



Idaho Medical Association

July 19, 2017

Mindy Montgomery, Director
Idaho Industrial Commission
700 S Clearwater Lane
PO Box 83720
Boise ID, 83720-0041

Submitted via email: beth.kilian@iic.idaho.gov

Dear Ms. Montgomery:

On behalf of the physician members of the Idaho Medical Association, we appreciate the opportunity to provide public comment to the Idaho Industrial Commission regarding the negotiated rulemaking discussions held on June 22 and July 10, 2017 to review the appropriate annual adjustment of the physician fee schedule conversion factors. IMA physicians appreciate the annual review and discussion to ensure adequate access to quality medical care is available for injured or sick workers in Idaho.

Data provided during the negotiated rulemaking meetings included Milliman's report compiled of Idaho commercial payer reimbursement from 2016 and the medical data report for Idaho from the National Council on Compensation Insurance (NCCI) from September 2016. Our opinions and comments are:

1. The Idaho medical fee schedule has been frozen at the current conversion factors since 2013. The State Insurance Fund claims data reviewed in 2016 showed 70 percent of services are billed under the fee schedule allowables. The physicians billing at or above the current fee schedule are penalized for other providers billing below the available allowed reimbursement. The time involved in treating worker compensation patients is more time consuming than a patient with other medical coverage. One physician has tracked his time to be an average of 2.3 times longer which does not include staff time.
2. IMA passed a policy in 2013 to reduce the disparity in payment that currently exists between the Medicine Group One and Two code ranges (90000-99607) and the other groups identified in IDAPA 17.02.09. IMA would recommend raising the Medicine Group One and Two sections by 3 percent.
3. Idaho has people with a variety of nationalities that are non-English speaking in the work force. When a non-English speaking injured or sick worker presents for treatment, an interpreter may be required. The interpreter is an additional expense to physicians which are not reimbursed through the current fee schedule. On average, an interpreter could be between \$30-\$100 per visit. The additional expense on practices was not included in the negotiated rulemaking

meetings but is a concern amongst physicians treating these patients that adds more time for the visit with an interpreter.

4. The Milliman data is biased when removing services with certain modifiers; it doesn't provide an accurate total of the number of services provided for procedures. With the removal of multiple procedures billed with modifier 51, or services provided that are separate from other procedures billed with modifier 59, the data doesn't provide a distinct data set. The data set provides an average percentage IIC medical fee schedule reimbursement is above commercial payers and Medicare reimbursements.
5. The additional discussion revolved around incentive payments Medicare and other commercial payers are offering providers reporting an increase in quality and value with a decrease in cost when treating patients. The incentive payments from Medicare can be between 4 – 9 percent increase of their Medicare reimbursement. The incentive payments are not included in the published fee schedule but are provided on an annual basis in a lump sum payment.

IMA is in support of assuring access to care for injured or sick workers in Idaho. We also support high quality, low cost care when providing treatment to all patients.

Thank you for considering our recommendations in the process of reviewing proposals for the 2018 Idaho Industrial Commission fee schedule. IMA would be happy to provide additional information or answer any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Susie Pouliot".

Susie Pouliot
CEO, Idaho Medical Association