# ***Director's Medical Advisory Committee Meeting Notes***

**Meeting held via zoom as webinar with panelist and public links on October 10, 2024 2:00 – 3:30**

**Call to Order** –Heather Jordan

**Introduction**

**Members present:**

1. Annie Jung, NM Medical Society
2. Erika Campos, Hospital Services Corp.
3. Dr. William Ritchie, NM Ortho
4. Dr. Tomas Granados, Zia Neuropsychology
5. Robert Lilley, Builders Trust
6. Dr. Eva Pacheco
7. Dr. Barrie Ross
8. Dr. George Simmons, UNM

**Internal WCA staff:**

1. Heather Jordan,
2. Mike Holt,
3. Monica Saiz,
4. Charles Cordova,
5. Richard Adu-Asamoah,
6. David Mora,
7. Donna Jojola,
8. Trisha Platt,
9. Megan Aragon,
10. Rinda Dewhirst
11. Dr. Evans Addo
12. Seth Boateng

**Absent**:

1. Dan Girlamo, NM Mutual,
2. Lisa Romero, CorVel,
3. Ronda Gilleland-Lopez, Mechanical Contractors,
4. Dr. William Brady
5. Denise Algire, Albertsons

## Agency Comments

- Minutes Approved – Dr. Ritchie
- Heather Jordan asked for volunteers to be the Chair of the DMAC. No volunteers
- Public hearing to be held 10/22/24 at 2:00 pm at WCA

## Proposed 2025 Billing Instructions

**Heather Jordan –** She appreciates everyone making this meeting in person. The agenda was posted on our website, we will follow the timeline and the timeframe to be respectful of everyone's time. This is considered a regular meeting for the Director's Medical Advisory Committee (DMAC) meeting, we are voluntarily compiling with the Open Meeting Act (OMA) for the purpose of transparency, we have minute notes that are being taken and will be circulated.

Introductions made…

On June 3rd a special DMAC meeting was held to present preliminary data regarding RBRVS model. The meeting minutes were distributed to our DMAC members, hopefully everyone had a chance to review them. Would any DMAC member move to approve the adoption of the meeting notes, meeting notes were approved. The WCA recommends that DMAC appoint a chairperson to facilitate these meetings.

The purpose of today's meeting is to propose the 2025 fee schedule and billing instructions. Starting today through November 1st we will be accepting public comments. If your comment is complicated or lengthy, please submit it in writing at gc.clerk@wca.nm.gov.

**Monica Saiz –** There are two changes to our fee schedule, Anesthesia went from $63.30 to $65.09.

**Erika Campos –** Can you reiterate how the ratios are created?

**Charles Cordova –** We collect the G2's fees from all hospitals that participate in workers' compensation in NM. We take the revenues and the expenses and populate the ratio difference between the two of them and then we calculate the median of all ratios. Anyone below the minimum gets brought up to the minimum, which is the median of all hospitals. Anyone above it or below 75% stays at whatever their ratio is. Anyone above 75% gets brought down to 75%.

**Erika Campos –** It looks like a lot is going to the median, which would imply that they didn't turn in their worksheets, is that correct?

**Trisha Platt –** Yes, because everyone gets their reports at different times of the year. Sometimes they give her reports that are a year late.

**Erika Campos –** She knows the turnover especially in rural hospitals, it's a challenge to track down who to ask. What percentage do you think turn it in the way you could use it?

**Trisha Platt –** She thinks she had seven that did not turn the reports in, this year wasn't as bad as previous years.

**Erika Campos –** She thinks she can help and encourage people to turn in their reports.

**Charles Cordova –** I would also note that anybody under the median will get brought up to it. Since it's a median, it will half of the valid G2s.

**Monica Saiz –** The work related or medical facility examination services. There are two CPT codes that we have that are maximum allowable rate for billing (CPT codes 99455 and 99456 – BR).

**Charles Cordova –** Presentation

**Dr. Ritchie –** In your presentation, are you referring to Medicare in NM?

**Charles Cordova –** He'll double check that and respond to him at a later time. Please submit a written comment.

**Dr. Tomas Granados –** on the sixth slide, is there an additional family for psychology and psychiatry?

**Charles Cordova –** These six families are the ones in NCCI's economic impact analysis. We structure our economic impact analyses to have the same practice families as NCCI. The reason for that is that NCCI does an "official" economic impact analysis for us once a year. These are the families they use in their analysis.

**Dr. Tomas Granados –** Is psychology & psychiatry folding into one of these, and is there a comparison to psychology and psychiatry similar?

**Charles Cordova –** He would need to double check, but he thinks it would be folded into medicine. We haven't run Psychology and Psychiatry because it's not part of the economic impact structure from NCCI.

**Heather Jordan –** Next on the agenda is to discuss the fee schedule methodology.

**Erika Campos –** It would be interesting to see what portion the medicine component of psychology & psychiatry is over the years. That would be interesting to understand.

**Dr. Tomas Granados –** He knows in the CPT slicer it was 1.3%, he's not sure if that is correct.

**Charles Cordova –** It would be very similar. In the CPT code slicer, the numbers aren't the economic impact, because in the economic impact are additional payments considered. In the NCCI analysis they have something called "payments not applicable to fee schedule", which we think includes payments for things like cannabis reimbursement. We don't have the data to be sure. But their economic impact is going to move in the same direction but be slightly different because it's a different denominator.

**Dr. Barrie Ross –** The AMA guides of 2024 with publication date of September 12, 2024, if you go to their website, states it's the newest guide. The statute states to use the newest guide. Herself and several other physicians have been using this new guide which is very different. Yesterday she received an email from AMA stating they have published the new guide as a review, the AMA will consider this to be the official version as of December 1, 2024. She has written to the AMA and there's an emergency meeting this afternoon. She also spoke with an AMA representative that didn't know about the email. Her question is which guide should they use?

**Michael Holt –** He knows what she's talking about it, it's the Sixth Edition.

**Dr. Barrie Ross –** There's no more book, everything is a digital version. The digital version is 2023, that's what we all have been using but they literally on September 12th said it's now called 2024 and it's completely different.

**Michael Holt –** Question, has this become moot as of December 1, 2024?

**Dr. Barrie Ross –** Yes, as of December 1, 2024, everyone will have to use this version, unless AMA changes it.

**Heather Jordan –** We have taken steps to contact them at one time because we had one user login but now, they are charging per user and it's based on your IP address. We are trying to get access for our judges and for MCC, but she didn't know about this issue.

**Dr. Eva Pacheco –** She's a member of the "IA" International Associates a lot of members of that board are facilitators of changes of AMA. They've been talking about changes of 2024 and they communicated that to us but they never stated when it would take place. Now there's courses that need to be taken to understand how to apply the devise, but it's been confusing.

**Michael Holt –** His recommendation is whoever is hiring you to do the impairment rating, you should do according to AMA both books to document and protect yourselves.

**Dr. Eva Pacheco –** There are changes in the spinal but most of the changes are in the skeletal and some other changes are in the brain injuries. It's the muscular skeletal that is turning everything upside down.

**Dr. Barrie Ross –** She can tell us for sure there are significant changes in the lumbar in terms of the impairment rating. For example, she did an impairment rating on a lumbar fracture, pressure fracture and it came out to 2% on the new guides, if I used the old guides, it would have come out to somewhere between 5%-9%.

**Michael Holt –** He'll have to reconcile inhouse too.

**Dr. Eva Pacheco –** She did send her question to the AMA chat room, there were about 4 other physicians asking the same question. It will be interesting to see what they say.

**Michael Holt –** Please keep us posted.

**Robert Lilly –** Vice President of claims from Builders Trust, from a carrier's standpoint, impairment ratings aren't cheap. The idea of paying more is going to create litigation, it's not going to be about the impairment rating but the fight over the difference in the impairment rating. There has to be some sort of happy medium so a) the doctors aren't making a mistake? b) the carriers aren't paying a large amount of impairment rating fees. Then to turn around and fight about it, it's financial suicide.

**Dr. Tomas Granados –** He was looking through 2023 annual report, the data in this report the same as what is in the fee schedule?

**Charles Cordova –** In the annual report, it depends on which part you are looking at. The fee schedule uses utilization data that comes from a few different sources; RVU's from the CMS, RVU's from a third-party vendor, utilization data from NCCI and other stakeholders, and practice families that are based on the AMA CPT Professional Codebook. So, no it all won't be the same data. The annual report, there are too many different sources to name from the top of his head, but they aren't the same.

**Dr. Tomas Granados –** He's referring to page 30 of the annual report (total expenditures by category).

**Charles Cordova –** The data source for most of that chapter is the Annual Expenditure Report, which we run at the beginning of every year. That isn't used in the medical fee schedule.

**Dr. Tomas Granados –** The reason why he asked that question, is when you look at this figure between (2018-2022), the medical expenses decrease 13.77%. Which the data you presented today is different.

**Charles Cordova –** Are you referring to the difference of maximum allowable payments compared to prior years?

**Dr. Tomas Granados –** He's referring to the cost.

**Charles Cordova –** The expense you are referring to in the line chart on the presentation is not medical cost, it's the utilization-weighted change in maximum allowable payments. It's essentially the average change in all the maximum allowable payments in the fee schedule. Each one is weighted by its utilization, and you take the sum of it. It's tied to what the other seven nearby states have decided to do with their fee schedules, which could be arbitrary, or it could be whatever methodology they are using. It has nothing to do with medical payments.

**Dr. Tomas Granados –** Would it be more accurate to utilize this other data?

**Charles Cordova –** If what you are trying to find our is how much was paid in medical expenses for the NM workers' comp system, the annual report would be your best source for that. If you are asking about using it for the medical fee schedule, medical costs are based on more than just the cost of services. It includes utilization, number of claims, claim severity, and cost per service. The fee schedule just relates to the maximum cost of services. He could look further into that suggestion, but he would recommend submitting a written comment.

**Erika Campos –** One thing he is looking at is the cost per claim.

**Charles Cordova –** There are many different factors that go into the cost per claim. The cost per claim in the annual expenditure report isn't indicative of changes in per-service medical costs, because that data is at the organizational level. He could look more into using medical costs as a fee schedule adjustment methodology, but he recommends submitting a written comment.

**Annie Jung –** What is the difference between commercial pay, Medicaid and Medicare? If she's reading this correctly, commercial insurance overall pays 163.3% of Medicare.

**Charles Cordova –** The 163.3% is the amount that actual private insurance payments are above CMS. For physicians services in NM specifically.

**Annie Jung –** What is the difference between that and HCPFS percentage of Medicare?

**Charles Cordova –** The 218% is how far above CMS our maximums are. He used the same methodology as RAND, but they aren't a direct comparison because RAND is using actual payments, and our number is using maximums. He wanted to show this number anyway because it is rare we can compare CMS or comp to private insurance.

**Dr. Ritchie –** Pain for cannabis and pain for PRP, he doesn't think those were in the fee schedule for other states. They certainly are not in Medicare fee schedule, so how are we setting those?

**Charles Cordova –** Everything outside the maximum allowable rates, is set forth in the billing instructions. A lot of it he doesn't have too much to do with it. For the cannabis methodology we are doing a modified version of CMS their pharmaceutical pricing methodology, we are the only state that has a maximum allowable rate for cannabis.

**Dr. Ritchie –** How is PRP pricing determine? Commercial insurance won't pay for PRP, he's not aware of any work comp insurances coverage in other states paying for it or not. Where does the fee comes from and that number.

**Michael Holt –** He'll have to research that question. Please submit a written comment.

**Heather Jordan –** She wants to reiterate if you have any lengthy questions, please submit them to gc.clerk@wca.nm.gov. Reiterates the timeline, and the public commit date.

**Adjourned –** Heather Jordan 3:00 pm