

Medical Quality Initiative

External Meeting Discussion

La Grande – 11/04/05

There were a total of 5 stakeholders who attended this meeting. They included the following : chiropractors, hospital, and employers. They also represented an injured worker, doctors office staff, and a claims manager.

The meeting opened with a brief presentation on some background information about the initiative. The attendees then began discussing the specific ideas; managing care, reimbursements and training/certification. All of their ideas were captured and discussed. After all of the items were discussed and ideas were identified, the group voted on what they thought were the most important issues, concerns or suggestions.

All of the ideas, suggestions and concerns identified in the discussions are captured here. The items that were determined as most important are listed at the beginning of each discussion.

Discussion Topic: Managing Care

Guideline Discussion

Is it necessary for AP to sign off on PT treatments. **One (1) vote**

The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.

PT – Guidelines would need flexibility. Not everyone responds to same treatments. Shouldn't limit number of treatments without flex. Based on each individual and what their needs are.

Process guidelines –

- Don't stop at number of treatments, but rather review after a certain number of treatments and then approve more or less depending on needs of worker.

Fine as long as they don't prevent or inhibit future research/procedures, technology.

Set guidelines – not everyone fits in to them – need flexibility.

Who ever sets / controls guidelines must have field experience.

Must be developed by providers, workers, etc.

Allow employers to contract with physician.

Don't want to take away rights of workers.

Injury can affect vocational ability for worker, but this is not taken into consideration. No compensation for this.

Expanding MCO's Discussion

Don't expand MCO's. **Two (2) votes**

MCO another tier –

- Employer ends up paying for this layer and the worker suffers since medical costs are being controlled by MCO by deny treatments. **Two (2) votes**
- A lot goes back to initial exam and what provider did in initial treatments. Other treatments denied based on initial diagnosis, which may have been limited. **Two (2) votes**

The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.

Better standard on what is being paid within MCO. Fee set with MCO. MCO varies from fee schedule, not consistent.

Physicians don't participate in MCO because they don't feel they are being paid fairly within MCO.

A lot of denied services within MCO – physicians don't get paid for work..



Discussion Topic: Reimbursements

General Discussion Regarding Reimbursements

Use SAIF's computers to compare outcomes from chiropractic treatment and then create a preferred provider list. Let employers know who's on the list. Extend to 24/60. Do by geographic areas. **Three (3) votes**

Being down coded by WC carrier! Paid less than actual treatment. **Two (2) votes.**

Modification in rule limiting time after treatment given – to get paid. **Two (2) votes.**

Employer co-pays would keep experience rates down – could you choose. Would encourage creation of modified work. **Two (2) votes.**

Would like to bill WC electronically. **One (1) vote.**

Higher reimbursements in underserved areas. **One (1) vote.**

Cost based/reports for certain items. **One (1) vote.**

Require all carriers to have a website to allow providers to access status of claims and provider information about billing/reporting requirements. **One (1) vote**

Deferred status cases – employer, worker and /or provider should be entitled to receive a copy of report upon written request. **One (1) vote**

The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.

Fee Schedule – Seems fair reimbursement.

Guide on reimbursement – something providers can use to make billing easier

Billing manual – how to figure billing

Easy to use guide instead of two books CPT Codes and RDRRS

Different types of injuries in farming communities.

Dr. shouldn't get incentive for sending patients for "new" technology (MRI) when people performing service end up eating the cost.

Make it based on when claim accepted.

Take records electronically would also provide electronic receipt.

Discussion Topic: Education/Certification

General Discussion Regarding Education/Certification

GP & FP will not handle WC claims:

- Need educate outreach to explain system (that they can accept or WC and not Washington & DOL) to get more physicians in system. **One (1) vote**
- Workers have to go to ER or spec. which is much more costly than GP or FP.
- Area issue.

Offer training **One (1) vote**

- To providers.
- To office staff.

Workers need basic information about WC at the time of employment – before an injury happens. **One (1) vote**

The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.

Educating employer

- About filling out incident report and 801 → before sending worker to doctor.
- About filing claim
 - Otherwise treating can't get reimbursement by insurer.

Certify "reps" who could work with doctors, workers, employers, co-ordinate

- regional
- practice based.

Discussion Topic: Other Ideas

Other Ideas Discussion

More insurers need to take electronic reports **One (1) vote**

- They require paper then scan it into computer.
- Paper they say they didn't get report.
- Reporting time limits not reasonable.

Diagnosis codes (ICD 9)

Insurance denies ER visit based on ICD 9 doesn't match what they have on record based on 801 information. **Five (5) votes**

The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.

Should be range of ICD 9 codes for condition.

Self-Insurers have their own form – not 827 - can cause problems for providers.

Change limit ↑ on number of chiropractor visits. Visits - Chiropractics works and gets people back to work.

No physicians want to treat open wound injuries, worried that they won't get paid, take too long, maybe litigated.

Medical reports – not as much detail now.

Physician loose days income if they have to testify at WC case – need to get reimbursed.

IME – independent insurance exam. – not really unbiased opinion.

Attorney subpoena IME doctor and negating exam on the stand.

Regional Reps as state employees or somehow through the state.
