

Medical Advisory Committee

April 10, 2018

PEARL Center
220 French Landing Drive
Nashville, TN 37243

Members:

Rob Behnke, Cracker Barrel
David Tutor, MD, Occupational Medicine (Chair)
John Brophy, MD, Neurosurgery
James G. Kyser, MD, Psychiatry
Jeff Hazlewood, MD, PM&R, Pain Management
Randall Holcomb, MD
Lisa Bellner, MD, PM&R, Pain Management
Keith Graves, DC, Chiropractor
Ceria Cummings, DO, Bridgestone
Robert Snyder, MD, Medical Director
Misty Williams, RN, Travelers
Abby Hudgens, BWC
Mark Finks, JD, BWC
Suzy Douglas, RN, BWC
Suzanne Gaines, BWC
Jennifer Schneider, BWC

Guests:

Yarnell Beatty, Tennessee Medical Association
Lou Alsobrooks, Smith Harris Carr
Adam Jaynes, MNA GR
Desiree Anderson, Schmidt Government Solutions
David Price, Prium
Judy Bobbitt, Tennessee Orthopedic Alliance
Toni McCaslin, HealthTrac
Faith Parrish, Vanderbilt
Judy Bobbitt, TN Orthopaedic Alliance
Terry Parker Horn, Vanderbilt
Kathenne Williams, TriStar/HCA
Cindy Hutchison, TriStar

Via telephone:

Tonya Cain, Eckman Freeman
Becky Troupe, Health e-Systems
Ken Eichler, MCG/ODG

Call to Order

The meeting was called to order at 1:00 PM by Chair, Dr. Tutor.

Quorum

A quorum was confirmed as present (1/3 of the members needed, 10/15 members present in person).

Approval of Minutes

Minutes of January 30, 2018 meeting were approved with the following changes: the name of Dr. Graves was added as attending, Dr. Holcomb was added via telephone.

Old Business

ODG update:

The handout with link to ODG-TWC update file for January and February 2018 was distributed with highlights of the major changes. There were no changes in March. The links to old changes are archived for 10 years. There has been major revision in how the ODG looks. There is a webinar and website that addresses the changes. Mr. Eichler confirmed that the old website will continue to be updated for at least a year. For committee use, a new username and password were distributed.

As part of the updates, Drs. Bellner and Hazlewood both observed that saliva testing is growing in usage and has been shown to be effective; especially in circumstances where a urine sample is difficult to obtain. Dr. Kyser has used saliva testing and agrees that it is effective. Data and usage information should be forwarded to ODG.

Access to Medical Care:

Dr. Snyder called again for data concerning problems with access to medical care including specialties and geography, Preliminary data has been received from NCCI that includes six categories of providers and geographic breakdown into three digit zip codes (example 372xx). He requested information about difficulties in giving/creating panels. *Dr. Brophy had suggested a definition which, for active WC providers, be one that is qualified to perform causation, see a minimum number of injured workers and be able to give MMI and PI. [amended at the 07/17/2018 meeting]*

Ms. Williams observed that they pay a lot for mileage for travel to providers since there are few rural providers for chronic, ongoing care. Dr. Brophy also suggested that age of the providers be included. Dr. Snyder and Mr. Beatty observed that the average physician age (even not taking workers' compensation) is increasing.

Opioids:

Dr. Snyder had received data from one source, removed the identifiers and blinded the data. Of note was the increasing cost for fewer prescriptions and a fall in opioid prescriptions and cost. Dr. Snyder asked anyone for blinded data. The Governor's opioid bill passed the House and is now before the Senate.

Medical Cannabis:

The Medical Cannabis bill has been pulled for the year. During this time, Dr. Snyder will continue to study the impact on opioid use and worker's compensation. Further information and medical evidence is needed.

Dr. Bellner said that many patients believe medical marijuana has passed. They need to be educated on its uses and effectiveness. Patients want this treatment because they believe it will improve their conditions.

Medical cannabis is not recommended by the ODG. It is unclear exactly what conditions are affected or improved by medical cannabis or what might be the opioid interaction.

Dr. Hazlewood observed that sometimes people use prescription cards from other states that allow medical cannabis to explain results of drug tests.

E-billing:

Dr. Snyder reported that it is not clear that problems have been corrected. The testing failures e-billing may have multiple problems. The e-billing requirement is less than two months from going into effect. The clearing houses do not seem to be making connections properly.

There are many software issues. The bill and faxed progress note must both be received before the provider can be paid. E-billing software must ensure that the bill and note will be received together.

Dr. Kyser pointed out that most insurers have no idea what to do with e-billing and suggested enforcing compliance on the payers before the implementation date.

Dr. Snyder pointed out that from a technical standpoint, a "PWK" loop is supposed to notify the insurer that the e-bill is to be followed by faxed note and the bill should not be rejected until the note is received. For reasons that are not yet clear, tests have failed.

Dr. Kyser made the motion that the e-bill implementation be pushed back for twelve months to make sure small providers are able to process the e-bills. The discussion that followed included observations about the complexity of the payment process in workers' compensation that includes the pre-authorization (even for an office visit) from adjuster must match up with the worker's comp claim and be approved. Can the system handle e-billing? Can insurers handle it? Would it further damage the providers' confidence in timely payment?

Nine states have e-billing and two of them seem to have no problem with it. Dr. Bellner suggested that there might be an overlap period where the bill can still be sent in if the company does not electronically receive it.

Once the motion was repeated, Dr. Tutor seconded. There were no negative votes to recommend to the Administrator that "implementation be delayed one year and documentation be provided by the carriers with tests and proof before the providers are required to submit electronically." Committee voted in favor.

Physician Conference:

Dr. Snyder reported on conference of March 24, 2018. There was a Colorado presentation of physician certification. Dr. Hazlewood gave a well-received presentation. Best attendance ever.

New Business

21st Annual Bureau Education Conference in Murfreesboro, June 6, 7 and 8, 2018.
Dr. Hazlewood and Mark Pew will be speaking on pain management in the general session on Wednesday.

Legislative update:

“Sunset laws” extend Bureau six years, until 2024 and include the Medical Payment Committee and Medical Advisory Committee (passed both the House and the Senate).

A bill that allows recovery of attorney fees in situations of improper denial has been extended until 6/30/2020. There were included a further clarification of when those fees may be assessed.

Medical Cannabis has been taken off notice 4/3/2018.

Dr. Snyder reviewed the history of placing public notice for meetings in the Legislative Plaza bulletin boards. With the move to the Cordell Hull Building and a note from the House Clerk, notice will not be on paper anymore. It is on tn.gov/meetings, the Bureau website and to all that are on that committee’s email list (for MAC, approximately 70).

Dr. Bellner brought up the problem of an adjuster stopping payment on a patient’s medication. Ms. Williams noted that most carriers have a formal complaint process. There was discussion among committee members. The adjuster cannot deny medication without utilization review. Ms. Hudgens pointed out that there is legal recourse. If denied for reasons other than medical necessity, the employee can file a Petition of Benefit Determination or Request for Assistance, depending on date of injury.

Next Meeting:

The date was agreed: July 17, 2018, 1:00 PM.

Adjournment:

The meeting was adjourned at approximately 2:15 PM.