than a 3.58% increase in zero day claims. Nothing in the data reviewed raised any question that the MCO against which your question was raised had engaged in any suspect behavior.

In response to Question 2, during the quarters noted, the average number of lost days for Medical Only claims has continued to increase statewide. In 4th Quarter 2016, the average number of lost days in Medical Only claims was 1.94. Over all of the quarters reviewed, the increase was 26.09%, for an overall average of 2.45 days per Medical Only claim.

In response to Question 3, during the quarters noted, the number of claims that were scored and had an ERTW did show an increase; however, the vast majority of the increase occurred between 4th Quarter 2016 and 1st Quarter 2017. Following BWC's conversion to Power Suite in November 2016, BWC made concerted efforts to clean up data and ensure that the Disability Management screens in claims accurately reflected the correct periods of absence and RTW. This increase was consistent across all MCOs. In looking at those quarters following BWC's conversion to Power Suite (i.e. 1st Quarter 2017 through 4th Quarter 2017), the number of claims scored for MoD purposes and which had an ERTW populated in the Disability Management screens remained extremely stable, with only a .70% difference. Comparing 1st Quarter 2017 against 4th Quarter 2017, statewide there was an increase in the number scored claims that had an ERTW at a rate of 5.45%. However, the MCO against which your question was raised experienced an increase on par with the overall statewide rate.

Additionally, BWC reviewed the percentages of Medical Only claims which were scored and had an ERTW populated in Power Suite. The data indicated that the MCO against which your question was raised had an overall performance which tracked along with the statewide average.

Based on the overall review of the three questions raised by the MCOs and our own validation processes, nothing in the data indicated that the MoD scores as reported on the 2018 MCO Report Card are inaccurate or reflect any inappropriate abuses by CareWorks of the RTW data policy.

Thank you,
Barbara A. Jacobs
Director, MCO Business & Reporting Unit
Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, OH 43215
(614) 466-9386

From: Jacobs, Barbara
To: 10002 - Andrea Kiener; 10005 - Quinn Guist; 10006 - Tod Phillips; 10008 - Len Weinman; 10010 - Finnerty Lori; 10011 - Lachendro Lisa; 10013 - Haines Bob; 10016 - Denette Edwards; 10017 - Conger Karen; 10041 - 1-888-OHIOCOMP; 10042 - Angela Houston; 10073 - Dianne Lindsay; Angie Paul; Arms, Teresa; Christy R; Falb, Brian; Haas, Arnold; Johnson, Freddie; Kim B; Kroninger, Debi; Mark Matheis; McGraw, Aaron; Meredith Green; Rhonda DeLong; Roxanne Glick; Scranton, Derek; Ted C; Trevor Gray
Cc: Johnson, Freddie; Haas, Arnold; Arms, Teresa; Howe, Samantha; Reeve, Aaron
Subject: RTW Data and MoD
Date: Thursday, July 26, 2018 9:11:00 AM

Good Morning:

We have received a question regarding the submission of return-to-work data in certain circumstances and wish to provide clarification to all MCOs.

If an injured worker finishes a shift and does not seek medical treatment until he or she has clocked out for the day (i.e. is not on company time), but then seeks medical treatment after regular working hours, this is not considered lost time by BWC and should not be captured as such in BWC's systems so long as the injured worker returns to work for the next scheduled day/shift.

This is not an off-work scenario and is not appealable for MoD purposes. Claims Services Staff have been instructed not to update the Disability Management screens when this fact pattern is presented.

However, if an injured worker is hurt on the job, leaves during his or her regularly scheduled shift to seek medical treatment, and then returns to work the same day, the Disability Management screens should be updated to reflect a last day worked (the date of the injury) and an actual return-to-work date for the same day. For example:

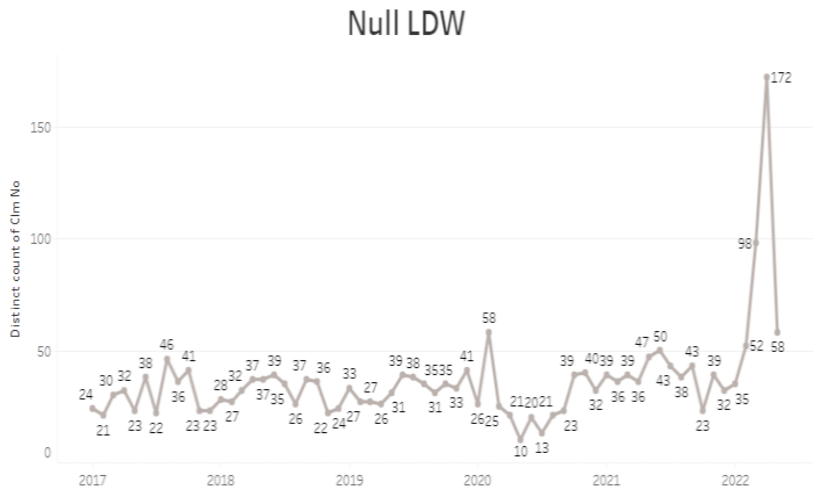
The injured worker was injured on 7/19/18 and left work during his regular shift to seek treatment. The injured worker returned to the workforce on 7/19/18 and finished out his shift. In this instance, the injured worker did miss some time from work. The Claims Management staff has been instructed to enter a last day worked and a stop date, then enter a new working row. This would result in a 0 day claim for MoD purposes.

If you have further questions, please let us know.

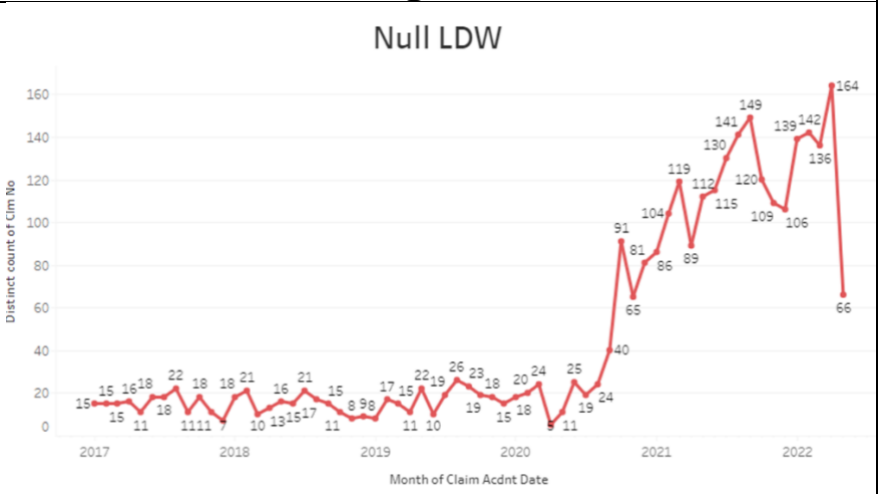
Barbara A. Jacobs
Director, MCO Business & Reporting Unit
Ohio Bureau of Workers' Compensation
30 W. Spring Street, Level 20
Columbus, OH 43215
(614) 466-9386

Reporting of Medical Only Claims With No Last Day Worked Trends
January 1, 2017, through May 20, 2022

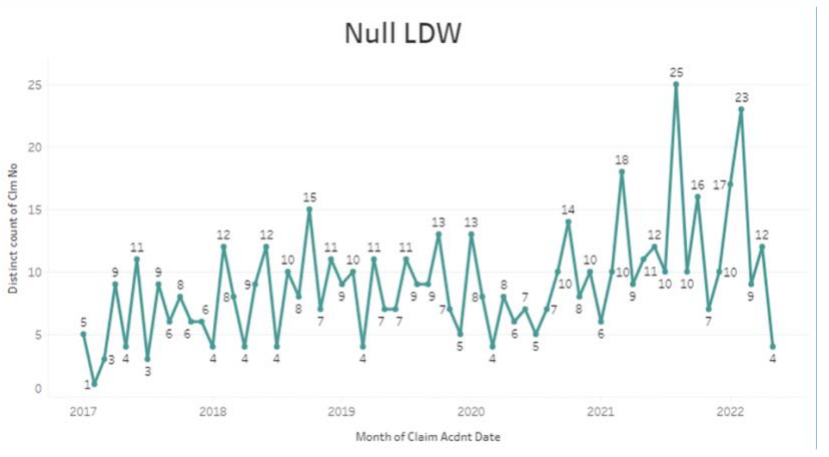
Sheakley Unicomp Inc.



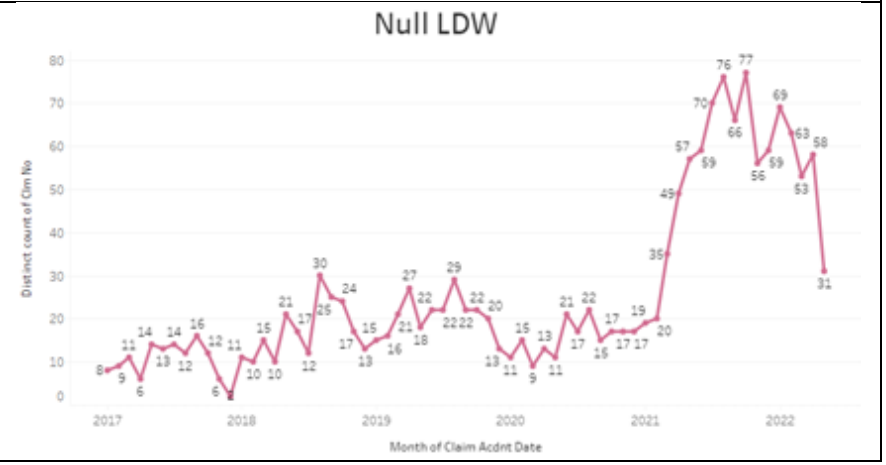
Health Management Solutions



Corvel



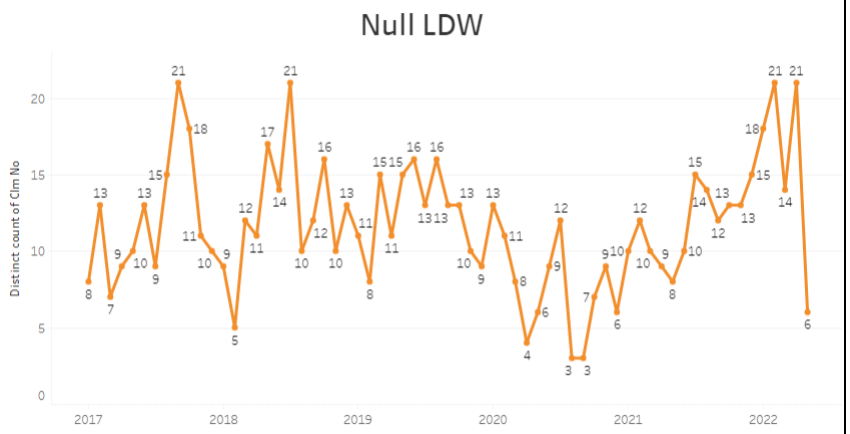
Medical Administrators Inc



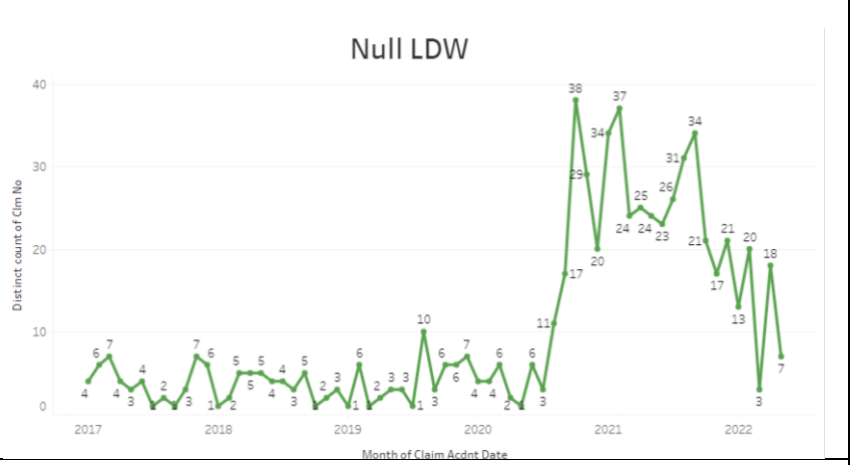
Source: Visualizations created by OBWC Special Investigations Department in Tableau by using data extracted from CoreSuite.

Reporting of Medical Only Claims With No Last Day Worked Trends
January 1, 2017, through May 20, 2022

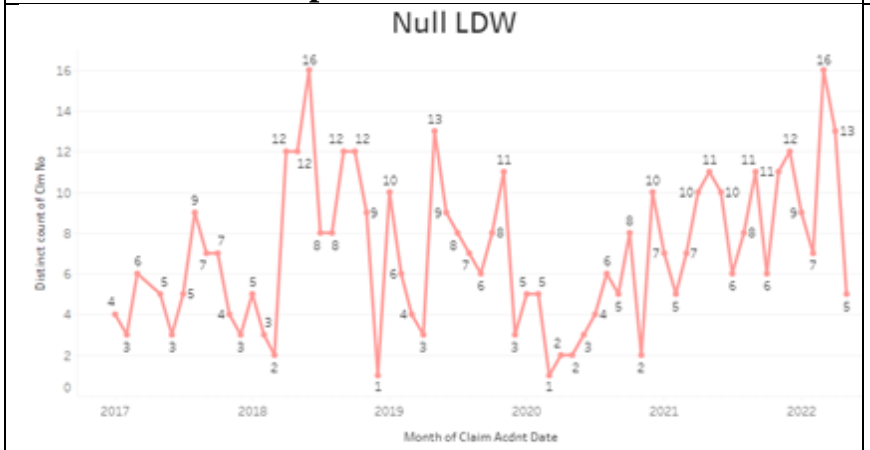
3-Hab, Ltd



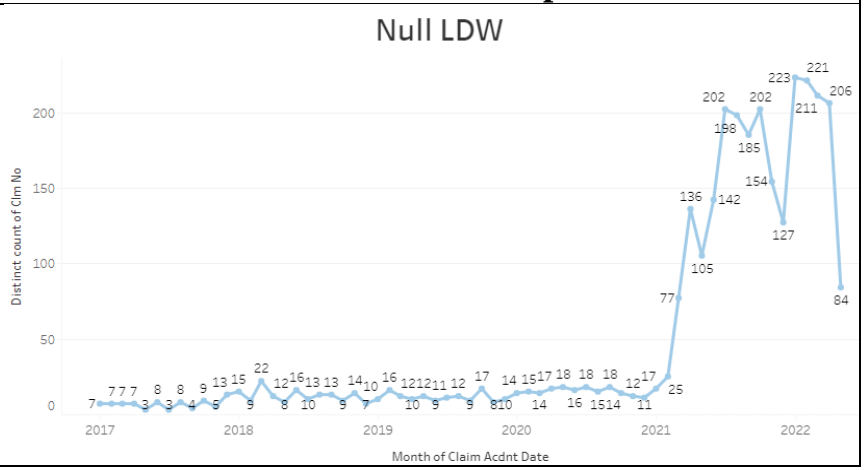
AultComp



Occupational Health Link



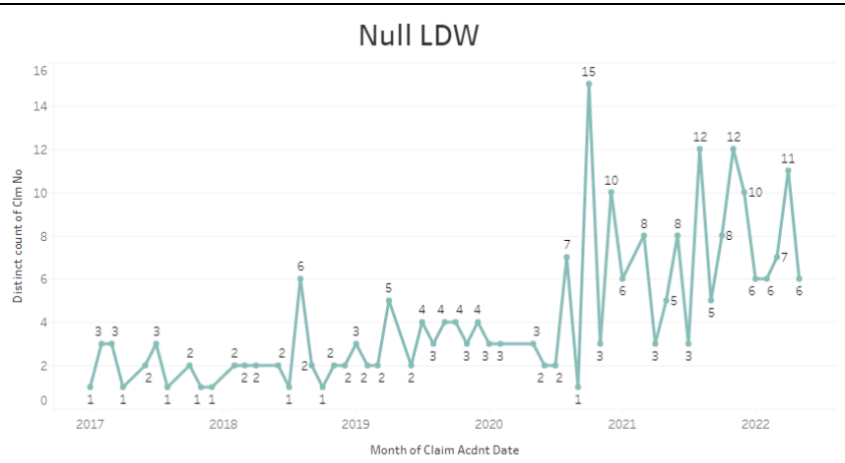
1-888-OhioComp



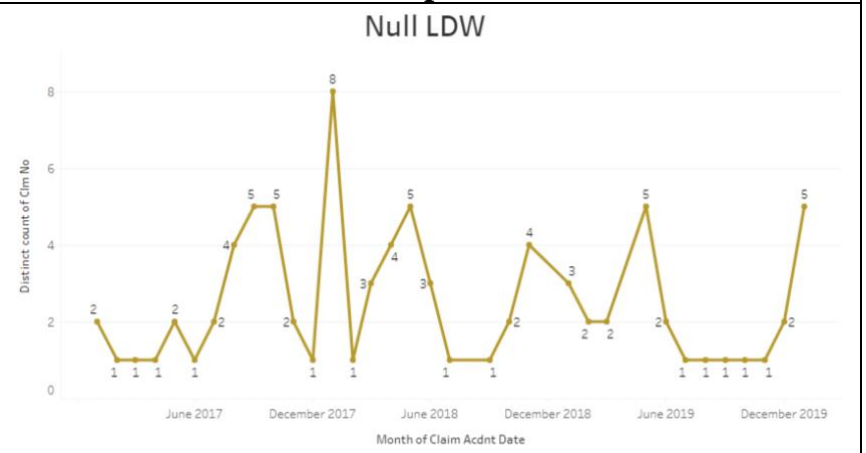
Source: Visualizations created by OBWC Special Investigations Department in Tableau by using data extracted from CoreSuite.

Reporting of Medical Only Claims With No Last Day Worked Trends
January 1, 2017, through May 20, 2022

Genex



CompOne



Source: Visualizations created by OBWC Special Investigations Department in Tableau by using data extracted from CoreSuite.