

Ohio

**Bureau of Workers'
Compensation**

**Transitional Work Bonus
Program
Employer Guide**

March 2013

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Introduction

If you participate in the Destination: Excellence Transitional Work Bonus Program (TW Bonus Program), and use your transitional work plan to return injured workers back to work, you may receive a back-end bonus. You can realize a potential incentive of up to a 10-percent bonus of your pure premium.

Employer responsibilities for transitional work

As an employer participating in the TW Bonus Program, you must offer transitional work duties/light duty or modified duty to your injured worker whose physician has released him/her to return to work with documented restrictions to qualify for a bonus. Your injured worker must accept the offer, and actually return to work with restrictions and perform the designated meaningful job duties within his/her capabilities. In doing so, you must complete the *BWC Offer and Acceptance Form (TWB-2)*, for every offer of transitional work you make for claims with a date of injury during the bonus period. Not only does your transitional work coordinator need to complete and sign the TWB-2, but the injured worker must sign the form as well before you fax it to your managed care organization (MCO).

Eligible claims for the bonus program

New claims with a date of injury within your current bonus period

- BWC allows the claim.
- The physician has released the worker to RTW.
- There is an actual return-to-work (RTW) date.
- The physician has specified the injured worker's restrictions.
- Employer offers transitional work duties/light duty or modified duty to his/her injured worker.
- The injured worker accepts the transitional work duties/light duty or modified duty tasks.

Non-eligible claims for the bonus program

- Claims **not in allowed** status.
- Physician releases injured worker to RTW full duty.
- The injured worker has not RTW.

Bonus calculation and example

The use of well-developed transitional work plans can save employers money by returning injured workers back to the workplace in a safe, timely manner. The snapshot for the bonus calculation is six months after the close of the program period. This allows injured workers with claims with a date of injury late in the program period to return to work using the transitional work plan.

Bonus calculation example: For the employer enrolled in the July 1, 2012, to June 30, 2013, bonus period, we will take the snapshot on Dec. 31, 2013.

Eligible claims are all claims in which there's a release to RTW with restrictions for the job of injury.

Successful claims are all claims in which the injured worker returns to work using a transitional work plan verified by an agreement signed by the employer and the injured worker.

Calculation example:
$$\frac{\text{Five successful claims}}{10 \text{ eligible claims}} = 0.5 \times 100 = 50 \text{ percent}$$
$$50 \text{ percent of the 10 percent eligible bonus} = 5 \text{ percent}$$

The calculated bonus is 5 percent of your pure premium in the form of a check.

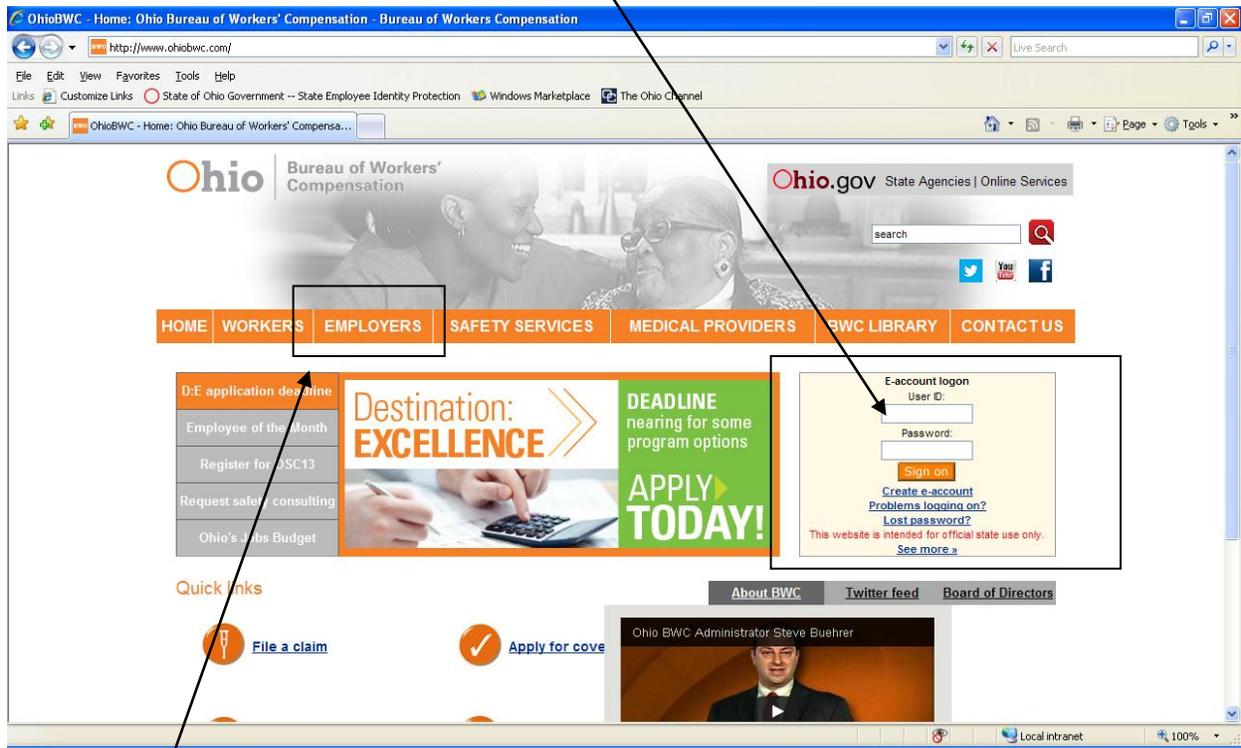
Note: Employers must re-apply for the Transitional Work Bonus Program annually BWC will not automatically re-enroll your company into the next program period. The application deadlines are the last business day in May for the July 1 bonus period or the last business day in November for the January 1 bonus period. Re-applicants are not required to submit their transitional work plan.

Instructions for completing the online TWB-2 on the BWC Web

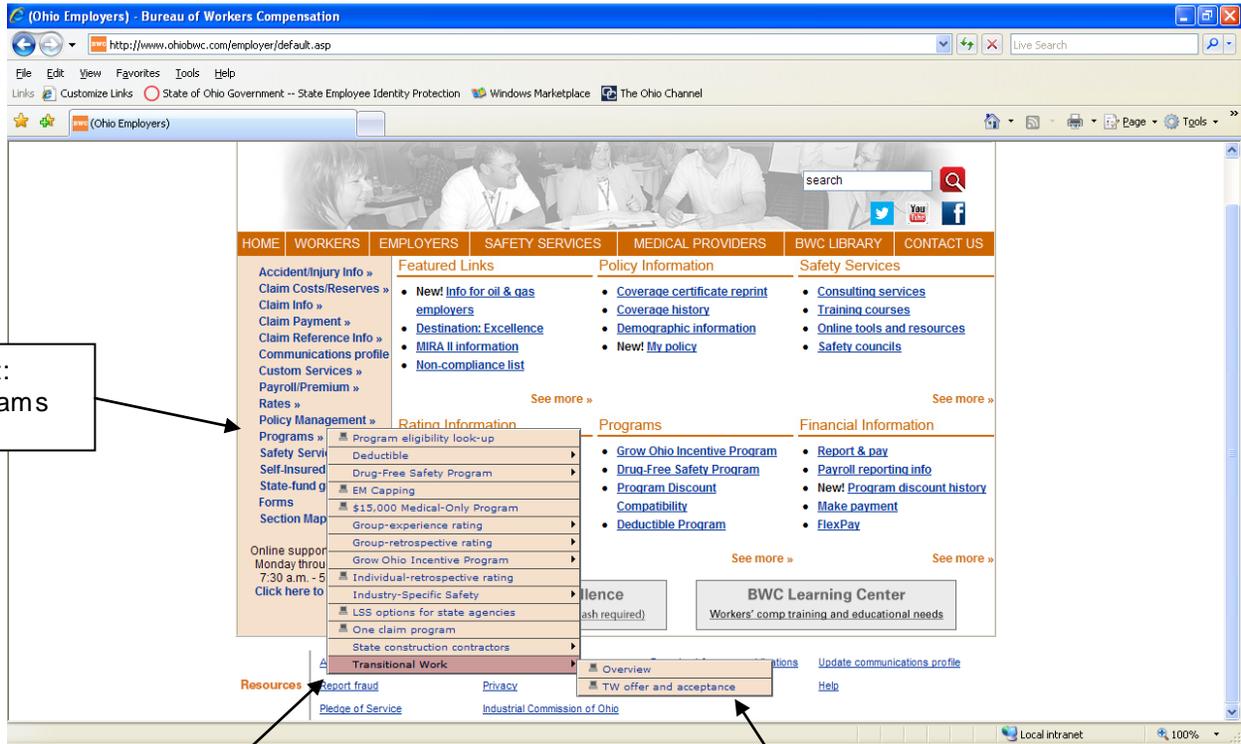
Employers or their third-party administrator must complete this form for every offer of transitional work you make for claims with a date of injury during the bonus period. Print the form, and then you and your employer must sign and date it. Then fax it, to your (MCO).

Bwc.ohio.gov pathway

Begin by logging on to your account: Enter your user ID and password.



Select Employers



Select: Programs

Select: Transitional Work

Select: TW offer and acceptance

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OhioBWC - Employer - Form: (TWB-2) - Introduction

Transitional Work Offer and Acceptance Form (TWB-2)

Introduction
Employers participating in the Transitional Work Bonus program must complete this form for every offer of transitional work they make for claims with a date of injury during the bonus period. Not only do they need to complete and sign, but also the injured worker must sign the form before the employer faxes it to the managed care organization (MCO).

Additional information

[Bonus program overview](#)
IMPORTANT: We must have the injured worker's signature before we can process this form. After you complete the form online, print a copy for the injured worker to review and sign, and then fax it to your MCO.
[MCO fax numbers](#)
Remember to include your policy number on your fax cover sheet.

Required information

- Policy number
- Individual claim number or program year
- Physician of record or treating physician
- Date released to return to work
- Return-to-work date
- Employee acceptance or refusal

Complete the forms
The free [Adobe Reader](#) software is required to display and print the form.

Do you have all the required information at hand? If so, you are ready to begin completing the form. When completing the online form, please use the **previous** and **next** buttons located at the bottom of the page to navigate through the form.
[Begin online form now](#)

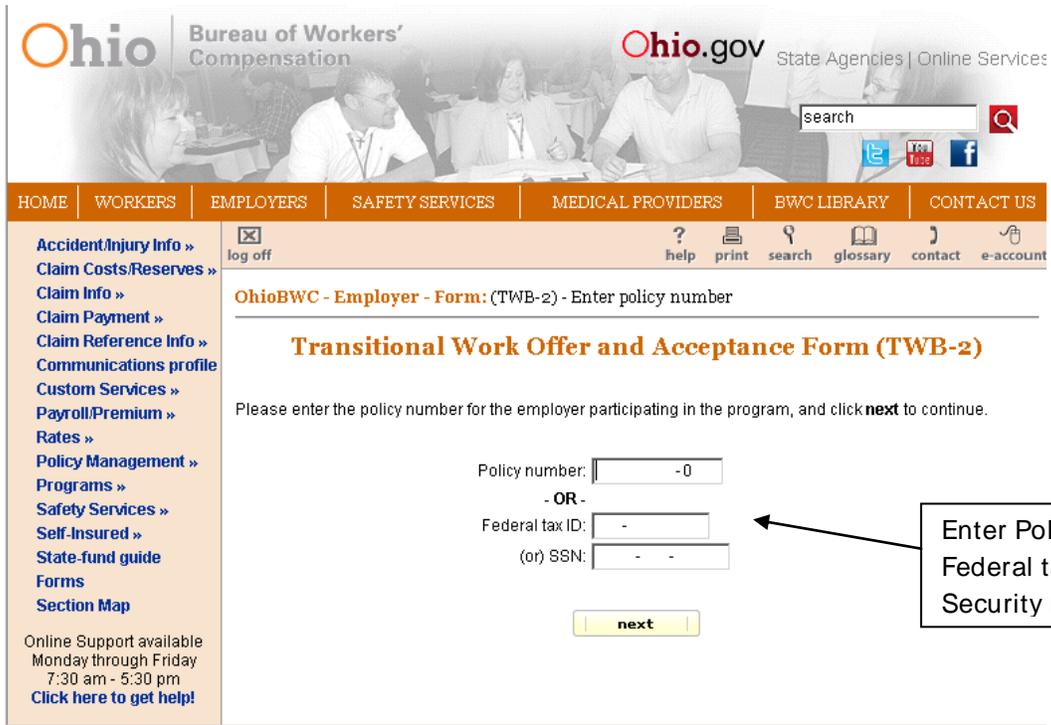
Are you missing some of the required information? If so, you may return here at a later time when you have all the information you need, and complete this online form.

Click on to link to Begin online form now

Required information to complete the form

- Policy number
- Individual claim number or program year
- Physician of record or treating physician
- Date released to return to work
- Return-to-work date
- Employee acceptance or refusal

1. Enter Policy number



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OhioBWC - Employer - Form: (TWB-2) - Enter policy number

Transitional Work Offer and Acceptance Form (TWB-2)

Please enter the policy number for the employer participating in the program, and click **next** to continue.

Policy number:

- OR -

Federal tax ID:

(or) SSN:

Enter Policy number or Federal tax Id or Social Security number.

Accident/Injury Info »
Claim Costs/Reserves »
Claim Info »
Claim Payment »
Claim Reference Info »
Communications profile
Custom Services »
Payroll/Premium »
Rates »
Policy Management »
Programs »
Safety Services »
Self-Insured »
State-fund guide
Forms
Section Map

Online Support available
Monday through Friday
7:30 am - 5:30 pm
[Click here to get help!](#)

2. Enter claim number or program year

The screenshot shows the Ohio Bureau of Workers' Compensation website. The header includes the Ohio logo, "Bureau of Workers' Compensation", and "Ohio.gov State Agencies | Online Services". A search bar is present in the top right. The navigation menu includes HOME, WORKERS, EMPLOYERS, SAFETY SERVICES, MEDICAL PROVIDERS, BWC LIBRARY, and CONTACT US. A secondary menu contains log off, help, print, search, glossary, contact, and e-account. The main content area is titled "OhioBWC - Employer - Form: (TWB-2) - Claim selection" and includes a "Policy #" field. Below this, there is a note: "*indicates required field". The instructions state: "Enter the claim number for the injured worker to whom you're making the offer, or click the drop-down arrow and click on a program year. Then, click **search**." The form has two input fields: "*Claim number:" with a text box, and "* Program year:" with a dropdown menu. Below these fields are "search" and "clear" buttons. A callout box on the right points to the dropdown menu with the text "Enter Claim number OR Program year".

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Employer: Policy #:

OhioBWC - Employer - Form: (TWB-2) - Claim selection

*indicates required field

Enter the claim number for the injured worker to whom you're making the offer, or click the drop-down arrow and click on a program year. Then, click **search**.

*Claim number:

- OR -

* Program year:

search clear

Enter Claim number OR Program year

Online Support available Monday through Friday 7:30 am - 5:30 pm Click here to get help!

- Once the user selects rating period or claim number, the page will expand to include the claims selection.

The screenshot shows the Ohio Bureau of Workers' Compensation website. The header includes the Ohio logo, 'Bureau of Workers' Compensation', and 'Ohio.gov State Agencies | Online Services'. A search bar is present. The navigation menu includes HOME, WORKERS, EMPLOYERS, SAFETY SERVICES, MEDICAL PROVIDERS, BWC LIBRARY, and CONTACT US. The left sidebar contains various service links such as Accident/Injury Info, Claim Costs/Reserves, Claim Info, Claim Payment, Claim Reference Info, Communications profile, Custom Services, Payroll/Premium, Rates, Policy Management, Programs, Safety Services, Self-insured, State-fund guide, Forms, and Section Map. The main content area shows a form for claim selection with fields for Employer (OhioBWC), Policy #, Claim number, and Program year (07/01/2012 - 06/30/2013). A search button is visible. Below the form, it displays 'Total number of claims in the program period: 1' and 'Total number of claims with TWB-2 on file: 1'. A note states: '*Note: A claim must have either a release to return-to-work (RTW) date or an actual RTW date before we'll consider it for the bonus calculation.' A table lists the claim details:

Claim number	IW name	Date of injury	Release/Actual (RTW) date
<input type="checkbox"/> + <input type="text"/>	NICHOLAS J SMITH	07/05/2012	07/06/2012

A callout box labeled 'Claims section' with an arrow points to the table above.

- User selects the + on a claim to view all Transitional Offers made.

The screenshot shows the Ohio Bureau of Workers' Compensation website. The header includes the Ohio logo, "Bureau of Workers' Compensation", "Ohio.gov", and "State Agencies | Online Services". A search bar and social media icons are also present. The navigation menu includes: HOME, WORKERS, EMPLOYERS, SAFETY SERVICES, MEDICAL PROVIDERS, BWC LIBRARY, and CONTACT US. A secondary menu contains: log off, help, print, search, glossary, contact, and e-account.

The main content area is titled "OhioBWC - Employer - Form: (TWB-2) - Claim selection". It includes a "Policy #" field and a note: "*indicates required field". Below this, there is a text prompt: "Enter the claim number for the injured worker to whom you're making the offer, or click the drop-down arrow and click on a program year. Then, click **search**." There are input fields for "*Claim number:" and a dropdown for "* Program year:" with the value "07/01/2012 - 06/30/2013". "search" and "clear" buttons are provided.

Summary statistics are shown: "Total number of claims in the program period: 1" and "Total number of claims with TWB-2 on file: 1". A note states: "***Note: A claim must have either a release to return-to-work (RTW) date or an actual RTW date before we'll consider it for the bonus calculation.**"

Claim number	IW name	Date of injury	Release/Actual (RTW) date
<input type="text"/> +	NICHOLAS J SMITH	07/05/2012	07/06/2012

Navigation arrows are visible at the bottom of the table: "Next" with left and right arrow icons.

Claim selection: Select the + to view claims.

5. Form entry

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Employer: [] Policy #: []
OhioBWC - Employer - Form: (TWB-2) - Offer/Acceptance

*Indicates required field

Employee information

Claim number: [] Job title: []
Injured worker name: NICHOLAS J SMITH Date of injury: 07/05/2012

Transitional work offer

Physician of record/Treating physician []
*First: [] MI: [] *Last: [] Suffix: []

*Date released to return to work: [MM / DD / YYYY] *Return-to-work date: [MM / DD / YYYY]

*Indicate the injured worker's decision by clicking the appropriate radio button below.

Employee acceptance
 Employee refusal

◀ Previous ▶ Next ▶▶

Transitional work offer and acceptance entry

6. Employer rep signature

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Employer: Policy #

OhioBWC - Employer - Form: (TWB-2) - Employer statement of agreement

**indicates required field*

I certify the above information 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 provider by the BWC or knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

Completed by

*First: MI: *Last: Suffix:

*Title:

*Date: 09/21/2012

Previous Next

Employer signature

7. Verification screen and E-sign page

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Employer: Policy #:

OhioBWC - Employer - Form: (LWE-2) - Verification

Please verify all of the information displayed is correct before saving. If it is not, please click on the link associated with the section with the data you wish to correct.

Employee information

Claim number:
Injured worker name: NICHOLAS J SMITH
Date of injury: 07/05/2012
Job title:

Transitional work offer

Physician of record/Treating physician: test test
Date released to return to work: 09/19/2012
Return-to-work date: 09/25/2012
Employee acceptance: Yes

Statement of agreement

Name: SALLY SMITH
Title: AA
Date application signed: 09/21/2012

save

Previous

Verification page and E-signature

8. Print Form - After completing the TWB-2 online, the employer prints a copy for the employer's transitional work coordinator and injured worker to review, sign and date.

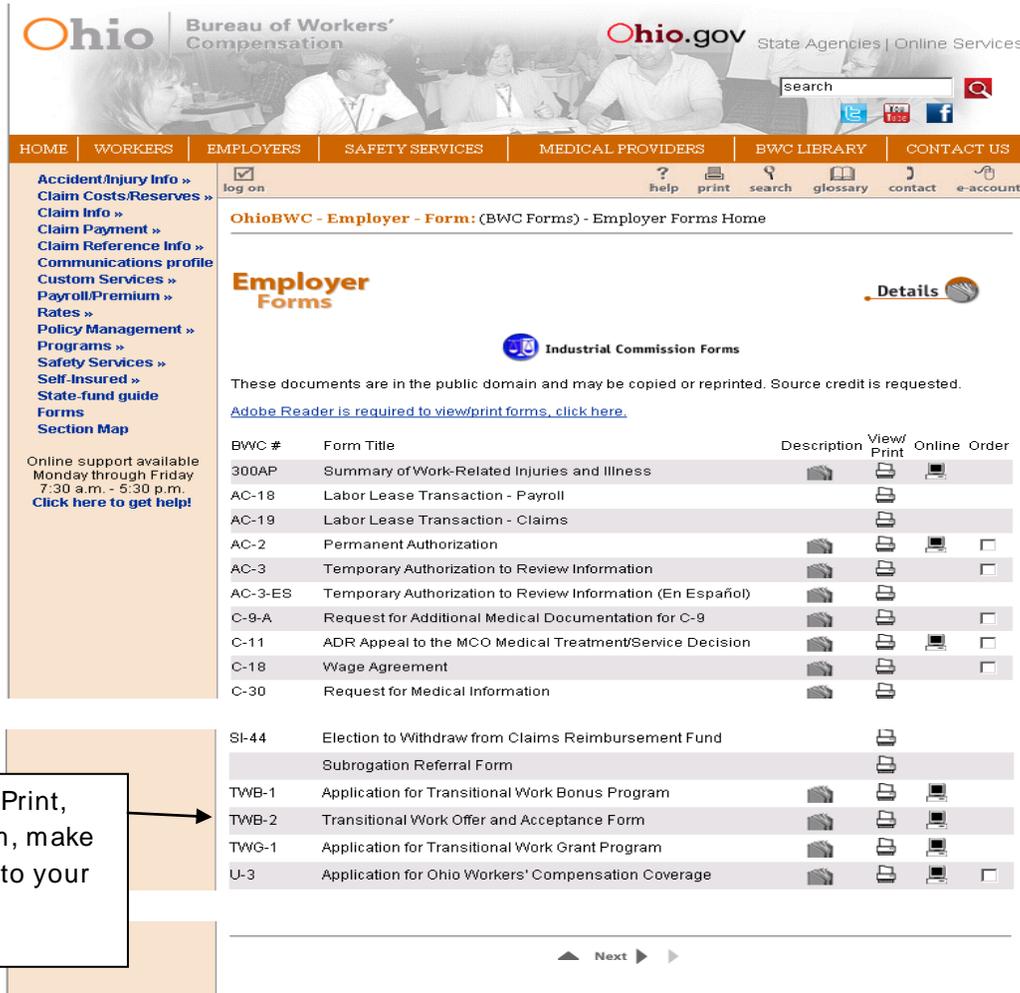
The screenshot displays the Ohio.gov Bureau of Workers' Compensation website. At the top, there is a navigation bar with links for Home, Injured Workers, Ohio Employers, Safety Services, Medical Providers, and BWC Library. Below this is a search bar and a utility bar with icons for help, print, search, glossary, contact, and e-account. The main content area shows the employer's information: "Employer: VOLVO GROUP NORTH AMERICA INC" and "Policy #: 1212585-0". The form title is "Transitional Work Offer and Acceptance Form (TWB-2)". Below the title, there is a "Claim Number:" field with a text input box. Submission details include "Date of submission: 05/04/2012", "Time of submission: 3:13 PM", and "Submitter's name: BWC USER". A message states: "Please click on the print form to print the form and fax it to BWC with injured worker's signature." A yellow "print form" button is located at the bottom of the form area. An arrow points from a box labeled "print form" to this button. A left sidebar contains a "Focus on Ohio Employers" menu with various options like "Accident/Injury Info", "Claim Costs/Reserves", etc. The footer includes links for Help, Site Map, Search, Privacy Statement, Pledge of Service, and Contact Us.

9. Using the MCO Directory fax the TWB-2 form to your MCO using the indicated fax number. Include your policy number on your fax cover sheet.

MCO fax numbers to submit medical information		
1-888-OHIOCOMP	216-426-0651	888-644-7339
3-HAB	513-221-2008	800-869-1872
AdvoCare	216-514-1227	877-514-1227
AultComp MCO Inc.	330-830-4900	877-738-0058
CareWorks		888-711-9284
Comp One	330-259-0095	877-283-0921
CompManagement Health Systems Inc.		800-334-4229
CorVel OhioMCO, Inc.		877-677-6756
Frank Gates Managed Care Services Inc.	614-717-4709	800-946-7922
GENEX Care for Ohio		888-275-9719
Health Management Solutions	614-799-0869	888-303-6294
Medical Administrators Inc.	440-899-2411	800-542-9480
Ohio Employee Health Partnership	614-825-1459	888-240-6381
Sheakley UniComp	513-326-8005	888-626-2667
The Health Plan		877-847-6927
University Hospitals CompCare		800-654-3849
Workstar Health Services		877-474-1440

10. Communicate with your MCO in managing the claim .

Transitional Work Offer and Acceptance Form-Paper version



The screenshot shows the Ohio Bureau of Workers' Compensation website. The main content area is titled "Employer Forms" and lists various forms available for download or printing. A callout box highlights the TWB-2 form, "Transitional Work Offer and Acceptance Form", with the instruction: "Paper Version: Print, completed form, make a copy and fax to your MCO."

BWC #	Form Title	Description	View/Print	Online	Order
300AP	Summary of Work-Related Injuries and Illness				
AC-18	Labor Lease Transaction - Payroll				
AC-19	Labor Lease Transaction - Claims				
AC-2	Permanent Authorization				<input type="checkbox"/>
AC-3	Temporary Authorization to Review Information				<input type="checkbox"/>
AC-3-ES	Temporary Authorization to Review Information (En Español)				<input type="checkbox"/>
C-9-A	Request for Additional Medical Documentation for C-9				<input type="checkbox"/>
C-11	ADR Appeal to the MCO Medical Treatment/Service Decision				<input type="checkbox"/>
C-18	Wage Agreement				<input type="checkbox"/>
C-30	Request for Medical Information				
SI-44	Election to Withdraw from Claims Reimbursement Fund				
	Subrogation Referral Form				
TWB-1	Application for Transitional Work Bonus Program				
TWB-2	Transitional Work Offer and Acceptance Form				
TWG-1	Application for Transitional Work Grant Program				
U-3	Application for Ohio Workers' Compensation Coverage				<input type="checkbox"/>



Instructions

Calculation for Transitional Work Bonus requires completion of this form for every offer of transitional work made in a claim with a date of injury during the bonus period. The employer designee must complete this form and sign it. Once completed, the injured employee signs the form. Using the MCO fax number directory on page 2 submit the completed form to your MCO.

Employer information	
Name of company	Policy number
Name of employee	Claim number
Date of injury	Job title

Transitional work offer	
On _____ your physician of record/treating physician _____	Physician
Date	
released you to return to work with restrictions. We are offering you participation in our transitional work plan in accordance with these restrictions from your physician beginning _____	
	Date

Employee acceptance Employee refusal

Employer acknowledgement	
I certify the above information 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, under appropriate criminal provisions, be punished by a fine, imprisonment or both.	
Printed name of employer	Title
Signature of employer X	Date signed

Employee agreement	
I agree to participate in transitional work activities within the restrictions indicated by my treating physician. I certify the above information 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, under appropriate criminal provisions, be punished by a fine, imprisonment or both.	
Printed name of employee	
Signature of employee X	Date signed