

**COPIES OF MAILED
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COMMENTS
OF THE 2012
WORKERS' COMPENSATION
FORUM**

PART 1

Evelyn Ofiteru

From: Evelyn Ofiteru
Sent: Wednesday, March 07, 2012 9:52 AM
To: HIB Claims Consultants
Subject: DIR Open Forum Discussions

This sounds kind of interesting... I think I want to attend one of them.

Department of Industrial Relations and the Division of Workers' Compensation
Open Public Forum Discussions
April 2012

DIR Director Christine Baker and DWC Administrative Director Rosa Moran will host the forums and topics of discussion will include: Provision of appropriate medical treatment without unnecessary delay, the medical provider network (MPN), utilization review (UR) or other issues; Enabling injured workers to return to work as quickly as medically feasible; Adequate compensation for permanent disabilities; Reducing the burden of liens on the system; Identification of appropriate fee schedules; Reducing unnecessary litigation costs; Assessing appropriate use of opiates and other care; Any other improvements needed

Seating is limited at many of the locations and registration is required. Verbal testimony at the open forums will be limited to three minutes per speaker and written testimony can be submitted to DIR@DIR.ca.gov in advance of the meeting.

Tuesday, April 10, 2012- Ziggurat Bldg Auditorium, 707 3rd Street, West Sacramento, CA

Monday, April 16, 2012- Junipero Serra Office Bldg, 320 West 4th Street, Los Angeles, CA 90013

Wednesday, April 18, 2012- Fresno City Hall, 2600 Fresno Street, Fresno, CA 93721

Tuesday, April 24, 2012- Norman F Feldheim Library, 555 W 6th Street, San Bernardino, CA 92401

Wednesday, April 25, 2012- La Mesa Community Center, 4975 Memorial Drive, La Mesa, CA 91942

Monday April 30, 2012- Eilhy Harris State Bldg, 1515 Clay Street, Oakland, CA 94612

www.dir.ca.gov

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4/30/12

1st issue

Hi, I have worked in the Workers' Comp industry for over 18 years. I currently work as a Claims Consultant for an insurance broker. I used to work as a Claim Examiner and Claims Supervisor for the carrier and TPA side as well as Self insured entities. I always felt that Permanent Disability is a misnomer. It is defined as the percentage of the work force that the injured worker is unable to participate in. However, it is constantly construed as being permanently disabled by the injured workers and employers. I feel that when injured workers hear that they are entitled to PD, they believe their industrial injury has caused them to be permanently disabled which is not a positive connotation. Employers get upset when they take an employee back to full duty and they are "permanently disabled". Thank you for considering the possible name change for "Permanent Disability".

#2nd issue

I also feel that AMEs should have a time limit on when they issue their reports. Panel QMEs for unrepresented workers have 30 days to issue a report, why can't AMEs be required to a similar standard? When AMEs take 6-8 mos. to issue a report it just causes unnecessary delay and frustration for all parties! The carriers/employers pay a decent amount of money for these AME reports and it does not appear there is that much accountability on when/how the reports are issued



PSYCHOLOGY AFFILIATES

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Psychotherapy
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Christine Baker, Director
Department of Industrial Relations
Division of Workers' Compensation
455 Golden Gate Avenue
San Francisco, CA 94102

March 29, 2012

Letter sent by email also to: DIR@DIR.ca.gov

RE: FORUM TESTIMONY

Carriers' non-payment and delayed payment of QME invoices

Dear Ms Baker,

This letter is a response to the DIR notice regarding the Workers' Compensation Forums scheduled in various California locations. I welcome the opportunity to provide feedback as requested in the notice. I am a QME in Psychology since 1995 and I have registered for the forum in La Mesa, CA in April (25th). My concern is delayed payments for the services of QME providers.

I could detail here many significant delays of payment and of non-payment that I have experienced myself. However my experience may or may not be typical. Rather than immerse this request in such detail I would prefer to learn from the DIR or your staff whether my negative experiences are part of some larger trends. If the WC Division or another component of the DIR has studied or reported on timely payment issues, I'd appreciate having that information, so as to be better informed about my own position.

Therefore I would be grateful for any expert staff assistance, suggestions, or data that the DIR has gathered on the following issues:

1. **Timeliness of payments to QME evaluators.** If DIR data are not focused specifically on QME providers, perhaps data on timeliness of payments to all medical expert services, reports and treatment could be made available to me, in order to assess payment practices.

I assume that cases to be included would also include those that reached adjudication or settlement, so that one could separate unjustified payment delays from those cases where payment may be delayed for genuine medical, legal, or case-specific factors, e.g. ambiguities in QME reports, treatment issues, conflicts among experts, and so on. Presumably in the latter cases, an explanation for the payment delay would be in the file.

2. Possible patterns indicating selectivity in the delays or denials of payments to treatment providers and evaluators. For example, have insurance carriers been more tardy in paying some categories of experts than others? In my practice I have worked most often with chiropractors, neurologists, psychiatrists, and orthopedists. I wonder if the statistics would reveal whether some experts within each field are selectively subject to delays or denials, and whether specific fields are more subject to such.

3. Pattern of formal filing of objections to QME reports or treatments. I believe that the Defense has 30 days within which to file objections to a QME report. I wonder if there is any data collected by the DIR regarding these objections and their validity (i.e. filed within the statutory rules, and substantive). My experience with the few recorded objections is that they are motivated by harassment rather than substantive issues; especially when an objection of timeliness (and subsequent denial or withholding, of payment) comes from the Defense after my report is completed and submitted, rather than right after the 30 day statutory period for completion. My feeling is that the Defense has waited until I had spent extensive time completing the report before objecting on timeliness grounds only! I interpret this practice as a type of harassment, as these cases have involved prolonged litigation and treatment, along with depositions and multiple QME reports, etc., over many years since the date of injury; that is, the objection to **untimeliness** is not substantive but trivial and idiosyncratic. Many times the QME evaluations involve reviewing boxes of medical records, collecting applicant data, interpreting and reporting - all this within a 30-day period. This time constraint is unrealistic if a thorough evaluation is expected. In some instances the parties have been tolerant of the time constraint, knowing the complexities of the case. I have never had formal or informal objections based on the **content** of my QME reports.

4. Are there any structural, procedural or legal remedies within the Workers Compensation system that allows redress of the delays and informal denials (simply withholding) of payment, by the carrier? The denials and withholding of payments are not justified by any explanation, formal or informal, rational or irrational. In several instances I have had to deal with a payment service where the claims clerks had no idea what WC rules were, especially regarding QMEs.

In some instances, I have not been paid on cases several years old, with multiple hearing continuances, where my repeated QME report invoices have been ignored, even when liens were filed. In one case settled last year, no lien hearing was noticed, but my lien has still not been honored. I was advised to file a Declaration of Readiness to get paid (or not!). No formal (or informal) objection to my QME report was filed by anyone.

To sum up my concerns

I know that my complaints are not unique but common to many Workers' Compensation providers; and I have heard about 'red-lining' practices whereby evaluators, seen as 'applicant biased', are given short shrift by the carrier. As my reports are always carefully based on the evidence I do not believe my reports are biased to one 'side' or the other. Indeed, if bias were complained of, I would expect a written statement of such concerns with supporting evidence. No such complaints have ever been made to me.

So the situation I have described suggests serious malfunctioning of the Workers' Compensation system in California. Applicants (presumably injured workers) cannot be treated effectively if carriers do not make prompt payments for doctor's services. I have heard of treating doctors who refuse to treat clients in the Workers' Compensation system because of payment delays, unpaid treatment, and ultimate denials. At the present time, I am able to sustain myself with income from private forensic referrals and my private psychotherapy clients. However the extensive time I spend on filing liens and re-filing invoices, over and over, subtracts from the time I could spend on patients and on improving my services, writing more thorough progress reports, etc. In short, the quality of my work can suffer because I have to deal with recalcitrant carriers who erect paperwork barriers to avoid or delay

Christine Baker, Director, Department of Industrial Relations

March 29, 2012

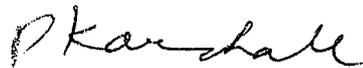
Page 4

payment, in open violation of statutory rules – but which providers are then strictly held to. I have heard of similar complaints by experts that I meet, so I can assume that these problems are more pervasive than only confined to a few providers. Hence my request for system-wide data would be a way to start defining the systemic dimensions of these distressing problems of experts' payment delays and withholding.

I have kept my files of the cases that have had problems of the nature described above and I can provide documentation to support my statements herein. I did not feel it worthwhile to burden you with more details than was needed to sketch out the issues that I have been facing for a number of years. I can make these documents available to you at the forum or anytime.

I would appreciate a timely response to this request for system-wide data, to help me present these pressing issues of invoice payment delays and related financial concerns, at the public forum on April 25, in La Mesa, in a manner that is objective and educational to those present.

Yours sincerely,



Philip Kaushall, PhD, QME, FACFEI
Clinical and Forensic Psychology



April 2, 2012

Ms. Rosa Moran
Administrative Director, Division of Workers' Compensation
1515 Clay Street, 6th floor
Oakland, CA 94612-1402

RE: Public Forum on Workers' Compensation

Dear Ms. Moran:

On behalf of PMSI, I'd like to thank the California Department of Industrial Relations and Division of Workers' Compensation (DWC) for the opportunity to provide input and suggestions for improvement to the state's workers' compensation system. PMSI has always welcomed working with the Division and Division staff and appreciates the constant openness and assistance in handling ongoing problems.

PMSI is a national provider of pharmacy services, including retail pharmacy services through our PBM Tmesys and mail-order pharmacy services solely for workers' compensation claimants. In California PMSI provides pharmacy services for numerous large and small insurers and self-insured employers, chief among them are Chartis, Sedgwick, Zenith, SCIF and the Los Angeles Unified School District.

By way of background, a PBM – which PMSI operates – is a specialized entity which manages prescription drug services for its clients, which are workers' compensation payors and can include insurance companies, third party administrators, state funds and public/private self-insured employers. There are a number of benefits PBMs bring to the workers' compensation system. Most importantly, PBMs ensure injured workers receive prescribed medications promptly by guaranteeing payment to the pharmacy at point of sale. Additionally, PBMs control costs and ensure medication safety by controlling utilization, managing pharmacy benefit networks (PBNs), providing drug regimen/utilization review, offering mail-order services for critically injured workers needing long-term pharmaceutical therapies, and improving patient safety through numerous and proprietary clinical services which detect potential drug interactions, duplicative medications and potential abuse of narcotics.

There are a number of factors that affect provision of pharmacy services in workers' compensation. As a provider of pharmacy services across California, and nationwide, and with close ties to both workers' compensation pharmacy providers and insurance providers, PMSI is uniquely positioned to provide information on all areas impacting pharmacy including the California fee schedule, utilization of networks, shifting cost drivers and the dangerous increase in the use of opiates.

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Oakland District Office

PMSI appreciates this opportunity to provide comments and insight on the current state of the California workers' compensation regulatory environment, and we strongly feel the following issues – if addressed properly – could lead to improvements in care for injured workers and cost savings for payors and the state. PMSI respectfully submits the following items for your consideration and looks forward to working with you and your staff on these issues in the future.

Pharmacy Networks

California Labor Code 4600.2 allows medicines to be provided to injured employees through a contract with a pharmacy benefit network. Payors contract with PBMs to perform a variety of functions, including providing a pharmacy network. The vast majority of pharmacies agree to be part of the approved network, and in exchange the pharmacy agrees to accept a rate previously negotiated by a PBM with guaranteed payment at point of sale or dispense of prescription. Absent this, a pharmacy would be left to determine eligibility and run the risk of not receiving payment for drugs already dispensed. The current state of the system – unregulated utilization of PBNs – provides positive results and increases pharmacy participation in the workers' compensation system by both pharmacies and injured workers. In addition, self-insured employers and carriers enjoy cost savings via negotiated contracts and do not have to create additional systems to communicate with pharmacies in real time (which is provided by the PBM which manages the PBN). Together, all of this works to increase injured worker access and control pharmacy costs.

Currently contracts between the payor, employer and pharmacy provider can specify terms of service, pricing and reimbursements, as long as they are consistent with the Labor Code, all other state laws and DWC regulations/guidelines. PMSI believes the DWC has the authority to promulgate regulations on PBNs, and attempted to do so in 2010 draft regulations which were posted on the online forum for public review and comment. However, DWC chose to remove these from the rule-making process and has not taken any further action to establish PBN regulations to date. To the benefit of all system stakeholders, PMSI strongly encourages DWC to engage in rule-making on this issue and establish guidelines or regulations on pharmacy benefits networks that include a clear set of rules for provider and injured worker notification, ability to "direct" injured workers to utilize a network provider/pharmacy and how out-of-network claims are handled and reimbursed. PMSI believes this would increase network usage, thereby reducing overall pharmacy costs and potential liens.

Drug Utilization

Several national and California-specific studies continue to showcase how utilization – number of prescriptions and type of drugs prescribed – remains the main driver for workers' compensation pharmacy costs. Historically, utilization has been a much bigger contributor to overall drug cost than price, typically by a factor of four to one. To help combat this cost driver – where they can – PBMs offer a vital cost-saving role with their ability to review and manage drug utilization while simultaneously improving patient safety through clinical services which detect potential drug interactions, duplicative medications and potential abuse of narcotics.

At a payor's request, a PBM can provide both prospective and retrospective drug regimen and prescription regimen review, checking for safety and efficacy concerns and offering solutions. Prospective review can help control prescription transactions before they become an issue, such as a patient attempting to refill prescriptions too soon, a drug being prescribed which is not typically used to treat a work related injury and/or is not related to patient's injury, the drug conflicts with another medication the patient is taking, or there are multiple/duplicate prescriptions for dangerous drugs or narcotics. Retrospective review involves routing scripts through proprietary systems to detect duplicative prescriptions and claims filed by a pharmacy, potentially addictive drugs, medications that may interact badly with each other or drugs which can worsen other medical conditions, and, of course, prescription abuse and fraud. These types of clinical reviews can save lives and remove significant unnecessary costs from the total pharmacy spend. However, without operation of PBMs in the California marketplace, many of these services would dissipate as PBMs have spent considerable amounts of time, effort and finances to understand the California market and implement these programs.

Unfortunately, PBMs are limited in their ability by the current fee schedule which does not reflect the costs of these, and other critical, services which continue to ensure pharmacies participate and fill prescriptions for injured workers in California. The simple reality is, in a better business climate, PBMs could further reduce overall costs and better target problem areas. California must re-examine pharmacy reimbursement policies and provide for additional reimbursement to aid in the development and utilization of more comprehensive pharmacy-driven management of drug utilization to help lower costs.

Opioid Usage and Abuse

Based upon discussions with our clients and internal PMSI data, it is abundantly clear that opioid usage in general and specifically in the workers' compensation marketplace is a growing cost driver and safety issue for injured workers. PBMs can be part of this solution by providing services to screen for overuse, multiple prescriptions for the same medication, multiple prescribers or "doctor shopping" and fraud and then alert the dispensing pharmacy (and carrier) to pause dispensing of these non-medically necessary prescriptions. Targeted drug regimen management is a key component to controlling opioid usage; however, as noted previously, California must make these services a priority.

Pharmacy Fee Schedule & Medi-Cal Linkage

Section 5307.1 of the Labor Code sets reimbursement for workers' compensation pharmacy services at "100 percent of fees prescribed in the relevant Medi-Cal payment system" – and unfortunately does not consider clear distinctions between Medi-Cal and workers' compensation pharmacy services and patient populations. Medi-Cal is the second largest General Fund program in the State and, in difficult fiscal times, is where the Legislature often looks for "savings" when attempting to balance the state budget. Additionally, Medi-Cal covers a very large (nearly 19.7 percent of Californians) and vastly different patient population. It is also a "single-payor" operating model, while workers' compensation operates in an open, competitive multi-payor market. Policy changes enacted through legislation that are targeted at reducing Medi-Cal budgetary costs and that do not take into consideration the impact on the workers'

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compensation system are one-sided and dangerous. The current reimbursement link (from 2003) has created incredible instability for all entities involved in providing workers' compensation pharmacy services. Workers' Compensation pharmacy is unique in this respect, as all other provider groups in workers' compensation are tied to the Medicare reimbursement rate and have received Medicare linked reimbursement increases since 2003.

Over the years, PMSI has worked diligently with the Legislature and DWC to protect against all – and the most recent – reductions to Medi-Cal and subsequent impact to workers' compensation pharmacy providers. However, it should be noted that when the two systems were linked, pharmacy reimbursement was set at average wholesale price (AWP) minus 10 percent and the current rate is AWP minus 17 percent, with the secondary 7 percent reduction occurring in a budget trailer bill, with the sole intent of reducing general fund spending (which is not relevant to workers' compensation). In effect, pharmacy providers were hit twice by this action and DWC maintains it has no authority to offset or prospectively examine the change and impact to injured workers and pharmacy providers.

AWP Freeze and Medi-Cal AAC Transition

Another example of a policy that will impact workers' compensation is the current temporary freeze of the Medi-Cal rate – due to AWP source transition and various administrative issues only impacting Medi-Cal. The Department of Healthcare Services has indicated that when this freeze is over payment changes will be retrospective. This is a simple policy for Medi-Cal because it is a single payor model where the payor is also the regulating agency. This policy becomes much more complicated when you insert multiple payors, contracted rates, and separate state reporting (EDI) requirements on each transaction/prescription dispensed and processed. The provision of pharmacy services in workers' compensation has numerous levels, all of which are being negatively impacted by the freeze and subsequent unfreeze.

Perhaps the largest change facing Medi-Cal that will unintentionally impact workers' compensation is the move to change the reimbursement methodology from AWP to one based on the average acquisition cost (AAC). The purpose of AAC is to establish a transparent, timely and accurate pharmacy reimbursement system based on actual acquisition cost (invoice) data and a statistically validated cost of dispensing for Medi-Cal providers. However, there are cost variables in workers' compensation that dramatically impact price and dispensing that **will not be** factored into a Medi-Cal based AAC rate – which again will be blindly forced upon workers' compensation pharmacy providers. Additionally, PMSI's internal data and knowledge of pricing/reimbursement methodologies points to a fact that differences between Medi-Cal and workers' compensation will cause an AAC pricing donut hole as not all drugs utilized in workers' compensation will be covered by the Medi-Cal AAC pricing database.

PMSI is not opposed to changes and updates in the pharmacy fee schedule and pharmacy pricing sources, as they are a necessary evolution of the pharmacy marketplace and provision of pharmacy services. However, we strongly believe these changes should be examined and debated in the context of the workers' compensation system and how these changes will impact the ability of providers and

other entities to continue participation in the marketplace and subsequent impact to access for injured workers – and not during budget debates on the Medi-Cal pharmacy program.

PMSI encourages the DWC to utilize their existing ability to establish a separate pharmacy fee schedule which both recognizes the differences of workers' compensation and utilizes the fee structure(s) and rules of the Medi-cal system. Absent a stand-alone fee schedule, the DWC should explore ways to protect against arbitrary budget-related reductions and allow for discussion on major policy changes to the system prior to blanket adoption.

Conclusion

Again, thank you for the opportunity to provide comments and suggestions to improve California's workers' compensation system. In summary, PMSI encourages the DWC take the following action:

- Establish guidelines or regulations on pharmacy networks that include a clear set of rules for injured worker/provider notification, ability to "direct" injured worker participation within the network, and how out-of network claims are handled and reimbursed. This would increase network usage, thereby reducing overall pharmacy costs and potential liens.
- Make comprehensive drug regimen management a priority, to include ensuring sufficient reimbursement for cost-saving services provided by PBMs. This will reduce overall system costs, improve patient outcomes, including over usage of and dependency on opioids, and increase safety.
- Establish a pharmacy fee schedule that utilizes the existing Medi-Cal fee structure but recognizes the differences in two systems and fairly reimburses workers' compensation pharmacy providers for their services.
- Until a workers' compensation specific fee schedule is adopted, establish protections against arbitrary budget related reductions and allow for discussion on major policy changes to the system prior to adoption.

As always, PMSI looks forward to working with the Division and Division staff to improve California's workers' compensation system. We hope to continue as a resource for you and your staff on these and any other workers' compensation pharmacy related issues.

Sincerely,



Kevin C. Tribout

Executive Director of Government Affairs

cc: Melissa Cortez-Roth
Ms. Christine Baker



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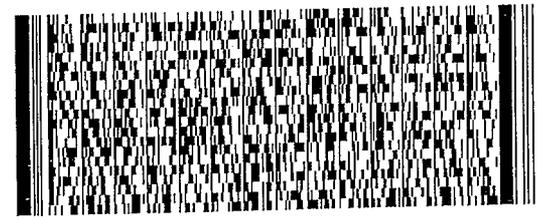
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Dena Searce, JD
Director, State Government Affairs

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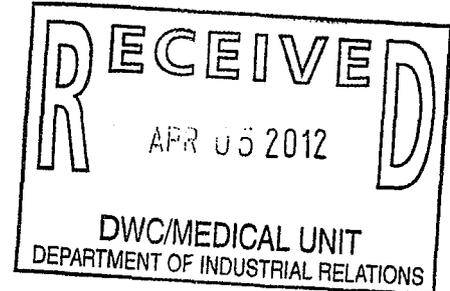
April 3, 2012

The Honorable Rosa Moran, Administrative Director
Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

Submitted Via Email: DIR@DIR.ca.gov

Re: Separate Payment for Spinal Implants

Judge Moran:



We appreciate this opportunity to submit comments on current issues in California's workers' compensation system. Medtronic understands the goal in the state of California is to contain medical costs and generate savings, and we look forward to working with you and other stakeholders on alternatives that will ensure appropriate access to necessary surgical interventions for injured workers, yet will still generate savings for the workers' compensation program.

Under the current system, the separate implant payment ensures that hospitals are properly reimbursed for complex spine surgeries that typically require numerous implantable devices. Without this appropriate and needed reimbursement or something similar, we know, based on past events, hospitals will discontinue spine surgeries for workers if payment does not appropriately reimburse for the cost of the procedure and access to care will be hindered.

Medtronic's Spinal and Biologics division manufactures products that treat a variety of disorders of the spine. These products are utilized by spinal and orthopedic surgeons to treat patients and restore their quality of life. Medtronic contracts with hospitals for spinal implants without regard to any payer program. For example, the price that a hospital pays for an implant used in a case with a commercial payer is the same paid for a workers' compensation case. When implants are sold to hospitals, Medtronic has no idea which type of payer or patient will ultimately receive the implants.

The separate implant payment *originated* because hospitals were losing money on each complex spinal procedure. If the payment is eliminated and a comparable alternative is not enacted, history will be repeated, and California workers will be on the losing end. In the past, the Division of Workers' Compensation (DWC) has relied on a fiscal analysis by RAND (which is based on a report by Dalton et al.) in its proposal to eliminate the separate payment. Our position remains that this reliance is flawed because the Dalton report, the source of the underlying data, is based solely on Medicare information; workers' compensation data was not available. In addition, the data analysis conducted by RAND is based on an incorrect assumption that the use of an overall cost-to-charge ratio gives an accurate indication of a hospital's true cost for a case. The practical rationale is that this methodology works to allow injured workers access to the same level of care as any other patient.



Naisula

April 6, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

Email: DIR@dir.ca.gov

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

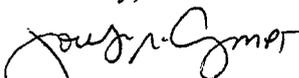
As a physical therapist in independent practice, I urge you to update the workers' comp. fee schedule which is still based on an outdated model from the 1970's. Updating the fee schedule to a Resource Based Relative Value Scale (RBRVS) system will improve access to high quality medical care for injured workers by attracting and retaining high quality therapy providers. Higher quality providers get injured workers' back to work more quickly, thereby reducing overall medical costs, saving money for the state and the taxpayer, and benefiting all of California's injured workers.

Our office finds it difficult to treat injured workers because of the low pay rate we receive for each physical therapy visit. WC claims require more staff time for our office than regular health care but we receive a much lower rate for the treatment we perform. We also receive payment often 30 days later than traditional health care. As therapists, we are often asked to perform more paperwork as well, taking away time from treating other patients. And often our patients may wait weeks for authorization of treatment, interrupting their care which causes a longer overall recovery time. Please help compensate therapists for the treatment of injured workers.

SB 923 appropriately leaves the details of the RBRVS conversion, the selection of billing ground rules and coding guidelines, geographic adjustments, and other details to the regulatory process -- where they can be sorted through the deliberation and the input of stakeholder expertise.

I urge your support and leadership. Thank you for your consideration.

Sincerely,


Jocelyn Cruz, PT

www.bodymax.net

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Department of Industrial Relations
Attn: Director (S.F.)

*Christine Baker, Director
Dept. of Industrial Relations
455 Golden Gate Ave
San Francisco, CA 94102*

94102367799





April 6, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

Email: DIR@dir.ca.gov

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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SB 923 appropriately leaves the details of the RBRVS conversion, the selection of billing ground rules and coding guidelines, geographic adjustments, and other details to the regulatory process -- where they can be sorted through the deliberation and the input of stakeholder expertise.

I urge your support and leadership. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Sakane, PTA".

Colleen Sakane, PTA

www.bodymax.net

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Department of Industrial Relations
Office of the Director (S.F.)



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April 6, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

Email: DIR@dir.ca.gov

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

As a physical therapist in independent practice, I urge you to update the workers' comp. fee schedule which is still based on an outdated model from the 1970's. Updating the fee schedule to a Resource Based Relative Value Scale (RBRVS) system will improve access to high quality medical care for injured workers by attracting and retaining high quality therapy providers. Higher quality providers get injured workers' back to work more quickly, thereby reducing overall medical costs, saving money for the state and the taxpayer, and benefiting all of California's injured workers.

Our office finds it difficult to treat injured workers because of the low pay rate we receive for each physical therapy visit. WC claims require more staff time for our office than regular health care but we receive a much lower rate for the treatment we perform. We also receive payment often 30 days later than traditional health care. As therapists, we are often asked to perform more paperwork as well, taking away time from treating other patients. And often our patients may wait weeks for authorization of treatment, interrupting their care which causes a longer overall recovery time. Please help compensate therapists for the treatment of injured workers.

SB 923 appropriately leaves the details of the RBRVS conversion, the selection of billing ground rules and coding guidelines, geographic adjustments, and other details to the regulatory process -- where they can be sorted through the deliberation and the input of stakeholder expertise.

I urge your support and leadership. Thank you for your consideration.

Sincerely,


Dana Amack, PT

www.bodymax.net

4165 BLACKHAWK PLAZA CIRCLE, #275 DANVILLE, CA 94506 (925) 736-1305 • Fax (925) 736-7685 (PHYSICAL THERAPY ONLY)	6668 OWENS DRIVE PLEASANTON, CA 94588 (925) 621-2200 • Fax (925) 621-2201
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4165 BLACKHAWK PLAZA CIRCLE, #275 | 6668 OWENS DR.
DANVILLE, CA 94506 | PLEASANTON, CA 94588

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APR 12 2012

Department of Industrial Relations
Office of the Director (S.F.)



Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Ave
San Francisco, CA 94102

94102+3677



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

As a manager of an independent practice, I urge you to update the workers' comp. fee schedule which is still based on an outdated model from the 1970's. Updating the fee schedule to a Resource Based Relative Value Scale (RBRVS) system will improve access to high quality medical care for injured workers by attracting and retaining high quality therapy providers. Higher quality providers get injured workers' back to work more quickly, thereby reducing overall medical costs, saving money for the state and the taxpayer, and benefiting all of California's injured workers.

Over the past 5 years our office has experienced an extremely inefficient workers compensation system. We take losses on most of our workers comp cases due to the low fee schedule and the exhausting amount of time it takes to collect on these cases. We have had to opt out of most of the workers comp contracts in our area in order to remain viable in our community. Our office provides high quality physical therapy, and we are unable to continue to provide these high quality services on the current fee schedule.

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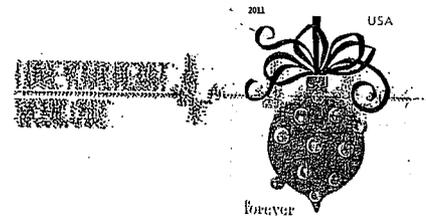
Sincerely,



Jill Watase, Administrative Director
4266 Armand Drive
Concord, CA 94521

J. Watase
4266 Armand Dr.
Concord, CA 94521

OAKLAND, CA 94612
11 APR 2012 10:11 AM



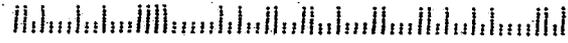
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APR 12 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

Department of Industrial Relations
Office of the Director (S.F.)

94102+3677



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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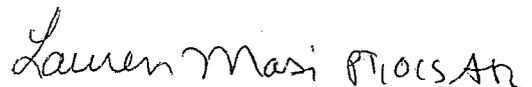
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I urge your support and leadership. Thank you for your consideration.

Sincerely,



Lauren Masi, P.T., OCS, ATC
234 Baylands Dr.
Martinez, CA 94553

L. Masi
234 Baylands Dr
Martinez, CA 94553

OAKLAND-CA 94612

21 APR 2012 PM 10:17



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APR 12 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

Department of Industrial Relations
Office of the Director (S.F.)

94102+3677



Matt Sheehan, P.T.
Dean Bessas, P.T.



Office (916) 419-5202
Fax (916) 419-5502

April 10, 2012

Baker

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102
Email: DIR@dir.ca.gov

RE:Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

As a physical therapist in independent practice, I urge you to update the workers' comp. fee schedule which is still based on an outdated model from the 1970's. Updating the fee schedule to a Resource Based Relative Value Scale (RBRVS) system will improve access to high quality medical care for injured workers by attracting and retaining high quality therapy providers. Higher quality providers get injured workers' back to work more quickly, thereby reducing overall medical costs, saving money for the state and the taxpayer, and benefiting all of California's injured workers.

As a clinic that sees a significant proportion of its patients from Workers Compensation, we struggle with low reimbursement rates that have persisted for many years. Our clinic also has a hard time getting reimbursed for services that are authorized by Workers' Compensation. Reimbursement is currently close to that of HMO insurance. We see HMO insurance plans as a courtesy to our referral sources. HMO's actually cost my office more than what they reimburse.

When factoring in the extra work that is required to get paid by Workers' Compensation, as well as the constantly increasing costs of doing business, our clinic is spending a lot of time and effort for minimal and decreasing financial benefit from Workers' Compensation.

It is time that Workers' Compensation fell in line with other PPO insurers for coding and for reimbursement.

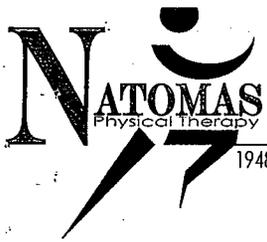
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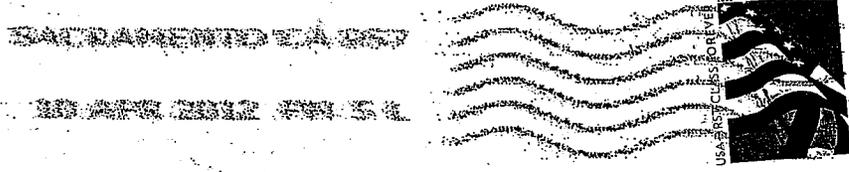
Sincerely,

A handwritten signature in black ink, appearing to be "Dean Bessas", written over a horizontal line.

Dean Bessas, Physical Therapist.



Matt Sheehan, P.T. Dean Bessas, P.T.
1948 Del Paso Road #135 • Sacramento • CA • 95834



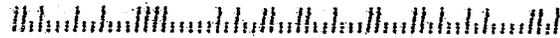
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APR 11 2012

Department of Industrial Relations
Office of the Director (S.F.)

CHRISTINE BAKER
DEPT INDUSTRIAL RELATIONS
455 GOLDEN GATE AVE
SAN FRANCISCO, CA
94102

94102+3677



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

As a physical therapist and owner of an independent practice, I urge you to update the workers' comp. fee schedule which is still based on an outdated model from the 1970's. Updating the fee schedule to a Resource Based Relative Value Scale (RBRVS) system will improve access to high quality medical care for injured workers by attracting and retaining high quality therapy providers. Higher quality providers get injured workers' back to work more quickly, thereby reducing overall medical costs, saving money for the state and the taxpayer, and benefiting all of California's injured workers.

Over the past 5 years our office has experienced an extremely inefficient workers compensation system. We take losses on most of our workers comp cases due to the low fee schedule and the exhausting amount of time it takes to collect on these cases. We have had to opt out of most of the workers comp contracts in our area in order to remain viable in our community. Our office provides high quality physical therapy, and we are unable to continue to provide these high quality services on the current fee schedule.

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I urge your support and leadership. Thank you for your consideration.

Sincerely,



Valerie Watase, P.T.
731 Tally Ho Ct.
Clayton, CA 94549

Valerie Watase
731 Tally Ho Ct.
Clayton, CA 94517

CLAYTON CA 94517
16 APR 2012 11:31



RECEIVED

APR 18 2012

Department of Industrial Relations
Office of the Director (S.F.)

Christine Baker, Director 10th FL
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

94102367799



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

As an employee of an independent practice, I urge you to update the workers' comp. fee schedule which is still based on an outdated model from the 1970's. Updating the fee schedule to a Resource Based Relative Value Scale (RBRVS) system will improve access to high quality medical care for injured workers by attracting and retaining high quality therapy providers. Higher quality providers get injured workers' back to work more quickly, thereby reducing overall medical costs, saving money for the state and the taxpayer, and benefiting all of California's injured workers.

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I urge your support and leadership. Thank you for your consideration.

Sincerely,

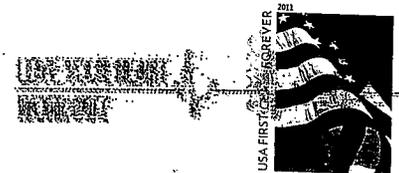
A handwritten signature in black ink, appearing to read "Monika Fisher", with a long, sweeping horizontal line extending to the right.

Monika Fisher
731 Tally Ho Ct.
Clayton, CA 94549

Monika Fisher
731 Tally Ho Ct
Clayton, CA 94517

OAKLAND CA 946

13 APR 2012 PM 9 T



Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RECEIVED

APR 16 2012

Department of Industrial Relations
Office of the Director (S.F.)

94102+3677



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

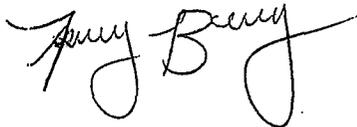
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I urge your support and leadership. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ashley Berry". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Ashley Berry
5212 Carriage Dr.
El Sobrante, CA 94803

Ashley Bemy
5212 Carriage Dr.
El Sobrante CA 94803

OAKLAND CA 946

13 APR 2012 PM 10 T



Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

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APR 16 2012

Department of Industrial Relations
Office of the Director (S.F.)

34102+3677



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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I urge your support and leadership. Thank you for your consideration.

Sincerely,



Cassandra Kays
6200 Oakdale Ave
Oakland, CA 94605

Cassie Kaye
10200 Oakdale Ave
Oakland CA 94605

OAKLAND CA 94605

13 APR 2012 PM 10 T



RECEIVED

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

APR 16 2012

Department of Industrial Relations
Office of the Director (S.F.)

94102+3877



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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I urge your support and leadership. Thank you for your consideration.

Sincerely,



Antonia Vega, P.T.
305 Marti Marie Ln.
Martinez, CA 94553

antonia Vega
305 mari marie Ln.
Martinez, CA 94553

OAKLAND CA 946

12 APR 2012 4:18 PM

ONE MOMENT



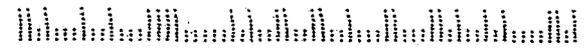
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APR 16 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

Department of Industrial Relations
Office of the Director (S.F.)

94102+3677



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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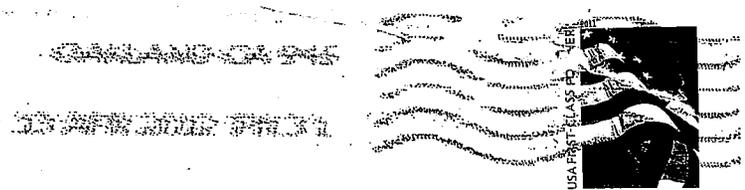
I urge your support and leadership. Thank you for your consideration.

Sincerely,



Esther Wetzel
971 Center Ave
Martinez, CA 94553

E. Wetzel
971 Center Ave
Martinez, CA 94553-



Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RECEIVED

APR 16 2012

Department of Industrial Relations
Office of the Director (S.F.)

94102367799



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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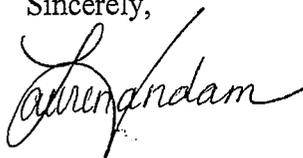
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Sincerely,



Lauren Vandam
1070 San Miguel Road, J-3
Concord, CA 94518

L. Vandam
1070 San Miguel Rd, J-3
Concord, CA 94518

OAKLAND CA 945

16 APR 2012 10:10 L



RECEIVED

APR 16 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

Department of Industrial Relations
Office of the Director (S.F.)

34102+3877



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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I urge your support and leadership. Thank you for your consideration.

Sincerely,



Lynn Harrington, P.T.
1116 Via Media
Lafayette, CA 94549

L. Harrington
1116 Via Media
Lafayette CA 94549

OAKLAND CA 946

18 APR 2012 PM 7 T

POSTAGE
PAID
PERMIT NO. 1000
OAKLAND CA



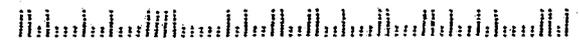
Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RECEIVED

APR 19 2012

Department of Industrial Relations
Office of the Director (S.F.)

54102+3877



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

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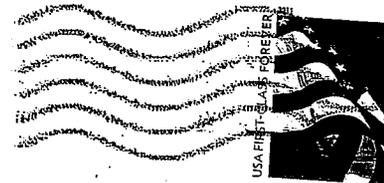
A handwritten signature in cursive script, appearing to read "Briana".

Briana Martin
406 Lynn Ave.
Antioch, CA 94509

Briana Martin
406 Lynn Ave.
Antioch, CA 94509

CLEVELAND, OH 945

05 APR 2012 PM 3:1



RECEIVED

APR 17 2012

Department of Industrial Relations
Office of the Director (S.F.)

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

94102367799



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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I urge your support and leadership. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Gibson, PT". The signature is written in dark ink and is positioned above the typed name.

Lisa Gibson, P.T.
5718 Thornhill Dr.
Oakland, CA 94611

L. Gibson
4019 Fieldbrook Rd
Oakland, CA 94619

OAKLAND CA 94619

13 APR 2012 9:50 AM



Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RECEIVED

APR 16 2012

Department of Industrial Relations
Office of the Director (S.F.)

94102+3677



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

Dear Ms. Baker:

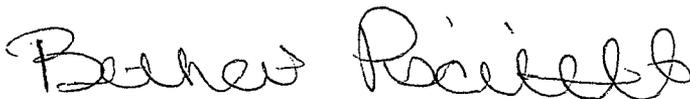
As an employee of an independent practice, I urge you to update the workers' comp. fee schedule which is still based on an outdated model from the 1970's. Updating the fee schedule to a Resource Based Relative Value Scale (RBRVS) system will improve access to high quality medical care for injured workers by attracting and retaining high quality therapy providers. Higher quality providers get injured workers' back to work more quickly, thereby reducing overall medical costs, saving money for the state and the taxpayer, and benefiting all of California's injured workers.

Over the past 5 years our office has experienced an extremely inefficient workers compensation system. We take losses on most of our workers comp cases due to the low fee schedule and the exhausting amount of time it takes to collect on these cases. We have had to opt out of most of the workers comp contracts in our area in order to remain viable in our community. Our office provides high quality physical therapy, and we are unable to continue to provide these high quality services on the current fee schedule.

SB 923 appropriately leaves the details of the RBRVS conversion, the selection of billing ground rules and coding guidelines, geographic adjustments, and other details to the regulatory process -- where they can be sorted through the deliberation and the input of stakeholder expertise.

I urge your support and leadership. Thank you for your consideration.

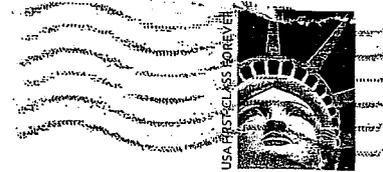
Sincerely,



Bethani Piscitelli
2225 Lake Oaks Ct.
Martinez, CA 94553

Beth Piscitelli
2225 Lake Oaks Ct.
Martinez, CA 94553

04/15/2012 10:31 AM
S.F. 94102



Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RECEIVED

APR 15 2012

Department of Industrial Relations
Office of the Director (S.F.)

94102367799



April 10, 2012

The Honorable Kevin De Leon
California State Senate
State Capitol
Sacramento, CA 95814

RE: Urge your support for the passage of SB 923 in the California State Assembly

Dear Senator De Leon:

Thank you for introducing SB 923 to update the workers' compensation system in California. Your leadership on this issue will have a positive impact on improving and increasing access to quality health care for all California's injured workers.

As a physical therapist in independent practice, I urge you to take the lead in moving SB 923 to the Assembly Floor for passage as soon as possible. As a therapy practice that treats workers' compensation patients, I am impacted daily by the issues SB 923 will resolve.

Over the past 5 years our office has experienced an extremely inefficient workers compensation system. We take losses on most of our workers comp cases due to the low fee schedule and the exhausting amount of time it takes to collect on these cases. We have had to opt out of most of the workers comp contracts in our area in order to remain viable in our community. Our office provides high quality physical therapy, and we are unable to continue to provide these high quality services on the current fee schedule. So many of our peers have already discontinued seeing workers comp. The fee schedule and current administrative processes make it impossible for small private practice, providing high quality therapy to continue to accept workers comp patients.

By keeping and attracting high quality providers, SB 923 will improve access to quality care for injured workers and it will control increasing costs and unnecessary medical expenses. Higher quality providers get injured workers' back to work more quickly, thereby reducing overall medical costs, saving money for the state and the taxpayer and benefiting all of California's injured workers.

SB 923 requires adoption of a new type of physician workers' compensation payment system called Resource Based Relative Value Scale (RBRVS) by a certain date which will be completing a process that began over a decade ago. SB 923 appropriately leaves the details of the RBRVS conversion, the selection of billing ground rules and coding guidelines, geographic adjustments, and other details to the regulatory process -- where they can be sorted through the deliberation and the input of stakeholder expertise.

I urge your support and leadership. Thank you for your consideration.

Sincerely,

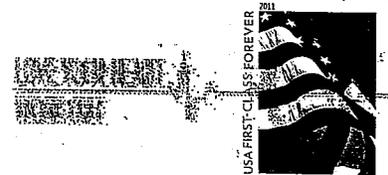


Carrie Haraburda, P.T.
478 Kingsford Drive
Moraga, CA 94556

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Moraga CA 94556

OAKLAND, CA 946

13 APR 2012 PM 9:17



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94102+3877



April 10, 2012

Christine Baker, Director
Department of Industrial Relations
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Support passage of SB 923 and update Workers' Compensation Fee Schedule

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I urge your support and leadership. Thank you for your consideration.

Sincerely,



Mary Rayndles-Samoa
4740 Appian Way, #3
El Sobrante, CA 94803

Mary Payrolles-Samoa
4740 Appian Way #3
El Sobrante, CA 94803

DEPARTMENT OF INDUSTRIAL RELATIONS
13 APR 2012 9:55 AM



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San Francisco, CA 94102

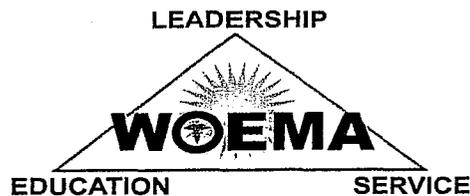
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Western Occupational & Environmental Medical Association
A Component Society of the American College of Occupational and Environmental Medicine

April 10, 2012

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Recommendations for California's Workers' Compensation System

The Western Occupational and Environmental Medical Association (WOEMA) appreciates the opportunity to recommend improvements to California's Workers Compensation system. WOEMA is the regional component of the American College of Occupational and Environmental Medicine (ACOEM). Many of our member physicians provide the primary treatment to injured workers, while some serve as QMEs and IMRs or perform UR.

WOEMA believes the following changes will make the system more cost-effective, better align incentives to desired outcomes, and improve the quality of care delivered to our injured workers.

1) Fee schedules: An update is urgently needed

The current fee schedule for physician services was last updated in 2007, five years ago. Medical inflation is not stagnant for Occupational Medicine providers and the costs to maintain a practice have increased significantly. Despite being one of the most expensive states in which to live and practice medicine, physician reimbursement for office visits is amongst the lowest in the country. In particular, the E&M codes are markedly underpaid, and should be revised to take account of the extra work required for good disability evaluation and education about return to work and other gainful function.

2) Align payment with quality metrics

Although quality measures are well known, the system offers no incentives to score high on quality initiatives. WOEMA believes that compensation should be aligned with quality. A first step in this direction would be design and reimburse for quality systems within MPNs that provide timely feedback to providers about their performance on a number of quality metrics, including return-to-work, patient satisfaction, total claim cost, adherence to MTUS guidelines, and others.

3) MPN membership: Streamline procedures for updating membership lists

WOEMA believes that the creation of the MPNs was a significant first step to improving the quality and efficiency of California's Workers Compensation system. Unfortunately, the potential benefits from MPNs have been undermined by the persistent debate over appropriate entry and exit criteria for participation inside an MPN. Physicians are routinely removed from MPNs without knowing why. They have issues when they attempt to join networks. Carriers, by contrast, report significant difficulty removing providers from an MPN due to a "restraint of trade" argument made by those providers. We recommend that MPNs use well-understood and established measures of quality and efficiency in determining entry and exit criteria.

4) Pharmacy carve-outs

The system should assure quality and ready access to prescriptions, and should foster the integration of health care services. Electronic prescribing capability should be retained where it exists.

5) Incentives for electronic health records

Practicing with electronic health records (EHRs) improves quality and decreases errors and wasteful duplicative care. However, implementation of an EHR is extremely expensive; Medicare providers, for example, are being given \$40,000 as an incentive to implement and use EHRs. In the field of Occupational Medicine, EHRs are just as important, but currently there are no incentives to adopt and deploy them.

6) Utilization Review

The current UR system is cumbersome and costly, and in general has not been shown to improve value. Meaningful improvements are likely to flow from better integration of services, rather than maintenance of the current system with its multiple silos.

7) Liens

WOEMA endorses most of the reform proposals recommended in the CHSWC in its 2011 report.

8) Opioids

As use of prescription opioids has been shown to be associated with a dramatic spike in overdose deaths, as well as been a key contributor in the escalating costs of medical care in the Work Comp system, appropriate opioid prescribing is vital. Indeed, WOEMA has developed a guidance document for its members on proper prescribing. California should emulate the Colorado system, which codifies the need for additional clinical steps for patients who are on chronic stable opioid doses. These steps include administration of periodic questionnaires for red flags and periodic urine drug screens. Additionally, California must preserve and enhance the CURES system.

9) QMEs/ AMEs

Although there are some minimum criteria for licensure of QMEs, there is no real mechanism to assess their performance. We believe the significant power given to a QME in the California system should be balanced by a check on the quality of their evaluations.

10) Align legal incentives

A system of appropriate reimbursement for quality practice should be extended to the legal profession. At present, attorneys have incentives to keep patients off work, and to increase the utilization of expensive and potentially harmful treatment. The same sorts of quality incentives that ought to be built into MPN systems should be required for attorneys representing injured workers.

11) Expert panels

The DWC should establish a panel of medical experts to advise the Work Comp bench on disputed matters of medical fact, mirroring the processes that currently exist for Knox-Keene plans when disputes arise over coverage for certain requested medical services. Such experts would be called on to serve as a part of smaller sub-panels, to be convened on request of a member of the Work Comp bench. DWC should establish rules for the panels' deliberations and for the discoverability of their deliberations.