
July 11, 2018

Idaho Industrial Commission
700 S. Clearwater Lane
PO Box 83720
Boise, ID 83720 – 0041

RE: Annual Medical Fee Rulemaking

Dear Commissioners:

This letter is in response to the above-mentioned Annual Medical Fee Rulemaking. We are in support of an increase to the medical fee reimbursement for the extra time involved to develop the medical record and determine the injury status, as the time involved is significantly more than required for commercial carriers. However, we do not support reducing the fees in other areas to compensate a budget neutral adjustment. The other areas that have been suggested are also time consuming in obtaining the pre-authorizations for work comp cases. As a reminder, commercial reimbursements are not being reported accurately. Milliman is not able to capture the value-based fee schedules that are in place today with commercial carriers. They incentivize providers financially based on the quality they provide, in a separate arrangement from their standard fee-for-service schedules.

As we previously stated last year when we spoke in person at the July 10, 2017 hearing, we believe that the reimbursement is not the issue in the rising cost of health care. We believe that a campaign to lower the cost of care should be the focus. Below are the comments that I made a year ago on ways to work towards this campaign;

1. Drive patients to lower cost/high-quality options by sharing data with employers on which providers are lower cost/high quality for certain procedures. Employers can then educate the employees on these provider options through a work-place campaign. This would also apply to generic vs brand drugs, durable medical equipment and other ancillary services.
 2. Drive patients to the place of best care that gets them back to work quicker. This includes lower cost options for surgical procedures being performed in an ASC vs. Hospital outpatient setting.
 3. Claims submission should be handled electronically rather than paper. Paper transmission is an added administrative expense and a delay in payments.
 4. Increase education to patients on properly filling out the necessary documents for claims to be processed and not denied. Denials create a lot of administrative time to remedy.
 5. Look at your internal processes, like the pre-authorization process. Is the process cumbersome? Does it require more administrative time than commercial carriers? Why is this? What other internal processes are administrative burdens?
 6. Look at ways to incentivize the patient to return to work sooner. Currently, workers comp pays for one-hundred percent (100%) of the employee cost. Why is this? Why doesn't the employee have a cost share, even if it is ten percent (10%)? If everything is covered at one-hundred percent (100%) are we incentivizing the employee to obtain medical services that may not be necessary or causing them to be off work longer?
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Lewiston • 320 Warner Drive
Moscow • 623 S Main Street
Lewiston • 2315 8th Street
www.catalystmedicalgroup.com

7. Come up with a campaign that encourages patients and providers through a gain sharing arrangement to save costs. Give a bonus to the employers and the providers who generate high quality and cost savings. This is a focus with the commercial payers and the State of Idaho's Medicaid program is also working towards this.

While I understand that what I've noted above still presents a new way of looking at medical fee reimbursements and it is not a change that can take place overnight, I am very willing to work collaboratively with the appropriate Committee to help develop a campaign to implement change.

We greatly appreciate your willingness to consider our input. Please feel free to direct any questions to me by email seyral@lewistonortho.com or by phone 208-298-1035.

Thank you,

A handwritten signature in blue ink that reads 'Seyra Lawrence'. The signature is fluid and cursive, with the first name 'Seyra' being more prominent than the last name 'Lawrence'.

Seyra Lawrence, CPC
Director of Contracting & Compliance
Catalyst Medical Group, PLLC