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May 14, 2024

New York State Worker's Compensation Board
Honorable Senators of the New York State Senate

RE: Concerns for Physician Participation in NYS Worker's Compensation

To Whom It May Concern:

On behalf of the DENT Neurologic Institute ("DENT"), we submit these comments to assist your assessment and improvement of the New York State Worker's Compensation ("NYS WC") system. DENT is a private, physician-owned comprehensive neuroscience center in Buffalo, NY. We see over 300,000 patient visits annually across our four outpatient centers. We believe in high-quality, cost-efficient care for our community, having delivered services to this region for over 60 years.

While demand for our services is especially high in Western New York, all of our providers have, unfortunately, discontinued their enrollment with NYS WC panel due to the administrative burdens the process has placed on the practice. It pained our practice to cease accepting NYS WC, as there are so many patients in the community with NYS WC claims in need neurologic, pain management, and even behavioral health services that are now not able to access the care they need at our practice.

Sadly, the NYS WC framework and requirements become wholly unsustainable for our physician-run practice. As you may be aware, outpatient medicine receives the fewest resources and lowest reimbursements of any health care setting, despite its critical importance as an access point for the community and a preventative and proactive setting that reduces the need for hospital admissions. As such, our focus must be on keeping the sustainability of our practice top of mind for the entire community.

The list below is intended to outline the many struggles that led to DENT's decision to no longer accept NYS WC. DENT would need to see significant improvement in order to re-enroll to serve this patient population, yet we keep an eye on the progress of NYS WC as we feel a duty to these patients as well. We hope to see a program emerge that will adequately reimburse the right, effective treatments for injured workers, without the punitive administrative burdens oft placed on practices with few resources. For that reason, we have offered suggested improvements that would reduce the administrative burdens of the current system:

1. Insurance carriers were taking longer than guideline requirements to determine if a claim is paid; claim to payment timeline is much too long. For a practice that needs to make payroll and cover its expenses as of the day the service is provided, this impacted practice cash flow, endangering long-term sustainability. For smaller practices than DENT, we imagine this could be critical to keeping the doors of the practice open.

2. Claims were not paid according to NYS WCB Guidelines, and disputing these claims with the WCB under a HP1 was too regular and burdensome. Knowing that each claim would require additional resources and time to fight, far outweighed the reimbursement expected.

3. Patients have multiple WC injuries with multiple WCB claims. These claims should be accessible on the medical portal when verifying a WCB patient. The current process lacks efficiency, clarity and utility.

4. The Medical Portal does not necessarily have a link to "Verify a Workers' Comp Claim." It has PAR, which is for Prior Authorization Requests. The medical portal should have a designated location where we can verify a patient's WC case file separately from PAR. The current system leaves significant burden on the practice.

5. When a claim is denied, the insurance carrier has the responsibility to release a C-8.4 and or a C-8.1. However, many insurance carriers (e.g. FCS Administrators, NCA Comp, Gallagher Bassett) do not always provide these. Instead, they provide merely a regular denial explanation of benefits. The process is inconsistent and confusing at best, again placing significant burden on the practice to continue pursuit of payment for services rendered.

6. When submitting an HP-1, there have been numerous attempts calling the WCB for copies of C-8.1 / C-8.4, and we have always been told that we need to reach out to the adjuster assigned to the case. We have called adjuster(s), and nothing happens, creating a vicious cycle that never gets resolved. Again, the process is not efficient, leaves the provider office with significant burden when trying to get paid for services rendered.

7. The form for Determining Impairment C4.3 Doctor's Report of MMI/Permanent Impairment should be readily accessible to fill out on the medical portal, as opposed to the providers having to fill out forms. The process needs to be streamlined and made simpler, more efficient.

8. The amount of time of waiting for payment from the "Diagnostic Vendors" (e.g. One Call Medical, Carisk Imaging, CorVel NY IPA and Streamline Imaging) exceed six months. To be frank, One Call Medical pushes the limits on authorized payments and are more than six months. DENT reported this issue to the WCB on many occasions, and nothing was done; we've not been given any useful instructions for resolution. Again, our very lean team was spending incredible amounts of time following up to get claims processed.

9. Interacting with the NYS WCB was a long and arduous process, making sure you had everything in front of you before anything is discussed, if something is missing – no information could be provided and

waiting on hold for 30+ minutes would have to restart all over again. This could be changed by asking for the WCB #, DOI, Patient name and DOB. That should be enough to access the eCASE file and assist the caller.

10. There should be provider access to the eCASE file and all the claims that are submitted to the WCB as proof of claim submission; the insurance carriers will state there is no claim on file – then you submit a claim, and they deny for untimely filing. Meanwhile, our original claim received by the NYS WC the same day we submitted the claim to the insurance carrier. The games that are played to deny payment are many, the process needs to be made efficient with burden placed on carriers for lost claims/untimely payment, rather than the physicians and providers.

11. The patient's injuries and established injuries should be documented thoroughly under "PAR" in the medical portal so that when a provider signs into the portal to verify a WC patient, all required documentation is readily available.

12. The providers who choose to be registered WC providers should have the choice of services with WC patients. For example, DENT has providers who conduct EMG studies only, but per the WCB if they want to be authorized providers they also have to be treating providers as well. That limits WC access to needed services where the patient may already be established with a treating provider and merely needs diagnostics. Accordingly, those specific providers should have the option of being authorized only for a specific service or area of practice (i.e. EMG studies).

13. In terms of medications for WC patients, the drug formulary is enormously extensive. Our providers do not have the amount of time to be searching and determining whether a medication they need to provide to a WC patient must be authorized or not, or what level will authorize the medication. This process needs to be simplified for efficiency.

14. In performing Level 1-3 reviews, providers trying to figure out which level of review the medication they are prescribing requires takes longer than the actual office visit with the patient. It takes extensive research, requiring that our practice has a team just to make sure that we were following proper protocol. That's was not sustainable for DENT as we prescribe for many different disease states. If there can be a list of medications for each Level of Review, it may be more beneficial for providers. Once signed into the medical portal of the WCB website, that accessibility is there. However, the amount of medications listed is overwhelming. The list of medications should be based on the specialty of the provider who is signed in. That way, for example, when a pain management MD signs into the medical portal to start the process of requesting a certain medication, the medications for pain management are readily available in a priority position. If we have a neurologist looking to prescribe a medication for patient who has a severe concussion, they can sign into the medical portal and see the most likely medications for their specialty, with required information detailed for supporting medical necessity. The key point is that it has to be efficient with time management a key concern.

In summary, while we realize NYS WC has set guidelines and rules to safeguard the interests of the program, the burdensome, time consuming nature of the workflow time and resource prohibitive. There are many issues that need addressing on the portal and in the process of treating and receiving reimbursement for



the care rendered. Our hope is that the above list starts to communicate the myriad frustrations with the current NYS WC system, some ideas for improvement, and our desire as practitioners to find resolution to the current issues so that we can care for this patient population in our community. Our vision is to have NYS WCB working alongside the authorized providers, helping them be an excellent care team for patients.

WNY is the hub for many WC patients due to the industries that we have in our community. DENT resigned its participation only after a prolonged period of frustration and continued administrative and economic pressure exerted on the outpatient sector. It has no doubt caused a detriment to our community and prevents patients from accessing the high quality care they require.

DENT's ultimate goal is to have open access to patients in our community. We are all working to make a better community of medical care for Western New York and beyond. We eagerly await the necessary changes to NYS WC for a system and process that benefits all stakeholders and makes DENT's participation feasible, impactful and sustainable.

Thank you for your time in reviewing DENT's feedback and recommendations. Please do not hesitate to reach out to me directly at LWilliams@dentinstitute.com.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "L Williams", with a stylized flourish at the end.

Lee Williams
Chief Executive Officer
DENT Neurologic Institute