

# PROVIDER Update

2<sup>nd</sup> Edition 2011  
KEEPING YOU IN THE LOOP

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*MetraComp, Inc. · New York Workers' Compensation PPO Network*

## METRACOMP CLIENTS IN NEW YORK

ACE USA INSURANCE COMPANY  
ATLANTIC MUTUAL  
BRIDGESTONE-FIRESTONE  
CHARTIS (fka AIG)  
DELPHI  
GUARD  
MAJESTIC INSURANCE COMPANY  
NEW VENTURE GEAR  
OLD REPUBLIC  
PRIMESOURCE  
SAFECO  
TRIBAL FIRST INSURANCE

ALASKA NATIONAL INSURANCE  
BERKLEY SPECIALTY UNDERWRITING  
CNA  
CHRYSLER  
GENERAL MOTORS  
LIBERTY MUTUAL/ WAUSAU  
NESTLE  
NEW YORK STATE INSURANCE FUND  
PMA INSURANCE COMPANY  
PUBLIC SERVICE MUTUAL  
THE HARTFORD  
ZURICH INSURANCE

This listing is representative of MetraComp's insurance carrier clients and self-insured employer groups. We make every effort to ensure this listing is complete and reflects a comprehensive list of clients contractually entitled to access our New York network of PPO providers. In addition to our listing, our insurance carrier clients have hundreds of employer groups who are directed or recommended into the MetraComp PPO Network. **Any question regarding a MetraComp/client relationship can be addressed by contacting MetraComp's Provider and Customer Relations Department at (800) 360-1275.**

## SAMPLE LIST OF PARTICIPATING EMPLOYERS

AMERICAN RED CROSS  
CARESTREAM HEALTH  
COMMUNITY CARE PHYSICIANS, P.C.  
EPISCOPAL HELATH SERVICES  
JC PENNEY  
M&T BANK CORPORATION  
OPPENHEIMER  
PETLAND DISCOUNTS, INC.  
RAYMOURS FURNITURE COMPANY  
SAMS CLUB  
ST. VINCENT'S HOSPITAL  
THE HOME DEPOT  
WALMART STORES  
YMCA OF GREATER NY

BEST BUY  
COCA COLA  
ELMHURST DAIRY, INC.  
FOOT LOCKER  
KOHL'S  
MCLANE CORPORATION  
PEPSI COLA  
PFIZER, INC.  
ROSINA FOOD PRODUCTS, INC.  
SEARS  
SUNRISE SR. LIVING  
VOLUNTEERS OF AMERICA  
WINGATE HEALTHCARE

## MEDICAL DIRECTOR FORUM

### *WE ALL HAVE A PART IN CASE MANAGEMENT*

Among the duties of MetraComp medical director is review of case management. Generally speaking case management is good. Case managers often deal with complex cases and good case management can make all the difference in the outcome of a case; both medically and administratively. Effective case management can help all parties - the employee, you (the provider(s) caring for them), the carrier insuring the employer, and the employer.

With the introduction of the New York State Workers' Compensation Medical Treatment Guidelines (MTGs) last December, it is important to incorporate monitoring and applying aspects of the MTGs in case management. In particular, we are hopeful case managers can focus more on helping the injured employee actually get the medically needed care and returning to work rather than deal with the issues which often surrounded the approval of aspects of care.

Case managers do not operate in a vacuum. They are typically called into the case by the adjustor. Then they have to work with the employee, you (the provider(s) caring for the injured employee) and the employer as well as the adjustor to move the case to an appropriate place. They have to deal with employees who won't return calls or who may be frustrated by the system. They have to deal with providers who won't return calls or release information. They have to deal with employers who may not have full information about the employee's status and may or may not be willing to work toward accommodating the employee. And they have to deal with adjustors to get the necessary approvals.

Further, once the appropriate request for service is in place from the provider and approved by the adjustor, the case manager may have to deal with vendors of the services and scheduling issues with the employee. There are a whole host of moving parts, not always going in the same direction. It is relatively easy to review the case management file and "Monday morning quarterback" the documentation. It's quite another thing to do it real time.

I have great respect for case managers. While they are retained by the insurance-employer side of the equation, case managers must also keep the genuine interests of the patient in mind. When done correctly, case management can help the provider care for their patients. A case manager should never be seen as a hindrance but rather as a facilitator.

Nonetheless, there are some reoccurring issues that bear mention. And, providers have an important role in case management beyond talking with or providing records to the case manager. In communications between case managers and providers, it is important to recall the Workers' Compensation view on communications between providers and case managers, which is "*Open communication and the free exchange of information between the participants in the workers' compensation system, including health care professionals, are essential to the timely and efficient administration of compensation claims.*"

Providers and case managers are all working towards the same goal; appropriately treating the injured employee and returning them to their pre injury state by following the communication guidelines as identified in the following the WCB bulletin found at [http://www.wcb.state.ny.us/content/main/SubjectNos/sn046\\_124.jsp](http://www.wcb.state.ny.us/content/main/SubjectNos/sn046_124.jsp).

One key issue my review reveals is a delay in starting case management. Often, it appears that aspects of the case are locked in or more difficult to change if the start of case management is delayed. Often, the adjustor and case manager may not recognize the potential pitfalls in the case that, in retrospect, seemed obvious. But often the provider does have the information. Thus, the provider of care can do both the system and their patient a great service by being proactive in pointing out potential issues with the case as early as possible. Do the circumstances of the case suggest that there may be disagreement about the acceptance of the case? Does the patient have a history of similar problems, pre-existing problems, a prior case with problems or barriers to return to work? Do the differential diagnoses suggest prolonged disability or need for additional testing? If so, the provider should include this information in their report.

Another aspect of my review shows more education is needed on the MTGs by all parties. The framework of the MTGs was known months before the formal adoption date. Review suggests there is less than full adoption of the philosophy of the MTGs. Notation of delays in tests and procedures that are now “automatic” with the MTGs occurred all too frequently. And there are still cases where MTG approved tests and procedures are being denied by carriers. Often providers are not reporting the necessary elements to support how the test or procedure fits into the framework of the guidelines. And vendors and consultants are still declining to schedule many of the guideline approved tests or procedures without written authorization. All of these factors can contribute to delay in appropriate care and return to work. They can tie up a case manager significantly thereby distracting from other important aspects of case management.

If New York employers and employees are to benefit from the adoption of medical treatment guidelines, there has to be a diligent effort to apply and follow them. We need to be spending more energies and resources on things with objective evidence that they work. And we need to move away from things that have been shown not to work. The guidelines work both for the employer and the injured employee when appropriately applied. Patterns of care can change with MTGs but the goal of the system should be to return the injured employee to their pre-injury status, not to spend precious resources fighting amongst parties involved. Find MTGs training at <http://www.wcb.state.ny.us/content/main/hcppp/MedicalTreatmentGuidelines/Training.jsp>.

Final aspect of my review shows all involved need to be more attentive to limited duty. In many cases, the case manager asked if limited

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Medical Director

## **PPO ADMINISTRATOR FORUM**

### ***IN-NETWORK REFERRALS***

Recent file reviews show a pattern of MetraComp participating providers failing to refer MetraComp PPO participants (injured workers) to other MetraComp in-network providers.

duty was possible only to be rejected at first by the provider and the employer. As the case evolved, it becomes clearer the employee might well have been able to perform limited duty. And, as the time of the case goes on, employers often are able to provide the kind of limited duty the employee could have done earlier on. By this time, the employee has developed expectations based on what they were told and is resistant to return to work. It is often not a smooth process when the case manager backs away from attempts to get limited duty only to be pushed back into the matter when it's all the harder and much time has been lost.

While employees are often not able to perform their regular job, many employees can do something. Providers should recognize this from the beginning. I rarely totally disable my patients because they are rarely totally disabled. Rather, they may have a partial disability and need accommodations to return to work. Keeping an injured employee at work when appropriate is, in my experience, part of the therapy. It keeps the employee involved, it provides greater income than workers' compensation and often speeds the healing process. At a minimum, it avoids the “workers' compensation syndrome” where employees determine, in the short run they can find other things to occupy their time when out of work. When this happens, it is harder to get the employee back to work even when ready for full duty.

We need to change the paradigm regarding work after injury from “what can't the employee do” to “**what can the employee do**”. We need to change by looking at **ability** rather than disability. In the long run, all parties in the workers' compensation system will benefit from this change in point of view.

Please note you can locate MetraComp participating providers by visiting our website at [www.metracomp.com](http://www.metracomp.com) and clicking on the “Locate a Provider” link at top of the home page. This will direct you to our on-line referral tool.



We appreciate your time and attention to making referrals to MetraComp participating providers and ask that you be mindful of this while treating MetraComp participants in the future.

### ***MEDICAL RECORD REVIEW***

MetraComp performs the Medical Record Review process annually. Your continued cooperation and support of this process throughout 2010 is greatly appreciated. Thank you.

### ***PROVIDER NETWORK SURVEY***

Enclosed, please find a MetraComp Provider Network Survey. Please take a few minutes to complete the survey. We value your service to MetraComp and care about your opinion. Please return survey to MetraComp, Attn: QI Specialist via FAX: (630)737-2077 or MAIL: 3200 Highland Ave, Downers Grove, IL 60515. You can also complete the survey on-line @ [www.metracomp.com](http://www.metracomp.com).

**Thank you** for your continued support and participation in our PPO network

*Tamara Puccia*  
PPO Administrator

### ***COMPLAINTS/GRIEVANCES***

To report complaints/grievances, please call (1-800-360-1275).

### ***ADDITIONAL RESOURCES***

MetraComp: <http://www.metracomp.com/>  
Occupational Safety and Health Administration (OSHA): <http://www.osha.gov/>  
National Institute for Occupational Safety and Health (NIOSH):  
<http://www.cdc.gov/niosh/homepage.html>  
American College of Occupational and Environmental Medicine (ACOEM):  
<http://www.acoem.org/>  
HIPAA Information:  
<http://www.hipaadvisory.com/> and  
<http://aspe.os.dhhs.gov/admsimp>

## ***REGULATORY UPDATE***

### ***MEDICAL TREATMENT GUIDELINES***

#### **Medical Treatment Guidelines Overview:**

<http://www.wcb.state.ny.us/content/main/hcpp/MedicalTreatmentGuidelines/MTGOverview.jsp>

#### **Medical Treatment Guidelines Training:**

<http://www.wcb.state.ny.us/content/main/hcpp/MedicalTreatmentGuidelines/Training.jsp>

#### **Medical Treatment Guidelines Forms:**

<http://www.wcb.state.ny.us/content/main/hcpp/MedicalTreatmentGuidelines/MTGForms.jsp>

#### **Frequently Asked Questions:**

<http://www.wcb.state.ny.us/content/main/hcpp/MedicalTreatmentGuidelines/FAQs.jsp>