



Green Belt Six Sigma Project Report Out
Kimberly Kline
Ohio Bureau of Workers' Compensation
July 13, 2017

MEDCO-14

MEDCO-14- WHAT IS IT?

A form used by providers to determine:

- 1) The status of the injured workers health at the time of the appointment
- 2) The current capabilities of the injured worker
- 3) Relevant information to support disability compensation

BACKGROUND

In 2016 we heard frustration internally, and externally about this form:

- Externally it was hard to understand and complete accurately
- Internally there was a consistent feeling of frustration surrounding the Medco14. From the front line perspective, they view this form as confusing for our Provider and Employer Customers. Additionally it was causing a lot of rework.

MEDCO-14 TEAM

- Freddie Johnson, Sponsor
- Deb Kroninger, SME
- Janet Wilks, SME
- Bill Kast, data gatherer
- Scott Powell, Mentor
- Provider roundtable participants

SCOPE

The project should be held to the form and instructions as well as updating any collateral material.

PROJECT GOALS

To reduce provider frustration and error rates regarding this form allowing us to more expeditiously pay our injured workers and save BWC from unnecessary rework.

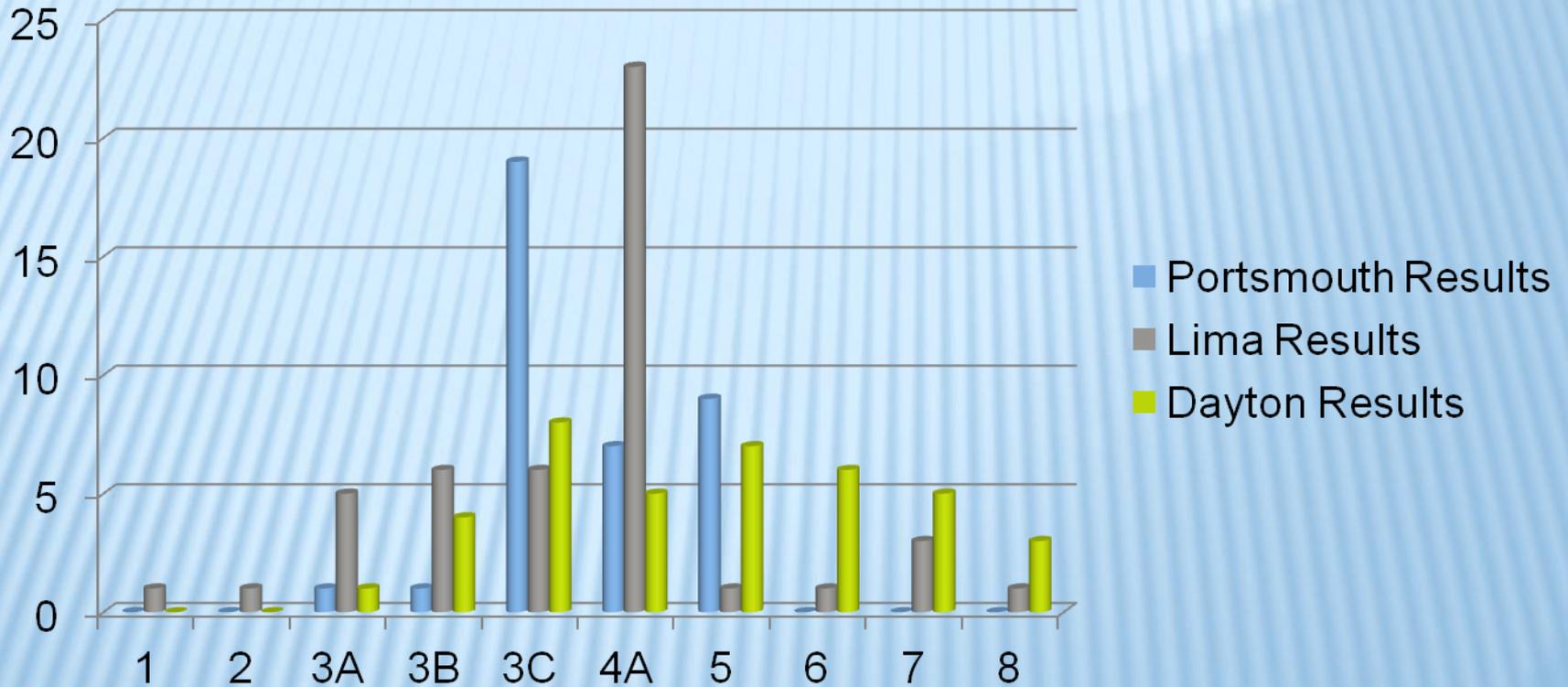
BASELINE DATA

Measure	Current Metric	Goal
Error rate	49%	5%
Cost associated with errors per year	\$925,659	\$23,000
Lag time between C-84 receipt and Medco-14 receipt	7 days	2 days
Unnecessary form submissions	643 hours wasted	32 hours

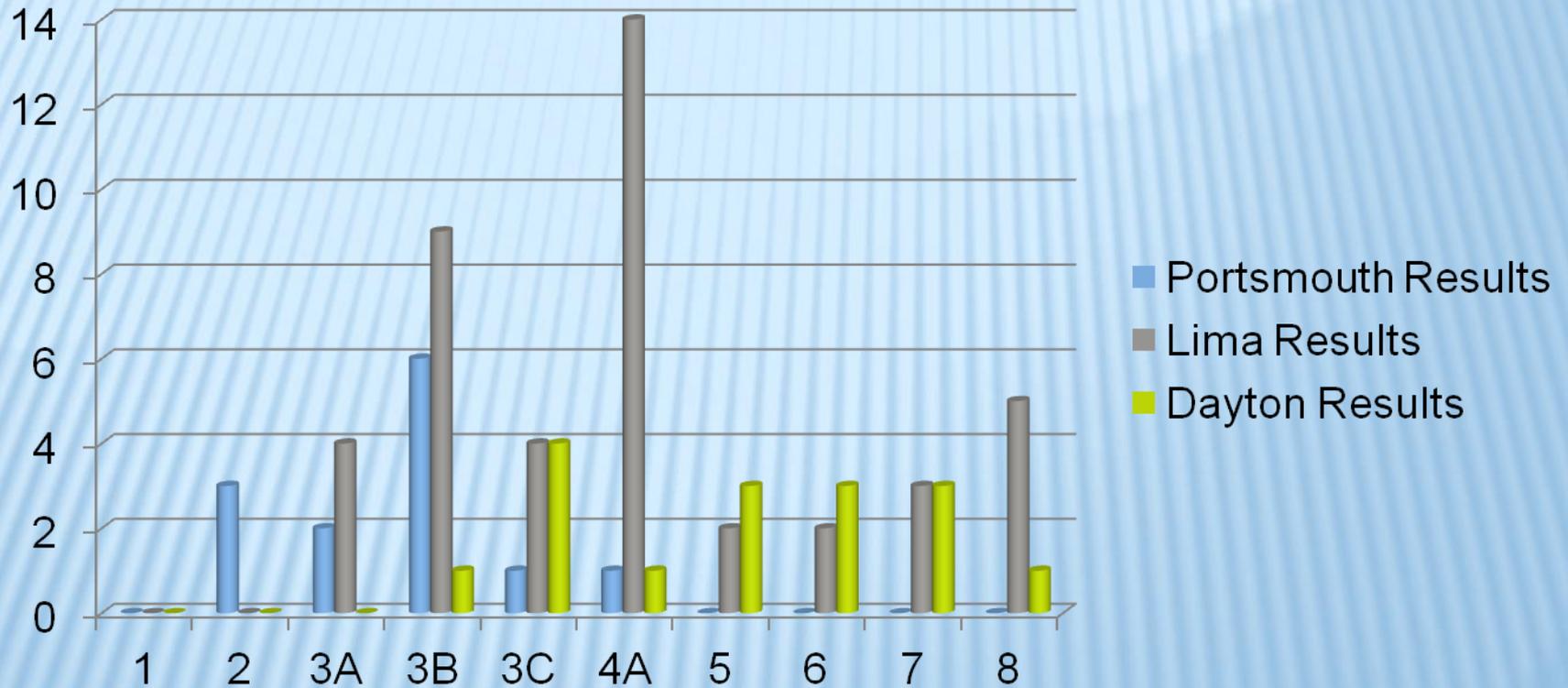
DATA COLLECTION PLAN

- Error rates:
 - Two Samples (Oct 2016, March 2017)
 - 3 different Service Offices Managers conducted brief audits of the Medco-14s they received.
 - The goal with this activity was to capture what areas of the form generate the most errors. With this data we can then focus on the pain points of our Provider Customers and internal customers (staff).

ERROR RATE ROUND 1



ERROR RATE ROUND 2



ERROR RATE = \$\$\$

- Errors= phone calls
- Phone calls= \$15
- In Round 1, Lima had a 49% error rate
- \$77,138 spent on errors in 1 month
- \$925,659 per year on ERRORS!!!

LAG TIME

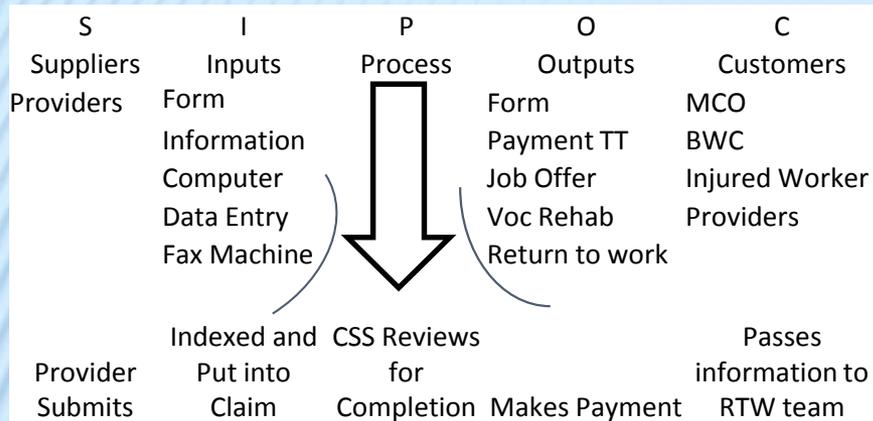
Definition: Time from first request for temporary total compensation (C-84) to the receipt of the Medco-14 with supporting medical documentation.

Lag	Percentage of Claims
less than 0 days	12%
0 to 7	28%
8 to 14	14%
15 to 21	11%
22 to 28	6%
29 to 35	4%
36 to 42	2%
43 to 49	3%
50 to 56	2%
57 to 63	1%
64 to 70	1%
71 to 77	1%
78 to 84	1%
85 to 91	1%
92 to 98	1%
99 to 105	1%
106 to 112	2%
113 to 119	1%
120 or greater days	9%

ADDITIONAL DATA COLLECTION

- Readability: 13.2 grade level
- Number of Medco-14s submitted for Medical only v. Lost time claims

ADDITIONAL TOOLS



Problem: Medco-14s are generating a lot of frustration from staff

Why is the Medco-14 generating Frustration from staff?

Because they require re-work when information is missing

Why is information missing?

Because the provider/provider's office did not complete the form

Why was the form not completed?

Because the Provider did not understand the form or what was required

Why didn't the provider understand what was required?

Because the form was unclear

Why is the form unclear?

It is written at a 13 grade level

PROVIDER ROUNDTABLE

- April 25, 2017
- Mansfield Ohio
- 8 external participants
- Focus of their complaint:
 - Takes too much time for Emergency Room providers to complete
 - Need ability to just write in restrictions (3C)
 - Rejected too many times for missing information (4A)

STAKEHOLDER MEETING

- Meeting with the Ohio Association for Justice
 - Focus of complaints:
 - Need to allow for just writing restrictions (section 3C)
 - Section 4A sees a lot of rejections due to requiring both ICD-10 code as well as description- should be one or the other

COST SAVINGS SCORECARD

Measure	Projected Savings Annually
Elimination of CSS Re-work	\$902,659
Elimination of unnecessary indexing	611 hours * \$15= \$10,000- \$15,000
Total	\$912,659- \$917,659

PROJECT BENEFITS - INTANGIBLE

- The project will lead to:
 - More timely payments for the injured worker
 - Less frustration on the part of the provider, injured worker and employer
 - Improved morale with BWC staff

IMPROVEMENT SUMMARY

Current Key Issues

Emergency Room use of form

3C section too complex

4A should be ICD or description

How We Improved

Inserted a NOTICE at the top of the form to prevent this

Allowed for restrictions only to be written in

Changed policy to accept ICD or description

IMPLEMENTATION PLAN

Task	Who	When	Status
4A- Policy or rule change	Legal	July 6,2017	Pending
Finalize Design	Communications	Request made: 7/10/17	Pending
Training	BWC Policy		TBD
Communications	Medical Services	Summer/Fa II 2017	Scheduled

AS A RESULT

- This highly utilized form has been the topic of frustration for years. It has been revised multiple times to no avail.
- These changes will alleviate the angst with the form and also allow BWC to refocus on necessary work allowing our injured workers to receive payments on a more expedited basis.

SPECIAL THANKS TO...

Administrator/CEO Sarah Morrison

Sponsor: Freddie Johnson

Subject Matter Experts: Deb Kroninger and Janet Wilks

Data Analyst: Bill Kast

Mentor: Scottie Powell

QUESTIONS/COMMENTS

