

**MINUTES OF THE ILLINOIS WORKERS' COMPENSATION COMMISSION
IWCC CHICAGO OFFICE, ORAL ARGUMENT ROOM
HELD ON FEBRUARY 21, 2008**

Present at the meeting were:

Dennis R. Ruth, Chairman
Commissioner Mario Basurto
Commissioner James DeMunno
Commissioner Yolaine Dauphin
Commissioner David Gore
Commissioner Kevin Lamborn
Commissioner Nancy Lindsay
Commissioner Molly Mason
Commissioner Barbara Sherman

Attending the meeting via conference call:

Commissioner Paul Rink
Ms. Elena Butkus, Medical Fee Advisory Board member

IWCC staff present at the meeting were:

Mr. Glen Boyle, Medical Fee Schedule Project Manager
Ms. Kathryn Kelley, General Counsel
Ms. Amy Masters, Secretary of the Commission

Chairman Ruth called the meeting to order at 1:30 p.m., and welcomed the two newest commissioners, Commissioners Lamborn and Mason.

Proposed rules and guidelines relating to additional medical fee schedules, and minutes from the previous December 12, 2006 meeting were distributed to the commissioners.

Upon motion duly made, seconded and unanimously carried, the minutes with minor modifications suggested by Commissioner Sherman, were approved by the Commission. Additionally, the minutes from the December 12, 2006 closed meeting were reviewed and approved unanimously as presented.

Next Chairman Ruth explained the rulemaking process. He noted that because the rules were not emergency rules, they are not effective until after the rules are completely passed by Joint Committee on Administrative Rules (JCAR) and after two 45-day notice periods have passed. Once they are passed by the Commission, the rules will be forwarded to the Secretary of State and he expects them to be published March 7 in the

Illinois Register. After they are published, the public comment period of 45 days will start to run. Though only one public forum is required, two public forums will be held in Chicago and Springfield. The forums will be held on March 26 in Chicago, and April 2 in Springfield at the Commission offices.

Chairman Ruth added that after the public comment period is over, the Commission will meet again to review comments and make any changes deemed appropriate and necessary. He indicated another meeting would be scheduled after the comment period is closed.

Chairman Ruth provided an overview of the history of the medical fee schedule and its development over the last several years. He noted that when the original fee schedule went into effect 2 years ago, some data could not be obtained for some specific fee schedules resulting in those schedules defaulting to 76 percent of charge. Since that time, data has been located from the Illinois Department of Public Health (IDPH) and Ingenix to develop these fee schedules, specifically hospital outpatient fee schedules for outpatient surgeries, path and lab, diagnostics, physical therapy, ambulatory surgical treatment centers (ASTCs), and rehabilitation hospitals. As a result, Illinois will have one of the most comprehensive fee schedules in the nation.

Chairman Ruth spoke about the individual fee schedules. He noted the hospital outpatient fee schedule is a global reimbursement fee schedule based on the CPT code similar to the hospital inpatient DRG fee schedule. The ambulatory surgical treatment center fee schedule was developed from data taken from the hospital outpatient surgical facility fee schedule and also incorporated a report from the Government Accountability Office indicating ASTC costs are 85% of hospital costs.

Chairman Ruth also noted that he has been working with the various communities while developing these medical fee schedules. Quarterly meetings have been held over the last two years with the medical fee advisory board, and additional discussions have been held with the Illinois Hospital Association and the ASTC association.

Chairman Ruth noted that outside of one access issue case filed on behalf of the Jacksonville Rehabilitation Center, there has been little negative feedback about the fee schedule since its implementation. This indicates that the fee schedules treat the provider community fairly, while providing cost savings to employers without significantly impacting access.

Chairman Ruth also spoke about the rehabilitation fee schedule for free-standing rehabilitation facilities, including RIC, Marionjoy, and Schwab. Originally, there were access concerns with these three facilities, given the severity of the cases they treat, so the Commission committed to develop this fee schedule when the first set of rules were implemented. Data was used from the statutory timeframe of 2002 to 2004 to create a per diem for each day the patient is treated in the facility.

Commissioner Sherman asked if any access issues existed between the time the emergency rules were passed to present. Chairman Ruth responded that due to the commitment of the Commission to create the fee schedule, he believed the rehabilitation facilities have continued to treat patients and he is not aware of any formal complaints.

Mr. Glen Boyle added that considerable coverage has also been added to the hospital outpatient emergency room services fee schedule, significantly reducing the number of default 76 percent of charge fees. Mr. Boyle noted another change to remove some non-treatment codes which were included in the original fee schedule.

A motion to approve the proposed rules and guidelines was made and seconded, and the motion was unanimously approved by the Commission.

The meeting was adjourned at 2:10 p.m.