

Labor and Workforce Development Agency California Department of Industrial Relations

We Did It!

SB 863 Accomplishments and Work in Progress

August 14, 2013

Presentation by:

Christine Baker Director

Senate Bill 863

• Historic reform package enacted in Fall 2012



Senate Bill 863

- Initiated by labor-management group
- Focused on best interests of workers & employers
- Included other stakeholders at a later point
- Each side faced challenges, but found ways to reach agreement

Goals of SB 863

- Improve injured workers' access to medical care
- Increase benefits
- Avoid delays and disputes
- Reduce costs for employers

Where are we now?

- Some provisions have taken effect
- Others are in the works



Timely and appropriate medical care

- Medical provider networks (MPNs)
- Affirmative acknowledgments, rosters, medical access assistants, stand-alone MPNs
- Inviting public input for upcoming rulemaking
- Regulations must go into effect 1/1/14

Timely and appropriate medical care

Primary treating physician

Pre-designation allowed if worker has employerbased or other health coverage

Chiropractor may not be PTP after maximum number of visits

Effective 1/1/13

Timely and appropriate medical care

- Independent medical review (IMR)
 - To resolve disputes between injured worker and claims administrator over necessary treatment
 - Emergency regulations in effect 1/1/13
 Permanent rulemaking in progress
 - > 870 requests for IMR received Jan June 2013
 On July 1 numbers shot up

Earlier return to work

- Supplemental job displacement benefit (SJBD)
 - SJBD offered earlier, at P&S
 - Fixed amount \$6,000
 - Emergency regulations in effect 1/1/13
 Permanent rulemaking in progress



Increased PD Benefits

- Increased minimums, maximums effective 1/1/13
 Further increases in maximums effective 1/1/14
- All impairment ratings modified by 1.4 effective 1/1/13

Special earnings loss supplement

- Labor Code § 139.48
- Workers whose PD benefits are disproportionately low compared to earnings loss
- RAND study to help identify eligible workers in progress
- Rulemaking and IT systems after study completed

Payments will start 2015 or later

Timely payments

- Billing and independent bill review (IBR)
 - To discourage improper billing and speed up proper payment
 - Emergency regulations in effect 1/1/13
 - Permanent rulemaking in progress
 - 196 requests for IBR received Jan June 2013

Appropriate fees: Medical Practitioners

- Fees to be based on resources required to provide services (RBRVS), similar to Medicare
- Inviting public input for upcoming rulemaking
- Regulations must go into effect 1/1/14

Appropriate fees: Ambulatory surgical centers

 Fees not to exceed 80% of Medicare fee for same service in hospital outpatient department

Regulations – in effect 1/1/13

Appropriate fees: Implantable spinal hardware

- Double payment eliminated, new appropriate fees
- Regulations in effect 1/1/13

Appropriate fees

- Studies in progress
 - Copy services
 - > Interpreters
 - Home care
 - Vocational experts

Reduced delays, disputes, litigation

Determination of PD benefits – effective 1/1/13

FEC no longer an element of PD rating formula

Add-ons no longer allowed for sleep disorders, sexual disorders, most psychiatric injuries

15% bump-up/down eliminated for DOI on or after 1/1/13

Reduced delays, disputes, litigation

- Medical evaluations
 - In represented cases, no longer required to try to agree on AME – effective 1/1/13
 - Spinal surgery second opinion process eliminated – effective 1/1/13
- Chiropractors no longer specialists on QME panels
 - Emergency regulations in effect 1/1/13

Permanent rulemaking – in progress

Prevention of fraud, conflict of interest

Liens

To discourage frivolous liens and frivolous objections

Emergency regulations – in effect 1/1/13
 Permanent rulemaking – in progress

Created IT systems to receive fees and link to EAMS

Fees received

- New liens filed Jan June 2013 over \$3 million
- Old liens activated Jan June 2013 approx. \$10 million

DWC Lien Filing Comparison for 2012 and 2013



* It is important to note that these numbers represent the number of cases that liens have been filed on. For example, if a lien is filed on three companion cases for an Injured Worker, traditionally we would have counted that as three liens. This is the "traditional" methodology used to count liens historically. It differs from lien payments instituted in January 2013 where one payment of \$150 would cover all three of the liens filed on the companion case example above.

Prevention of fraud, conflict of interest

• QMES

> 10 QME office locations – effective 1/1/13

QME may not be IMR reviewer – will be effective 1/1/14

Conflict-of-interest requirements

Effective 1/1/13



California Department of Industrial Relations <u>www.dir.ca.gov</u>

SB 863: Pre-Reform Trends & Early Returns in the California Workers Compensation System

Alex Swedlow President, CWCI

State Compensation Insurance Fund August 14, 2013

Agenda

- 1. Pre-Reform Trends:
 - A. Benefit Development
 - B. Medical Treatment Utilization & Cost By Fee Schedule
 - C. Medical Provider Networks
 - **D. Medical Benefit Cost Drivers**

2. SB 863 – Elements of California Workers Comp Reform

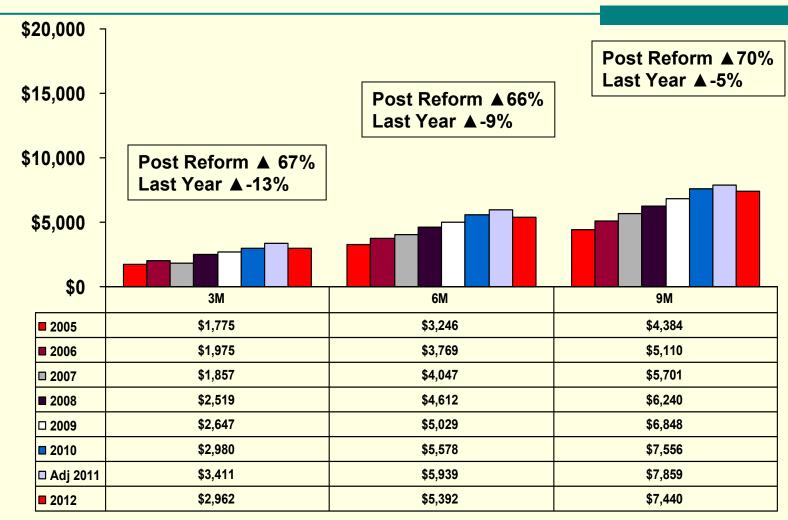


Pre-Reform Trends: Data

- Industry Claim Information System V14B
- Medical Only & Indemnity Claims
- DOI from Jan 2002 Sept 2012 valued through Dec 2012
- Payments and services valued at 3 60 months

- Medical Benefit Trend
- Medical Benefit Components
 - Medical Treatment
 - RX/DME
 - Medical/Legal
 - Medical Cost Containment
- Indemnity Benefit Trends
- Paid Temporary Disability (2-yr cap)

Average Medical Benefits Paid: 3, 6, and 9 Months AY 2005– 2012 Indemnity Claims

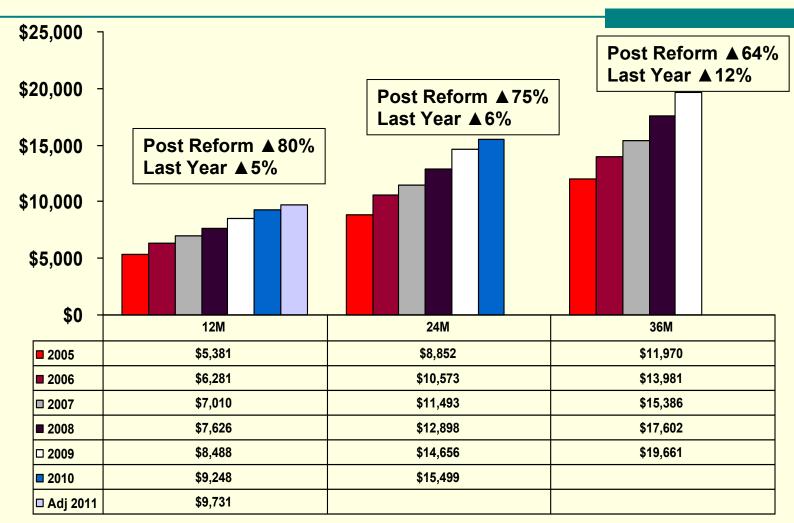


State Compensation Insurance Fund

Board of Directors – August 14, 2013

Open Agenda Item 7 - Review of SB 863 Reform

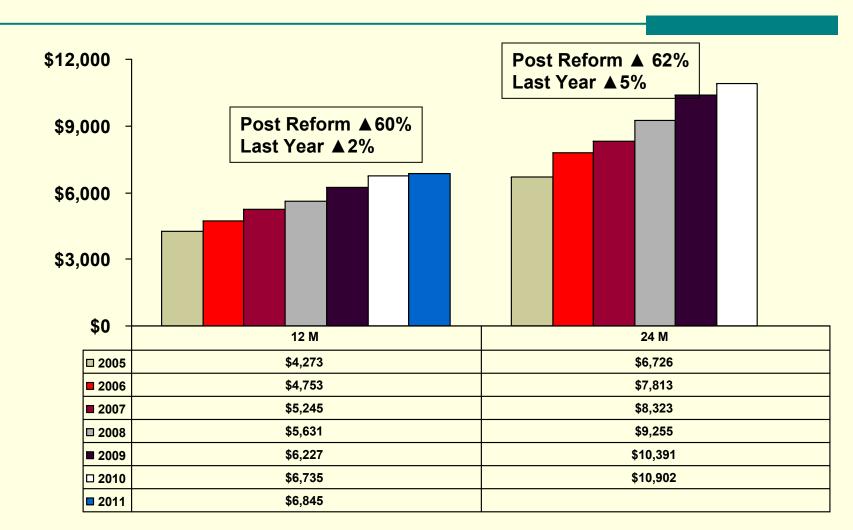
Average Medical Benefits Paid: 12, 24 and 36 Months AY 2005 – 2012 Indemnity Claims



State Compensation Insurance Fund Board of Directors – August 14, 2013

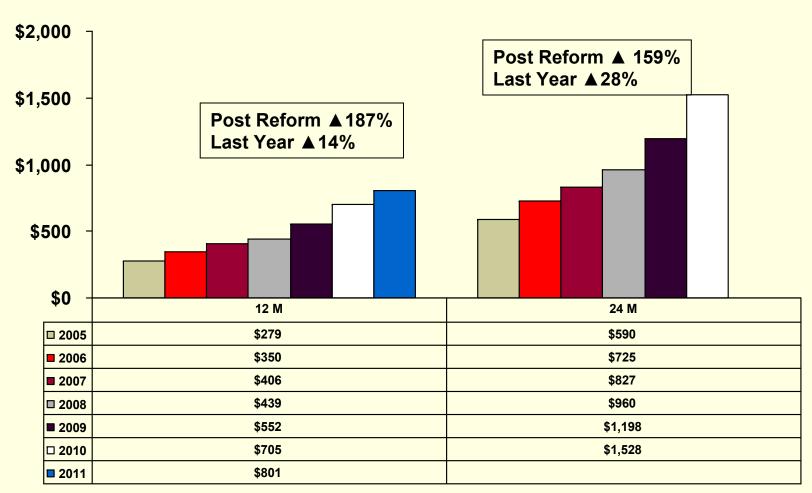
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Average Sub-Category of Medical Benefits Paid: Medical Treatment, Indemnity Claims



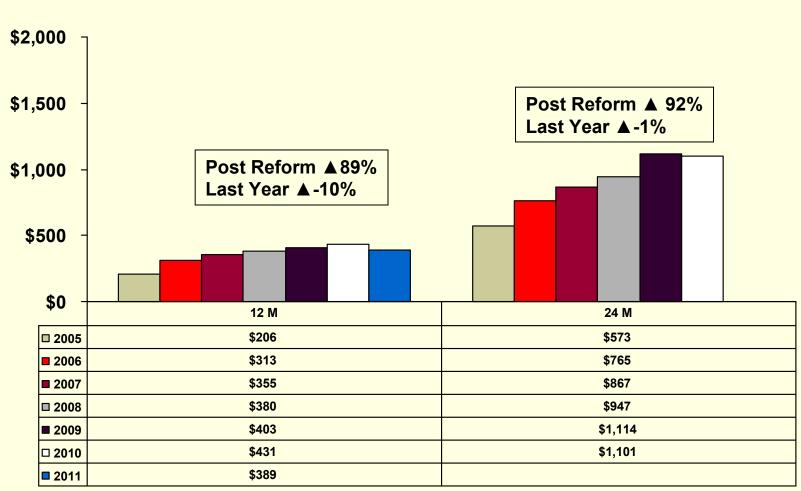
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Average Sub-Category of Medical Benefits Paid: Pharmacy and DME, Indemnity Claims



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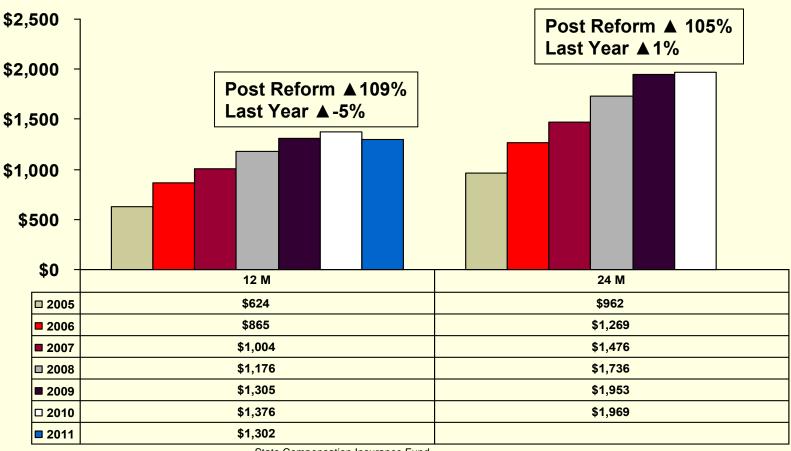
Average Sub-Category of Medical Benefits Paid: Medical Legal, Indemnity Claims



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Average Sub-Category of Medical Benefits Paid: Medical Cost Containment, Indemnity Claims



State Compensation Insurance Fund

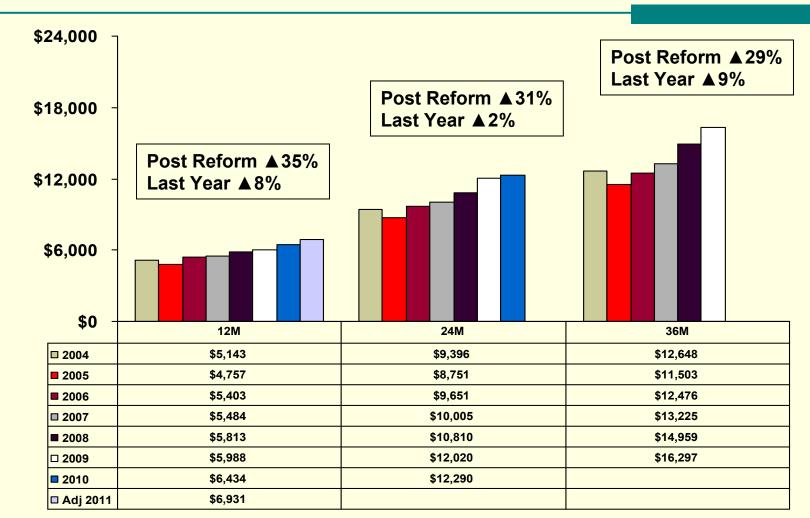
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Indemnity Benefits

- Indemnity Benefit Trend
- 2-Year Temporary Disability Cap

Average Indemnity Benefits Paid: 12, 24, and 36 Months AY 2004 – 2012 Indemnity Claims

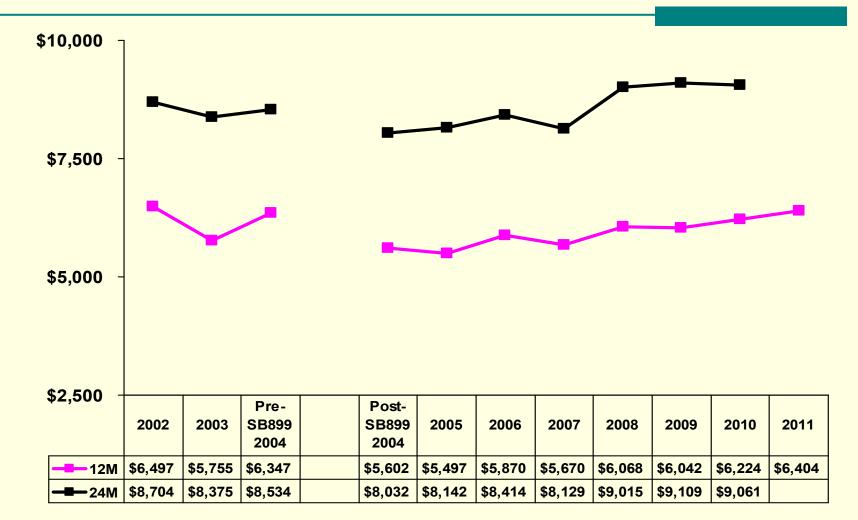


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SB-899 Temporary Disability 2-year Cap: By Accident Year Average Adjusted TD Benefits



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Medical Treatment Utilization and Cost By Fee Schedule

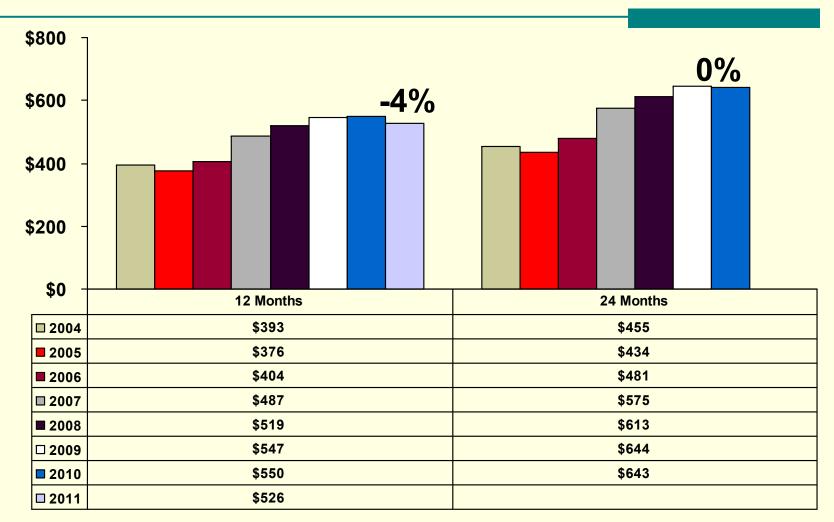
A. Medical Treatment Fee Schedule Section:

- Evaluation & Management
- Surgery
- Medicine
- Physical Therapy
- Chiropractic Manipulation

B. Claims with >24 Visits of PT and Chiro

Benefit Development: Pre Reform Trends

Outpatient Services by Accident Year – Fee Schedule Claims Evaluation & Management Services

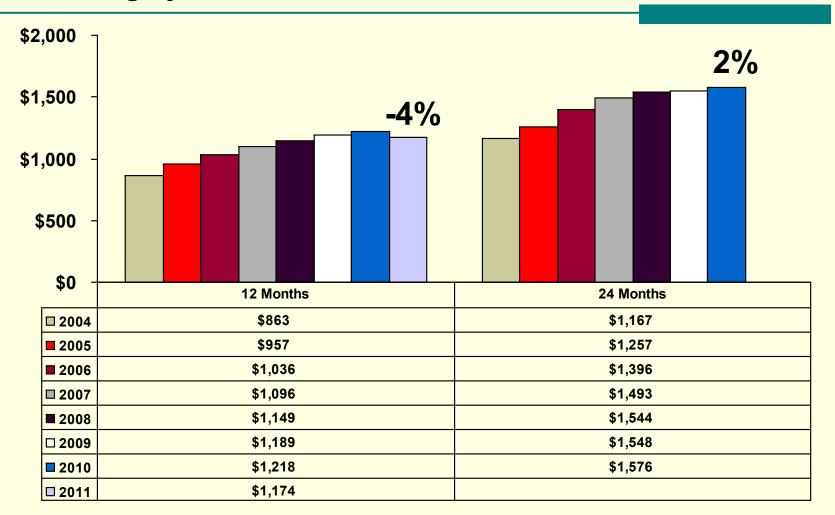


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Source: CWCI

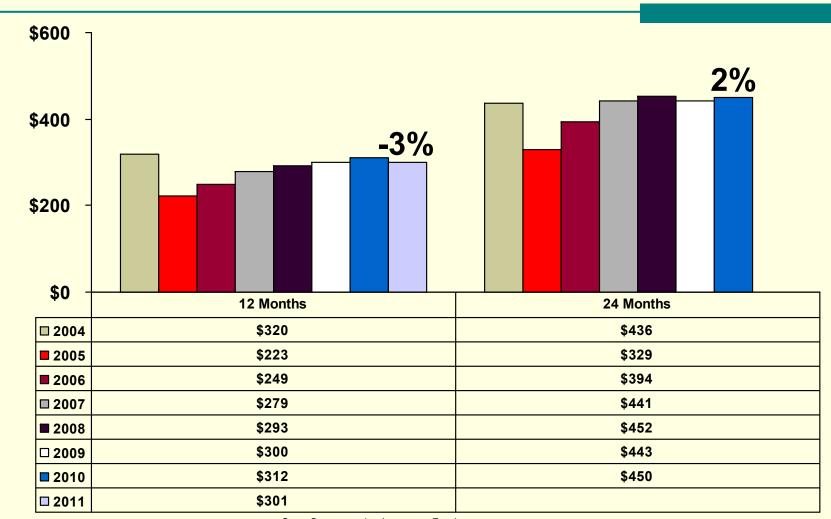
Exhibit 15

Outpatient Services by Accident Year – Fee Schedule Claims Surgery



Benefit Development: Pre Reform Trends

Outpatient Services by Accident Year – Fee Schedule Claims Medicine



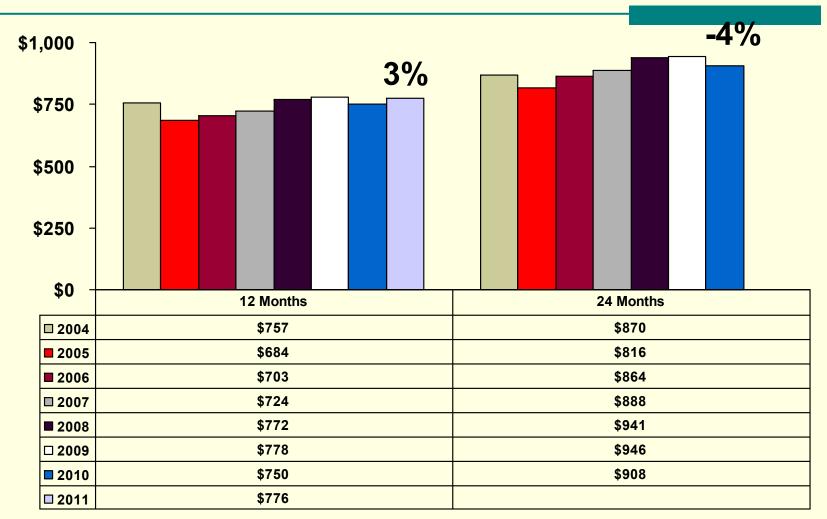
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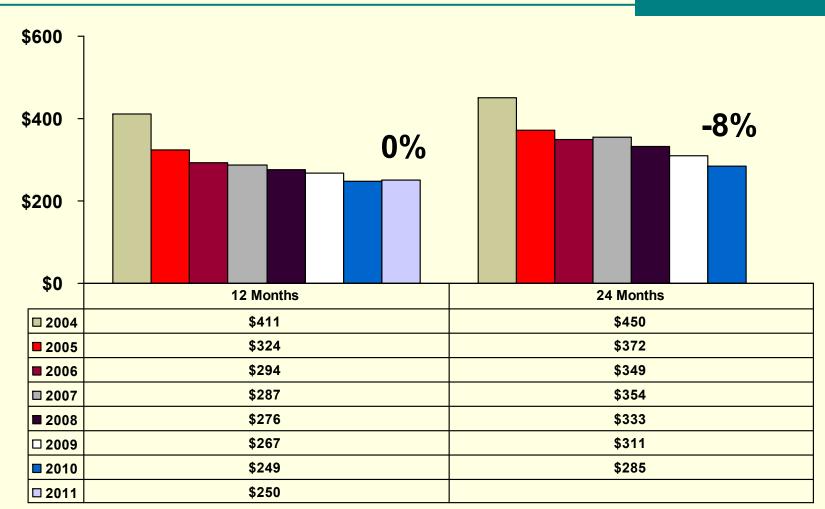
Benefit Development: Pre Reform Trends

Outpatient Services by Accident Year – Fee Schedule Claims Physical Medicine



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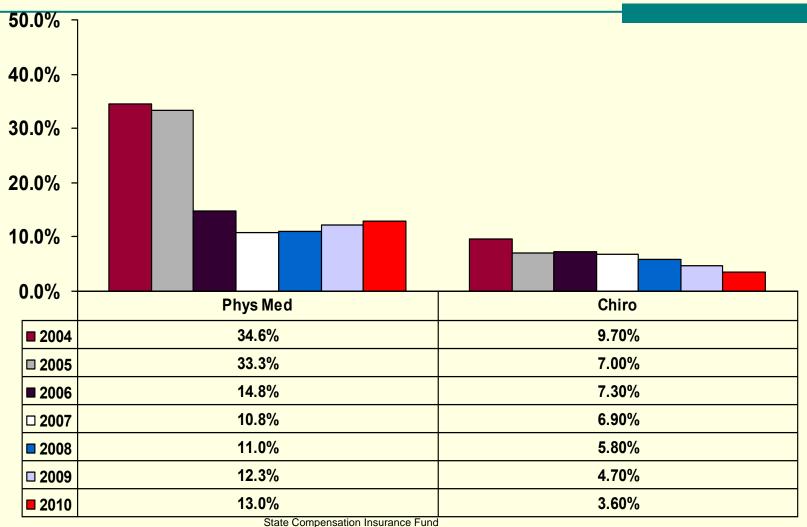
Outpatient Services by Accident Year – Fee Schedule Claims Chiropractic



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Benefit Development: Pre Reform Trends

Physical Therapy and Chiropractic Manipulation Claims with PT & Chiro with > 24 visits

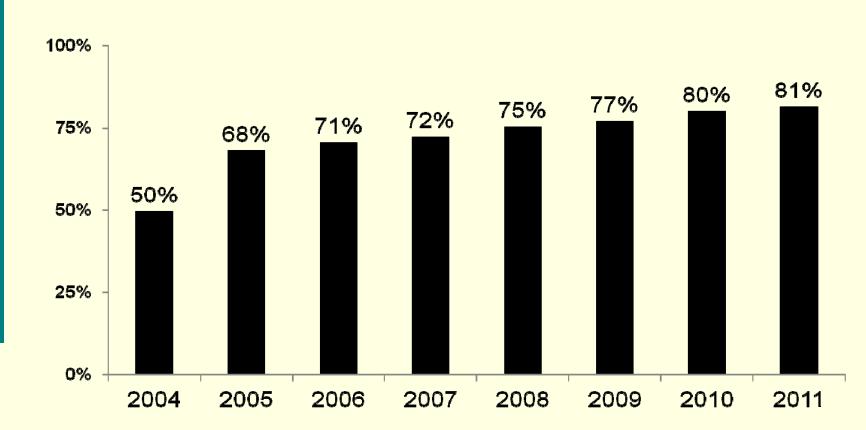


Board of Directors – August 14, 2013

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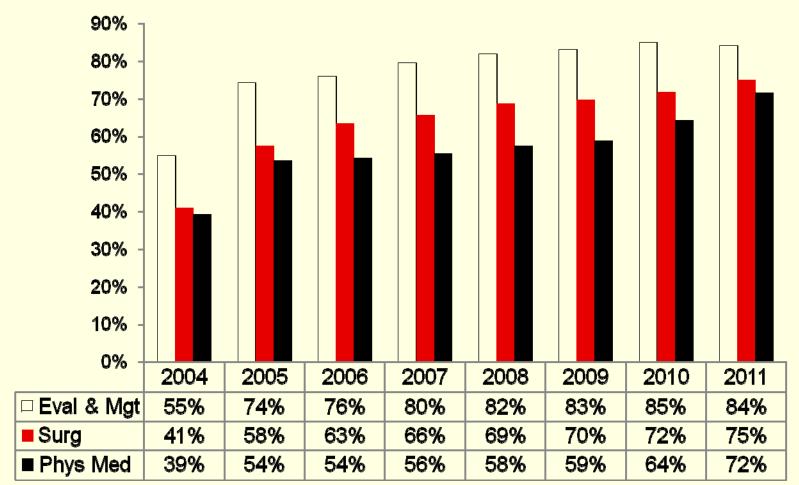
Benefit Development: Pre Reform Trends Medical Provider Networks : Percent of 1st Year Visits to Network Providers - All Services



All Services includes evaluation and management, anesthesiology, surgery, medicine, laboratory/pathology, radiology, physical medicine, chiropractic, special services, orthotics/prosthetics, pharmacy & DME, medical legal reports.

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Medical Provider Networks : Percent of 1st Year Visits to Network Providers - Select Services



State Compensation Insurance Fund

Board of Directors – August 14, 2013

Open Agenda Item 7 - Review of SB 863 Reform

Medical Treatment Utilization and Cost By Fee Schedule

Summary: Pre-Reform Trends

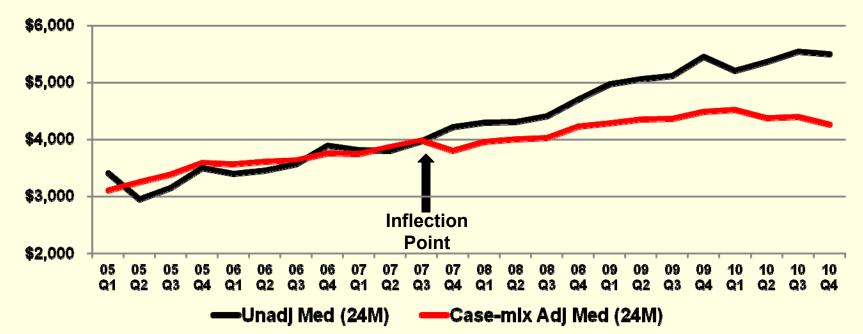
Significant change benefit development

- Significant medical trend decrease in early 2012;
- -5% decrease in medical cost containment
- Erosion of 2-year TD cap savings
- Slow down in outpatient utilization
- +62% MPN growth rate;

Factors underlying pre-reform medical costs?

- Injured worker characteristics
- Employer and Payor characteristics
- Claim Characteristics

24 Month Unadjusted and Case-Mix Adjusted Medical Benefit Trend



		Slope Of Trend	Slope Of Trend	T-Score Of The	P-Value Of The
24-Month Medical	Adj R-Square	Line Pre-Inflection	Line Post-	Difference In	Difference In
	Of Model	Point	Inflection Point	Slopes	Slopes
Unadj Med Trend	0.87	\$103	\$125	3.18346	0.01
Case-Mix Adj Med Trend	0.92	\$69	\$44	-5.24251	0.0001

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Top 10 Prevalence Adjusted Factors Associated with Increasing Cost Trend

Rank	Variable	Prev-Adj Weight
1	Claims w/ Attorney Involvement	59.9
2	Indemnity Claims	39.0
3	Claims with Opioid Rx	19.7
4	Inpatient Stay	18.6
5	Claims with Psychotropic Rx	8.9
6	Age >=65	3.4
7	Obesity	2.9
8	Shoulder Injuries	2.5
9	Industry: Prof & Clerical Srvs	2.5
10	Knee Injuries	2.2

((Claims with condition X Beta Slope) / (Total claim count))

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((Claims with condition X Beta Slope) / (Total claim count))

Attorney Involvement

Ra Variable Prev-Adj Weight 1 Attorney Involvement 62.9 2 Follower Involvement 61.9 3 Involvement 61.9 4 Claim with Oxed Barlower 61.9 5 Follower Involvement 61.9 6 Claim with Oxed Barlower 7.5 6 Claim with Oxed Barlower 7.5 7 Claim with Providence Reference 7.1 7 Claim with Providence Reference 7.1 7 Claim with Providence Reference 7.1 8 Providence Reference 7.5 9 Claim with Providence Reference 7.5 9 Claim with Providence Reference 7.5 9 Claim with Providence Reference 7.5 10 Claim with Providence Reference 7.5 11 Claim with Providence Reference 7.5 12 Claim with Providence 7.5 13 Claim with Providence 7.5 14 Claim with Providence 7.5



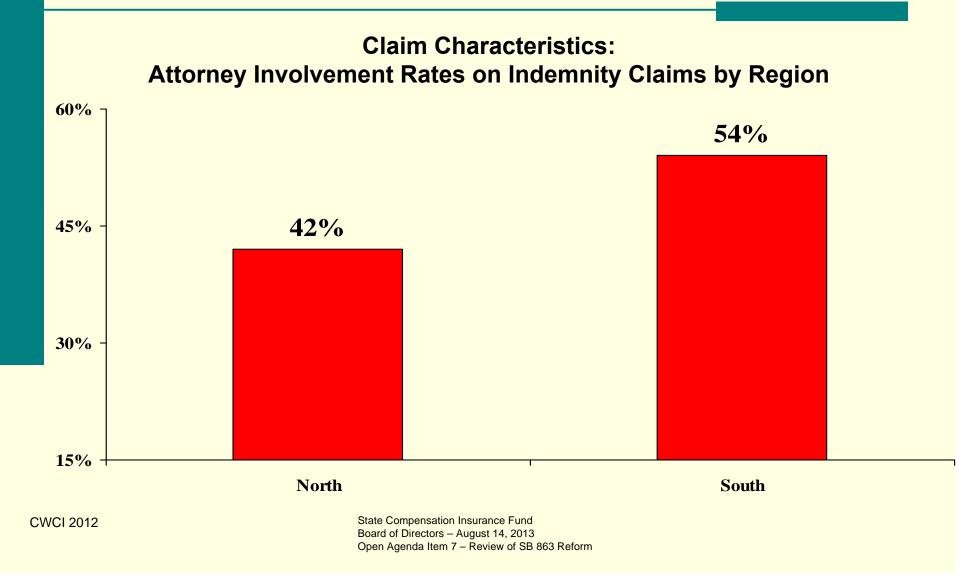
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Influence of litigation:

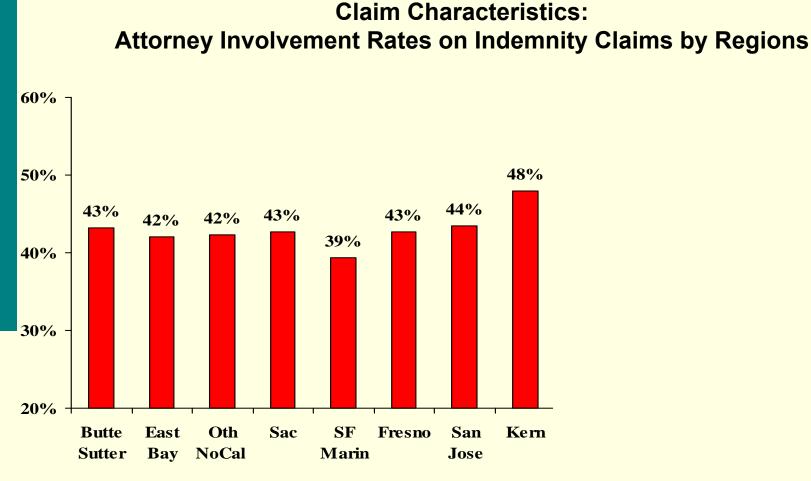
- Factors of litigation
- Benefit development
- Lost time & productivity
- Friction costs



Attorney Involvement: Regional Differences

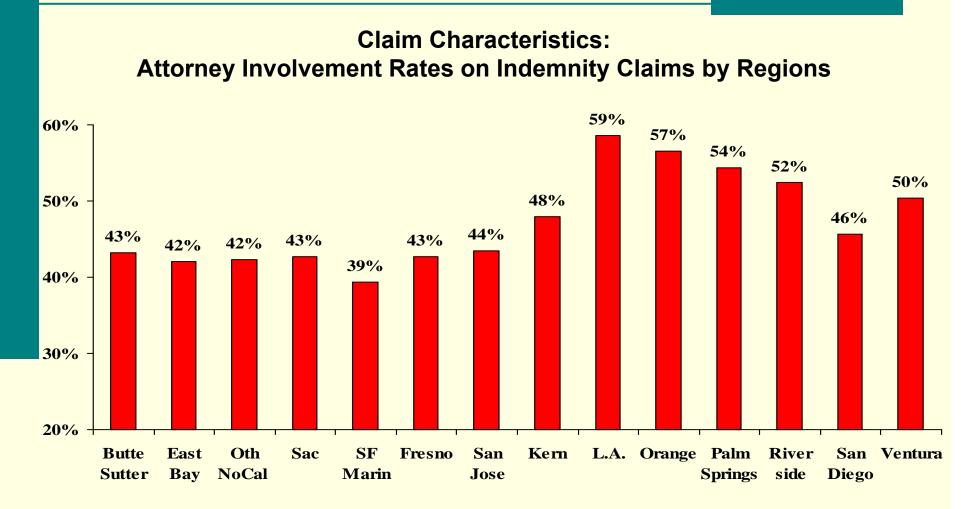


Attorney Involvement: Regional Differences



CWCI 2012

Attorney Involvement: Regional Differences



CWCI 2012

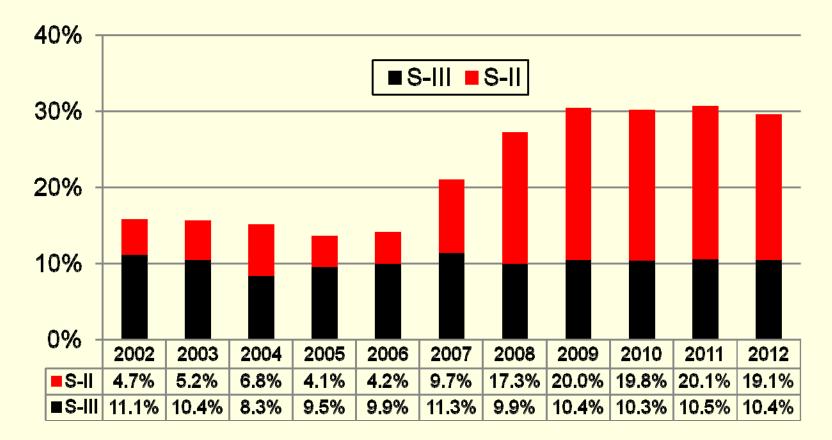
Case-Mix Adjusted Medical Trend Analysis

Top 10 Prevalence Adjusted Factors Associated with Increasing Cost Trend

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Pharmaceutical Utilization & Cost

Schedule II & III Opioid Drug Payments¹



Source: CWCI

¹ Calculations are on a calendar year basis

Agenda

1. Pre-Reform Trends (& Early Returns):

- A. Benefit Development
- B. Medical Treatment Utilization and Cost By Fee Schedule
- C. Medical Provider Network Utilization
- D. Case-Mix Adjusted Factor Analysis of Medical Trend
- E. Opioid Utilization and Cost
- F. Early Returns

2. SB 863 – Elements of California Workers Comp Reform

SB 863 – Timeline for Measuring Reforms

2nd Quarter 2013

Liens

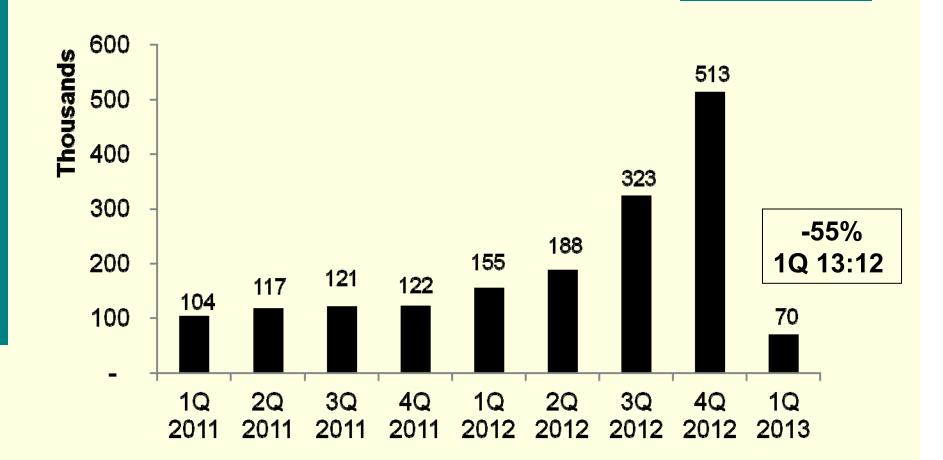
3rd - 4th Quarter 2013

Ambulatory Surgery Center Fee Schedule Surgical Implants Independent Medical Review Independent Bill Review Lien Volume and Settlements

2014/15:

Permanent Disability RBRVS Additional Fee Schedules

SB 863 – Early Returns Lien Volume: 2011 – 1Q 2013



Source: EAMS

SB 863 – Early Returns **Independent Medical Review**

Preliminary Results:

Comparison of IMR Reviews (1Q 2013) and 2010-11 UR **Denials/Adjustments**

Next Steps: 1.Comparison of Outcomes:

- **Approvals**
- Denials
- **Adjustments**
- 2.Cost : Savings Evaluation

	IMR	UR
Cases	N=115	N=1M
Review Category		
MRI	25.2%	7.3%
Pharmacy	18.3%	31.5%
PT - OT	13.9%	10.0%
Acupuncture	6.1%	2.1%
Injections	6.1%	5.1%
Chiropractic	5.2%	4.5%
EMG - NCV	5.2%	0.9%
DME	5.2%	9.1%
Consults	3.5%	3.5%
X-Ray	2.6%	2.3%
CT-Scan	1.7%	1.8%
Surgery	1.7%	3.1%
HHC	1.7%	0.5%
	0.9%	0.1%
	2.6%	17.9%
	Review Category MRI Pharmacy PT - OT Acupuncture Injections Chiropractic EMG - NCV DME Consults X-Ray CT-Scan Surgery	Cases N=115 Review Category MRI 25.2% MRI 25.2% Pharmacy 18.3% PT - OT 13.9% Acupuncture 6.1% Injections 6.1% 6.1% Chiropractic 5.2% EMG - NCV 5.2% DME 5.2% Consults 3.5% X-Ray 2.6% CT-Scan 1.7% Surgery 1.7% HHC 1.7%

Source: IMR – EAMS; UR - CWCI





Discussion...



California Workers' Compensation Institute www.cwci.org