

NYS Workers' Compensation System

WORKERS' COMPENSATION BPR
New York State
Defining the success factors of workers' compensation

Medical Portal Requirements Gathering
 November 2014

Agenda

- BPR Overview
- Medical Portal
- What We've Heard
- Medical Portal Requirements Gathering
- Wrap-Up/ Next Steps

BPR OVERVIEW

BPR Overview

Initial BPR Initiatives

- ✓ Medical Portal
- ✓ Payor Compliance
- ✓ Quality Medical Care Initiatives

MEDICAL PORTAL

Medical Portal

Medical Provider Submission of:

- MTG Variance (MG-2)
- Request for Treatment Authorization (C-4AUTH)
- MTG Optional Prior Approval for Treatment (MG-1)
- Medical Bills
- Medical Reports

Self-Service Portal

Carrier Response to Medical Provider Submissions

Board Monitoring and Enforcement

Objective: Central place for making different types of information accessible, facilitate resolution of issues concerning medical treatment, and electronic submission of medical reports and bills

[]

WHAT WE'VE HEARD

WORKERS' COMPENSATION BPC

What We've Heard

<p style="text-align: center;">Process</p> <ul style="list-style-type: none"> • Access to basic information like date of injury, WCB #, etc. • Need the ability to track the status of a claim • Need to understand why a bill is rejected • Need access to MTG and other treatment & billing codes • Need to keep performance reports on all stakeholders 	<p style="text-align: center;">Technology</p> <ul style="list-style-type: none"> • Portal should not be stand alone, perhaps linked to SHINY or VA • Need one location to send bills and medical reports • Need to integrate with providers' EMRs • Need a method to use portal if the office does not have an EMR
--	---

*Source: May 2014 Provider Focus Group

[]

REQUIREMENTS GATHERING

WORKERS' COMPENSATION BPC

Medical Portal: Initial Vision

- **The portal is envisioned to hold data regarding:**
 - Medical billing (submission, payment, or rejection)
 - Billing disputes
 - Medical reports (narratives)
 - Authorization requests (MTG Variance Requests, Treatment Authorizations, and Optional Prior Approvals)
- **Medical Billing and Medical Reporting will be separated**
- **Billing will use an industry standard**
- **Medical reports or narratives will be linked to bills**

WORKERS' COMPENSATION BPC

Medical Portal: Initial Vision (con't)

The portal is envisioned to:

- prompt and guide users to ensure that transactions are complete and accurate
- prompt and guide the payor to provide valid reasons for rejecting or partially paying a bill
- provide links to helpful information such as the Medical Treatment Guidelines, the medical fee schedule, and other reporting and billing code descriptions
- provide the exact date when payment is due, track the payment, and automatically initiate the dispute process if timely payment is not received

WORKERS' COMPENSATION BPC

Medical Portal: Initial Vision (con't)

The portal is envisioned to:

- include an authorization module for all authorization requests (currently called MTG Variance Requests, Treatment Authorizations, and Optional Prior Approvals)
- enable authorized parties to view and monitor data related to their own claims
- notify parties of a request submission and the exact date when a response is due
- track timeliness of submissions and responses
- provide a mechanism to request arbitration or a hearing to resolve authorization and billing disputes not related to timeliness

Medical Portal: Requirements Gathering

WORKERS' COMPENSATION
at BPR

- Are there any concepts in our initial vision missing or that you would like to add?


11

NEXT STEPS

Wrap-Up/Next Steps

WORKERS' COMPENSATION
at BPR

- Share your thoughts, questions and feedback with:
David Nilsen, Medical Portal Project Manager
Email: BPR@wcb.ny.gov



11

During the months of November and December 2014 the Board conducted outreach throughout New York State on the Medical Portal BPR initiative. Multiple outreach sessions were held via webinar to each of the Board's focus groups: medical providers, carriers, employers, attorneys; injured workers, and labor unions, as well as three onsite sessions at each of the Board's 10 District Offices. When asked "What would you envision in a Medical Portal?" here is what we heard: ¹

Hauppauge – New York

Merge eCase into the portal so there is only one system users can access.

Make sure security is adequate to ensure the safety of medical data.

Adopt e-Billing standards already in use by providers including CMS-1500 and X12 837.

Be careful not to make editing so restrictive it becomes too difficult for a provider to submit a claim. Only use mandatory filled when absolutely required.

Allow notification to go to a generic mailbox.

If the portal is based on existing forms, make sure that only the essential information is collected. Eliminate the "nice to have because we may need it someday" type information.

Don't base the portal on existing forms without looking at simplifying what is done.

Be sure to consider all stakeholders, such as attorneys, when a decision is made on what information is important to collect and what is not. What may not be important to a carrier or even the Board may be critical to an attorney.

Would like the portal to include the fee schedule so that when a provider submits a bill, the system would automatically provide a recalculation of the bill using the fee schedule so that all parties know what the fee schedule amount to be paid is. The system would automatically run the billing codes through the MTG to ensure that the bill is consistent with those guidelines. The system would indicate if the bill is consistent with the guidelines.

Would like to be able to pay bills electronically.

Would like workers=comp specific information to be mandatory when provider submits an electronic bill (e.g., degree of disability, return to work date, maximum medical improvement reached, etc.).

Want to be assured that providers are billing the correct case (i.e., some sort of case lookup for the providers).

The carriers would like to be able to pull up all of the claims that they handle for all claimants in the portal and be able to toggle search (i.e., by Employee, by Provider, by treatment requested, by claimant attorney, etc.) to allow them to recognize patterns that may need to be addressed.

The stakeholders would like a medical professional to have a hand in all authorization request disputes even if being decided by a Judge. I told them that we had talked about maybe sending a case to the

¹ Some comments have been edited for clarity.

Medical Director's Office for review and a recommendation to be put into the portal for all parties to see before the hearing so that the Judge could make an informed decision.

Treating providers need access to the system to know what sites have been established.

Shorter time frame to respond to authorizations and to pay bills in an electronic data exchange platform.

Would like the Board to encourage all stakeholders to use the electronic platform as it will save them money in postage, paper etc.

Would like to ensure that the employer will get notices in absence of a carrier (UEF claim).

Wants a time stamp in the portal for all electronic acceptance, response, and payments actions.

Tracking timeliness of payments.

Verify that if carriers are denying treatment, it is in accordance with policy.

Require carrier to provide reasons for claim denials.

Monitor denials by carriers. Monitor time for payments and alert if no response.

Make all transactions transparent.

Hold all parties accountable.

Monitor excessive delays in approval time for things such as surgery. Claimants sometimes have to wait a year or more.

Allow employers to sort injured employees by provider, treatment, etc.

Track data regarding treatment compliance, e.g., if injured workers getting the treatments.

Make sure that the portal can accommodate changes to an already submitted and approved treatment such as a change of office location for physical therapy.

Brooklyn – New York

Eliminate paper in this environment. Do away with explanation of review/piece sent back with payment/electronically upload to site.

Enable medical providers to use the portal to produce a bill.

Send variances to all parties.

Would like to see verification process to validate addresses in order to properly send claimant check.

Make certain to conduct proper testing— both front and back end testing. Would appreciate the Board envisioning a full cycle between provider, carrier, Board, etc.

Would like reminders/alerts that patient authorization is running out.

Would like reporting – status reports and automation in terms of delivery.

Make the MG-2 electronic and the doctor's report.

Compress the time frame to shorten the time. Compression would be helpful to those requiring treatment.

Manhattan – New York

Needs to interact with billing and authorization from people who have moved out of state or are treating out of state.

Need notification process since carriers receive hundreds of bills and billing is a separate department.

Need to send notifications to multiple parties.

Cross referencing of medical for established cases. Concern that the doctor is not realizing that there is a case out there and creating new paperwork, because there is not a cross reference back to a case we already have.

Have the system ask/identify if this is the first time seeing a patient and first round of physical therapy. Then automatically jump to the appropriate area based on the answer to the question.

I would hope you wouldn't lose the interpretation of that which is gained on the C-4 form.

As you develop the clinical side we would like to have more communication. A lot of carriers want to make it generic and the same for all so that it can be used by anyone in any state. I think it is less important on the billing side.

New York State is different in a lot of ways; for example, how many states have statutory liability and IAIABC cannot help at all with that. You have the insurers that are entitled to reimbursement and you need to make sure it is written right.

The other piece you need to be compatible with is no fault auto. A lot of moving parts here is what I am trying to say. I'm not trying to give you a hard time, just trying to move the worker along in the process and we are delighted that the Board is going to keep data on the medical costs. The Board can tell you somewhat about lost wages but nothing about medical costs.

Review of historical information with variance requests. If a doctor is asking for a variance, and 800 times prior a doctor has asked for this before, have you thought about the times requested before and documenting it and that it has not met conditions before so it has not changed. For example, something that has been repeatedly asked for with a variance and has been identified as not acceptable.

Have medical treatment guidelines in the portal.

Encourage and incentivize providers, give them some sort of bonus to do this, follow them, this would provide data for the portal to capture. Take into consideration for the billing phase to make the system work better.

Workers comp is one of our bread and butter operations/processes. He has staff that one of their duties is to understand the case and status. Especially understanding the established sites and the carrier case number and date of accident associated with an occupational claim as opposed to being identified as a proper party of interest. Like the one stop shop for all medical information. Think it would be beneficial to allow the providers to have more access and have a little more information on cases and claims.

From my experience, where I have different views of the system advocating for injured workers and other responsibilities as a provider etc., the portal is a great step and we don't want to have paper anymore. We want to move forward with electronic and it's a good direction. Today's environment favors the carrier more than the provider currently, in my opinion. This is disconcerting and I feel that they should be provided more access to the same information with the bill dispute process and more transparency.

Electronic medical records and the transfer from EMR to the portal, communication between them both. Would definitely make life easier to be able to transfer and would also help with billing.

A move to accept electronic billing, if it starts to become the industry standard, will absolutely make the process for us better. Anything outside of workers' compensation we do process electronically, so it would absolutely be a good move.

Buffalo – New York

Doubts that most claimants will have access to portal.

I hear there is a lot of noise from the providers, carriers, etc. It would be nice to have one place to go to vs. having the carrier send to a third party administrator and back and forth. It's a huge process if you get an involved surgery, that is a big thing to take on as the State, we contract this process out and that takes a while to get that up and running.

We have staff that does our own bill review, we use a portal with a contract that we just re-signed. The potential that the State would take on the bill review process, I'm not sure how the State would take that on and how that would affect current existing contracts. If the State was going to take that on and do that, I don't know what I will need to do to adjust. We would support the objective of getting a clean bill into the portal.

The portal would be basically a parking spot for my bill, so either I can go get it or it is sent to the payor, which is good. Most people will be open to e-billing. We don't like paper, and we'd be receptive to it. Say if disputed bills would have a current link other than what it currently has. The process is onerous and slanted against third party administrators and carriers and anything that makes it cleaner, would be wanted, and we'd be very receptive to it.

Consider having the portal accept pharmacy and durable medical equipment billing also. That may be one thing you would like to put in place on the front end. The abuses are unbelievable and a large

liability monetarily, outside of the workers' compensation realm, and Judges are not comfortable weaning injured workers off this. The issues that exist in the system and the providers are not shy with prescribing. It is not good for the system. The Judges don't have the tools to fight it, and something on the front end of the portal would open the eyes to many in the State to what we face and to help with weaning.

We all appreciate the fact that this Governor is addressing our issues and it is a nice change that he and the Board are willing to work with us and be more collaborative. eCase is a system that is easy to work with and hopefully you can apply that same technology to this.

The Board really needs to think about what you need to do for the individual groups, self-insureds, third party administrators, etc.

We would like to be able to download information on MG-2 and C-4AUTH forms, mirror as with Winset similar to the Notice of Decisions as done today in eCase, we receive the day before. Those index windows, you get the decision before it is issued and it is very easy for us to go in and hit a button each day and download. If the portal could offer us the option to do this just like we do with decisions.

To us it seems that there is a lot of work that would have to go into this. Not seen from a Medicare standard, etc. but as an accountable and open system for everyone to see. We perceive as a huge application to be able to include all of this.

Like the idea of having all in one place and converting paper to digital. It will be great to take the information from the portal and envision this an alert email for a request for treatment or bill.

The Board has not reached out to providers. We are not trusted. We need to do a better job reaching providers. Include providers in system testing. The Board needs to show at provider group gatherings and speak about the portal. Include provider instructional/training information via the portal.

Include and validate information in the portal such as payor data, claim number, etc.

Rochester – New York

Prescription issues, the portal should look into this and identify and address the problems associated with prescriptions.

I would encourage the Board to authorize providers via the portal too. One place to get authorization and put in for authorization and to get whatever you want in one place.

Have the billing information for independent medical exams (IMEs) be available.

Family practitioner versus an orthopedic, typically what happens now right now using an ICD9 code for process and evaluation, there is a review process. I don't know if it is worth it for the Board to take on a role such as this, huge.

Laborious arrangement, my suggestion would be to get a better understanding of what is taking place in the market, PPO arrangements.

Like with eClaims, will allow providers to complete forms online and it will not let the user submit if it is not complete. My suggestion would be to do the same as the FROI/SROI. Assume that it needs to be filled out correctly, would be best for all of us.

Like this because I won't get all the calls asking if I got the bill. It will be nice because they will know I got it because it will be in the portal and the timeline for action will be displayed and if beyond the timeline, then they can take action.

I would like to see data collection over time, see if meeting say 30 days and then move forward. From our perspective, the bills going to the portal and then where we pull out the bills and send to our vendor, the turnaround time there and then the time frame with cutting a check. It is not released at the same time and the check needs to come back from the company (vendor). So sticking with 45 days and seeing how it works out and then go from there. This will reduce calls on our end dramatically, checking on billing whether we received. Like eCase and a cross check with a rule where there is something that is not in the Board file, this is something that is going to benefit everyone. Attorneys and such, everyone gets to see the same thing, shared information. Think it is a good idea and excited for getting the module out there and letting everyone see it.

Auto search criteria, WCB #, different ways to sort and pull the information and get what we are looking for. Simple, fast, user-friendly, not requiring a lot of training. With the implementation of EDI we have been finding we don't have enough staff, requires more of our time actually. We are having to add staff to meet EDI requirements, trying to think ahead for staff requirements.

NC just implemented this standard of collecting billing data. It's not an issue, but it will be something new you would have to do and we would work with you with extracting the data and feeding to us via EDI. It would require providers to get and submit good data, coding attachments to justify the payments, medical training of providers would be needed to get the required information. Real-time data, so when the provider is entering the bill they can't enter without it being correct. Turnaround time is going to be great and can't wait to see it. Anxious to see it.

Syracuse - New York

We are speeding up reporting and request for authorization, but we are finding now that the decision process for hearings/other findings are behind.

Have the portal accept an electronic signature.

Need to come with same cost savings to payor as you are doing with the provider – timely filing to prevent holding up treatment to the claimant.

The data can point to providers that are not doing things properly. Shortcomings of the providers as well as the payors. Track issues and causes.

Challenges to add up chiropractic visits, physical therapy visits, requests for treatment, multiple providers.

New York State is the 2nd worst state in narcotic prescription and medication overuse. Is it part of vision that pharmacy treatment will be part of the treatment that needs to be reflected? If all providers could see what medications are being prescribed, it would be beneficial.

In today's world, providers combine office visits. Compensation body part combined with non-compensable body part and we end up paying for the whole bill and not just the compensable body part. As a payor it is difficult to separate the bill. Have the system flag for this and not allow them to bill for unrelated treatment.

The problem we have is that sometimes they reject our claims and they don't give us any information on the reason for objection or that they have even rejected it. We don't receive anything back informing us. If the portal could give us reports of what was accepted, as we have to do the researching on our own.

In our present practice we have a module that fills out the forms, also know the forms are available on the website, and put information in our EMR now. It would be optimal if we could make a .pdf and send it to the Board as compared to typing/keying it in the portal. It would mean going to two places to key the information for us and we are trying to avoid that.

We are typing MG-2 and C-4 AUTH forms into our system now, so if we had to enter it into the portal we could do it and receive the batch way to get that documentation back into our system. It would work.

MG-1 and MG-2 forms— are carriers going to be allowed to opt-out of this like today? It's a significant problem. Cannot Opt out would be our suggestion. If we are mandated to follow the MTGs, then carriers should also be mandated to participate.

Albany – New York

Would like a feature to skip the wizard when requesting authorization if they know the path they need.

Would like safeguards against "rejected" authorization requests or at least know why a request was rejected.

Would like shorter time frames for an authorization request. Thirty days is too long.

I spoke to him after the session about OPA. He doesn't use it because the carriers can opt out and it's not worth his time to try to find out if a carrier participates. He would like a blanket list of procedures that providers need an authorization for so that they can get an authorization for an MRI co. ext.

Would like apportionment issues to be flagged in the portal so that if a provider is submitting an authorization request, they will be notified that there is more than one carrier liable for payment and authorization requests so that the provider knows that there is more than one carrier that the authorization is needed from.

Would like the portal to interact with software/programs that they have now to lower costs.

Would like the portal to incorporate a way for clearinghouses to be used.

Would like "clean" data to be received before the bill or authorization request is considered accepted.

Would like the timeliness of carrier response to authorization and payment of bills to be tracked.

Out of state providers should not be locked out of the system.

The process should be simplified for all stakeholders

Carriers/third party administrators would like access to medical information.

Medical portal should notify the provider when a medical apportionment exists so that all involved cases/parties/carriers receive the medical information. This would avoid bills not being sent to the correct payor because issue was unknown to provider, then when bill/report is submitted it can be denied as untimely.

Parties would like to know the status of the case as it relates to medical treatment/bills—is claim controverted? Are disputes being reviewed?

Would like to be able to download information like is currently done with other Board notices.

Simplicity should be sought after. Example of C-2F requiring 29 fields.

Pre-populate information from system.

Look at shortening the delay in getting approvals for treatment.

Tracked for timeliness.

Would like to see complete information (issue with Tax ID and address not matching). School districts have an auditor review all bills prior to payment and kick stuff out.

Should leverage existing technology that is in use by parties, providers, carriers.

How will portal deal with contracted providers, i.e., diagnostic testing networks? Big issue for provider and claimant attorney. If the diagnostic testing network is unknown and claimant has treatment outside of network, many disputes arise.

Challenge to integrate newly submitted bills/reports in medical portal when all prior reporting was done in paper.

P to P electronic billing has been an option for years only not highly used by providers— time and money constraints.

MTG is subject to interpretation as to what constitutes valid evidence.

Orders of the Chair rescissions are a big problem (attorney and provider) as providers will not perform treatments with an OOTC as it may be rescinded and they are out the money.

Optional Prior Approval not valued or utilized by a few providers in attendance.

Try to avoid the electronic medical record being too user friendly as non-related medical information can be submitted causing more disputes/issues.

Timing must be considered: frequently the claimant is receiving treatment prior to the filing of the claim by the employer or payor (they have 10/18 days) while provider has two days. Medical portal must allow a report/bill to be submitted without a WCB number being already assigned.

It would be helpful if the portal assisted providers by asking questions in order to determine the degree of disability/proper percentage.

Medical portal will need to “keep up” with changing of third party administrators on a claim.

A-9 form is useful for providers.

Orders of the Chair need to be consistently issued/rescinded.

Keep the portal workflow consistent to other systems in use by providers and carriers.

Orthopedists don't want to go to many different systems or wait on hold with the WCB for information/status updates on pending issues.

MG-1 is not used—don't bother.

Order of the Chair—rescissions are problematic.

Need flag for claims that are urgent so that authorization can be prioritized by payor/bd.

Need to attach medical documentation.

Need status of cases that are controverted or apportioned.

Have portal integrate with the claims information system.

Independent medical examination doctors currently receive copies of all medical reports in a file—they would like access to the electronic file/portal.

The Board needs to involve providers and identify deficiencies with current process to develop streamlined process.

Practices are being subjected to multiple changes in the last year or two.

How to handle providers with no system.

Providers need time to test prior to roll out.

Goal should be minimal cost to providers to participate in new system.

Need access to Judge Orders and decisions.

Would like to verify body sites, carrier information.

Give confirmation # (like Fed Ex tracking #).

Need status of HP-1 forms and cases/C-7 forms, etc.

Want clarification on how providers will be monitored.

Data can be used to shape the MTG and provider performance and they would like to be at the table to decide what metrics are viable.

The Board should visit a practice.

MG-1 form—get rid of it. We don't need to submit it. The MG-1 process is a waste of time. We don't utilize in the office.

Attach a medical, even with billing where there is not a medical available, is that going to be a problem? What about when something is urgent, an urgent request instead of waiting the 30 days, controverted/denied, some sort of warning that there is a problem going on there. Flag us or allow us to flag something is urgent.

Everything provider wants to do is appropriate, understanding causally related, good quality care but in the real world the quality has gone down dramatically, abuse of the system, things like that. The payors have a different perspective, would like to know before being financially obligated. End of day that more things are going to get approved faster not sure that is the need to understand what it is.

Access to medical file for those who need to review it.

I think that is really important to be able to integrate with existing systems and that there is adequate time to implement, and I understand there is one year out, anything mandatory at this point is going to raise some concerns. Need end-to-end testing which will allow for buy-in and to get a feel for it and again to make sure the solution that is developed has a very minimal impact to the change required. Tremendous amount of money and a lot of burden has been born by the physician. It really just adds up quickly. Something that we would support, low to no-cost option. Eligibility appeals and provider to have access to these, I will share them with you electronically on the process that is current and identify the actual process, information available throughout the portal that practices could have access to that would be very useful and prepopulated instead of all the burden falling on the provider to enter all the information. Each has access to enter the appropriate information. Instead of the physician having to do all the work. A patient identification number, identifying number to authenticate who the patient is, so there is already information in the system that will pre-populate, makes the clinical care the focus on what is appropriate.

Binghamton – New York

We work in a rural area. You are suggesting people have access to computers. They do not. Cannot go to local workers' compensation office because there is no access there. Probably 70% of clients don't have that. I think you are forgetting about the injured worker. We don't even have cell phone towers. We live in a rural area without cell phone access.

Have the portal track the prescriptions and the carrier's authorization date.

Has there been discussion around data backup? I'm concerned if the portal is down and the provider submits a bill, we may not get it. Be mindful of in any large system there is going to be scheduled outages, maintenance. You will have to be able to coordinate with carriers. We have system maintenance on our systems as well.

Doctors be able to pass this to support staff to use the portal.

White Plains – New York

Need to provide training.

Could claimant give the provider a right to see everything? This would be very useful especially with prescriptions—because you can only see what you write and you don't have whole picture.

Support for telephone access for rural, as well as paper.

Electronic billing is ideal. Utilize what is already available. Do not reinvent the wheel.

As a carrier, would like to be able to continue with the clearing house(s) they already have partnerships with.

Providers have access to the notices of decisions through the portal.

Apportionment—need to know who the other parties are who are responsible for the bill.

Medical fee schedule should be available in the portal.

Approval for treatment. Currently carriers are stating they are not getting requests. It's a long time for people to get treatment. Timely response would make it easier.

The system can go back to the claimant and let them know what the doctor is or is not doing.

As a provider, I want access to the first report of injury to know which body part is ANCR'ed so I don't bill for a non-workers' compensation injury.