

Workers' Comp Regulatory Activity

February 15, 2019 – April 1, 2019

CALIFORNIA

2019 Fee Schedules

Reg ID: CA50320

Summaries: The Division is responsible for maintaining the workers' compensation fee schedule (i.e. "the Official Medical Fee Schedule") for physicians, ambulance fees and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The Division uses the Department of Health Care Services and the Medi-Cal Division fee schedule to make updates throughout the year. California's workers' compensation physician fee schedule is based on the resource-based value scaled (RBRVS) used in the Medicare Physician Fee Schedule.

Historical Development: This entry will follow the 2019 Fee Schedules published by the Division. The updates to conform to the changes in the Medicare payment system. The Department released notice of several Fee Schedules effective 1/1/2019. The fee schedules include the Physician Services, DMEPOS, and the Ambulance fee schedule. The Hospital Outpatient Departments and Ambulatory Surgical Centers Fee schedule and the Medical Treatment Utilization Schedule (MTUS) updates are effective 2/15/2019.

What Just Happened: The Division has updated the monthly Medi-Cal Rates file update for physician-administered drugs, biologicals, vaccines or blood products as well as the 4/1/2019 quarterly updates for the Physician Services / Non-Physician Practitioner Services.

What's Next: The Department will continue to publish updated fee schedules throughout the year.

Links:

- [4/1/2019 Physician Services Fee Schedule](#)
- [2/15/2019 MTUS Fee Schedule](#)
- [2/15/2019 Hospital Outpatient and Ambulatory Surgical Centers Fee Schedule](#)
- [1/1/2019 DMEPOS Fee Schedule](#)
- [1/1/2019 Physician Services Fee Schedule](#)
- [1/1/2019 Ambulance Fee Schedule](#)

KENTUCKY

Pharmaceutical Formulary

Note: This information is neither intended to be all-inclusive for the industry, nor for public redistribution. Please feel free to send your questions, comments, suggestions, and requests for further information to Coventry at Regulatory@cvt.com.

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Reg ID: KY37971

Summaries: The Department adopted emergency and new rules related to establishing a drug formulary within the workers' compensation program. H.B. 2 (2018) directs the Commissioner of the Department to establish a drug formulary for medications prescribed for the cure of and relief of the effects of a work injury or occupational diseases on or before 12/31/2018. In addition, the measure requires that evidence-based treatment guidelines for medical treatment [...] including but not limited to chronic pain management treatment and opioid use be developed on or before 12/31/2019. Please note there is a parallel Regulatory Advisory Committee (RAC) which will develop the process for implementing the recommendations of the Medical Advisory Committee (MAC).

Historical Development: (8/30/2018 Joint RAC/MAC Meeting) During the meeting, Dr. Robert Synder, the Medical Director for the Tennessee Bureau of Workers' Compensation, provided an overview of the decisions considered during the development of Tennessee's guidelines. Further, Dr. Snyder provided an overview of how six other states - California, Colorado, Montana, New York, Ohio and Washington - have approached the adoption of treatment guidelines. (9/27/2018 MAC Meeting) During the meeting, Commissioner Swisher stated that he will make a recommendation to the Secretary of Labor to establish a standing Medical Advisory Committee that will meet three to four times a year. The purpose of the standing committee will be to review the formulary guidelines (once final) and their implementation. The RAC is also developing a system to expedite the reconsideration process when denials are made. He expects that conferences on a peer-to-peer basis will be required within a short period following a request for reconsideration. (10/3/2018 RAC Meeting) Minutes from the 10/3/2018 RAC meeting were recently released. During the meeting, discussion began with the Commissioner's initial preference for a seven-day supply of "first fill" medication. A committee member questioned why the fill was seven instead of three days. The Commissioner assured members the regulations would be written in conformity with the other guidelines that govern medical practitioners' license and dispensing practices. A committee member also reviewed the proposed effective dates of the formulary – July 1, 2019, for claims of injury on and after that date, and for new prescriptions for injuries that occurred prior to that date; and January 1, 2020, for refills of medications prescribed prior to January 1, 2019 (with certain conditions). The Commissioner explained the rationale for the dates chosen. A committee member suggested that the employer and carrier notify the physicians and PBMs of the formulary.

The RAC met 10/31/2018. An agenda for the meeting was recently released. The RAC discussed a draft of the drug formulary regulation. According to a press release, the Department announced the adoption of ODG by MCG as its treatment guidelines and pharmaceutical formulary provider. "We are honored to add Kentucky to the roster of ODG-mandated states, joining the neighboring states of Ohio, Tennessee, and Indiana. The Department of Workers' Claims and the Medical Advisory Committee should be commended on a thorough, transparent evaluation of evidence-based guidelines and formulary options, placing confidence in a proven solution," commented Phil LeFevre, Managing Director, ODG by MCG. "The ODG by MCG team is prepared and excited to work with DWC and stakeholders on a successful implementation to deliver improved outcomes for injured workers and the system. Complementary training and support will be offered including Webinars and onsite visits."?

The Board published notice of emergency rules in the register. The emergency rules are effective 1/1/2019. The Board also published notice of a new proposed rule.

What Just Happened: A public hearing was held 2/22/2019. Comments were due 2/28/2019.

What's Next: The Administrative Regulations Review Subcommittee (ARRS) will review the rule at its 3/11/2019 meeting. After approval by the ARRS, a second legislative committee will review the rule. Please note final rules are not published in the register.

Links:

- [Notice of ARRS review \(pdf pg 6\)](#)
- [Notice of proposed rule \(pdf pg 244\)](#)
- [Notice of emergency rules \(pdf pg 26\)](#)
- [H.B. 2 \(2018\):](#)
- [8/30/2018 Joint MAC-RAC Meeting Minutes:](#)
- [9/27/2018 MAC Meeting Minutes:](#)
- [10/3/2018 RAC Meeting Minutes:](#)
- [10/31/2018 RAC Meeting Agenda:](#)

OHIO

Amendments to Outpatient Medication Formulary

Reg ID: OH51258

Summaries: The Bureau proposed amendments to the outpatient medication formulary. The amendments revise the formulary appendix to the rule, which is the formulary drug list. The changes are the result of the recommendations from the Bureau's Pharmacy & Therapeutics Committee as well as a general cleanup of the formulary appendix.

What Just Happened: The Bureau published notice of the proposed rule in the register.

What's Next: A public hearing is scheduled 4/23/2019. Comments are due 4/23/2019.

Links:

- [Proposed rule and appendices](#)
- [Notice of proposed rule](#)

OREGON

Medical Fee and Payment, Medical Services, and Managed Care Organizations

Reg ID: OR50713

Summaries: The Division adopted amendments to medical fee and payment, medical services, and managed care organization rules. Changes to Oregon Medical Fee and Payment rules include updates to

definitions, the adoption by reference of new medical billing codes and related references, other updated references, and updates to fees and fee schedules. Changes to Medical Services Rules include general updates which add clarity and new provisions. Changes to Managed Care Organization Rules include minor wording updates and additional MCO requirements. *Please note that this regulatory initiative was previously monitored at OR39310.


Historical Development: The Division drafted proposed rule amendments and posted notice on its website. A public hearing was held on 2/19/2019. In addition, written comments were accepted until 2/25/2019.

What Just Happened: The Workers' Compensation Division adopted final, permanent rules.

What's Next: The final rules will become effective on 4/1/2019.

Links:

- [Final Managed Care Organization Rules](#)
- [Final Medical Services Rules](#)
- [Final Oregon Medical Fee and Payment](#)
- [Notice of the Proposed Rule](#)



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