

PROVIDER Update

1st Edition 2010

KEEPING YOU IN THE LOOP

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
PMA INSURANCE COMPANY
PUBLIC SERVICE MUTUAL
THE HARTFORD
ZURICH INSURANCE

ALASKA NATIONAL INSURANCE
BERKLEY SPECIALTY UNDERWRITING
CNA
CHRYSLER
GENERAL MOTORS
LIBERTY MUTUAL/ WAUSAU
NESTLE
OLD REPUBLIC
PRIMESOURCE
SAFECO
TRIBAL FIRST 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
BORDERS GROUP INC.
CARESTREAM HEALTH
COMMUNITY CARE PHYSICIANS, P.C.
FOOT LOCKER
KOHL'S
NOCO ENERGY CORPORATION
PEPSI COLA BATAVIA
PFIZER, INC.
SEARS
SUNRISE SR. LIVING
THE MEN'S WAREHOUSE
WALMART STORES

BEST BUY
BRESNAN COMMUNICATIONS, LLC
COCA COLA OF NEW YORK
CRYSTAL RUN HEALTHCARE
GLENS FALLS HOSPITAL
NEW YORK UNIVERSITY
OPPENHEIMER
PETLAND DISCOUNTS, INC.
SAMS CLUB
ST. VINCENT'S HOSPITAL
THE HOME DEPOT
UNITED POSTAL SERVICE, INC.

MEDICAL DIRECTOR FORUM

MEDICAL GUIDELINES PILOT PROGRAM

In 2007 the NYS Workers' Compensation Board (WCB) published proposed Medical Treatment Guidelines for conditions involving the lumbar spine, cervical spine, shoulder and knee. A comment period followed and the revised guidelines are now available on the WCB website at www.wcb.state.ny.us. In November 2009, NYS began a pilot program where medical providers and insurance carriers were invited to volunteer to participate. The purpose of the pilot program is to test the procedures for implementing the guidelines and will likely run at least a year. An official end date has not yet been announced.

Participants in the pilot program agree to abide by the guidelines for the 4 specific body parts and insurance carriers agree to compensate care that is considered appropriate under the guidelines. Providers may seek a variance for treatment that is outside the guidelines. Requirements for a variance include: 1 – Providers opinion that the proposed treatment is medically necessary. 2 – The patient agrees to such care. 3 – Explanation why alternative care under the guidelines is not sufficient. 4 – Previous treatment under the guidelines was not successful. The burden of proof will rest upon the provider requesting the variance. Providers may submit peer reviewed medical literature supporting their request. Carriers will have 15 days to respond to a variance request or 30 days if an IME is required. If there is a question whether the desired treatment is consistent with the guidelines then the provider can discuss this with the carrier via phone/e-mail and the carrier must respond within 4 days. If carrier does not respond within that time period then care is deemed appropriate under the guidelines. Each carrier will submit to

the WCB a phone number and e-mail to be used for this purpose which will be posted on the WCB website.

An educational program in regard to the use of the guidelines for all parties involved will be initiated prior to the guidelines becoming mandatory. This will be directed to health care providers, insurance carrier employees and WCB personnel such as judges and attorneys. It is expected that providers will be able to complete the educational program online and receive CME credits for doing so. It has also been proposed that health care providers that consistently treat within the guidelines and complete WCB forms (i.e., C4) accurately will be entitled to increased compensation for the medical services provided. The specifics of this plan have not yet been published.

The overall goals of the Medical Treatment Guidelines are to expedite delivery of care and lower frictional cost to insurers by decreasing disputes. Carriers will also benefit by having real limits on over-utilization. If you have not reviewed the program or guidelines, I recommend you do so as in the near future the use of the guidelines will become a daily necessity for all providers who regularly provide care for patients injured at work. The entire program and guidelines are posted on the WCB website as stated above. For providers who want to participate in the pilot program you may e-mail the WCB at WCBmedicaldirectorsoffice@wcb.state.ny.us or phone the medical directors office at 1-800-781-2362.

Remember, change is good as it keeps our neurons awake!

William Rogers, MD
Medical Director

REGULATORY UPDATE

AUTHORIZED PROVIDER SHORTAGE IN ROCHESTER AREA; TEMPORARY CHANGE IN MEDICAL REPORTING REQUIREMENTS

January 26, 2010. Physicians, with limited exceptions, podiatrists, chiropractors and psychologists must be authorized by the Chair in order to treat workers' compensation claimants. Physical and occupational therapists may treat claimants either under the direct supervision of or upon referral by a physician. Nurses and other health providers may only treat workers' compensation claimants under the direct supervision of an authorized physician.

It is important that injured workers have access to authorized providers in order to receive necessary care and treatment. Further, it is also important that injured workers receive such care and treatment as quickly as possible in order to ensure the best and speediest recovery. The faster an injured worker is treated and recovers, the faster such worker can return to work. In order to receive treatment quickly there must be authorized providers available to treat injured workers.

In the past two years a number of physicians have voluntarily surrendered their authorizations to treat workers' compensation claimants. A large number of these physicians are located in the Rochester area of the state resulting in a temporary shortage of authorized providers to treat injured workers. Specifically, the temporary shortage of authorized physicians exists in the counties of Monroe, Livingston, Steuben, Allegany, Wyoming and Ontario.

When these providers surrendered their authorizations, injured workers treated by them were forced to find a new provider. In addition, newly-injured workers had to find other providers to treat them. This has resulted in an increased demand for the services of the providers who have retained their authorization to treat injured workers. This demand has placed a burden on authorized providers to timely complete and submit the prescribed medical report forms. Delays in the submission of medical reports cause delays in the receipt of benefits by injured workers.

I find that there is a temporary shortage of authorized providers in the counties of Monroe, Livingston, Steuben, Allegany, Wyoming and

Ontario. These counties shall collectively be deemed the Provider Temporary Shortage Area.

In order to address this situation, in the Provider Temporary Shortage Area I am including in the list of prescribed medical report forms the CMS-1500 (or HCFA-1500) form with detailed narrative reports or office notes. Authorized physicians, podiatrists, chiropractors and psychologists in the Provider Shortage Area may submit a CMS-1500 with a detailed narrative report or office notes in lieu of one of the prescribed C-4 forms. If a CMS-1500 is submitted without the detailed narrative report or office notes, it is not a prescribed form. A narrative report or office notes are considered detailed when they contain the necessary information in sufficient detail so the insurance carrier can properly process the submission.

Further, the statement in Subject Number 046-301R dated March 23, 2009, that the Board will not enforce payment for examinations, services and/or treatments provided after April 1, 2009, if they are not reported using the correct new C-4 report is rescinded Statewide. **In all areas of the State, the Board will enforce payment in accordance with the Workers' Compensation Law and regulation regardless of the version of the C-4 form used to report examinations, services and/or treatments rendered by providers.** For providers located within the Provider Temporary Shortage Area, the Board will also enforce payment in accordance with the Workers' Compensation Law and regulations if a CMS-1500 (or HCFA-1500) with detailed narrative report or office notes is used to report examinations, services and/or treatment for the duration of the shortage.

Insurance carriers may not refuse to pay bills for failure to file one of the prescribed C-4 forms; however, they may raise an objection to the bill if the service is not sufficiently detailed in the office notes or narrative reports.



The Provider Temporary Shortage Area designation and addition to the prescribed list of medical report forms takes effect immediately. Once it is determined that the shortage no

longer exists the list of prescribed medical report forms will be revised to require use of the C-4 forms.

Any questions regarding these matters should be referred to the Office of General Counsel, New York State Workers' Compensation Board, at 518-486-9564.

Robert E. Beloten
Chair

PPO ADMINISTRATOR FORUM

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 out of your busy schedule 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.

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

Tamara Kenefick
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>