

# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



## Maneuvering Recovery and Return-to-Work Roadblocks

Presenters:

Tammie Mihaly, MSM-HCA, RN, CCM

Bliss Dickerson, RN, BSN, COHN/CM

Janet Wilks, BA

# Learning Objectives

1. Describe the concept, purpose, use, and correct completion of the FROI, MEDCO-14 and C-9.
2. Identify potential roadblocks and resources available for successful claim outcomes.
3. Articulate the importance of collaboration and communication between injured workers, employers, physicians, MCOs, and BWC.
4. Recognize and use presented tools and approaches to positively impact claim outcomes.

# Quick Hits to Overcoming Roadblocks

- Monthly provider e-News [providerlistserve@bwc.state.oh.us](mailto:providerlistserve@bwc.state.oh.us)
- Website - [www.bwc.ohio.gov](http://www.bwc.ohio.gov)
  - Medical Policies
  - Fee Schedule Lookup
- Contacts:
  - Provider Contact Center 1-800-477-6292
  - MCO Directory - [MCO Directory | Bureau of Workers' Compensation \(ohio.gov\)](http://MCO Directory | Bureau of Workers' Compensation (ohio.gov))
  - SI inquiries email - [SIINQ@bwc.state.oh.us](mailto:SIINQ@bwc.state.oh.us)

# What Causes Roadblocks?

- Lack of knowledge of BWC's system
- Workers' compensation is a medical/legal system.
- Ignorance is not BLISS!

Let's talk about increasing knowledge and eliminating roadblocks to achieve success!

# What Our Experts Say



## Michael Marvin, M.D., FACEP

“If you know the system well enough, providers can and should educate an injured worker on how the system works. This usually relieves anxiety and develops trust. I think this is better than letting office staff do the educating. The office staff gets to reinforce what the provider has explained. It takes time during the office visit to do this. However, it can be rewarding to know you provided education to the injured worker how the claim process works. They are very thankful when they understand the process. They may not be happy with the process, but they aren’t blaming the provider.”

# BWC Toolbox

- Tool #1 “The Work Crew” - Everyone has a role!
- Tool #2 “The Blueprint” - FROI
- Tool #3 “Work Order” C-9
  - Treatment or Services Reimbursement
  - Additional Allowance
- Tool #4 “The Tape Measure” - MEDCO 14



# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



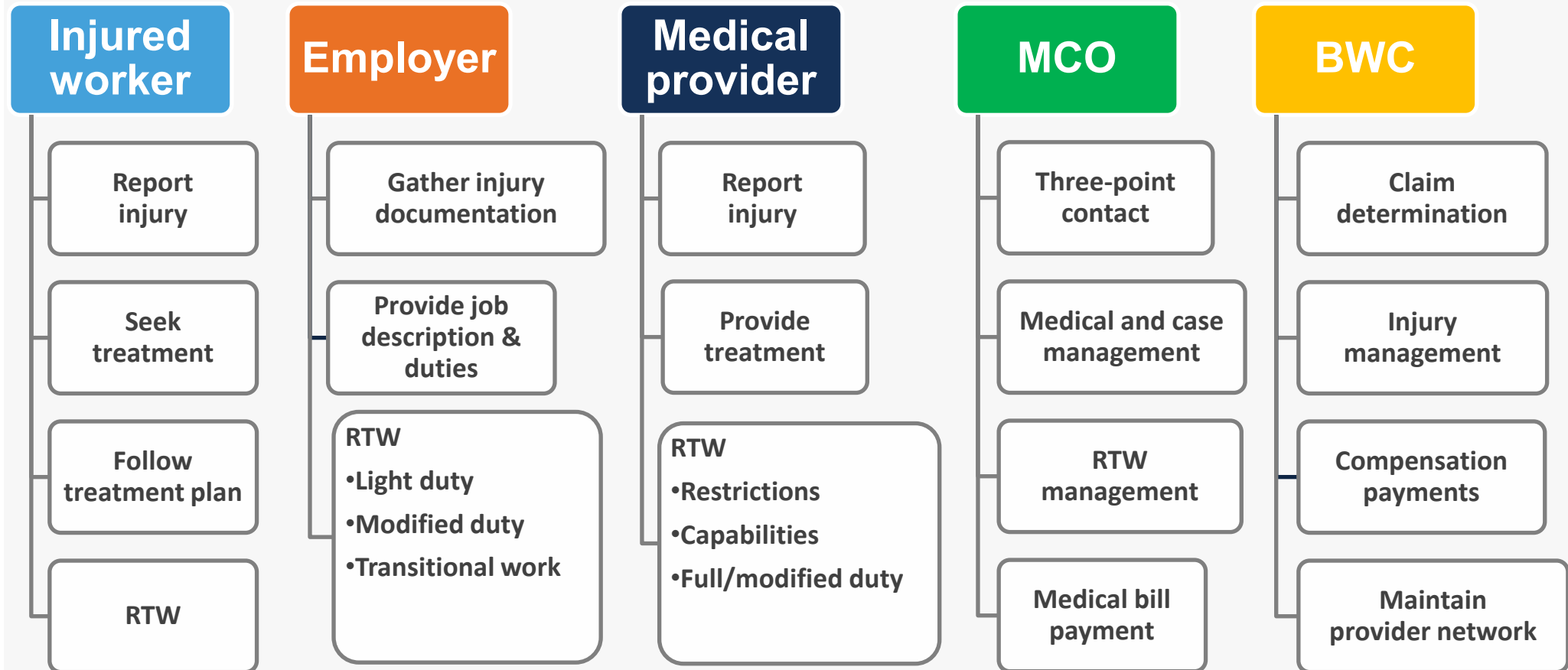
## Work Crew

Creating a collaborative effort

Everyone has a role!

# Tool # 1-The Work Crew

Everyone has a role - Communication is the key!





# “Work Crew” Roadblocks & Resolution

Everyone has a role - Communication is the key!

Roadblock	Resolution
Uncertainty	Communication, establish protocols, collaborate, and ask questions
Rules, policy & procedures	
Who are the contacts?	

Injured worker

Employer

Medical provider

MCO

BWC

# What Our Experts Say



## **James Anthony, M.D., FAAFP**

“Improve responsiveness and collaboration between the MCO and the POR's case manager when they are available. A collaborative approach to problem-solving can only serve to improve the quality of care and even the speed of recovery.”

# MHS22

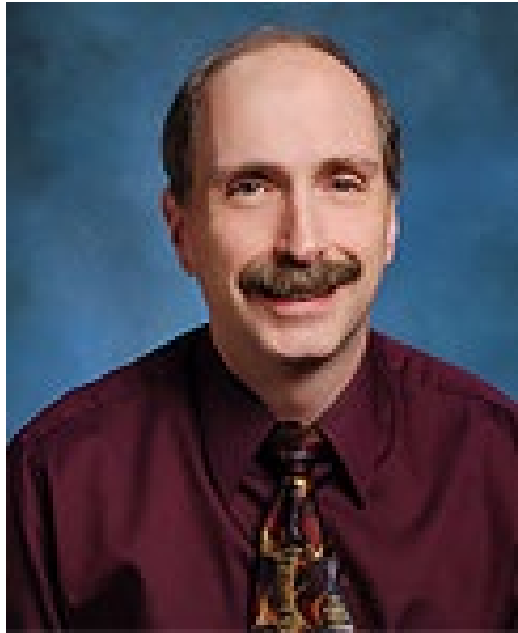
MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



## First Report of an Injury, Occupational Disease or Death (FROI)

“The Blueprint”

# What Our Experts Say



## **James Brue, M.D.**

“Documentation is key. A thorough history obtaining as much information as to the date and time of injury, activity and job where the injury occurred, complaints, and past medical history that is pertinent to the injury. Both positive and negative history can be vital. A well-documented thorough examination including all positive and negative findings. This way BWC and the Industrial Commission have all the data they need to review the file and make rapid and accurate determinations. This will speed up the process of care for patients and can help prevent unnecessary delays. After reviewing thousands of files, I cannot express how difficult it is when there is insufficient or inaccurate documentation.”

# Tool #2: FROI

## The “Blueprint”

<b>Treatment info.</b>	Health-care provider name	Telephone number (    )	Fax number (    )	Initial treatment date
	Street address	City		State    9-digit ZIP code
	Diagnosis(es): Include ICD code(s)			
	_____			
	_____			
	_____			
	Will the incident cause the injured worker to miss eight or more days of work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the injury causally related to the industrial incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	E code		11-digit BWC provider number	Date
Health-care provider signature				

# Tools for Success - FROI

## File FROI

- Ask appropriate questions.
  - Who – Was anyone else involved?
  - What happened?
  - Where did the injury take place?
  - When did the injury occur?
  - How did the injury happen?
- First treating provider – File FROI within one business day.

# Provider FROI Filing Options

- Online submission
  - [www.bwc.ohio.gov](http://www.bwc.ohio.gov)
  - Immediate claim number
  - Immediate look-up for managed care organization (MCO) or self-insured employer contact information
- Paper version
  - Fax or mail to MCO.
  - Obtain injured worker signature, if possible.

# Provider's Opinion - Causality

Causality (causal relationship) is the provider's opinion regarding the correlation between the mechanism of injury and the injury itself.

Causality: Did the accident, as described by the injured worker, cause the medical condition. For example, did the slip and fall cause the lumbar sprain and fractured left wrist?





# What Our Experts Say



## Clark Iorio, DO

“Become familiar with the word causality, be very detailed in your documentation of how and where the injury took place as well as confirmation of the injured worker’s job description and incident report.”

# FROI Roadblocks

- FROI not submitted timely or at all
- Symptom codes on initial FROI
  - Pain, headache, rash, etc.
- Not addressing causality
- Lack of supporting documentation
  - Office notes and diagnostic test results
  - Delays from contracted medical record vendors

# Roadblocks to Initiate Treatment After FROI

- BWC legal-decision time frame
- Appeal and hearing time frames
- Presumptive authorization services
  - [Presumptive/Standardized Prior Approval | Bureau of Workers' Compensation \(ohio.gov\)](#)

# FROI Roadblock Resolution

## Suggestions to resolve FROI roadblocks

- ✓ Submit FROI within one business day of rendering care.
- ✓ Ensure diagnosis is for an injury, not a symptom.
- ✓ Initial treating provider should address causality.
- ✓ Always send all supporting documentation.
- ✓ Communicate with MCO and BWC regarding time frames.
- ✓ Care within presumptive authorization service guidelines.

# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



## C-9

“The Work Order”

# Tool #3: C-9 Treatment Request

## The “Work Order”



### Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease

• Instructions for completing the C-9 on reverse side.

<b>Fax note</b>	To	Toll-free fax number	Phone number
	From	Phone number	Fax number

<b>IW</b>	<b>1</b> Injured worker name	Claim number	Date of injury / /
-----------	------------------------------	--------------	-----------------------

<b>II. Requested services</b>	<b>2</b> Treating diagnosis for this request to include body part/levels.	<b>3</b> Date service begins / /	Date service ends / /	Date of last exam or treatment / /
-------------------------------	---	-------------------------------------	--------------------------	---------------------------------------

<b>II. Requested services</b>	<b>4</b> Requested services with CPT/HCPCS codes (required)	Frequency	Duration
	1.		
	2.		
	3.		
	4.		

<b>II. Requested services</b>	<b>5</b> Provide the two-digit facility site of service code as used by the Centers for Medicare and Medicaid Services (CMS), if applicable.
-------------------------------	--

# Tools for Success - “Work Order”

## Managed Care Organization C-9 Processing

- Three days to approve, deny, or pend.
- Pend service request when more information is needed (C-9A).
- C-9A must have response within 10 days.

## Provider Key Reminders

- Always provide supporting documentation.
- Fully complete section II requested services.
- Appeal can be filed if provider disagrees with MCO C-9 decision.

# C-9 Treatment Request Roadblocks

- Lack of documentation to substantiate request
- Retrospective treatment request (C-9)
- No response to C-9A
- C-9 disclaimer resolved yet provider unaware
- Lack of or delay in additional allowance request – may delay treatment



# C-9 Treatment Request Roadblocks

- Inactive claim status – Reactivation claim process
  - MCO sends to BWC for investigation
  - BWC must issue an order to address reactivation/treatment requests.
- Treatment denials
  - Provider, injured worker, or employer appeals

# C-9 Treatment Roadblock Resolution

Suggestions to resolve C-9 treatment roadblocks

- ✓ Documentation and justification – Detailed office notes
- ✓ Request treatment timely
- ✓ Open lines of communication with MCO & BWC
- ✓ Complete C-9 in its entirety
- ✓ Presumptive authorization

# What Our Experts Say

## Michael Atta, M.D.



“It is important to make sure there is a diagnosis, before asking for an evaluation/treatment related to that condition. It is much easier if the condition is listed from the start (as much as possible), because valuable time can be spent waiting for a diagnosis to be added, and evaluations/treatments are not allowed if there’s no accepted diagnosis.”

# C-9 Additional Allowance

## The “Work Order” Additional Allowance

### III. Additional conditions

If you are recommending additional conditions to the claim, supporting documentation is required. **You may not use the C9 to request additional conditions for claims of self-insuring employers.**

⑥ Provide diagnosis (narrative description only), and location and site for conditions you are requesting.

⑦ In your opinion, based on the history from the injured worker, your clinical evaluation and expertise, is the diagnosis or condition causally related, either directly or proximately, to the alleged industrial accident or exposure?

Yes, please attach explanation.  No, please attach explanation.

# C-9 Additional Allowance Roadblocks

- Insufficient supporting medical documentation
- Request without causality statement
- Understanding different standards of evidence for substantial aggravation or aggravation of pre-existing condition
- No response or agreement to additional condition(s)
- Incomplete C-9

# C-9 Additional Allowance Resolution

Suggestions to resolve C-9 additional allowance roadblocks

- ✓ Documentation and justification – Detailed office notes
- ✓ Request additional conditions timely
- ✓ Open lines of communication with MCO & BWC
- ✓ Complete C-9 in its entirety
- ✓ Communication with injured worker

# What Our Experts Say



**Nancy Rodway, M.D.**

“Most injured workers are really injured but you must hone your musculoskeletal exam skills to be able to identify objective physical exam findings and document them to support the diagnosis!”

# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9

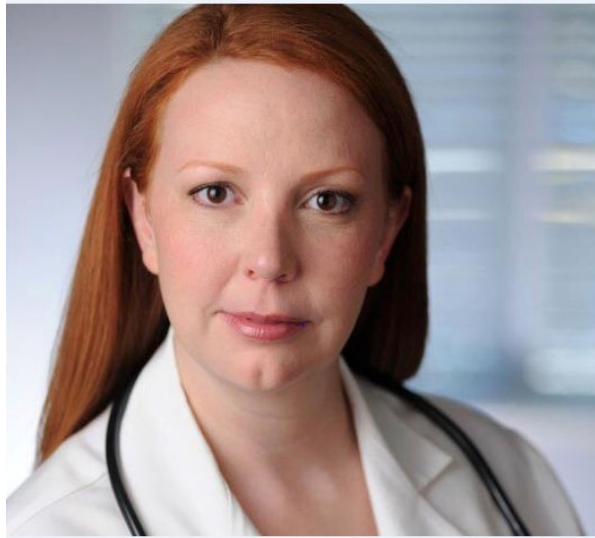


## MEDCO-14

“The Tape Measure”



# What Our Experts Say



## Amanda Hagen, M.D., MPH, FCOEM

“For me, I have always loved seeing the injured worker get back to work successfully. If that can’t be done, I enjoy helping them brainstorm other careers that they **CAN** do and seeing how happy they are when they realize this injury hasn’t ended their life.”



## Physician's Report of Work Ability MEDCO-14

- BWC's approach to return to work (RTW)
- Complete for each office evaluation
- Think ABILITY, not DISABILITY
- Importance of re-engaging in the workforce
- Restrictions apply to everyday life, not just work

# What Our Experts Say



## **Janet Cobb, M.D.**

“Remaining at work is vital to the recovering of an injured worker. Utilizing stay at work/return to work with transitional duty provides motivation to the injured worker, keeps the injured worker moving and engaged in his/her improvement. Use the MEDCO-14 to help keep the injured worker working. Timely and thoroughly completed C-9 help in providing additional treatment and care for the injured worker. Using these tools correctly helps to keep the case and care moving forward to allow for improved patient care outcomes for the injured worker. “

# What Our Experts Say



## **Bruce Hensley, DO**

“Taking people off work when restrictions are an option, sometimes creates a difficult scenario for all parties involved. Everyone loses. If possible, return patients to work with appropriate restrictions, then it is the employer’s responsibility to find their employee something to do.”

# MEDCO-14 Roadblocks

- Complex instructions
- Misunderstanding of what BWC “dates” mean coupled with the form wording led to inconsistent responses
- Not documenting exactly what condition is causing current level of disability or restriction
- Confusion on section ‘3C’ injured worker activities they can perform
- Understanding when NP/PA can independently sign without physician co-signature

# MEDCO-14 Roadblocks

Three exceptions when a MEDCO-14 is not needed after every appointment;

- Injured worker has been awarded permanent and total disability
- Injured worker has returned to work without restrictions within seven days of the injury;
- Injured worker is being treated after being released without restrictions.

# MEDCO-14 Roadblock Resolutions

- Enhanced MEDCO-14 to be released by BWC.
- New form revisions coming to alleviate confusion by simplifying dates and form language.
- Overall easier and condensed form coming soon.



## Nurse Practitioner & Physician Assistant:

- Permitted to complete and sign MEDCO-14 without co-signature for six weeks post injury.
- MEDCO-14 must be co-signed by physician thereafter.
- Each practitioner must bill under their own individual provider number.

Treating physician's signature – mandatory (See instructions "Note:" for exceptions)			
I certify the information on this form is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain payment as provided by BWC, or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may be punished, under appropriate criminal provisions, by a fine or imprisonment or both.			
6	Treating physician's name (Print legibly.)		Address, city, state, nine-digit ZIP code
	Treating physician's signature		
	BWC provider (PEACH) number	Date	Telephone number Fax number



# What Our Experts Say



## David Goff, DO

“Be upfront with past medical injuries, time frame of previous injuries, and the history of previous medical-injury treatments concerning your injured worker. Be specific as to the history of relapse or the chronicity of previous injuries involving your injured worker.”

# General Prevention of Roadblocks

## Securing it all together

- Medical necessity and appropriateness of the diagnostic and/or therapeutic services provided
- Services provided have been accurately reported.
- Services are related to the allowed claim condition.
- Pertinent facts, findings, and observations

## Medical Record Documentation

- Your hands, eyes, and ears are on the injured worker.
- Your documentation tells the injured worker's story. Be precise!
- Lay a solid foundation with detailed documentation!

# What Our Experts Say

## Michael Chichak, M.D.



“Claims that don't go well can quickly spiral downward and result in challenging mental health issues. However, strongly led claims with good clinical direction help keep the injured worker in good spirits with a positive and hopeful outlook. I love the days when the patient is released to full duty, smiling that they have overcome a challenge.”

# Long-Term Recovery Roadblocks

- Work crew doesn't work in unison.
- Delayed RTW – No written restrictions or work abilities
- Misunderstanding MEDCO-14
- Validation needed when injured worker says no light duty.
- Employer won't accept/accommodate restrictions.
- Vocational Rehabilitation misconceptions

# What Our Experts Say



## David Tanner, DO

What's one piece of advice, from an occupational medicine standpoint, you'd give to providers and their staff when working with occupational injuries?

“Case management, monitoring C-9's for moving the case along, from follow-up to specialty consult, imaging and rehab.”

# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



## Case Study 1 Pain Diagnosis

Buster, 40-year-old male deli worker

# Case Study 1

Buster, a 40-year-old male deli worker, slipped and fell in the cooler where water had leaked. He had immediate right shoulder pain from the fall. It was a very busy day in the deli, so Buster didn't immediately report the incident. Buster was scheduled off for the next two days and told his supervisor about it when he returned. Buster reported he still had shoulder pain and some numbness. Once reported, his supervisor completed an incident report and sent him to the urgent care for evaluation without the company's MCO information. He was diagnosed with pain in the right shoulder after the exam. X-rays were negative. Buster was given a 5 lb. lifting restriction and told to follow-up with an orthopedic specialist. He was given a completed MEDCO-14 to document the restrictions. He was told to take over-the-counter Ibuprofen for pain. No orthopedic appointment was made by the urgent care.

# Case Study 1 Roadblocks

Buster, a 40-year-old male deli worker, slipped and fell in the cooler where water had leaked. He had immediate right shoulder pain from the fall. It was a very busy day in the deli, so Buster **didn't immediately report the incident**. Buster was scheduled off for the next two days and told his supervisor about it when he returned. Buster reported he still had shoulder pain and some numbness. Once reported, his supervisor completed an incident report and sent him to the urgent care for evaluation **without the company's MCO information**. He was diagnosed with **pain in the right shoulder** after the exam. X-rays were negative. Buster was given a 5 lb. lifting restriction and told to follow-up with an orthopedic specialist. He was given a completed MEDCO-14 to document the restrictions. He was told to take over-the-counter Ibuprofen for pain. **No orthopedic appointment was made by the urgent care.**



# Case Study 1 Roadblocks

Roadblock 1 - Delay in accident being reported to employer

Roadblock 2 – Sent for treatment without MCO information

Roadblock 3 - Symptom diagnosis submitted on FROI

Roadblock 4 - Lack of coordinated follow-up



# Case Study 1 Roadblock Resolution

1. Ensure employer has procedures in place for employees to report injury, know MCO assignment, and obtain timely treatment.
2. Provider understanding that symptoms are not an allowable diagnosis.
3. Subsequent care scheduled - coordination



# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



## Case Study 2

# Insufficient Diagnosis

Jane, 49-year-old female custodian

# Case Study 2

Jane, a 49-year-old female, was cleaning the floor in the supervisor's office when she tripped over a file and twisted her right foot. Pain took her to the floor, and she could barely walk. She went to the busy emergency room (ER) where an x-ray was inconclusive for fracture and the ER physician diagnosed her with right ankle sprain. The ER wrapped her foot, told her to take over-the-counter medication for pain, and took her off work until she followed up at the hospital's occupational health clinic. The FROI was filed with right ankle sprain as the diagnosis.

Three days later, Jane had an appointment at the occupational health clinic where right foot x-rays were repeated, and additional views confirmed a bimalleolar ankle fracture. Referral to an orthopedic surgeon was made. The orthopedic surgeon submitted a C-9 for surgery and an additional allowance of a bimalleolar ankle fracture.

After a one-week delay, surgery had not been scheduled. When she asked why she hadn't been called to schedule surgery, the provider's office realized they had not responded to the MCO's C-9A request – the MCO did not have the x-ray information. Unfortunately, the C-9 for surgery was dismissed due to lack of response to a C-9A request.

# Case Study 2

Jane, a 49-year-old female, was cleaning the floor in the supervisor's office when she tripped over a file and twisted her right foot. Pain took her to the floor, and she could barely walk. She went to the **busy emergency room** (ER) where an **x-ray was inconclusive for fracture** and the ER physician diagnosed her with right ankle sprain. The ER wrapped her foot, told her to take over-the-counter medication for pain, and took her off work until she followed up at the hospital's occupational health clinic. The FROI was filed with right ankle sprain as the diagnosis.

Three days later, Jane had an appointment at the occupational health clinic where right foot x-rays were repeated, and additional views confirmed a bimalleolar ankle fracture. Referral to an orthopedic surgeon was made. The orthopedic surgeon submitted a C-9 for surgery and an additional allowance of a bimalleolar ankle fracture.

After a one-week delay, **surgery had not been scheduled**. When she asked why she hadn't been called to schedule surgery, the provider's office realized they had **not responded to the MCO's C-9A request** – the MCO did not have the x-ray report. Unfortunately, the **C-9 for surgery was dismissed** due to lack of response to a C-9A request.

# Case Study 2 Roadblocks

Roadblock 1 – Busy ER vs. urgent care or occupational medicine clinic

Roadblock 2 - Inconclusive x-ray results

Roadblock 3 - Medical not sent with C-9 for additional condition and surgery so request dismissed.

Roadblock 4 - Follow-up phone calls not made to check on status of additional allowance and surgery.



# Case Study 2 Roadblock Resolution

1. Occupational clinic overcame roadblock with new x-rays.
2. Submit thorough evidence for additional conditions and treatment requests.
3. Specific supporting evidence and causality are key.
4. Review to ensure completeness of documentation prior to submission.
5. Communication



# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



## Case Study 3

# Substantial Aggravation of a Pre-Existing Condition

Annette, 44-year-old female landscaper



# Case Study 3

Several weeks ago, Annette had a twisting injury of her knee resulting in pain and swelling while working as a landscaper. This was her first work injury. Initial diagnosis was a knee sprain.

POR ordered physical therapy and it appeared to aggravate the knee causing increased swelling and more pain. The POR subsequently requested an MRI that was approved. The MRI showed a bucket handle tear of the medial meniscus and arthritis.

The POR recommended additional conditions and orthopedic referral for surgery. The POR submitted a C-9 with right knee bucket handle tear of meniscus and arthritis. BWC physician review agreed with bucket handle tear of the meniscus but recommended denial of the arthritis due to the fact it appeared to be pre-existing. No objective evidence was submitted that the condition was worsened by the injury. The surgeon's office would not schedule the surgery without an approval.

Injured worker appealed the decision, the POR supplied objective documentation that the pre-existing condition was worsened considerably by the injury, and ultimately, the denial was overturned by the Ohio Industrial Commission (IC).

# Case Study 3

Several weeks ago, Annette had a **twisting injury of her knee** resulting in pain and swelling while working as a landscaper. This was her first work injury. Initial diagnosis was a knee sprain.

POR ordered physical therapy and it appeared to aggravate the knee causing increased swelling and more pain. The POR subsequently requested an MRI that was approved. The MRI showed a bucket handle tear of the medial meniscus and **arthritis**.

The POR recommended additional conditions and orthopedic referral for surgery. The POR submitted a C-9 with right knee bucket handle tear of meniscus and arthritis. BWC physician review agreed with bucket handle tear of the meniscus but recommended denial of the arthritis due to fact it appeared to be **pre-existing**. **No objective evidence was submitted** that the condition was worsened by the injury. The surgeon's office would **not schedule the surgery** without an approval.

Injured worker **appealed the decision**, the POR supplied objective documentation that the pre-existing condition was worsened considerably by the injury, and ultimately, the denial was overturned by the Ohio Industrial Commission (IC).

# Case Study 3 Roadblocks

Roadblock 1 – Twisting knee injury

Roadblock 2 – First work injury

Roadblock 3 – Substantial aggravation pre-existing condition

Roadblock 4 – Lack of medical documentation

Roadblock 5 – Delay due to appeal and IC hearing



# Case Study 3 Roadblock Resolution

1. Enhanced Care Program
2. The Work Crew – communication
3. Substantial aggravation of pre-existing arthritis
4. Provide diagnostic, clinical, and objective evidence.
5. Appeal and IC hearing time delay may not have occurred if all documentation had been submitted initially.



# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



## Case Study 4

# Enhanced Care Program

Joe, 59-year-old police officer

# Case Study 4

Joe, a 59-year-old police officer tripped and fell while chasing a suspect. Joe's right knee continued to bother him two days post injury. He was treated at the occupational health clinic for his injury, FROI was submitted with right knee strain and the claim was allowed.

The ECP physician knew Joe qualified for the ECP because he was a knee-only injury and worked for a State Fund employer. A comprehensive treatment plan (ECP-Tx) requested a MRI, physical therapy 3x week for 4 weeks, and a knee brace. Joe was given non-weight bearing restrictions for 2 weeks on a MEDCO-14. The MRI was positive for a right knee medial meniscus bucket handle tear and significant right knee aggravation of pre-existing chondromalacia.

ECP-Tx requested the additional conditions along with surgery. Due to being an ECP claim, the MCO approved the surgery without a disclaimer even though the additional conditions were still pending. Surgery was a success and Joe returned to restricted work 2 weeks post-op and then full duty 6 weeks post-op. The additional conditions were allowed 1 week prior to the full-duty release.

# Case Study 4 Resolutions

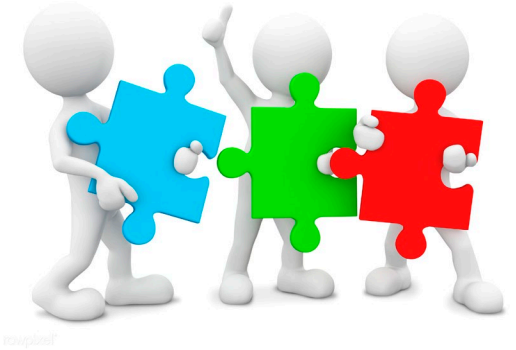
- ✓ Comprehensive treatment plan (ECP-Tx)
- ✓ Additional conditions requested (ECP-Tx).
- ✓ MEDCO-14 (restrictions and full-duty work)
- ✓ Physician rendered treatment while additional allowances were being reviewed.
- ✓ Detailed documentation and evidence to support aggravation of pre-existing condition

# Roadblock Wrap-Up

Everyone on the work crew needs to focus on collaboration!

**Pay attention to potential pinch points:**

- Accident-reporting delays
- Misunderstanding of workers' compensation processes
- Care **MUST** be coordinated with entire work crew.
- Use the tools and contacts for efficiency.





# MHS22

MEDICAL & HEALTH SYMPOSIUM • APRIL 7-9



## Thank You!

Tammie Mihaly [tammie.mihaly@bwc.state.oh.us](mailto:tammie.mihaly@bwc.state.oh.us)

Janet Wilks [janet.wilks@bwc.state.oh.us](mailto:janet.wilks@bwc.state.oh.us)

Bliss Dickerson [bliss.dickerson@bwc.state.oh.us](mailto:bliss.dickerson@bwc.state.oh.us)