

PROVIDER Update *2nd Edition 2018*

KEEPING YOU IN THE LOOP

MetraComp, Inc. • New York Workers' Compensation PPO Network

MetraComp Clients in New York

- Ace USA Insurance Company
- AIG
- Berkley Specialty Underwriting
- Berkley Technology Underwriters
- CNA
- Chrysler
- Chubb Indemnity Insurance Company
- Delphi
- Everest
- General Motors
- Genex Services, LLC
- Guard
- Liberty Mutual® Insurance/ Wausau
- MCMC, LLC
- Nationwide® Insurance Company
- New Venture Gear
- New York State Insurance Fund
- Old Republic
- PMA Insurance Company
- Public Service Mutual
- QBE Insurance Company
- Safeco Insurance™
- Sedgwick® Claims Management Services, Inc.
- Safety National®
- Sentry® Insurance
- The Hartford
- The North River Insurance Company
- Tokio Marine Management, Inc.
- United States Fire Insurance Company
- Walmart®
- Zurich®

This listing represents MetraComp's clients. We make every effort to ensure this listing is a complete list of clients contracted to use our New York network of preferred provider organization (PPO) providers. And our insurance carrier clients also have hundreds of employer groups who are directed or recommended into the MetraComp PPO network.

We're here to help

Questions? Just call MetraComp's Provider and Customer Relations Department at **(800) 360-1275**.

Sample list of participating employers

- All Metro Health Care
- American National Red Cross
- At Home New York
- Bristol-Myers Squibb Company
- Castle Building Corporation
- Central Park Conservancy
- Chrysler
- Claire's
- DHL - Lea Williams
- Empire Merchants LLC
- Equinox Holdings, Inc.
- JC Penney
- JetBlue® Airways
- Kohl's®
- Manhattan College
- Michael Stapleton Associates
- Raymours Furniture Company
- Rensselaer Polytechnic Institute
- Riverhead Building Supply Corp.
- Sears

- Sunrise Senior Living, Inc.
- Walmart/Sam's Club
- Whole Foods Market®
- Willow Run Foods

Medical Director Forum

First do no harm

“First do no harm” in one form or another is part of the Hippocratic Oath many health care professionals take as they enter the profession. A lot of what happens in medicine is guided by this maxim. It is the rationale behind the use of evidence-based information in the care of patients. In my years of practice, it is exceedingly rare that I hear about any of us who set out to harm a patient.

Or have I?

When it comes to medicines, surgeries and therapies of various kinds, the providers are usually excellent in making such decisions to “avoid harm”. Sure, there are differing opinions, but the decisions are usually rationally thought out. In the Workers’ Compensation system (providers, carriers, case managers, and the Workers’ Comp Board) each have their own focus. But by and large harm is avoided.

But there is one area where I think a number of us fall short. I’ve discussed it before in this space but it is so important that it’s worth repeating. The issue continues to be an area I frequently encounter in case reviews. But the good news is there is new recognition and support coming down the line.

Facts about work-related injury claims in the US

The Occupational and Safety Health Administration (OSHA) estimates that every year there are 4 million non-fatal work related injuries and illness. The National Safety Council estimates that there are 14 million non-fatal off the job injuries and illnesses. Hundreds of thousands of people injured on or off the job go on to receive state or federal disability benefits. In 2016, Federal benefits through Social Security were paid to over 10 million people. Workers accounted for the largest share of disabled beneficiaries at 87 percent.

Payments for disability and medical care amounted to some \$150 billion up from \$60 billion in 2001. The average age of the disabled workers was 54. A third of the diagnoses causing disability were in the musculoskeletal category. Average monthly benefit was under \$1200. And the number of workers on disability is increasing. In 1970 there were some 1.8 million disabled beneficiaries which rose to 10 million in 2016. The increase has largely been driven by an increase in the number of disabled workers. These disabled beneficiaries age 18 to 64 account for almost 5 percent of the US population. A third are under 54 years old, which implies they have lost a potential of at least 10 years until they would have reached a full retirement age.

Another source of payment for injured workers is Workers’ Compensation. Well over 1 million claimants get long-term workers comp. New York has over 150,000 such claims and accounts for some 12.5 percent of all such claims across the US. As with Social Security, musculoskeletal conditions are again the largest cause in Workers’ Compensation disability, especially in older individuals.

In assessing the costs and benefits of return to work programs, Bardos and colleagues estimated that 13 percent of such claims could have been avoided with appropriate return to work programs.¹ There are estimates from Maetas and Associates that 18 percent of new Social Security Disability Insurance beneficiaries are able to obtain substantial gainful activity within two years of going onto Social Security. But only five percent actually do so. That amounts to some 120,000 people who could have returned to work but did not, and a potential savings of some \$20 billion including both disability and medical payments.

1 Bardos, Maura et al. Assessing the Costs and Benefits of Return-to-Work Programs. Washington, DC: Center for Studying Disability Policy, Mathematica Policy Research. March 17, 2015. Available at: <https://www.mathematica-mpr.com/our-publications-and-findings/publications/assessing-the-costs-and-benefits-of-return-to-work-programs>.



So what does this have to do with harm?

Since most workers who go onto disability lose significant income, harm has been done to them financially when they did not need to go onto disability. And society also pays the price. Monies that could be used for health and safety go instead to the disability system. Work is a critical part of our social interaction. Work has a major role in self-esteem. So when a worker goes out onto disability unnecessarily, harm is done.

What can we do to prevent this harm?

All sectors of the system play a role in issues of unnecessary disability. While there are workers who take advantage of the system, most do not. My experience is that many injured workers are more than willing to stay at work if they can. That's where the employer comes into the picture — by making appropriate work or retraining available. The provider, who may not understand the nature of the work the person does or the accommodations possible, may contribute to unnecessary disability by taking the worker out of work rather than defining limitations. Case managers may not push hard enough on either providers or employers to get the person back to work. And some workers either abuse the system or do not themselves push for a return to work.

None of this suggests that injuries do not occur. And some workers truly are too injured to return to work. But the statistics suggest there is a large pool of workers who, given the proper circumstances and encouragement, can return to work. Harm is thus avoided.

Most injured workers want to stay at work — but there can be barriers

When I first entered occupational medicine, I learned about the “Workers’ Compensation Syndrome” where at first many workers want to remain at work. But as they are out of work, they settle into a pattern of finding that it is easier to stay home than to push to get back to work. I have found that it’s generally true that one day out of work on compensation leads to two, two days leads to four and so on. By the time a worker has been out of work for three months, the likelihood of them ever returning to work again is near zero. Harm — unintentional as it might have been — has been done.

Occupational physicians have long encouraged the concept of “stay at work” (SAW) if possible, with necessary limits. Or if the worker is out of work, an early return to work (RTW) is desirable. The Office of Disability Employment Policy (ODEP) website (<https://www.dol.gov/odep/>) has long had policies and programs to encourage “SAW/RTW” but they have been limited by funding issues.

I also learned that most workers do want to go back to work but encounter barriers. Accommodations may not be available. Or the worker may not have the skills or access to the necessary training to gain the skills. While many employers have started such programs on their own, these are usually larger employers. Medium and small employers who hire the largest number of workers overall, do not typically have the funds to conduct such programs.

What is being done to help injured or ill workers get back to work?

The encouraging news is the RETAIN program (Retaining Employment & Talent After Injury/Illness Network). The RETAIN Demonstration Projects are a team effort led by the U.S. Department of Labor’s Office of Disability Employment Policy (ODEP) in partnership with DOL’s Employment and Training Administration (ETA) and the Social Security Administration (SSA). These projects will test the impact of early intervention strategies that improve stay-at-work/return-to-work (SAW/RTW) outcomes of individuals who experience work disability while employed.



SAW/RTW programs succeed by returning injured or ill workers to productive work as soon as medically possible, and by providing interim part-time or light duty work and accommodations, as necessary. The RETAIN Demonstration Projects are modeled after promising programs operating in Washington state. While those programs operate within the state's workers' compensation system and are available only to people experiencing work-related injuries or illnesses, the RETAIN Demonstration Projects provide opportunities to improve SAW/RTW outcomes for both occupational and non-occupational injuries and illnesses of people who are employed, or at a minimum in the labor force, when their injury or illness occurs.

Several demonstrations will be funded. They will include training in occupational health best practices for participating health care providers such as:

- Working with return to work coordinators to facilitate continued employment
- Improving communications among workers, employers, and health care providers
- Funding for accommodations and job modifications for injured workers

It will also include the more traditional retraining and rehabilitation services.

By helping injured employees stay at work if possible and return to work as early as possible, you can expect short-term savings. But it also means many capable workers will remain in the workforce to enhance the strength of our nation and avoid harm. It is the goal of such projects to allow workers to avoid going onto long-term workers' compensation and social security. Each of the sectors of MetraComp can do their part in making this possible and avoiding harm.

Karl Auerbach MD, MS, MBA FACOEM
Medical Director

PPO Administrator forum

Medical record review

MetraComp performs the medical record review process annually. Please include all elements of requested documentation in your response to help guarantee a successful review. Thank you again for your continued cooperation and support of this process.

Provider network survey

Enclosed please find a MetraComp Provider Network Survey. Please take a few minutes to complete the survey. We value your service to MetraComp and care about your opinion. Please return your survey to MetraComp, Attn: QI Specialist via fax to **855-711-7957**. Or, you can mail your survey to 3200 Highland Ave, Downers Grove, IL 60515. You can also complete the survey online at www.metracomp.com.

In-network referrals

Referring MetraComp PPO participants (injured workers) to other MetraComp PPO providers is critical to the direction of care available under the New York PPO program. MetraComp participating providers can be located by visiting our newly designed website at www.metracomp.com and clicking on the "Locate a MetraComp Provider" link. This will direct you to our online referral tool. You will also find other information available to you on our newly designed website.

Thank you



MetraComp would like to thank all of our participating providers for your continued participation in our NY programs.

Tamara Puccia

MetraComp PPO Administrator

Regulatory/WC Board update

The New York WC Board has announced that Form C-8.1A is no longer required to be submitted with a Form C-4AUTH Denial. More information on this can be found at:

http://www.wcb.ny.gov/content/main/SubjectNos/sn046_1085.jsp

The New York WC Board has announced proposed changes to the medical fee schedule. More information on this can be found at: http://www.wcb.ny.gov/content/main/SubjectNos/sn046_1058.jsp

The NY WC Board has announced updates to accommodate 2018 Permanent Impairment Guidelines for Scheduled Loss of Use (SLU) evaluations. More information on this can be found at:

http://www.wcb.ny.gov/content/main/SubjectNos/sn046_1067.jsp

The New York WC Board has announced draft regulations for the workers' compensation pharmacy formulary. More information on this can be found at:

http://www.wcb.ny.gov/content/main/SubjectNos/sn046_1012.jsp

Complaints/grievances

To report complaints/grievances, please call **1-800-360-1275**.

Additional resources

- MetraComp: <http://www.metracomp.com/>
- Occupational Safety and Health Administration (OSHA): <https://www.osha.gov/>
- National Institute for Occupational Safety and Health (NIOSH): <https://www.cdc.gov/NIOSH/>
- American College of Occupational and Environmental Medicine (ACOEM): <http://www.acoem.org/>
- HIPAA Information: <https://www.hhs.gov/hipaa/>