

Rules for Working Effectively within MPNs

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AVP Medical Services

Preferred Employers Insurance Company



Medical Provider Networks

Create a partnership between physicians and insurance carriers to provide medical treatment for an injured employee for the life of the claim

We have a common goal: restoring the injured employee to pre-injury function



3 Rules to Work More Effectively within MPN's

Rule 1: Provide concise and positive communication in both written reports and patient encounters

Rule 2: Accept Transfer of Care patients and refer within the MPN

Rule 3: Follow your instincts – Be a detective



Rule 1 - Communication

WRITTEN REPORTS & BILLING



Establish Patient Baseline

- Take a detailed patient history including all hobbies, prior injuries and accidents. Also include lifestyle habits such as smoking, drinking, etc. Ask specific questions regarding sleep and pain. Ask general questions regarding work and home life.
- Link the mechanics of the accident to the injury enabling an AOE/COE determination. If it sounds improbable it probably is!



Reporting Guidelines

- Provide clear & timely documentation of symptoms, exam findings and compliance with the chronic pain guidelines and other evidence based medicine
- Detail your rational for specific treatment requests that fall outside of MTUS/ACOEM/ODG
- Discuss co-morbidities that may impact the recovery



Report Guidelines Continued

- Use specific diagnosis codes
- Indicate if apportionment is applicable
- Address causation – how does the mechanics of the injury support the diagnosis. When multiple body parts are involved show us the link to the injury
- If patient can perform modified duty, be specific about what they can and can not do
- Include anticipated P&S date and expected return to full duty date



Report Forms

- Requests for Treatment Authorization
 - Separate written document clearly detailing requested procedure
 - Do not include request within a PR-2 unless you clearly indicate on the top:
 - “REQUEST FOR AUTHORIZATION”
- PR-2 - Please complete within one day of the appointment and specify RTW
- PR-4 - Do them!
 - We see less than 15% of providers using the standard form
 - This form is more specific than a general narrative and can easily be submitted to the Disability Evaluation Unit (DEU) for rating



Billing

- To expedite payment for your services, include with your bill the following:
 - ICD9 codes
 - CPT codes
 - Required reports including narrative if appropriate
 - UR authorization code
- E-billing is here!



Rule 1 - Communication

PATIENT ENCOUNTERS



Patient Quote

“The doctor said he’d like to order a MRI but the insurance company will never authorize it - - so I have to go through another few weeks of physical therapy”



Media Advertisement

“Dr. X will aggressively deal with the typical insurance company denials and delays to get your treatment approved to prevent unnecessary delay and suffering”



Rule 1: Communication

Patient Visits: Setting Expectations

- Be clear, positive and express empathy in your bed side communication
- Detail the expected healing process and hurdles (co-morbidities)



Return to Work..Return to Work..Stay at Work?

Set RTW Expectations on the First Visit

- What tasks can be reasonably performed between now and next appointment
- Provide detail on tasks that can be performed as well as those that can't
- Establish reasonable time frames & use guidelines (example, ODG) to support position
- See the patient as needed, even more often, to manage these expectations
- Payer source should not influence RTW goals

WC RTW + X days \neq GH RTW



Official Disability Guidelines for Lumbar Strain

847.2 Lumbar sprains and strains

Return-To-Work Summary Guidelines

Dataset	Midrange	At-Risk
Claims data	17 days	53 days
All absences	10 days	37 days

Return-To-Work "Best Practice" Guidelines

Mild (grade I), clerical/modified work: 0 days

Mild, manual/heavy manual work: 7-10 days

Severe (grade II-III), clerical/modified work: 0-3 days

Severe, manual work: 14-17 days

Severe, heavy manual work: 35 days

With radicular signs, see [722.1](#) (disc disorders)

Obesity comorbidity (BMI \geq 30), multiply by: 1.31



Rule 2

ACCEPT TRANSFER OF CARE PATIENTS AND REFER WITHIN THE MPN




Accept Transfer of Care Patients & Refer within the MPN

- Don't limit practice to "fresh injuries"
 - Communicate WC acceptance status with your MPN coordinator
- Refer only to MPN providers for consults or specialty treatments
 - Nominate those you rely on for MPN participation
 - New Case: Non-MPN medical reports – not admissible (*Valdez*)



Rule 3

**FOLLOW YOUR INSTINCTS –
BE A DETECTIVE**



**Patient X: When the subjective complaints
don't match your clinical findings**





Patient X – Treatment Request

- “Needs med refill, states that over the last 3 days he has consistently had shooting pains in his mid and upper back”
- Treatment Request: MD is dispensing medications in his office x 1 month- Methadone, Neurontin, Flexeril, Flomax, Aspirin and Zantac. Also requesting Permanent Dorsal Column Stimulator




Suggestions to follow your Instincts

- Contact the claim examiner
 - Non-medical claim issues most likely exist
- View the surveillance provided
- Perform random, routine drug testing for prescription and recreational drug use



Suggestions (continued)

- Be proactive in pain management therapies
 - Conservative
 - Step therapy
 - Discuss weaning process
 - Communicate addiction concerns
- When you don't know what to do and there is no change in condition then the patient has probably reached MMI



To Summarize: 3 Rules to Work More Effectively within MPN's

Rule 1: Provide concise and positive communication in both written reports and patient encounters

Rule 2: Accept Transfer of Care patients and refer within the MPN

Rule 3: Follow your instincts – Be a Detective



What you don't need to worry about.....

- Negotiating with the injured employee about return to work dates or additional therapeutic visits
 - When there is no change in condition – P&S
- Dispensing non-emergent medication
- If the employer does not offer modified work
 - Don't state “If modified work is not available then TTD”
 - Tell us what the injured employee can do



Preferred Employers Insurance Company

- Workers' Compensation insurance is sole line of business
- Market to California small business to provide quality service at competitive rates
- We are a member of a Fortune 500 Company, W.R. Berkley Corporation
- A.M. Best Company A+ rating



What is unique about the Preferred Select MPN

- Strategic partnerships with medical providers
- Tailored MPN to match policyholder access and specialty demand
- In-house credentialing and contracting
- Prompt access to claims, medical and physician staff
- Detailed explanations in UR responses
- Timely and hassle free payment
- Partnership approach - treatment with respect and gratitude



In development: Provider Portal

- Submit billing and reports on-line
 - E-bill rules
- On-line submission for UR requests
 - Immediate authorization for within guidelines request
 - Track status
 - Review history
- Send private correspondence



Questions

