

**MINUTES OF THE ILLINOIS WORKERS' COMPENSATION COMMISSION  
MEDICAL FEE ADVISORY BOARD MEETING  
JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH STREET  
ROOM 9-034  
HELD ON MARCH 20, 2017 at 2:00 PM**

**Present at the meeting:**

Barb Molloy  
Diana Alvarez  
David Menchetti  
Dr. Preston Wolin  
Dr. David Fletcher  
Dan Ugaste  
Dianne McGuire

**Present by Phone:**

Jason Keller

**Also Present:**

Glen Boyle

**IWCC staff present at the meeting:**

Ronald Rascia, General Counsel  
Cecelia Kasmierski, Associate General Counsel  
Darlene Senger, CFO  
Brendan O'Rourke, Manager of R&E

**Members of the public present at the meeting:**

Megan Karlic  
Lisa Anne Bickford  
David Porter  
Lauren Meachum  
Liz Kerr  
Daniella Watson  
Matt Hillison  
Pete Duvendack  
Dr. Peter Orris  
Adam Haight  
Terri Robinson  
Jay Shattuck  
Kim Janas

Ronald Rascia called the meeting to order at 2:00 p.m. Mr. Rascia advised that Chairman Fratianni would not be present, due to the passing of her mother, and that the Chairman had designated him to conduct the meeting. Mr. Rascia verified that a quorum was present. Ms. McGuire asked if nonboard members participate on subcommittees and Mr. Rascia advised that, due to their expertise, nonboard members had been on subcommittees, but do not vote. With a clarification added that Glen Boyle would provide access to care and code analysis at the next meeting, Mr. Ugaste moved to approve the minutes of the December 12, 2016, meeting. Ms. McGuire seconded the motion, and the motion was approved unanimously. Mr. Rascia advised that the Chairman's update was to state that they appeared at the House Appropriation hearing and the Senate Appropriation was next week.

As to old business, Mr. Rascia advised that the discussion led by Dr. Fletcher regarding the three E&M codes was at issue. Ms. Molloy asked that Dr. Fletcher be recused from voting because he was acting as a provider. Ms. Molloy asked to limit Dr. Fletcher's comments on the merits of the motion. Ms. Molloy believed there was a conflict of interest in voting to give a raise and on the adequacy of the information as well. Dr. Fletcher responded that the Medical Fee Advisory Board allows medical providers to give input and comments from himself and Dr. Wolin. Ms. Molloy countered that since Dr. Fletcher raised specific issues with respect to his practice, he was not acting in a Board capacity. Dr. Fletcher responded this was for every provider and was an access to care issue. Ms. Molloy advised there was a history of recusals in public bodies when the person is the beneficiary and the issue presenter. Ms. Molloy wanted to make it a public record that she did not consider it appropriate. Mr. Rascia advised that on other boards when the subject matter involved a proponent there has been recusal. Mr. Rascia asked if Dr. Fletcher would consider abstaining and Dr. Fletcher responded that he would not give up his vote and that he did not have a conflict of interest. He advised that he was here to provide expertise and to advocate access to care. Ms. Molloy advised that she wanted a Commission determination on the issue or an opinion from the Attorney General.

Dr. Wolin advised that as a physician, he would also have to recuse and then there would be no medical input to vote. Dr. Wolin advised that although the fee schedule might benefit every physician in Illinois, alternatively every physician could lose. Ms. Molloy advised that the recusal was only directed at Dr. Fletcher because it was raised to his personal benefit. Dr. Wolin advised that the level of evidence could be argued, but not the recusal.

Mr. Rascia advised that this was an Advisory Committee, whose nonbinding decision would go forward to another entity. Mr. Rascia advised he would allow Dr. Fletcher to comment on the E&M discussion and to vote. Ms. McGuire advised that she approved as well.

Dr. Fletcher advised that the discussion was about Codes 99203, 99204, 99205, 99213, 99214, and 99215, Levels 3-5 office visits. Dr. Fletcher advised that Illinois is the seventh lowest state for reimbursement for E&M codes, with no fee dispute resolution process, no interest for late payments, and was an unsustainable model. Dr. Fletcher pointed out that there are only two Providers in Champaign, himself and Carle Foundation Hospital, which has a \$235 facility fee. He advised that there is delay in care and nonoperative specialists cannot afford to take on injured workers. Dr. Fletcher advised there were less than five private occupational medicine doctors in the state. He offered that the Board's mission was about access to care and advising the Commission on medical fees pursuant to Section 8.2(b).

Dr. Fletcher motioned to advise the Commission to increase the reimbursement rates and fee schedules for E&M codes Level 3,4, 5 in all four regions by 30 percent pursuant to Section 8.2(b). Ms. McGuire seconded. Mr. Rascia advised there was further discussion from Glen Boyle. Mr. Boyle advised that an analysis, not

including self-insured came in at about five million dollars added in to the system. The additional three codes, 99203, 204, and 205 were not included. For those three codes, Mr. Boyle estimated 200 to 250,000 procedures performed. Mr. Boyle advised that the NCCI came up with an additional eight million in payments for the three codes. Dr. Wolin asked Mr. Boyle what the percentage was on the total amount spent on the system and Mr. Boyle responded that it was not a published study, but to the extent it was shareable, he would get the parameters. Mr. Rascia advised that was part of Mr. Boyle's work product.

Dr. Fletcher explained the six codes and advised that the codes apply to every physician: Level 3 visit, new visit 99203; 99213, established patient; 99204, new patient; 99214, Level 4, established patient; Level 5, new visit, 99205, and the final one, Level 5, established complex visit. Mr. Rascia advised that there are about 250,000 accidents in a year, with about 40,000 resulting in an Application for Adjustment with the Commission. Ms. McGuire advised that would be about a \$200 per patient fee reimbursement. Ms. Molloy suggested that the base count of 250,000 was low. Mr. Boyle advised there were limited information sources. Mr. Rascia advised that it was about 1.5 billion in medical paid per year. Mr. Boyle advised that NCCI would have the information.

Mr. Ugaste asked if the 30 percent increase would apply to all of these codes and to all physicians throughout the state. Dr. Fletcher affirmed that that the motion was for the 30 percent increase and advised it would have the most effect on nonsurgeons. Dr. Wolin advised that access to care was primarily an issue for physicians who rely on the Fee Schedule as their primary source of revenue. Mr. Ugaste wanted a showing of evidence that there was a limitation of access to care statewide and how the 30 percent figure was reached. Ms. Molloy advised there had been no demonstration of statewide access issues and nothing to support a 30 percent increase. Dr. Fletcher advised the 30 percent was based on WCRI data and that access to care was based on his own experiences and examples throughout the state. Mr. Ugaste advised that the Statute says the Commission may raise or lower the CPI and the 30 percent increase would basically overturn the 2011 amendment.

Mr. Boyle advised that his analysis looked at 130 percent of Medicare and not a 30 percent increase in the fee schedule. Dr. Fletcher advised the 30 percent increase was not tagged to Medicare. Mr. Menchetti reminded the Board that about a year ago the Board adopted an advisory policy to bring the E&M codes up to Medicare levels. Mr. Duvendack, with IWIRC, advised the Board not to overlook the copays, that the reduced rates from 2011 were closer to 15 percent below Medicare, and that average case costs would be more. Adam Haight, with IWIRC, advised their stance was to provide well-being at a minimal cost to the employer. Dr. Orris supported Dr. Fletcher and his approach to access to care. Dr. Orris advised that in his 35 years of practice, access to care was getting worse.

Mr. Rascia advised that the order of business was to comment on the motion before the Board. Mr. Ugaste and Ms. Alvarez agreed that they were looking for more information on the issue. Ms. Molloy advised the Board to look at previous information on the Rehab Institute of Chicago regarding rate increases.

Mr. Rascia advised that Dr. Fletcher's motion was pending and Ms. McGuire advised that she seconded the motion. Mr. Rascia advised for purposes of the meeting, the record would reflect the vote of each member:

Dr. Wolin, Aye

Mr. Menchetti, Aye

Dr. Fletcher, Aye

Ms. McGuire, Aye

Mr. Keller, Aye

Mr. Ugaste, Opposed

Ms. Alvarez, Opposed

Ms. Molloy, Opposed

Mr. Rascia advised that the motion would carry, and the matter would be brought before the Commission for consideration.

Ms. Molloy asked if subcommittees could have one member from each of the three panels. Mr. Rascia advised that may be a problem given the Open Meetings Act and advised the Board could meet more often. Mr. Boyle advised a few key codes for PT: 97161, 97162, 97163, and 97164 in the Fee Schedule would be republished April 1<sup>st</sup>. Mr. Shattuck suggested that each constituency, when voting on a motion, be represented for a motion to pass. Mr. Rascia advised it would be looked into to see if changes can be made by rule or statute.

Upon no further business, Dr. Wolin moved to adjourn, Ms. Alvarez seconded the motion, and the motion was approved.