

MCO Medical Directors' Quarterly Meeting
Wednesday, July 15, 2020
10:00 a.m.

Present: Bradley Lewis, MD, BWC Chief Medical Officer; Freddie Johnson, J.D., MPA, BWC Chief of Medical Services; Dan Davis, M.D. (Occupational Health Link); Dan Dorfman, M.D. (Corvel Corp); Dean Erickson, M.D. (Spooner Medical Administrators); Monica Flynn, M.D. (Sheakley); Chrisanne Gordon, M.D. (CareWorks); Ronald Hawes, M.D. (1-888-OhioComp); David Kessler, D.C. (CompManagement); Michael Marvin, M.D. (Aultcomp); Otto Schmidt, D.C., (1-888-OhioComp); Lee Shaftel, M.D. (3-Hab); Mark Siegel, M.D. (GENEX); Kevin Smith, M.D. (Health Management Solutions)

Absent: – Donato Borrillo, M.D., J.D. (1-888-OhioComp)

Approval of Minutes and Agenda – Bradley Lewis, MD

The minutes from January 8, 2020 along with the agenda for July 15, 2020, were reviewed by the members for approval. The minutes and agenda were unanimously approved.

Legislative Update – Mr. Andrew Conners, BWC Legislative Liaison

Mr. Conners began his update informing the members that the legislature is in recess and all legislation is pending until they return in November. He began with HB 81 which has been signed by the Governor, this bill includes a number of provisions that were in the BWC budget but were removed. The intent was to extend diagnostic testing of first responders to include corrections officers and other provisions for injured workers' benefits and updates to the workers' compensation system were added to this bill. HB 167, Pneumoconiosis bill is one that is introduced every year, has not moved forward. HB 308, PTSD coverage bill has had a 3rd hearing in the Senate and is one that may complete the process before the end of this General Assembly. HB 201 proposes a new method for Professional Employer Organizations file taxes. This has been largely moved into SB 9, which deals with health insurance. SB 9 is in conference committee anticipating this will move forward in November. HB 330, which would charge the firefighter cancer presumption claims to the surplus fund. HB 534 was introduced late, regarding providers' Social Security identification being used in the workers' comp system. HB 556 is an alternate proposal on PTSD coverage to be housed on the department of Public Safety. HB 571, HB 573, HB 605, and HB 667 are all COVID related and language from these bills was amended into HB 606 which is the civil immunity bill which would provide immunity law-suit protection to employers as they reopen. This bill will be in conference committee when the legislature returns.

Pharmacy Report – Dr. Miranda Williams, Director of Pharmacy

Pharmacy Annual Report to Board—Dr. Williams provided the annual report reviewing the trends in spending volume, rebates, trends in prescribing, summary of 2019, and what the plan is going forward through the remainder of the year. The total prescription amount paid to pharmacies was a 22% decline including number of prescriptions and quantity of prescriptions from 2018 to 2019. Dr Williams explained how BWC validates fair pricing to pharmacy providers, we have hired Health Plan Data Solutions assist in comparative research. With the increased pricing efficiency pharmacy providers have not been negatively impacted. BWC has seen a decrease in number of injured workers receiving prescriptions showing prescribers are being more conservative and looking toward non-pharmacologic treatment options more often. Some other trends were a 90% generic dispensing rate which is the first time it has been over 90%. The average paid per prescription was reduced \$19.92 since 2018. In reviewing opioid prescriptions, Dr. Williams stated the rate these prescriptions are declining is double what the overall rate has been. She provided a high-level overview of the rebates received which totaled \$4.4M after administrative fees. A Top 10 of medications by volume prescribed was reviewed. An update of staffing changes in the pharmacy department was presented, noting that Dr. Williams became the Pharmacy Program Director in 2019. As an update to the opioid prescribing rule, big initiative was to review every claim with compliance with this rule. Pharmacy nurses have performed over 2,000 reviews. The rule requirements were reviewed with the committee. The rule was presented to the BWC Board for rescinding to replace with a new rule referencing the Ohio State Medical Board rule for consistency among Ohio agencies. A brief overview of the out-patient formulary was provided, including additions, modifications and the drugs that have been removed from the program in 2019. The pharmacy department 2020 plans include addition of COVID-19 changes, she noted the vacancies available on the Pharmacy & Therapeutics committee, formulary changes and 5-year rule review of all pharmacy rules. Dr. Marvin asked about a patient who receives Tramadol every few months, when he refilled it he

received a message regarding the first fill rule and was unsure why he received that notification. Dr. Williams responded that she believes it was received regarding the 30 tablet or 7-day rule which is a State of Ohio Pharmacy Board rule. This rule states for acute prescriptions you are not to exceed these recommendations without justification, if an injured worker has not filled an opioid within 120 days the system will reject if limits are exceeded. In this case prior authorization would need to be completed. Dr. Welsh asked how does BWC review based on provisions of the rule align with DUR process at this point? Our review is to ensure documentation that is required is present, these reviews are conducted by clinical nursing staff. The intent of the review is not to deem whether or not the medication is necessary or appropriate. Dr. Williams stated, BWC is checking for proper documentation for the specific MED levels of opioids being prescribed. If we find an indication that the prescription is no longer appropriate or necessary, we would refer those for a DUR. His follow up question was inquiring if BWC has modified the criteria for MCO DUR requests. Dr. Williams answered that the criteria for Medco-34 DUR has not changed.

Medical Operations – Ms. Debi Kroninger, Chief of Medical Operations

DEP Services—Dr. Lewis addressed this topic on Ms. Kroninger’s behalf with a reminder. If any MCO Medical Director is performing DEP services please make sure to recuse your self from any cases involving your own MCO.

Medical Operations is working to transition medical providers from using their Social Security number for identification to a random number database. We anticipate all work on this project will be completed by October. Medical Operations leadership has already moved forward to address that for providers.

Medical Services – Mr. Freddie Johnson, Chief of Medical Services & Compliance Officer

Telemedicine Updates—The Quarterly Medical Services Board report was sent to the members of this committee. The full report is for you to review, Mr. Johnson indicated he would be highlighting a few of the topics in the Appendix to that report for the members. The policy alerts were implemented to address and adjust to the COVID state of emergency. BWC rolled out a total of 4 alerts. The first alert, 2020-01, expanded telemedicine and the application of telemedicine services. Under the current telemedicine policy, the home is excluded as an origination site. During this period of crisis, BWC will temporarily permit the injured worker’s home as an acceptable origination site. BWC will temporarily permit MCOs to authorize the use of telephone visits in lieu of face-to-face visits for injured workers for injured workers in a state of crisis or who are at risk to travel to a face-to-face visit during the state of emergency. Policy Alert 2020-02 will allow flexibility in the provision of temporary telehealth coverage for vocational rehabilitation services. Temporary telehealth policy check-in services are covered in Policy Alert 2020-03. With this telehealth policy, BWC will temporarily expand the providers permitted to bill for virtual check in services and telephone services to check in with established patients. The fourth policy alert references COVID testing. As injured workers go in for surgery or spinal injections BWC will pay for one COVID test for pre-surgical clearance. The alerts are available on the BWC website and a FAQ document is available as reference to the alerts.

COVID Claims Updates—Mr. Johnson discussed statistics from the Claims services department. There is a specific team concerned with tracking COVID claims filed. The running COVID trends as well as other key claims trends are shared with the MCOs each week. All claims indices are running in a downward trend. As of July 15th there are approximately 757 total WC claims filed COVID related. 517 are state fund, 240 are self-insured. 605 of those claims were healthcare workers. So far BWC accepted 196 of those claims, denied 77 of those claims, while state fund employers have accepted, and certified 117, and rejected 78 claims. Approximately 38 are in appeal. Regarding indemnity payment, BWC has paid approximately \$231,911. Even though we have seen a uptick in COVID related instances in Ohio that has not necessarily translated in uptick in COVID related claims being filed. For special changes made to COVID services we have spent approximately \$1.5 million on COVID expansions which includes the telemedicine services and COVID pre-surgical testing. The peak week of utilization of these expansion services was April 12th. From May 31 to now we’ve seen a steady decline with last week only \$117 was recorded for telemedicine services under the COVID expansion. Psychological services continue to account for the greatest number of the telemedicine services by reimbursement of about 50% of services BWC is reimbursing and 27% of those are by telemedicine. Spending year to date for 2019 during

this same time was at \$37 million for medical services serving 78,620 injured workers. To date our spending is about \$21 million during the same time period for 2020, serving 53,449 injured workers. If look at data trend lines they are all headed downward. Looking at the specific types of services comparison and the number of injured workers served, physicians served 34% fewer IW with office visits 77,000 in 2019 and only 51,000 in 2020. BWC feels that there will not be a significant decrease in psychological services during this unprecedented time. We will be presenting the 2021 Hospital Inpatient fee schedule and 2021 professional provider fee schedule recommendations to the BWC Board in August. The proposed fee schedules will be posted on the BWC website within the next week and sending those rules for your review and comments. Dr. Haas asked if there was predominant or common reason for denial of a COVID claim. Freddie did not have information from the report he reviews. The report provides data, not a qualitative review of the claims determination, the claims team made clear they are reviewing COVID claims the same as any other occupational disease claims and are using the standard review protocols.

Office of the Chief Medical Officer

Lumbar Fusion Tracker Analysis—Brian Wilson provided an overview of statistics. In 2018 there were 168 claims for Lumbar Fusion compared to 2019 with 145 claims. Since implementation in 2018 there has been improvement with utilization rates in of health behavioral assessments. We have reviewed cases of injured workers who had prior lumbar fusion surgery noting in 2018 that 63 IW had lumbar fusion surgeries prior, and in 2019 there were 67 prior lumbar fusion surgeries performed on IW. In 2018 the average claim age was about 10.5 years, versus 2019 the average was 11.5 years. The rule has been in effect for a little over 2 years. Dr. Davis wanted to remind the point the lumbar fusion rule still has significant problems in the wording, particularly related to workers that have had prior lumbar fusions. Dr. Lewis acknowledged his comment and indicated there is ongoing work on this rule to make it more understandable. There are now guidelines to the lumbar fusion rule on the website, also have been provided to all the injured worker legal representatives. Also, an FAQ on the Concussion Rule has been added to the website.

ECP Program Quality Assurance—Dr. Lewis informed the members that BWC is beginning the quality assurance analysis of the ECP Program providers and developing quality metrics to be provided as the data is completed and compiled.

The next MCO Medical Directors' quarterly meeting is scheduled for October 14, 2020.

The meeting was adjourned at approximately 11:00 a.m.