

**MINUTES OF THE ILLINOIS WORKERS' COMPENSATION COMMISSION
THOMPSON CENTER, 8th FLOOR – CHAIRMAN'S CONFERENCE ROOM
HELD ON MARCH 27, 2012 AT 2:00 PM**

Present at the meeting were:

Chairman Mitch Weisz
Commissioner Yolaine Dauphin
Commissioner David Gore
Commissioner Ruth White
Commissioner Thomas Tyrrell
Commissioner Mario Basurto
Commissioner Michael Latz

Participating via conference call:

Commissioner Daniel Donohoo
Commissioner Charles DeVriendt
Commissioner Kevin Lamborn

IWCC staff present at the meeting were:

Ms. Kim Janas, Secretary of the Commission
Ms. Dora Shabazz, Judicial Coordinator
Mr. Mark Kimmet, Chief Internal Auditor

Chairman Mitch Weisz called the meeting to order at 2:01 pm. Upon motion made by Commissioner Tyrrell, seconded by Commissioner Basurto, and unanimously carried, the minutes of the Commission meeting held January 27, 2012 were approved.

Chairman Weisz started the meeting by providing a Commission update.

Chief Internal Auditor Mark Kimmet then provided the Commissioners with a presentation regarding the audit process, including both the financial and the management audits.

Secretary of the Commission Kim Janas then provided the Commissioners with a legislative update. The Commission is continuing to monitor the publication of rules by the Department of Insurance implementing the Preferred Provider Programs introduced by House Bill 1698. Ms. Janas also updated the Commission on the Commission's appropriations hearings and also on the status of several workers' compensation bills pending before the General Assembly.

The next agenda item addressed by the Commission was an issue presented by the Rehabilitation Institute of Chicago (RIC) regarding an access-to-care. Representatives from RIC presented the Commission with information regarding how the collapse of the Geozips into hospital regions had caused an additional 3-15% decrease to its reimbursement rates, which are currently paid by a per diem rate classified by the type of injury. RIC also provided the Commissioners with details about how RIC provides care for the most-severely injured workers in Illinois. Its case mix index, which is a measure of the complexity of care provided, is on average 1.68, while the case mix index for the two other rehabilitation hospitals in Illinois is .68. RIC also answered questions for the Commissioners about the financial data that it provided demonstrating that its costs were not covered by the current reimbursement rates under the Medical Fee Schedule.

After discussion concluded, there was a motion by Commissioner Latz, seconded by Commissioner Dauphin, and unanimously carried to take the action to make adjustments to the CPI-U index for three billing codes for RIC as set forth in the attached order.

Finally, Ms. Janas presented the Commissioners with draft intoxication rules. These rules are required to be promulgated by the Commission pursuant to the changes made to Section 11 of the Workers' Compensation Act by House Bill 1698. The Commissioners discussed the draft rules and also some issues raised by representatives of the Illinois Work Injury Resource Center regarding the requirements of where the split of the urine sample should take place.

After discussion by the Commissioners concluded, there was a motion by Commissioner Tyrrell, seconded by Commissioner Latz, and unanimously carried to forward the draft intoxication rules to the Joint Committee on Administrative Rules for approval after following up with the concerns raised by the representatives of the Illinois Work Injury Resource Center.

Upon motion duly made by Commissioner Basurto, seconded by Commissioner White, and unanimously carried, the meeting was adjourned at 4:26 pm.



Illinois Workers' Compensation Commission

100 W. Randolph, Suite 8-200
Chicago, IL 60601
312-814-6500

Pat Quinn, Governor

Mitch Weisz, Chairman

ORDER

WHEREAS, Section 8.2 of the Workers' Compensation Act ("Act") requires that the Illinois Workers' Compensation Commission ("Commission") shall establish and maintain a Medical Fee Schedule of maximum reimbursements for medical care covered under the Act;

WHEREAS, Section 8.2(b) of the Act provides that "if the Commission finds that there is a significant limitation on access to quality health care in either a specific field of healthcare services or a specific geographic limitation on access to health care, it may change the Consumer Price Index-U increase or decrease for that specific field or specific geographic limitation on access to health care to address that limitation.";

WHEREAS, the Consumer Price Index increase or decrease is set forth in Section 8.2(a) of the Act, which requires that the Commission automatically increase or decrease the maximum allowable payment under the Medical Fee Schedule by the percentage change in the Consumer Price Index-U or CPI-U for the 12 month period ending August 31 of that year;

WHEREAS, the Rehabilitation Institute of Chicago ("RIC") is a freestanding rehabilitation hospital located in Chicago, Illinois;

WHEREAS, RIC provides treatment for the most severe work-related injuries which require complex care that no other rehabilitation hospital in Illinois provides;

WHEREAS, the complexity of the cases handled by RIC is reflected by their average case mix index of 1.6, which is a measure developed by the Centers for Medicare and Medicaid to reimburse rehabilitation hospitals proportionate to the intensity of resources required to provide care and RIC's average case mix index is significantly higher than all other inpatient acute rehabilitation providers in the region;

WHEREAS, because of its unique ability to treat catastrophic injuries, such as burns, paralysis from spinal cord injuries, amputations, and brain injuries, over 61% of the 46 inpatient rehabilitation facilities in Illinois have referred patients to RIC;

WHEREAS, RIC also provides Vocational Counseling which helps RIC return a very high number of its patients to work, as demonstrated in Fiscal Year 2011, when 90% of patients in RIC's Day Rehabilitation program and 95% of chronic pain patients were released to work and RIC also helps patients with muscle-skeletal injuries to achieve their physical therapy goals three times faster than national bench marks, as reported by the Workers' Compensation Research Institute in 2009;

WHEREAS, the nearest comparable "Center of Excellence" for traumatic work-related injuries is located in Denver and Atlanta;

WHEREAS, RIC has received seven federal center designations in relation to care that injured employees receive and there is no other facility in the United States that has received more than two federal center designations;

WHEREAS, RIC is the only rehabilitation hospital in Illinois that has received magnet accreditation;

WHEREAS, with the reorganization of Geozips into county-based regions, as mandated by Public Act 97-18, RIC's reimbursement rates on the Commission's Medical Fee Schedule have now been reduced to a level where the reimbursement rates no longer cover RIC's costs of treating those injured in work-related accidents and RIC has indicated that the relief sought is necessary to ensure access to care;

WHEREAS, RIC has requested that the Commission adjust the CPI-U adjustment for the following three billing codes for RIC:

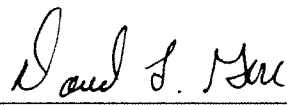
ICD-9 Code / Inpatient Conditions	RIC Reimbursement Jan. 1, 2012 - Present	Percentage Increase to Address Access-to-Care Issue for RIC
Brain Injury	\$1,489.88	15.3%
Major Multiple Trauma	\$1,288.50	2.1%
Spinal Cord Injury	\$1,410.69	9.3%

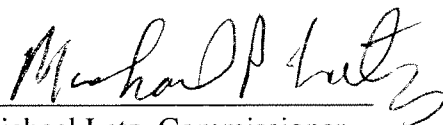
WHEREAS, on March 13, 2012, the Medical Fee Advisory Board considered RIC's request for an adjustment to its reimbursement levels and voted unanimously to recommend that the Commission take under consideration RIC's request for an adjustment of the CPI-U based on the concerns related to access-to-care, subject to the Commission being provided with financial data from RIC to demonstrate its contention that access-to-care will be negatively impacted;

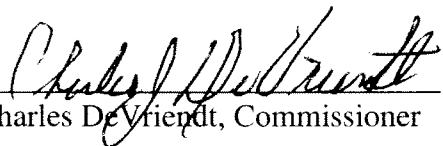
WHEREAS, RIC has provided the Commission with data with the expenses for three inpatient conditions, which demonstrate that the average expenses exceed reimbursement for the three categories of care listed above; therefore, be it


RESOLVED, BY THE ILLINOIS WORKERS' COMPENSATION COMMISSION, that the three reimbursements for the following inpatient conditions, Brain Injury, Major Multiple Trauma, and Spinal Cord Injury, for RIC be modified as set forth by RIC above to address this geographic limitation on access to health care for injured employees in this State.


Mario Basurto, Commissioner


David Gore, Commissioner


Michael Latz, Commissioner

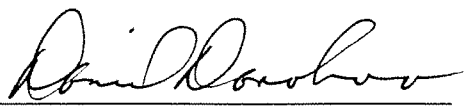

Charles DeVriendt, Commissioner


Yolaine Dauphin, Commissioner

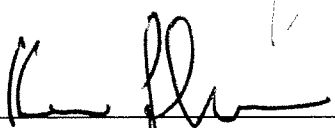

Ruth White, Commissioner



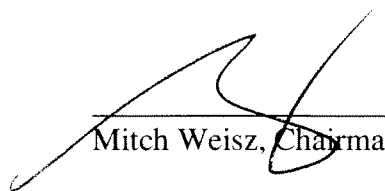
Thomas Tyrrell, Commissioner



Daniel Donohoo, Commissioner



Kevin Lamborn, Commissioner



Mitch Weisz, Chairman

3.27.12
Date