

Perspectives on Getting Paid ACO/MPN and WC

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Disclaimers

- These are my views and perspective only and not an official view of COA
- Consultant/ Advisory Panel
 - Pacific Medical
 - WRS

Perfect Storm-2014

- Fee schedule switch to RBRVS-MC
 - Increased payments for E and M
 - Decreased payments for surgery
- No payment for outside time
 - P and S
 - AOE/COE
 - Requested reports
 - NCM Visits
 - “Consults” still being requested

The days when WE were valued

Code	PROCEDURE	2004 OMFS	2014 OMFS	2015 OMFS
29881	MM/LM	\$ 1,293.62	\$ 909.85	\$ 862.08
29888	ACL	\$ 2,296.53	\$ 1,646.39	\$ 1,554.87
29827	RC REPAIR		\$ 1,787.59	\$ 1,669.34
29826	ASD	\$ 1,482.57	\$ 289.95	\$ 274.64
29823	DEBRIDEMENT	\$ 1,482.57	\$ 1,050.04	\$ 983.55
27447	TKR	\$ 2,514.56	\$ 2,252.47	\$ 2,133.19
27446	UNI	\$ 1,264.55	\$ 964.18	\$ 912.86

E and M increased

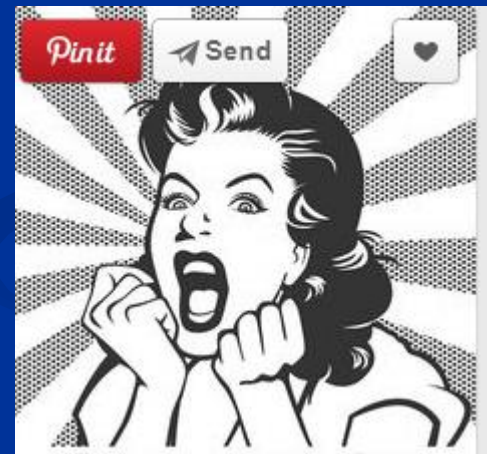
E&M				
Code	OV	2004 OMFS	2014 OMFS	2015 OMFS
99203	NP	\$ 76.50	\$ 125.38	\$ 133.39
99204	NP	\$ 109.65	\$ 191.11	\$ 201.77
99205	NP	\$ 145.35	\$ 237.67	\$ 252.72
99213	FU	\$ 47.60	\$ 84.98	\$ 89.81
99214	FU	\$ 72.25	\$ 125.14	\$ 132.92
99015	FU	\$ 110.50	\$ 167.15	\$ 178.59

Perfect Storm

- UR has gotten more aggressive with denials- NSAIDS, slings
- 80% requests are sent to UR
- IMR- untimely and ineffective

Outcome

- Delayed care for IW
- Increased time with IW- in and out
- 30% loss of income
 - Surgical fees
 - Non reimbursed time
- Increased work to appeal UR denials



Why should we provide free care?

- It DOES take more time to treat these patients.
- Afraid of loss of income/referrals- small practice
- Easier to put our head in the sand?
 - Work harder
 - Sure is a lot less stress/depression/burn out
 - Burnout/depression estimated to be 70% of practicing surgeons.

No consistency from payor to payor

- Zenith; will pay for ROR if they request it
- Gallagher Bassett- will not
- Self Insureds are more willing to negotiate or agree to level of care

COA/ WC Carrier Outreach

- Self Insured Carriers
 - CCSF
 - City of Los Angeles
 - Disney
- UR companies – Genex
 - Discuss abuses

Carrier Comments

- Common Agreements
 - UR costs are out of control for employer
 - Time off work = costs to carrier increase
 - It is hard to find any data
 - Agree that information uploaded to a central data point/portal that can be utilized by payor and Physician would be helpful

City of Los Angeles

- Philosophy is that the cost of a worker being off work_is most important- 100%
 - Large clinics that can handle walk-ins, expedited MRI if indicated, close followup
 - Contracted “First Care Panel”- Tier 1 docs
 - Kaiser, US Healthworks,
 - Automatic Auths- trigger list
 - If off >30 days, NCM gets involved

City of Los Angeles

- Adjusters have liberal authorization authority – except for back and neck injuries.

Costs to the employer

- Police and firefighter work injury costs have risen 35 percent in the last five years, making up more than 60 percent of all city workers compensation expenses, according to audit findings by the City Controller. The Los Angeles Fire Department and Los Angeles Police Department workers compensation costs in fiscal year 2013-14 totaled \$141 million, which Controller Ron Galperin said is enough to pay the salaries of 2,300 entry-level police officers or firefighters.
- Los Angeles Daily News

Disney

- Tier 1 physicians who are paid more and relaxes UR- goals keep patient in system
 - Educate physicians to better understand what is expected in the UR documentation process. (COA checklist)
 - Encouraging orthos to bill electronically
 - Letting orthos know that Disney is open to weight loss programs
 - Educating orthos on pain management

CCSF

- UR costs have skyrocketed
- Getting data from the UR companies is challenging.
- Encouraged them to use our UR checklist
- In ongoing discussions

Is an ACO a viable model?

- In a perfect world, it makes sense
 - Is it working in Medicare now?
- MPN were supposed to have a participating set of caregivers
 - Coordination
 - Streamline approval process
 - Shared savings – ???
 - Shared goals of getting IW best evidence based care

ACO Model

- Focus on total cost of care...
 - Most insurers do not have the data
 - Poor infrastructure to share data
 - Physician leaders
- Look at other models that exist- for MC the data is not that positive re: cost sharing

In reality

- Does not exist
- Do you want to take on risk in WC?
- Is the legislature or DWC going to fix this?

So what to do?



Future direction

- COA to work on educating physicians on use of evidence based medicine/ carriers/check lists – ? Course/certificate of completion???
- Do a few model programs with payors
- Carriers; use UR checklist to facilitate care
 - Preferred physicians
 - Set up rewards for hitting goals

Develop your own “No Fly List”

- Develop your own non-negotiable list of issues-individual decision
 - UR
 - Meds, Imaging, Injections, Surgery, PT
 - Lack of payment or delay in payments
 - Delay in care for patient- does it put you in a vulnerable position?
 - Consider doing consults, provide an opinion and then refer back



- My approach:
- Try to negotiate fairly before you see the patient
- Work on a state level to effect change
- If they will not negotiate, I will not play.
- P and S reports needed-consider QME

Unreasonable denials

- If UR denies a medication/sling/ etc. have patient request an IMR-
- Costs about \$400 per IMR to the employer
 - Call the adjustor if UR denies; often they are able to approve



**Use a prenegotiated
form**

**Contract Pursuant to Labor Code Section 5307.11
Pre-Authorization and Pre-Negotiated Fee Arrangement**

Provider Name: «ProviderName»
 Provider Tax ID: 45-1507076
 Injured Worker's Name: «NameFirstLast»
 Claims Administrator: «ClaimAdmin.OrgName»
 Workers' Compensation Claim Number: «ClaimNumber» «ClaimNumber»
 Name of Authorized Agent of Claims Administrator: «ClaimAdmin.Contact»

Pursuant to Labor Code 5307.11, provider and claims administrator agree to a the following agreement for payment of the following services for the above name patient:

Service	Billing Code	Fee	Service to be provided
Non-Face to Face Time Record Review- consults only	99358	\$250 per hour in 30 minute increments	x
Extensive Record Review >1 Hour	99359	\$250 per hour in 30 minute increments	
Special Report or Forms For "1 Time Consultations"	WC007	Payable@ \$38.69 1st page and \$23.80 for each add page- max 7 pages.	x
Ongoing agreements- when performed			
Phone consults 5-10 min (peer to peer, Adjustor calls) initiated by WC/UR	99441	\$39	x
Phone consults 11-20 min	99442	\$99	
Phone consults 21-20	99443	\$150	
Meet with NCM after visit as needed Ongoing auth	99366	Face to face time with NCM after the visit \$50.00	x
Permanent and Stationary Report + AMA Guides	ML106	\$250/hr - 30 minute increments 2 hours maximum	
Requested Supplemental Report (AOE/COE etc)	ML106	\$250/hr - 30 minute increments 2 hours maximum	x
P and S report	WC004+ 99358	Payable@ \$38.69 1st page and \$23.80 for each add page- max 7 pages. + rates for 99358.	x

The ongoing agreement portion of the agreement above will facilitate peer to peer reviews, letters from adjustors that require a written response, time to review medical records.

By signing below, the authorized agent of the claims administrator pre-authorizes the above-noted services at the rates indicated.

Name of Authorized Agent/Claims Administrator

Title

Signature

Date

Summary

- Develop relationships with your payors
- 5-10% of abuses in orthopedics punish the other 90% by over regulation
- Look at successful models that are saving costs and rewarding docs
- My opinion; this will not be fixed at DWC or legislature- need to work with the employers and unions and access to care has to be an issue before they pay attention.

Thank You

