

Worker's Compensation Advisory Council
2017 Management proposals for agreed-bill
June 20, 2017

1. **Medicare-based fee schedule.** Establish a Medicare-based fee schedule to bring Wisconsin in line with the majority of states. Set initial fee schedule at 150% of Medicare starting with 2017 Medicare rates. The fee schedule shall adjust annually in line with medical CPI.
2. **Employer directed care.** Allow employers to specify a list of health care providers who are authorized to provide care for injured workers. The list shall include at least 6 health care providers, at least three of who must be physicians who are geographically accessible and have specialties that are appropriate based on anticipated work-related medical problems of the employees. The list must include contact information and must be displayed in a prominent location.
3. **Treatment guidelines.** Establish treatment guidelines in Wisconsin based on ODG or another appropriate national model. Guidelines must be followed unless pre-authorization is received from insurer.
4. **Electronic billing/payments.** Require that all providers caring for worker's compensation patients utilize electronic billing and be able to receive payments electronically.
5. **Electronic medical records.** Require all medical providers caring for worker's compensation patients to transmit medical records electronically.
6. **Employee misrepresentation of physical condition.** Prohibit indemnity benefits to an injured worker if the worker intentionally made a false statement as to their physical condition after a job offer was made, the employer relied on the misrepresentation and this reliance was a substantial factor in the hiring, and there was a causal connection between the false misrepresentation and the injury.
7. **Worker's compensation denied by another state.** The state of Wisconsin should not accept for review cases that have been denied by other states for cause. Cases that are contesting jurisdiction should be handled by the state, but cases that have been denied in another state for compensability should not be considered in Wisconsin.
8. **No PTD Benefits once Social Security old-age assistance benefits begin; adjustment to presumption of maximum earnings.** Current law provides for Permanent Total Disability benefits for life. PTD Benefits should be terminated once the injured worker receives Social Security old-age/retirement assistance benefits. Current law sets PTD benefit rates for injured workers under the age of 27 at the rate they would probably earn once they reach age 27, or the maximum rate if a probable rate cannot be established. This age should be adjusted to 35 years.
9. **Reduction of benefits; amounts paid under another state's worker's compensation law.** Reduce benefits payable under Wisconsin law by any amount received by the employee as worker's compensation benefits under the worker's compensation laws of another state.
10. **Statute of Limitations.** Reduce statute of limitations to 2 years, except that in the case of occupational disease caused by exposure to toxic substances there shall be no statute of limitations, and where an employee's injury that is otherwise undisputed requires a prosthesis

or artificial joint, there shall be no statute of limitations as to medically necessary treatment expenses directed to said prosthesis or artificial joint.

11. **Eliminate wage expansion.** Benefits shall be based on actual earnings from the employer where the injury occurred at the time of the injury.
12. **PPD minimum ratings.** Require the medical advisory committee under Wis. Stat. 102.44 (4m) (a) to report its recommendations for revisions of the PPD ratings to the department and the WCAC by the 1st day of the 6th month following the enactment of this law. If a report with recommendations for revisions is not received by the deadline, PPD minimum ratings for surgical procedures shall sunset.
13. **Notice of injury.** All initial reports of injuries must be made by the injured worker to the employer according to the employer's procedures as posted or as outlined in an employee handbook within 30 days of the injury.
14. **PTD re-evaluation.** An employer or insurer may request an injured worker receiving PTD benefits to have their PTD ratings re-evaluated every three years.
15. **Disability determinations.** Permanent disability determinations must be made by occupational health physicians or other qualified healthcare providers according to statutory guidelines.
16. **Death benefits.** There shall be no death benefit in PTD claims when the death is unrelated to the occupational injury or illness.
17. **Physician Dispensing.** Limit physician dispensing of prescription medications for a workplace injury to one 7-day supply per medication per claim.
18. **Treatment guidelines for opioid treatment.** Ensure treatment guidelines proposed in management item #3 includes guidelines for the use of opioids for treating workplace injuries.