



BPR Project Webinar Session Participant Comments

Provider Session, September 25, 2013

To improve readability, participant comments have been edited for punctuation, spelling, and typographical errors.

Do you agree with what has been discussed so far today? What else do you think is not working well?

- Provider unpaid medical bills process, no access to the WCB ECF for providers. This would greatly help the revenue management of any practice.
- Providers should not have to fill out workers' compensation paper work and do a separate note.
- Providers need more access to WCB online.
- Yes, I agree. The C4 forms begun in 2009 are extremely cumbersome. It is shocking that Rochester providers were exempted due to physician shortage. These forms create added hassle to the clinician and should be reviewed.
- Paperwork for providers is extremely burdensome and insurance carriers don't pay.
- Variance process is very difficult for claimants to wait for decisions who are not provided timely treatment until months later than when the window of recovery might help.
- Providers are not considered a party of interest.
- This review also provides the opportunity to review/update the hospital inpatient and outpatient reimbursement system. HANYS is supportive of the WCB's effort, and willing to work with the Board to implement change.
- Specialists accepting new patients with workers' compensation in NYS are few and far between. What is the Board planning to do to attract these providers?
- Providers are not being represented at a hearing when their bills are being denied by C8.1.

- WCB needs to be held accountable when insurance carriers don't pay, especially when treatment is consistent with the Medical Treatment Guidelines.
- A move toward more standardized medical billing, including electronic billing may help.
- What does not work well is that every injury that happens at work is not always workers' compensation related, e.g., bee stings.
- In addition to great difficulty with payment (even when there is a judge ruling), fees are often reduced without a rationale.
- Workers' compensation should start being prevention oriented. Without a database understanding which industries are highest risk and understanding the risks, we cannot reduce the number of injuries and help the workers. Are there plans to improve the data as a surveillance system similar to WA SHARPS program?
- Also, holding carriers accountable for non-payment of C-8.1s for disputed medical that are ruled in a provider's favor.
- The new C4 forms still do not capture enough information regarding an injured patient, and providers must include detailed narrative and exam reports in addition to the completed C4 forms because burden of proof falls on the providers.
- Determination of causation and work relatedness is a real issue. Does not seem to be based on evidence-based medicine. Much of what is covered seems to be personal health issues rather than work-related injuries or illness. Has NY looked at other states such as Kansas and Missouri predominant objective pathology?
- Currently the WCB does not utilize electronic hospital claims submission or payment. This provides additional work, confusion, and increases the possibility of errors for hospitals and insurance carriers. HANYS has suggested that the WCB consider contracting with the state eMedNY system for inpatient reimbursement.
- Doctor's comment: "Order access to medical test and referrals; certain referrals/test can take months for approval i.e., MRIs."
- Workers who fall ill from chemical exposure have the almost impossible task of *proving* their illness is characteristic of and related to work. The end result is that workers aren't getting workers' compensation when they need. What can we do to make sure ill workers get their due?
- I am not certain what percentage of providers use EC4-Narr, but it is very convenient and made the paperwork process faster.
- IME process presents as very one-sided at too quickly cuts off benefits for claimants who are left—at times—in dire straits financially and without treatment that helps them regain ability to rejoin the workforce.
- Patients should not be caught in the middle of controverted cases. Medical care should be provided while the case is being decided.
- The portion of the system most flawed is the claims system. If providers continue to be burdened with paperwork to care for injured workers *and* are paid less than their commercial contracts, more providers will continue to voluntarily resign.

We have looked at what's not working well with the system. But let's also spend a few minutes talking about what does work well with the workers' compensation system?

- The authorization process has worked well for us.

- It's great to have telephonic testimony!
- The legislative process is through, while timely issues to get resolved.
- I previously practiced workers' compensation in California for 8 years. During that period, I was deposed one time. In New York, I am deposed on average one time per month. Why is the process so different that it requires legal representation so frequently? This delays case closure, and often, patient care while cases are processed through the legal system.
- The guidelines are (for the most part) evidence based and patient-centric, rather than provider-centric, focusing on the needs of the injured worker.
- The pharmacy network provisions have worked well—by reducing pharmacy costs while still maintaining injured worker access to pharmacies.
- Doctor's comment: "Employees are protected from work related issues and covered for medical treatment."
- New York has the best MTG training options nationally.

What do you think would be one impactful change that would benefit injured workers in the system?

- Allow injured workers to receive medical care while case is controverted.
- Decrease duplicative filings of forms.
- As mentioned, paperwork and other hassles need to be reduced so more providers participate.
- Discontinue requirement for determining impairment at each office visit since there are no guidelines for making this determination on a temporary basis.
- Lower the standard of evidence for workers to prove the exact cause of their illness or injury.
- Electronic access to the Board file for medical providers. As gatekeepers this would greatly assist practices allowing them to fully understand the claimant's issues.
- Greater awareness of cultural and diversity-based competence. Too often there are cultural and language and communication gaps between claimants and doctors and IME examiners.
- Simplify the forms. The C4 forms can take as much time as the visit. Our providers are often uncomfortable answering all the questions as they do not comment on a patient's disability.
- Determination of causation and work relatedness is a real issue. Does not seem to be based on evidence-based medicine. Much of what is covered seems to be personal health issues rather than work related injuries or illness. Has NY looked at other states such as Kansas and Missouri predominant objective pathology? This would allow more money for workers who truly have a work related injury or illness.
- Timely authorizations for evaluation and treatment. Lengthy waiting for authorizations very often results in worse outcome/recovery.
- Adoption of the AMA Guides to the Evaluation of Permanent Impairment for determination of impairment for injured workers in NYS.
- Protect employees against retaliation from employers.

- Doctor's comment, "Improve length of time it takes to receive approval for referrals/tests."
- Require physician training in WCB procedures.
- Replace the current overly biased IME process with those that have worked well in other states. IMEs in NY are insurance biased and do not act in the interest of the injured worker.
- Disallow "independent" medical examinations by employer-paid and employer-controlled physicians.
- Improvements to the HP-1 process... carriers seem to have the upper hand when objecting to medical bills
- IME examiners operate seemingly with impunity because of the no doctor-patient relationship.
- The carriers (particularly special funds) frequently deny claims and do not provide the specific basis or rationale for their denial. They defer to the judges to render a determination, which transfers the burden to the WCB and does not help to resolve issues.
- Acting as the workers' compensation co-chair for the NYS Chiropractic Association, and having developed numerous systems throughout the country, I would be more than happy to assist in developing a revised system to better address the needs of all stakeholders, focusing on the needs of the injured worker.
- Currently the medical advisory panel does not include equal representation from all professions, as they typically do in other states. Will you be looking at the committee structure and representation thereof to ensure the providers who treat injured workers are adequately and correctly represented?
- As the workers' compensation system is revamped/restructured and workgroups discuss how to move from current to desired changes, HANYS encourages the Board to review/implement changes in carrier/hospital claims and payment process. HANYS is available to work with and can put the Board in touch with hospital personnel that can provide experiences and suggestions for improvement.

Do you have any questions on the BPR project phases or BPR project structure?

- Will a copy of the webinar PowerPoint and questions be available?
- A copy of the webinar's PowerPoint and feedback received will be available on the Board's website.
- The notification about the outreach meetings was very short, and many of us will not be able to participate. Are additional provider in-person meetings planned?
- How can I get on an email invite list for future teleconferences?
- Will you publish a list of industry associations and groups working with the Board on the BPR?
- Is there a specific law or state mandate that affords the Board the right and power to make this degree and level of change?
- What is being done to compare other systems that work well or are lacking in other jurisdictions?
- What is the funding for the BPR and long term implementation and follow up?

- How will the recommendations of the BPR project be presented and to whom?
- How can stakeholders become subject matter experts/participants in the process?
- Will there be the opportunity for stakeholders to call in to future individual meetings and provide their input if they cannot attend in person?
- Will the in-person sessions differ from this webinar?

Other Questions/Suggestions:

- Will the Board reconsider adoption of the AMA Guides to the Evaluation of Permanent Impairment for determination of impairment for injured workers in NYS? This is the most comprehensive and widely adopted method for assessing impairment in the United States and used by the federal government and internationally.
- WCB currently requires payers using a pharmacy network to report data on in-network pharmacies. Can you explain how that data is used by the WCB?
- What exactly is the role of the New York State Occupational Health Clinic Network?
- How will data be collected under assessment?