

Access to Medical Care in the Texas Workers' Compensation System, 1998 - 2008

June 2010

Workers' Compensation
Research & Evaluation Group
Texas Department of Insurance



Access to Medical Care - Intro

- Access to Care Measures
- Data Sources
- Methodology
- Results
 - Participation Rates
 - Retention Rates
 - Geographic Access Rates
 - Timeliness of Care
 - Access in Certified Networks vs. Non-networks
 - Claim Denials/Disputes and Impact on Access to Care



Key Access-to-Care Measures

- Participation rate: Number of WC participating physicians / total number of active physicians in Texas
- Claims to Physician ratio: Total number of WC claims/total number of participating physicians per given year
- Retention rate: The percentage of a prior year's WC participants who participate in the following year
- Timeliness of care: Number of days to the first non-emergency treatment for claims with 6 months maturity
- Geographical Regions: 24 Hospital Referral Regions constructed using Medicare hospitalization records and patient referral patterns. Texas HRRs also roughly correspond to major metro areas



Data Sources

- Division of Workers' Compensation (DWC) Medical Data
- Archived files of Texas Medical Board list of physicians (TMB list)
- Network claims provided by WC network data calls administered by TDI WC Research and Evaluation Group (REG)
- DWC data of denied/disputed claims, 1998-2008
- TDI REG 2007 online provider survey data of 1326 physicians
- Hospital Referral Region (HRR) zip code boundary data, Dartmouth Atlas of Healthcare project



Methodology

- Analyses focus on MD/DO participation
 - Policy focus is access to primary care physicians.
 - High reliability for MD/DO identifiers in the Medical data.
 - MD/DOs account for approximately 62% of total claims and payments.
 - Top 20% of MD/DOs account for approximately 85% of MD/DO claims and payments.
 - DC (chiropractors): supply and demand conditions declined significantly by system design. Tend not to be the first provider of choice for non-emergency services.
 - PT/OT: tend not to be the first provider of choice for non-emergency services.
- Analyses focus on non-emergency care only; medical care provided in emergency settings excluded
- Analyses based on injury years for timeliness measures and service years for participation/retention measures



Results - Participation Rates

Key Findings:

- Total number of physicians actively practicing in Texas is increasing.
- The number of WC participating physicians is stable. Results: Decreasing participation rate.
- Total number of WC claims reported is decreasing.
- The average number of WC patients per participating physician is also decreasing.
- Result: 22.1 patients per participating physician in 1999; 16.5 patients per physician in 2008 (a 25% decrease).



Results - Participation Rates

Key Findings (Continued):

- Decreasing participation by primary care (PC) physicians is in part alleviated by increasing participation by Emergency Medicine specialists.
 - PC physician participation rate: 63.7% in 1999 to 45.7% in 2008 (5,807 → 5,018).
 - Emergency Medicine physician participation: 70% in 2000 to 90% in 2008 (650 → 1,484).
- Although 2003 fee schedule raised fees for Evaluation & Management services (from -8% to 25% premium over Medicare payment – WCRI estimates*).
 - PC physicians' participation rate continued to decline.
 - There may be other reasons for participation in WC besides fees.

* Workers' Compensation Research Institute, *CompScope Medical Benchmarks, 9th edition (2009), p. 19.*

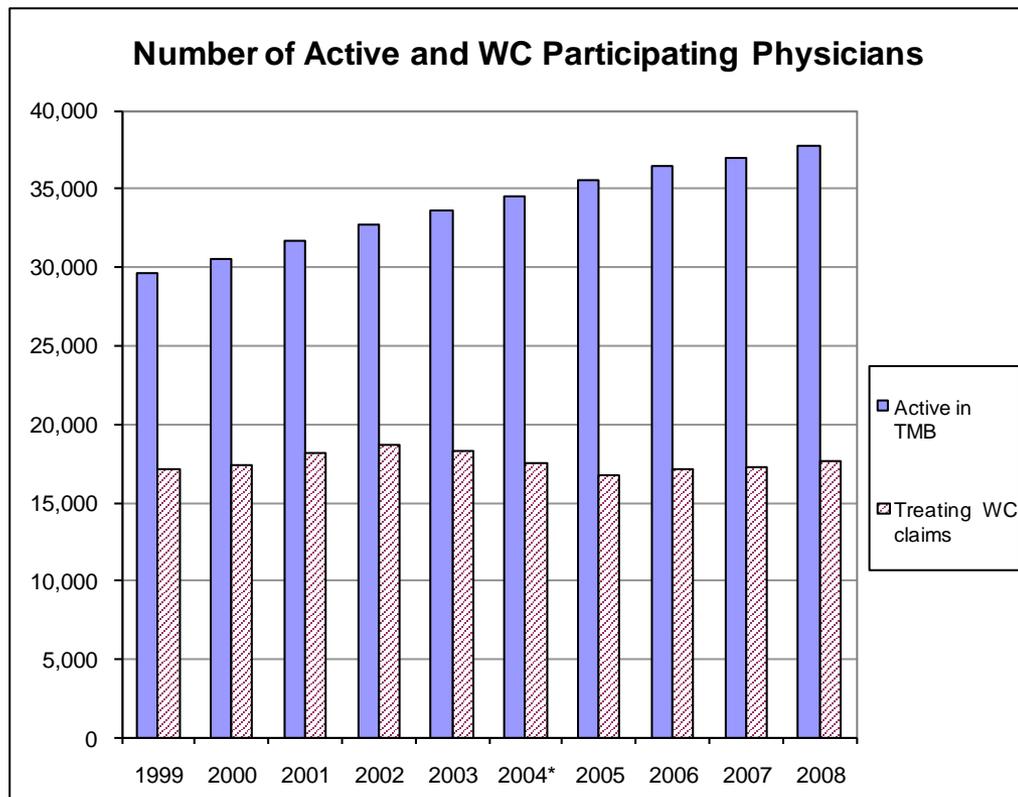


Total and WC Participating Physicians

- Practice status is based on Texas Medical Board (TMB) lists of licensed physicians (annual lists of 1999-2008).
- Total active physicians consist of those who meet the following conditions in each year:
 - Registration status = Active
 - Non-military practice (i.e. military and VA hospital personnel removed)
 - Practice type = direct patient care (i.e. teaching, admin and research doctors removed)
 - Practice state = Texas
- Participating physicians in the workers' compensation health care market.
 - Physicians with WC medical bills for one or more patients (claims) for that year.
- Participation rate = (# participants) / (# active)



Total & WC Participating Physicians



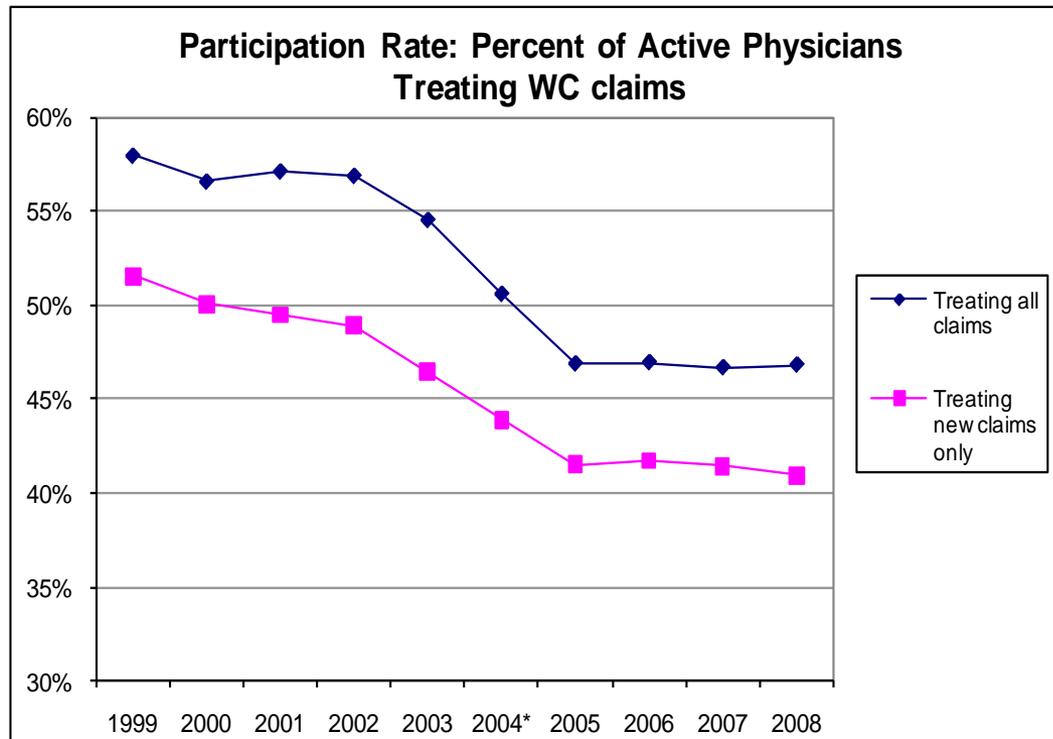
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.

- Active physicians:
 - Growing steadily at an annual rate of 3%.
- WC participants:
 - Treating one or more WC patients in a service year regardless of injury year.
 - Number of participants is relatively stable except decreases in 2003-2005.
 - Overall, 47% of all Texas physicians participate in WC (2008).



Participation Rate



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

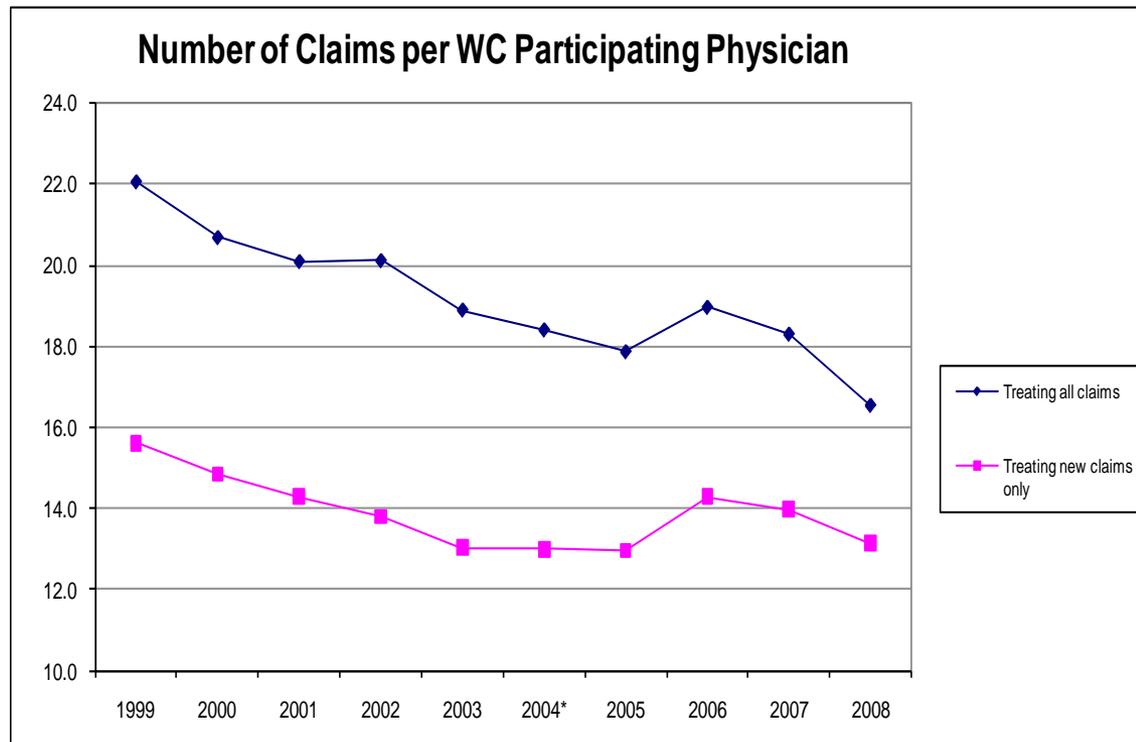
*2004 shows an average of 2003 and 2005 due to incomplete data.

Note: Trends may have been impacted by the implementation of the Approved Doctor List (ADL) in September 2003 as well as the professional services fee guidelines in September 2003 and in March 2008.

- Most of the decrease occurred between 2002 and 2005, by about 10%.
- As the total number of active physicians increases, and that of WC participants remains stable, the participation rate decreases.
- Declining participation rates determined primarily by the increase in the number of active doctors in Texas



Average Number of Claims per WC Participating Physician



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

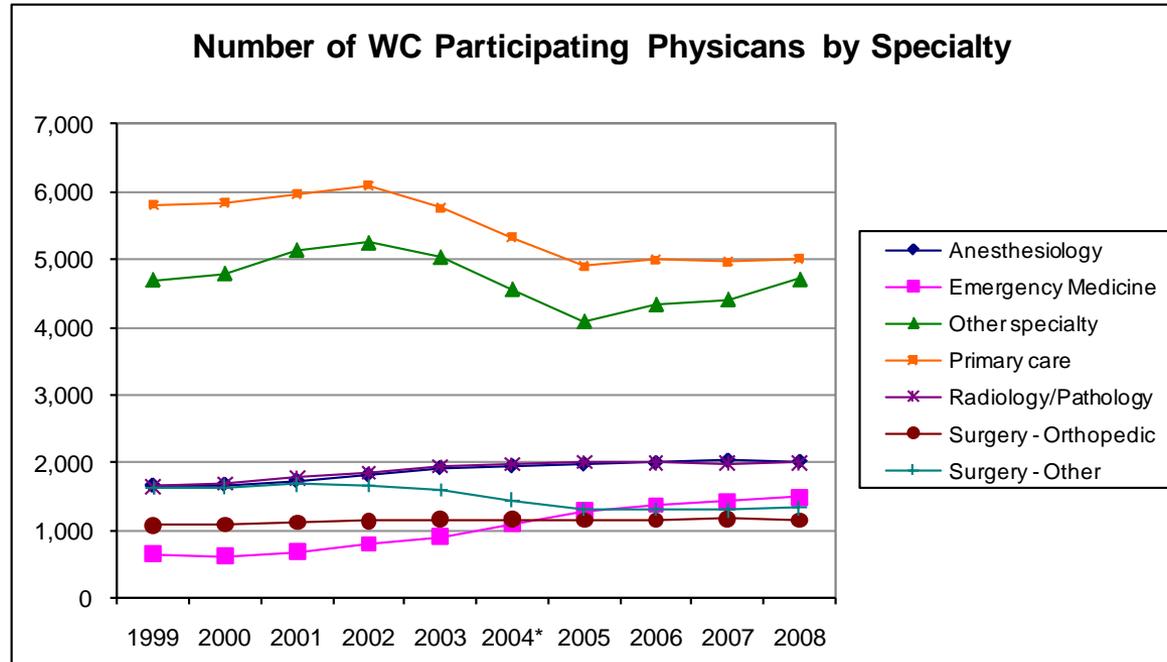
*2004 shows an average of 2003 and 2005 due to incomplete data.

Note: Trends may have been impacted by the implementation of the Approved Doctor List (ADL) in September 2003 as well as the professional services fee guidelines in September 2003 and in March 2008.

- The injury rate in 2008 was 3.1 per 100, the sixth consecutive year that the incidence rate has dropped, and a 9% decrease from 2007.
- A stable number of physicians are treating a decreasing number of WC claims.
- Number of claims per physician (MD/DO) is decreasing in both new injury and all injury cases:
 - New claims: from 15.6 to 13.1 per physician (16% decrease); and
 - All claims from 22.1 to 16.5 per physician (25% decrease).



Participation by Specialty



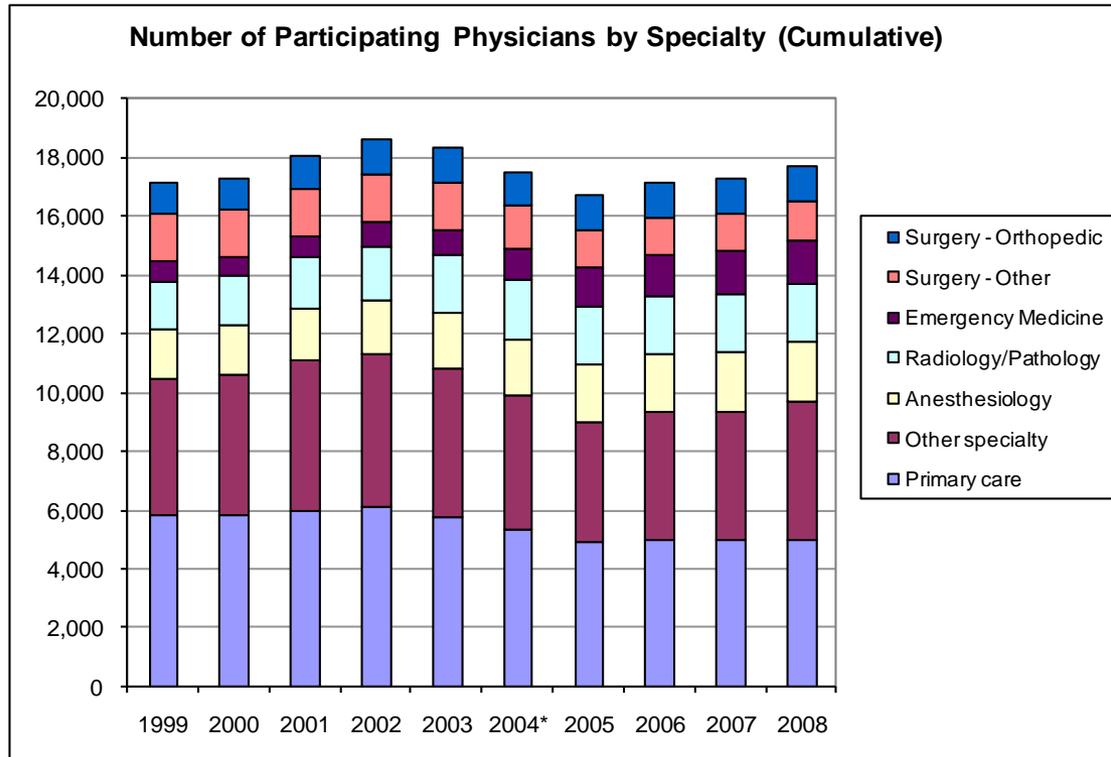
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.

- 'Emergency Medicine' physicians, low relative to others, but growing fastest.
- Radiology/Pathology, Anesthesiology, and Orthopedic surgeons are increasing.
- Significant changes in 2003-2005.
 - Decrease in primary care, 'other surgery' and 'other specialty' physicians.
 - 'Other specialty' physicians rebounded after 2005.



Participation by Specialty: Numbers & Market Shares



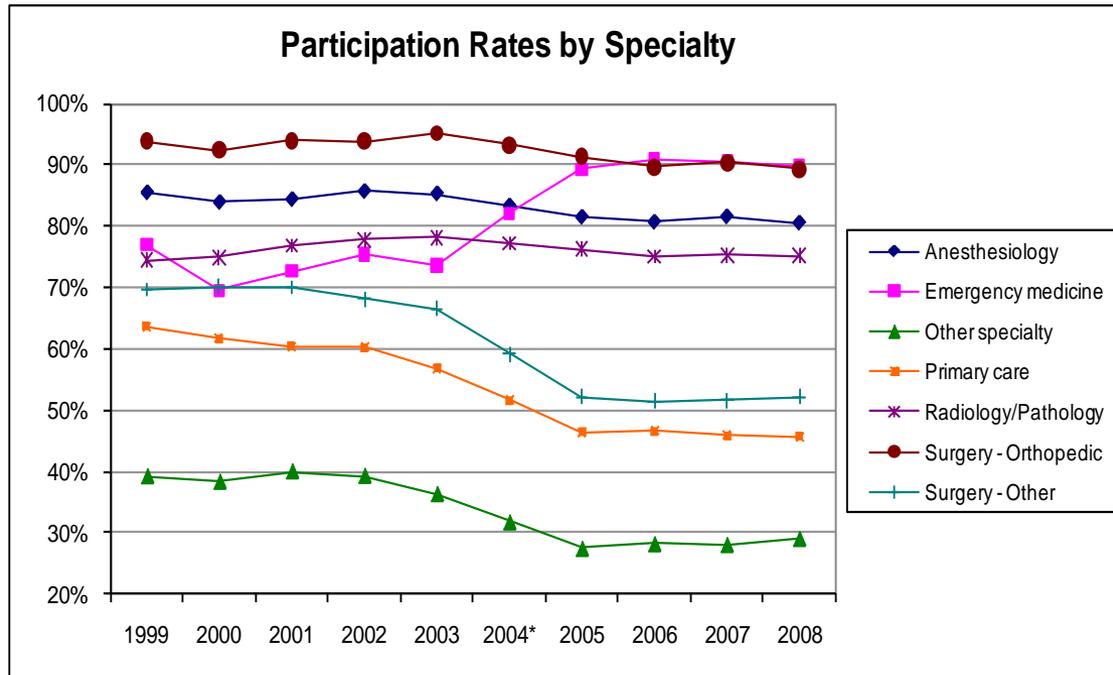
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.

- Market shares of physicians by specialty.
- Decreasing share of primary care over time
- Increasing shares of physicians specializing in:
 - emergency medicine;
 - radiology/pathology; and
 - anesthesiology



Participation Rates by Specialty



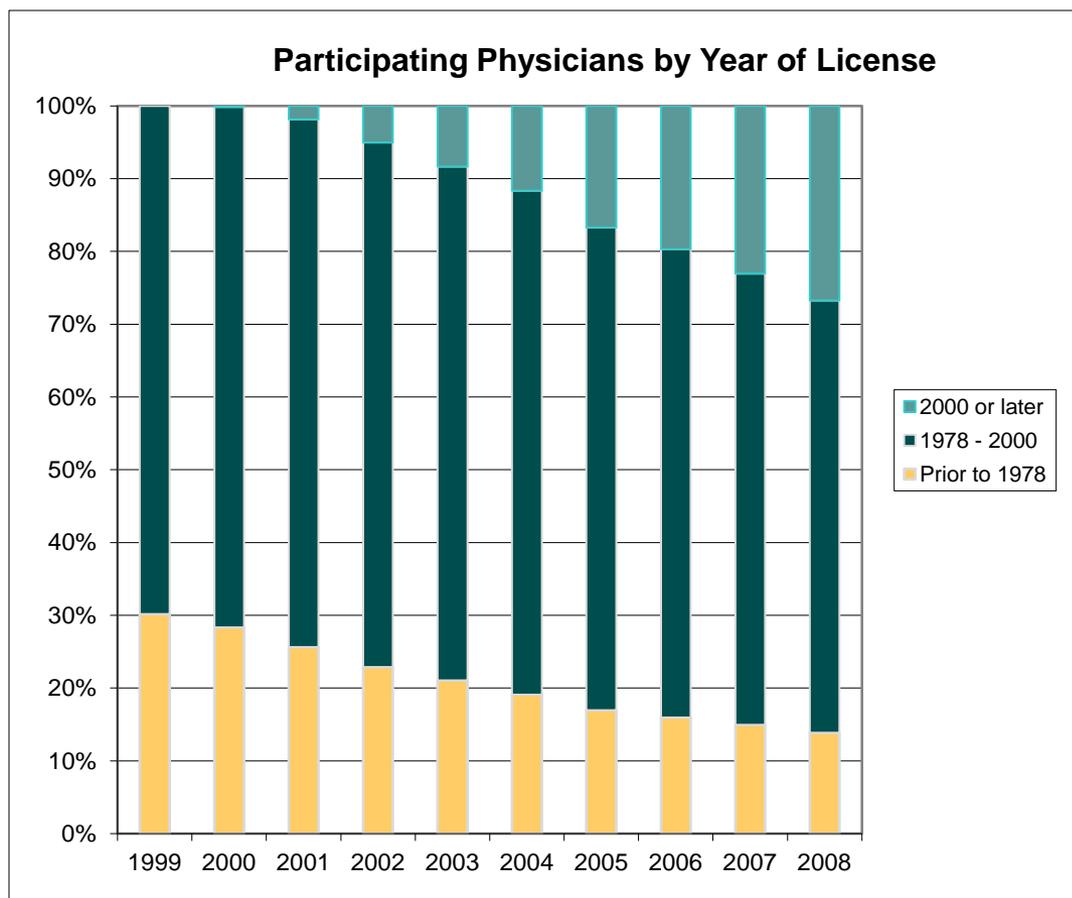
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.

- 90% of active Orthopedic and Emergency Medicine physicians were WC participants in 2008.
- Primary care physicians' participation rate decreased from 64% in 1999 to 46% in 2008.
- This decrease is somewhat compensated by Emergency Medicine specialists.
- Percentage of claims treated by EM specialists almost doubled from 4.5% in 1999 to 8.7% in 2008.



Participating Physicians by Year of License

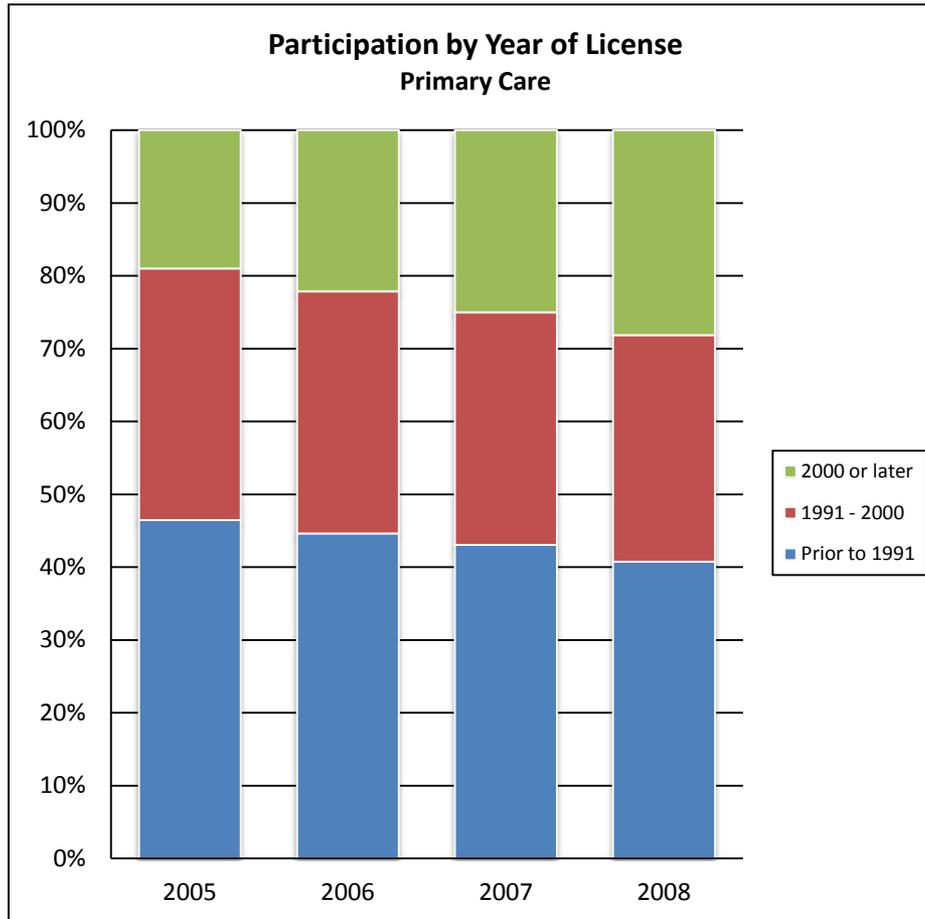


- Relative market shares by year of license.
- In 2008, 27% of participants were licensed in 2000 or later.
- In 2008, 14% of participants were physicians licensed prior to 1978, down from 30% of total physicians in 1999.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Generations of Participating Physicians by Specialty



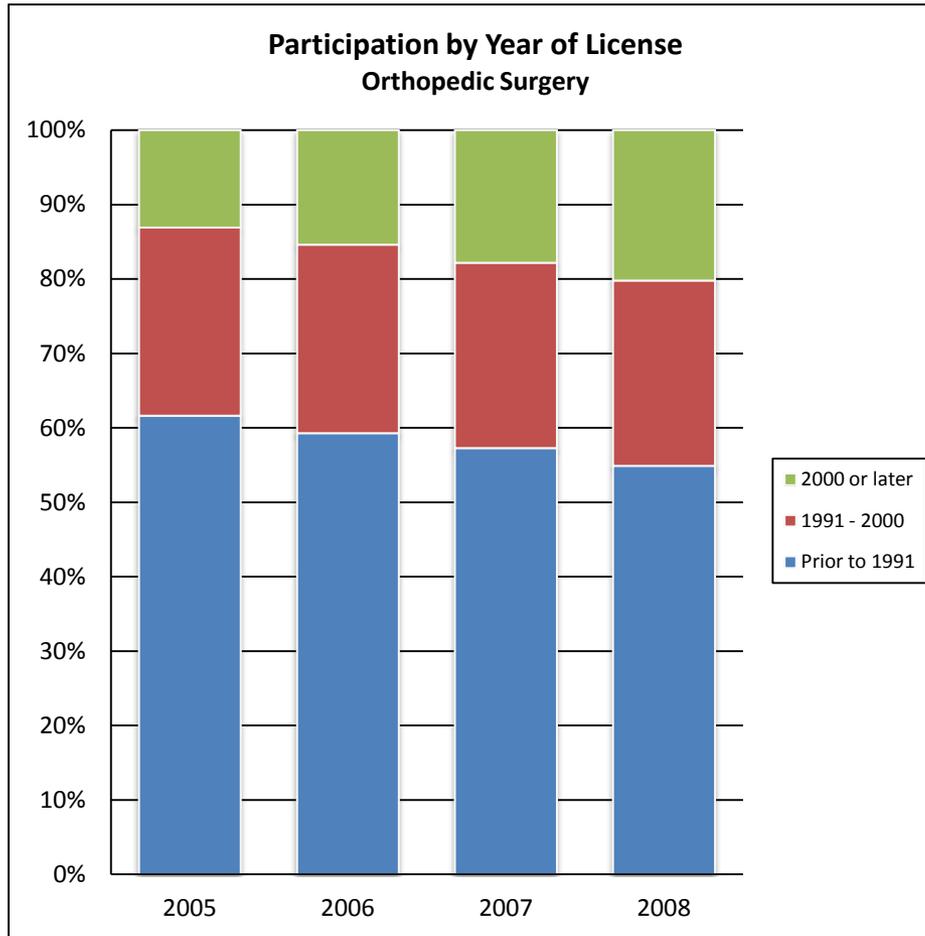
- The total number of participating primary care physicians is stable (see slide 12)

- The majority of primary care physicians (approx 58%) are licensed in 1991 or later.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Generations of Participating Physicians by Specialty

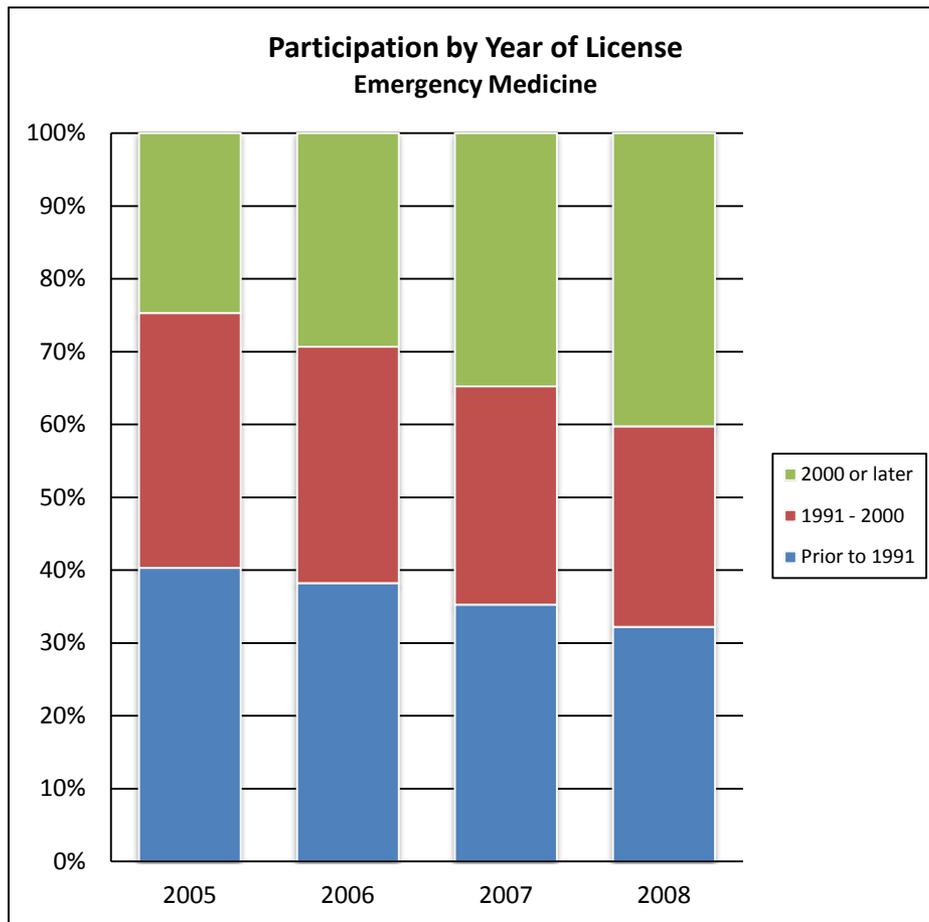


- The majority of orthopedic surgeons (approx 55%) are licensed in 1990 or earlier.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Generations of Participating Physicians by Specialty

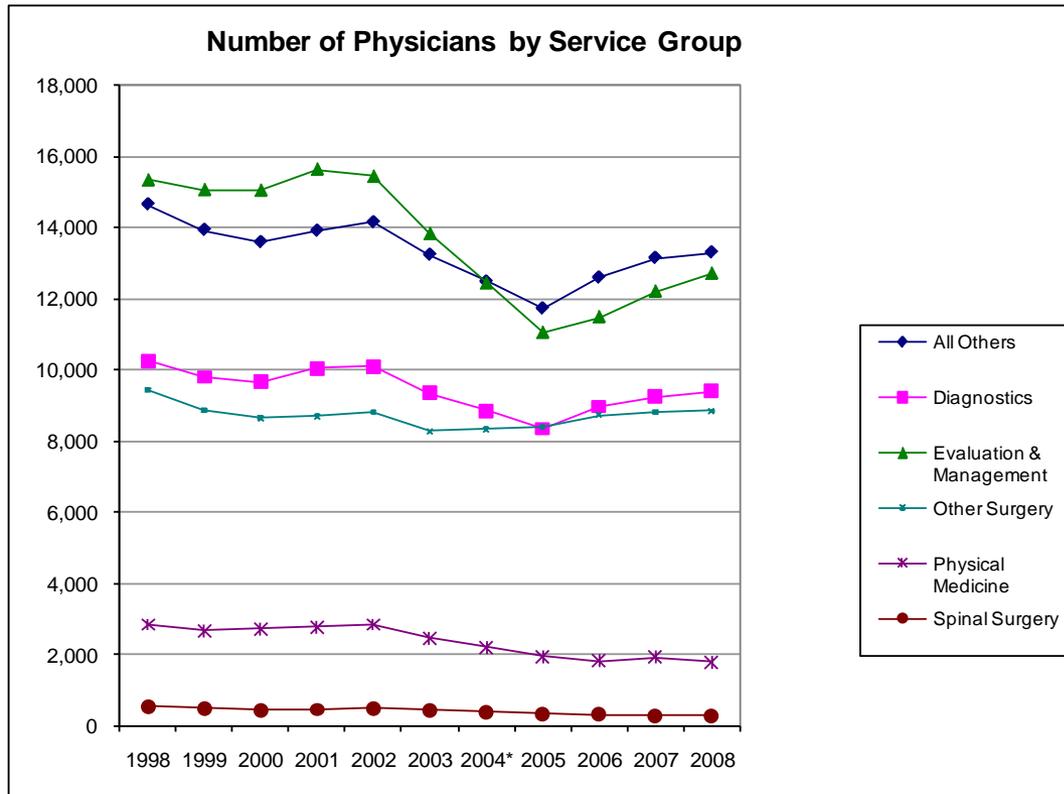


- The majority of participating emergency medicine physicians (approx 68%) are licensed in 1991 or later.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Participation by Service Group



- By service group: based on services provided (CPT codes), not the physician specialty.
- Evaluation & management (E&M) service group: peaked in 2001 at 15,651 physicians, and decreased to 11,058 in 2005 (29.3% decline).

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

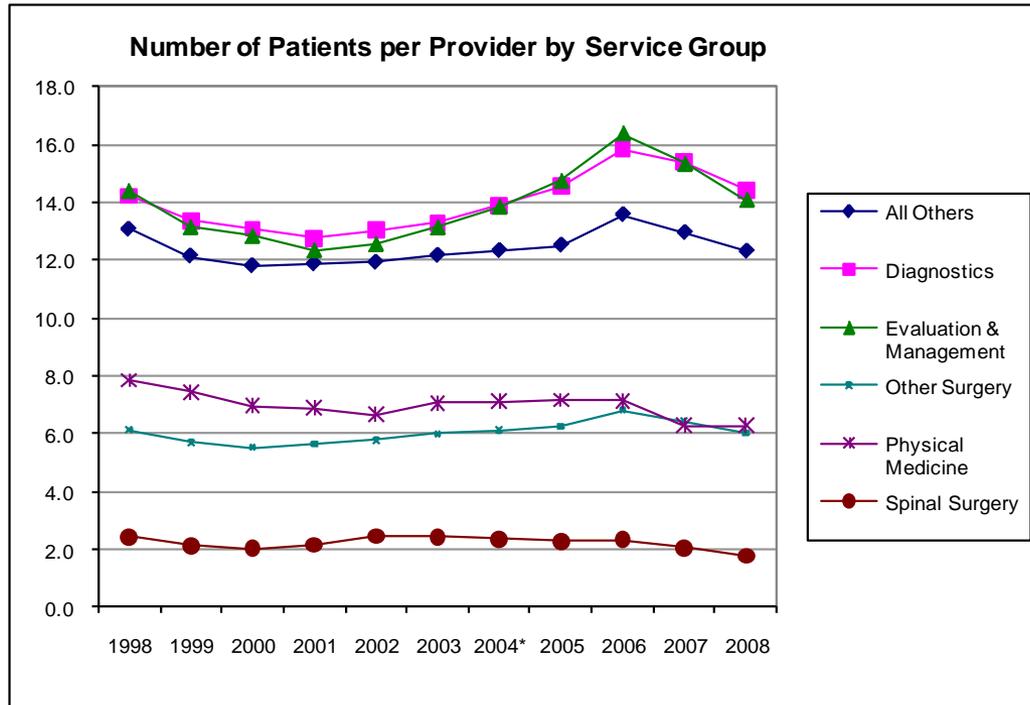
*2004 shows an average of 2003 and 2005 due to incomplete data.

Note1: Trends could have been impacted by the implementation of the Approved Doctor List (ADL) in September 2003 as well as the professional services fee guidelines in September 2003 and in March 2008.

Note2: All Others include transcutaneous electrical nerve *stimulation* (TENS) devices, neuromuscular stimulators, and other durable medical equipment.



Participation by Service Group



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.

Note1: Trends could have been impacted by the implementation of the Approved Doctor List (ADL) in September 2003 as well as the professional services fee guidelines in September 2003 and in March 2008.

Note2: All Others include transcutaneous electrical nerve stimulation (TENS) devices, neuromuscular stimulators, and other durable medical equipment.

- Physicians providing Evaluation & Management and diagnostic services have the highest number of claimants per physician.
- Ratio of claimants per physician increased until 2006; decreased after 2006.
- Access measure for spinal surgery (patients per surgeon) is stable.



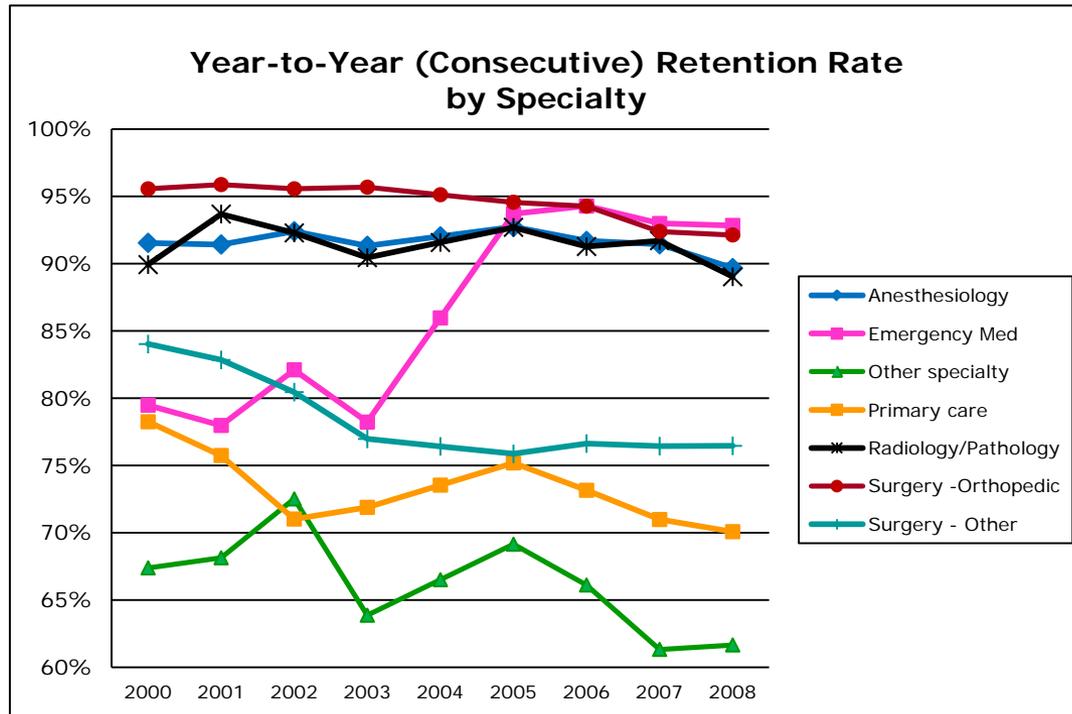
Results - Retention Rates

Key Findings:

- Overall WC physician retention rate is high and stable
 - 80% annual retention rate for all WC participants
- 'Top 20%' WC physicians in terms of claim volume have higher participation and retention rates.
 - 98%+ annual retention rate
 - 'Top 20%' account for more than 80% of total WC MD/DO patients and costs.
 - 'Top 20%' participation rate as a whole appears unaffected by changes in fee schedule and rules. Participation remained relatively stable even during the 2002-2005 period.



Consecutive Retention Rates



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

Note: Other Specialty includes psychiatry, neurology, pain management, physical medicine/rehab., occupational medicine and dermatology.

- Retention rate: the percentage of a prior year's participants who participate in the following year.
- Orthopedic surgeons maintained the highest retention rate until 2006, but remains above 90%
- Overall, physicians have an 80% retention rate. The remaining 20% partly explained by normal attrition rate among physicians (retirement, death, change in practice type, migration, etc.).



Top 20% of the Participating Physicians

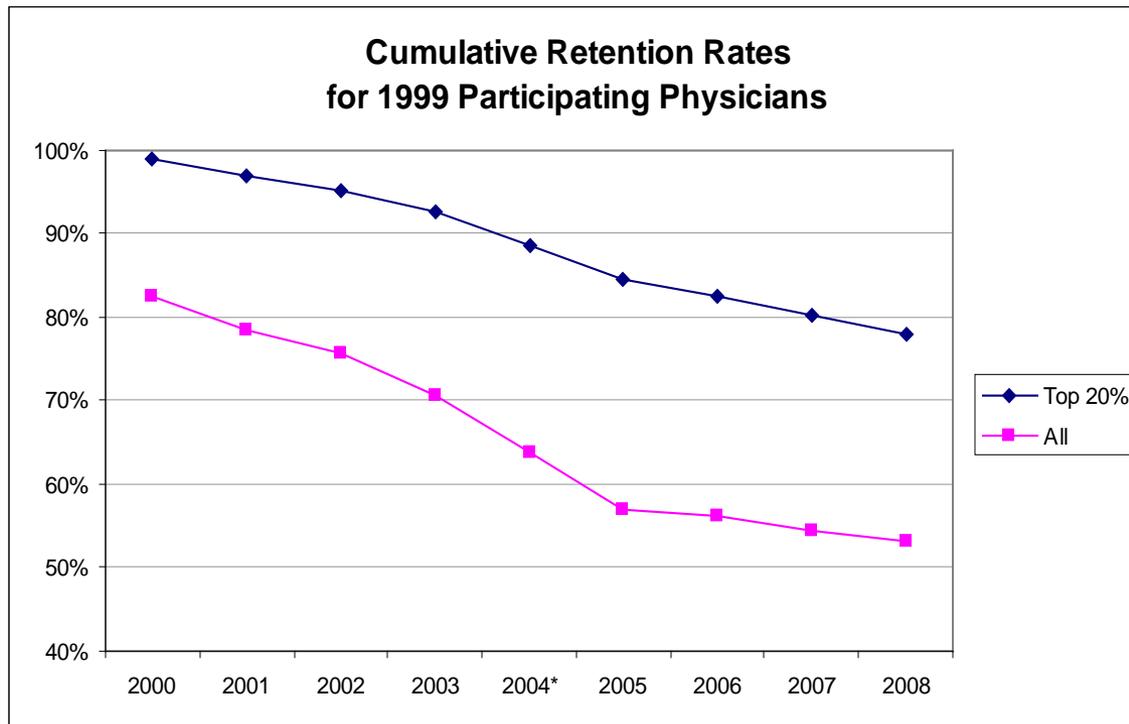
- Top 20% physicians (approximately 3,500) identified in terms of the number of WC patients treated in a given year (minimum of 32 to 41 patients per physician a year).
- Top 20% of physicians account for more than 80% of the market's key activities (claimants and payments):
 - In 2008, top 20% accounted for 85% of total MD/DO payments.
 - Most years show similar patterns of concentration.
- Top 20% of physicians have an annual exit rate of 2%.
- Approximately 83% to 86% of the Top 20% remain in the top 20% year after year.
- National WC markets also highly concentrated.
 - In Louisiana for example, 3.8% of physicians account for 72% of WC costs.*
 - WC health care market is highly specialized due to the nature of occupational injuries reimbursement and review process, regulatory rules, and the initial investment costs for the providers (training for exams and reports, adapting to rules and procedures, special devices, etc.).

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

* See Bernacki, Tao, and Yuspeh, "The impact of cost-intensive physicians on workers' compensation", Journal of Occupational and Environmental Medicine, 52(1): 22-29, January 2010.



Cumulative Retention Rates



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

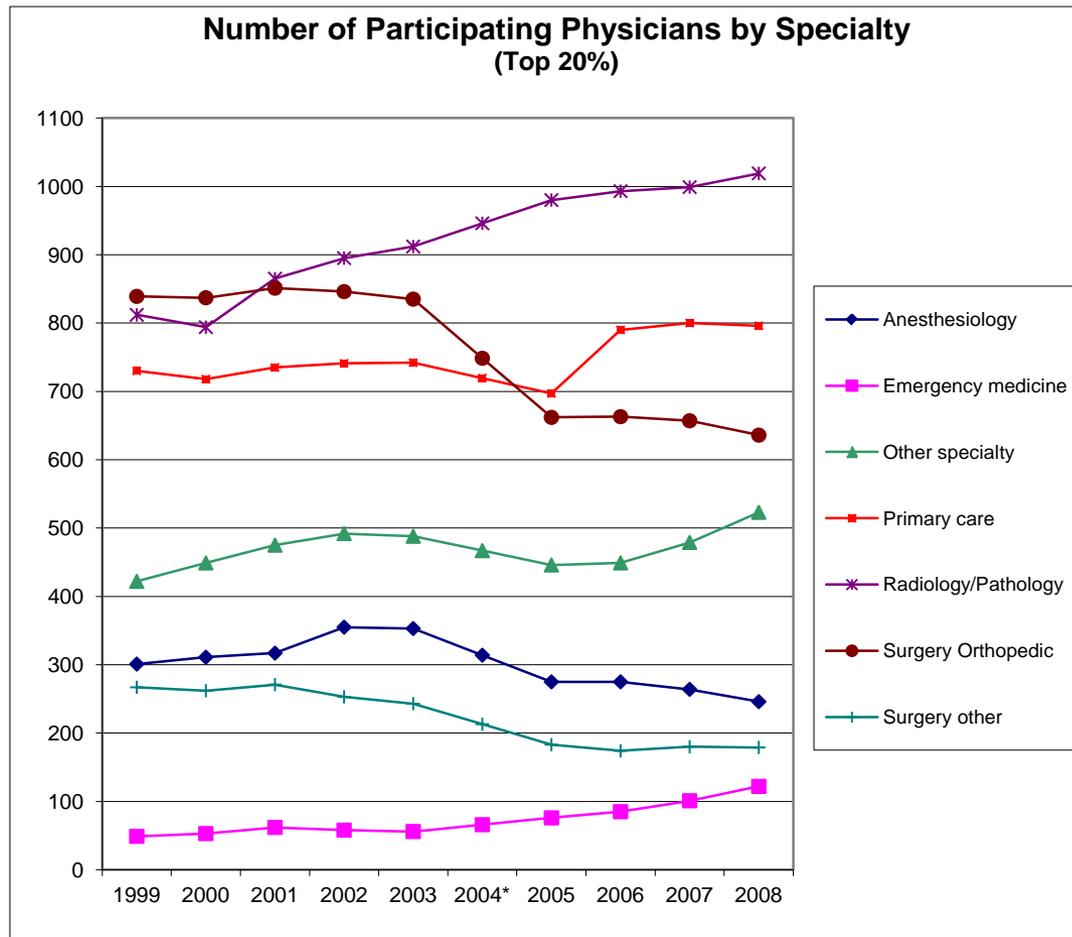
*2004 shows an average of 2003 and 2005 due to incomplete data.

Physicians who participated in 1999:

- 53% of all participants in 1999 still participated in 2008.
- 78% of 'top 20%' in 1999 still participated in 2008.
- 22% attrition rate, normal for a 10-year period.
- Compared to retirement rates: 33% to 25% (10 years in 30 or 40 year practice, respectively).



Top 20%: Number of Physicians by Specialty



- Among the top 20% in 1999, the most numerous of the specialties was orthopedic surgeons.
- Since then the three surgery-related groups decreased from 41% to 30% of the total.
- Number of top 20% primary care and radiology/pathology physicians has increased.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data. pediatrics,

Note: Other Specialty includes psychiatry, neurology, pain management, physical medicine/rehab., occupational medicine and dermatology.

Results - Access to care by Geographical Areas

Key Findings:

- (HRRs) Some non-metro areas and border regions have higher WC participation rates than in metro areas, but also a higher number of WC patients per physician.
- Any lack of physician access is primarily due to the low total number of physicians practicing in these areas rather than a low WC participation rate.



Access by Geographical Areas

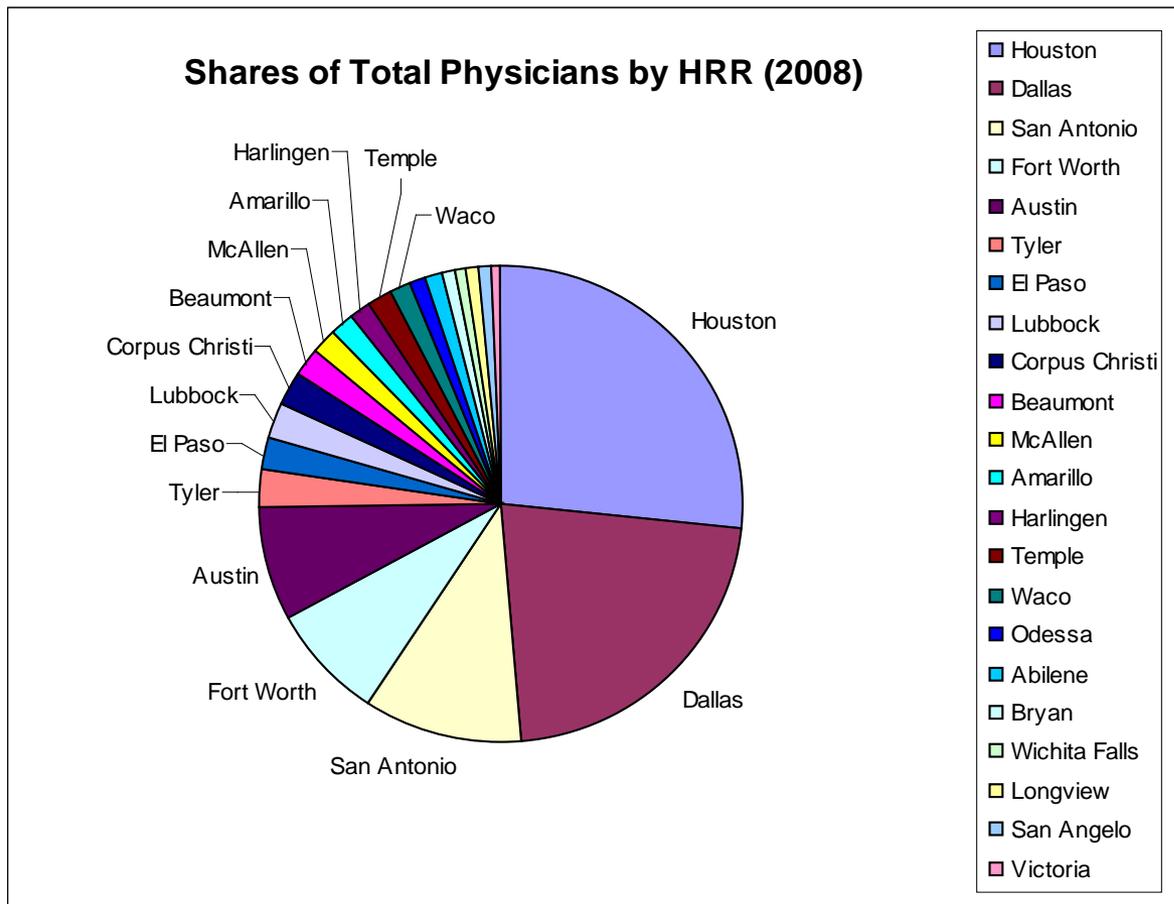
Hospital Referral Regions in Texas



- HRRs are based on *The Dartmouth Atlas of Health Care*.
 - HRRs are constructed using Medicare hospitalization records and patient referral patterns, closely resembling the pattern of medical care and access.
 - HRRs roughly correspond to major metro areas, but more relevant to medical care.
 - There are 24 HRRs in Texas.
 - 2 HRRs are removed from analysis: 'Texarkana' and 'Shreveport' HRRs are primarily located in Arkansas and Louisiana.



Active Physicians by HRR

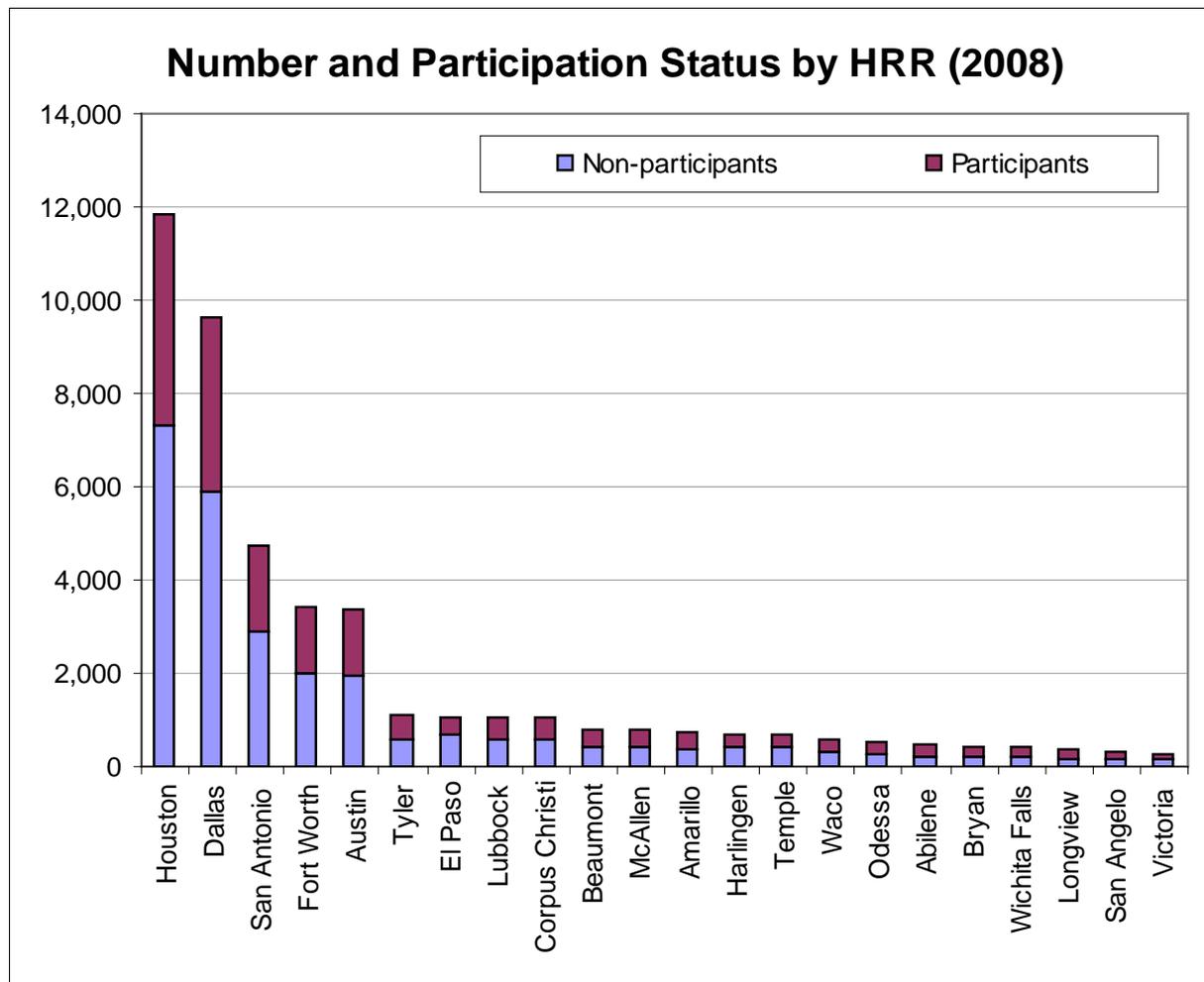


- Total = 44,267
- Houston, Dallas, San Antonio, Fort worth & Austin = 74.6% of all active physicians (MD/DOs)

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Participating Physicians by HRR

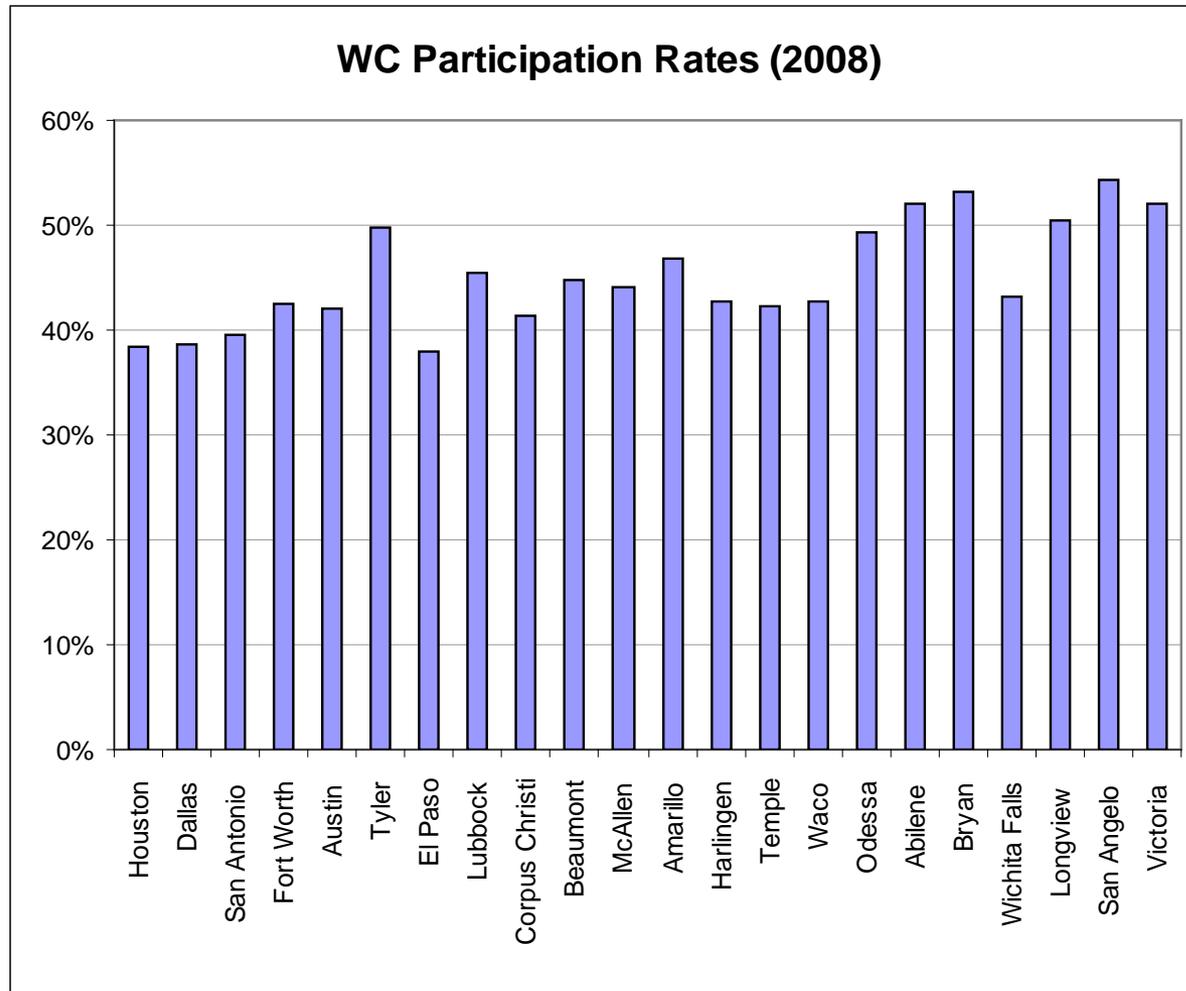


- Overall, 47% of active Texas physicians participate in WC.
- 72% of these participants are in 5 largest metro areas.
- 71% of all WC claims are in the same 5 metro areas.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Participation Rates by HRR



- Participation rates are generally lower in larger metro areas as there are more doctors in these areas.
- From 37.9% in El Paso to 54.2% in San Angelo.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Claims per Physician by HRR, 2005-2008

	2005	2006	2007	2008
Abilene	14.58	17.69	16.41	14.00
Amarillo	14.64	15.59	17.04	14.88
Austin	14.64	15.46	14.05	11.45
Beaumont	15.58	16.42	15.17	14.61
Bryan	13.25	13.41	14.07	10.83
Corpus Christi	18.63	18.81	17.52	16.29
Dallas	17.45	17.28	15.90	14.69
El Paso	25.52	27.75	29.25	27.26
Fort Worth	23.12	25.59	25.58	21.63
Harlingen	22.26	23.79	24.03	23.88
Houston	14.88	16.11	15.40	14.11
Longview	18.08	19.40	18.64	15.54
Lubbock	14.22	15.10	15.24	14.11
McAllen	20.38	19.76	21.92	18.66
Odessa	23.79	24.57	23.76	21.54
San Angelo	14.48	13.86	13.01	11.85
San Antonio	19.13	21.04	20.16	18.71
Temple	15.89	17.98	17.71	16.63
Tyler	13.57	14.35	14.37	11.88
Victoria	15.62	16.11	14.79	12.87
Waco	18.81	22.51	19.85	18.59
Wichita Falls	14.12	14.74	14.56	12.00

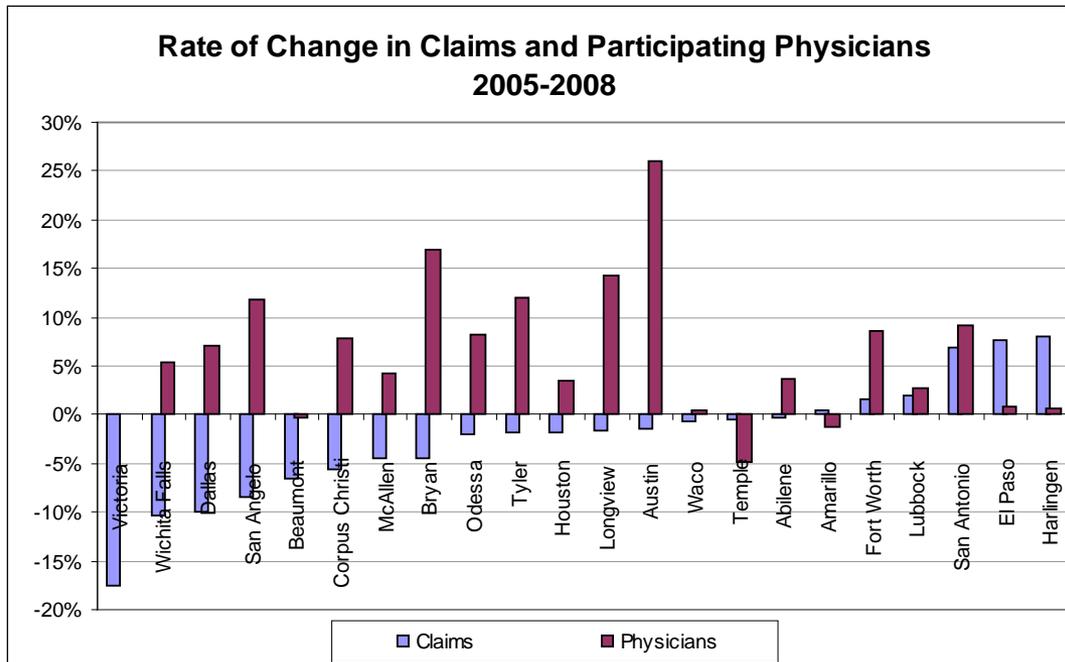
- El Paso & Harlingen have the highest number of claims per physician.
- Fort Worth has the highest number of claims per physician among metro areas. Significant improvement in 2008.
- Increases since 2005: Harlingen, El Paso, and Temple
- Decreases since 2005: Austin, Bryan, San Angelo, and Victoria
- Improvement after 2006: all areas except Harlingen.

Note: The March 2008 professional services fee guideline provides a 10% incentive reimbursement over the regular fees for medical services delivered in 122 Texas zip codes designated as underserved areas.

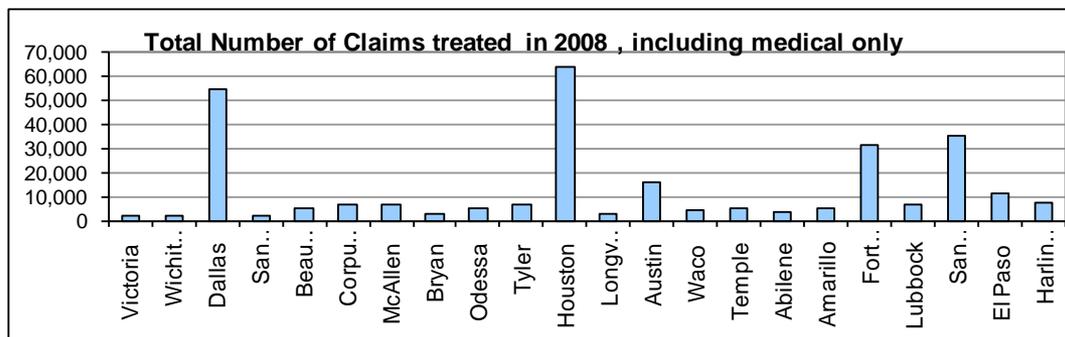
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Rate of Change Claims and Participating Physicians by HRR



- Claim rates shown from decreasing rates on the left, to increasing rates on the right.
- Overall, number of participating physicians increased while claims decreased in most areas.
- The number of physicians decreased in Temple, Amarillo and Beaumont.
- Among large metro areas, San Antonio and Fort Worth saw increases in claims, but higher increases in physicians.
- In El Paso and Harlingen, claims increased by over 7% but participating physicians grew by less than 1%.



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

Ratio of Physician Share to Claim Share

	2005	2006	2007	2008	% Change
Bryan	1.30	1.36	1.25	1.46	0.16
Austin	1.18	1.18	1.25	1.38	0.20
San Angelo	1.19	1.31	1.35	1.33	0.14
Tyler	1.27	1.27	1.22	1.33	0.06
Wichita Falls	1.22	1.24	1.20	1.31	0.10
Victoria	1.10	1.13	1.19	1.23	0.12
Abilene	1.18	1.03	1.07	1.13	-0.05
Lubbock	1.21	1.21	1.15	1.12	-0.09
Houston	1.16	1.13	1.14	1.12	-0.04
Beaumont	1.10	1.11	1.16	1.08	-0.02
Dallas	0.99	1.05	1.10	1.07	0.09
Amarillo	1.18	1.17	1.03	1.06	-0.11
Longview	0.95	0.94	0.94	1.02	0.06
Corpus Christi	0.92	0.97	1.00	0.97	0.04
Temple	1.08	1.01	0.99	0.95	-0.13
Waco	0.91	0.81	0.88	0.85	-0.07
McAllen	0.84	0.92	0.80	0.85	0.00
San Antonio	0.90	0.87	0.87	0.84	-0.06
Odessa	0.72	0.74	0.74	0.73	0.01
Fort Worth	0.74	0.71	0.69	0.73	-0.01
Harlingen	0.77	0.77	0.73	0.66	-0.11
El Paso	0.67	0.66	0.60	0.58	-0.10

- Ratio = % physicians divided by % claims =

$$\frac{\left(\frac{\text{Physicians}_{HRR}}{\text{Physicians}_{TX}}\right)}{\left(\frac{\text{Claims}_{HRR}}{\text{Claims}_{TX}}\right)}$$

- Greater than 1: HRR's share of participating Texas physicians is higher than its share of WC patients.
- Less than 1: HRR's share of participating Texas physicians lower than its share of WC patients.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



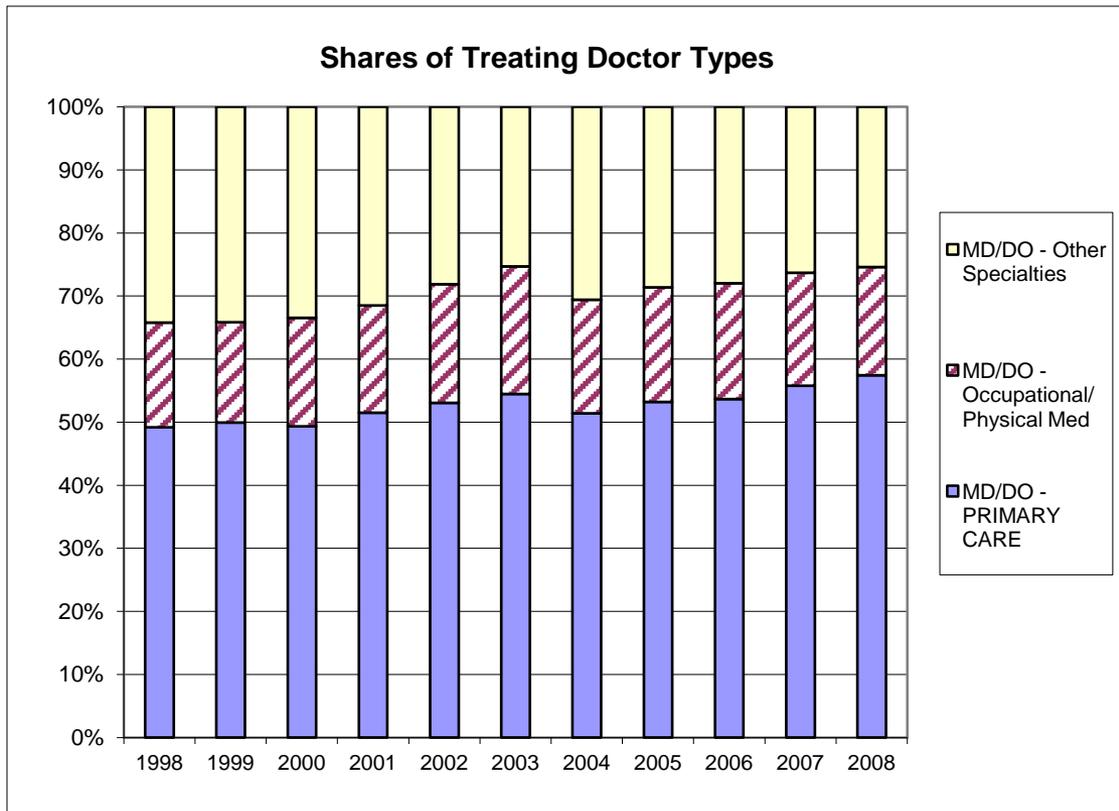
Results - Timeliness of Care

Key Findings:

- Overall, initial access (timeliness of care) measures show that WC patients are getting treatments faster in 2008 than in 1998.
- WC patients received non-emergency treatments faster in 2008 than in 1998.
 - 81.5 % of patients received initial care in 7 days or less in 2008, up from 75.1 % in 1998.
- Compensability/extent of injury denials and/or initial disputes tend to be associated with delayed initial care.
 - 66.2% of disputed cases received initial care in 7 days or less in 2007, up from 55.1% in 1998.



Physician Specialty Delivering First Treatment

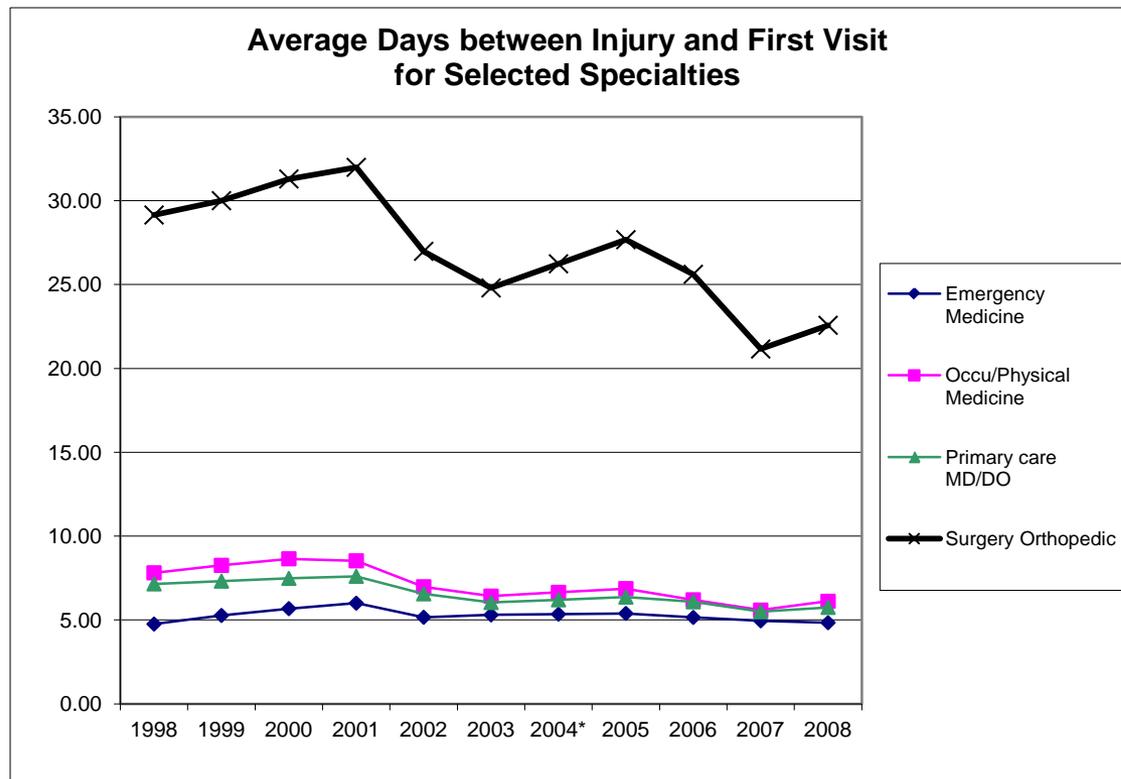


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

- Approximately 45% - 55% of patients saw a primary care physician on their first treatment day.
- Share of Occupational/Physical Medicine specialists on the first day of treatment is consistently around 15% although they account for less than 4% of total MD/DO participants.



Timeliness by Specialty Type



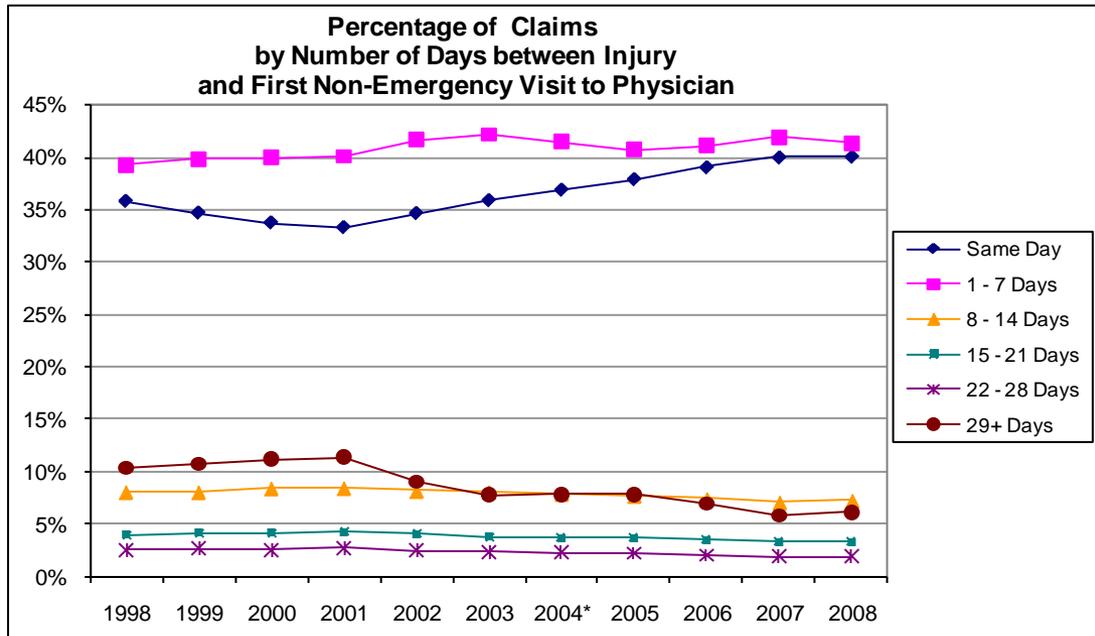
- Timeliness trends similar for physicians in primary care, emergency medicine, and occupational/physical medicine.
- The average number of days from injury date to first visit with an orthopedic surgeon decreased from 32 days in 2001 to 22.5 days in 2008.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.



Initial Access by Number of Days



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.

- Percentage with 'same day' visits declined in 1998-2001 but improved to 40% by 2008.
- 'Same day' and '1 to 7 days' groups accounted for 75.1% in 1998, and 81.5% in 2008 (8.5% increase).
- Largest decrease was in the share of extreme delays (29 days or more): it decreased from 10.3% to 6.1%.



Initial Access by Number of Days

- Table for the previous slide
- By injury year with 6-month maturity (new injuries only)

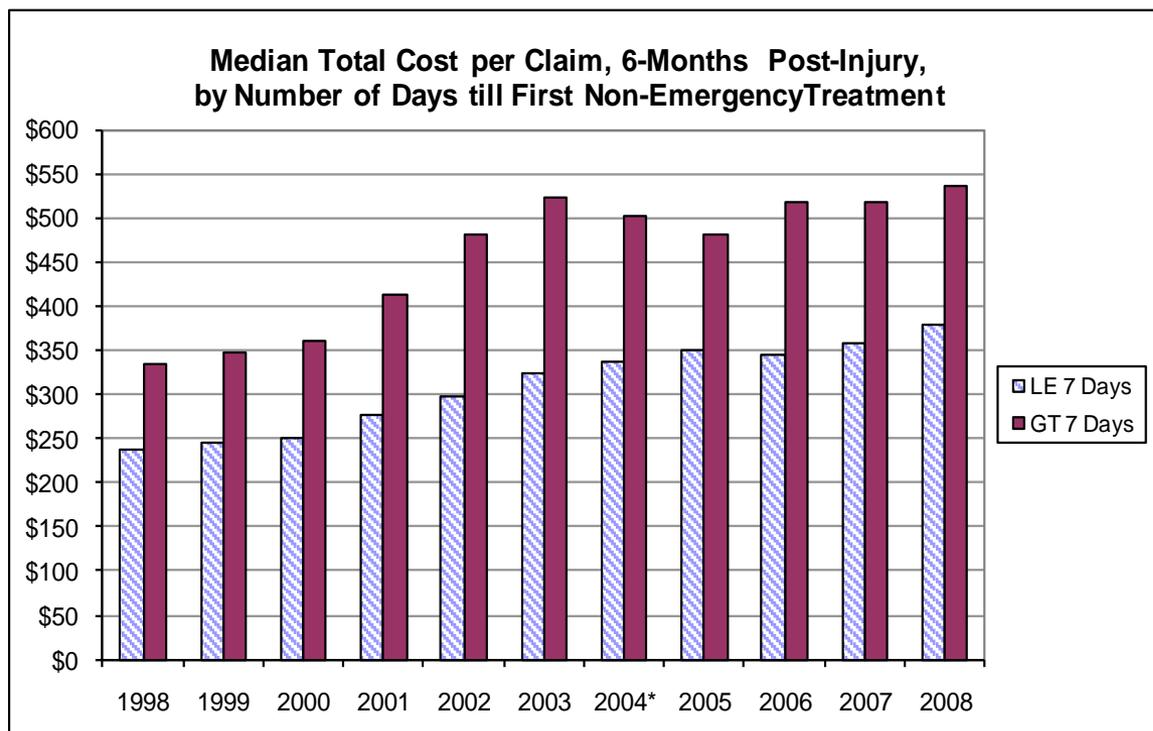
		1998	1999	2000	2001	2002	2003	2004*	2005	2006	2007	2008
LE 7 Days	Same Day	35.81%	34.67%	33.71%	33.25%	34.62%	35.88%	36.90%	37.93%	39.08%	40.04%	40.11%
	1 - 7 Days	39.30%	39.84%	40.00%	40.09%	41.69%	42.22%	41.49%	40.76%	41.14%	41.92%	41.39%
GT 7 Days	8 - 14 Days	8.05%	8.05%	8.40%	8.43%	8.16%	8.07%	7.88%	7.70%	7.41%	7.08%	7.25%
	15 - 21 Days	3.97%	4.11%	4.17%	4.22%	4.05%	3.78%	3.69%	3.61%	3.44%	3.30%	3.28%
	22 - 28 Days	2.52%	2.64%	2.53%	2.67%	2.44%	2.29%	2.23%	2.18%	2.02%	1.88%	1.87%
	29+ Days	10.34%	10.70%	11.18%	11.33%	9.03%	7.77%	7.79%	7.82%	6.91%	5.78%	6.09%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.



Initial Access vs. Median Total Costs



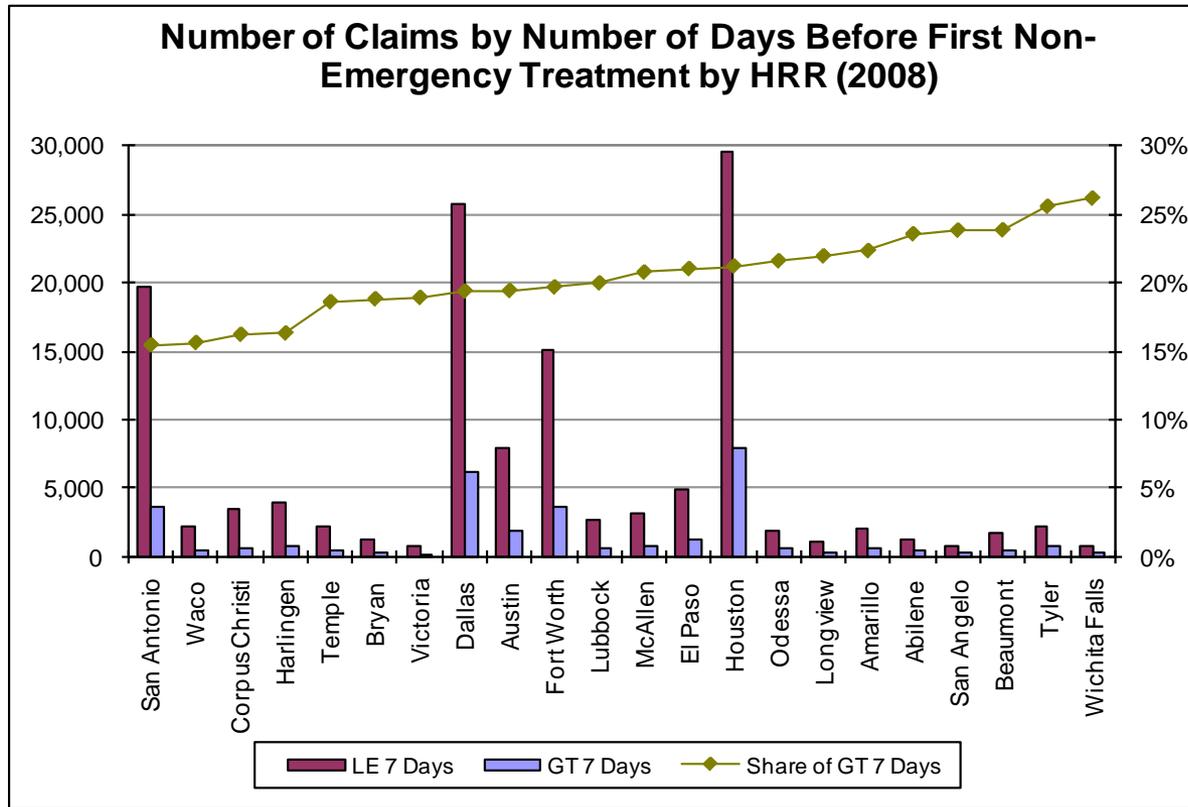
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.

- Median total costs for the delayed GT 7 (greater than 7 days) group is 41% higher than that of the LE 7 (less than or equal to 7 days) group in 2008.
- Median total costs fluctuate more for the delayed group.



Initial Access by HRR

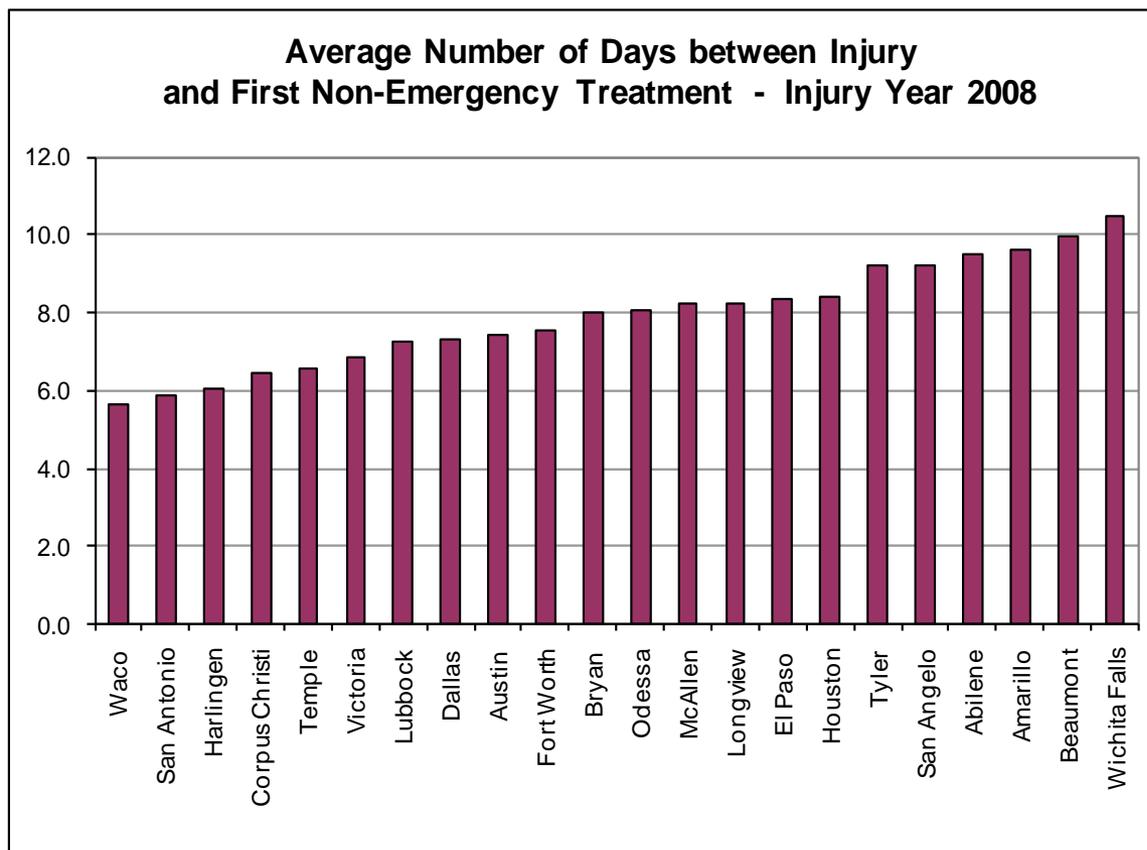


- From left to right by percentage of 'GT 7 Days' group (From 15.4% of San Antonio HRR to 26.2% for Wichita Falls).
- Workers in Wichita Falls HRR had a 70% greater chance of delayed treatment than workers in San Antonio HRR.
- Among large metro areas, Houston has the most delayed cases (8,000).

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.



Timeliness by HRR

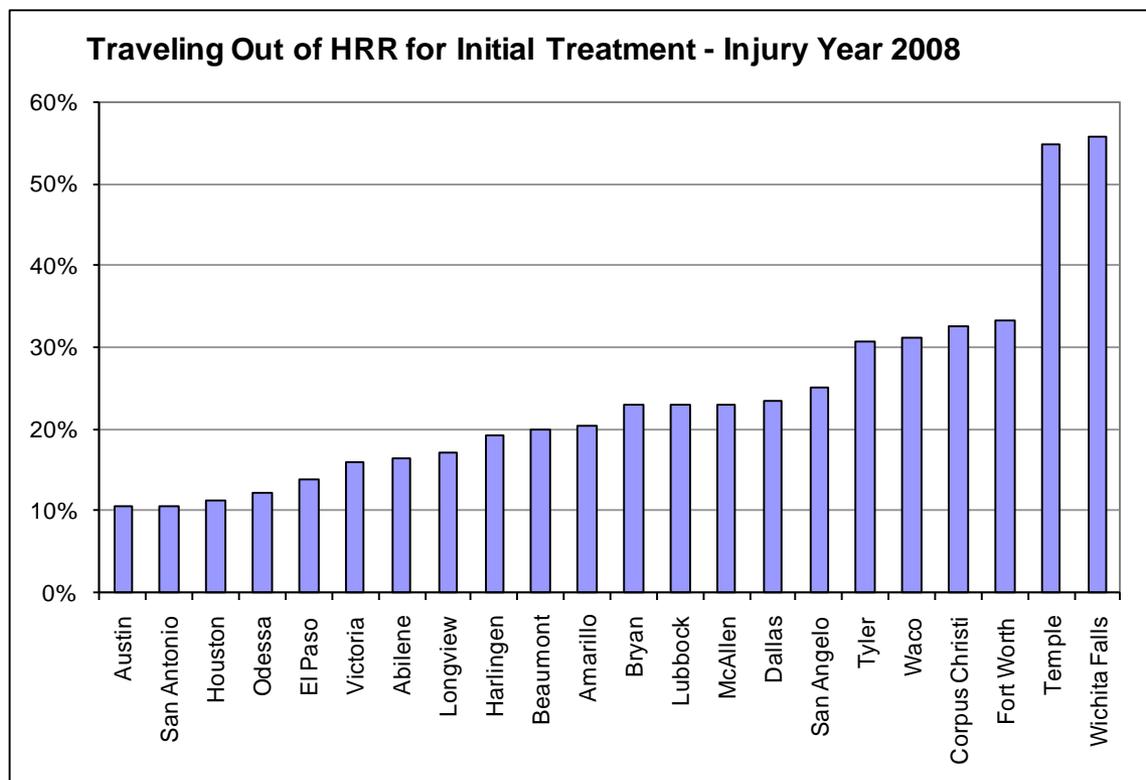


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

- First treatment in Wichita Falls (10.5 days) is 85% later than that in Waco (5.7 days) on average.
 - Wichita Falls rely heavily on other HRRs (see next slide).
- The median number of days is 1 day for most HRRs. Averages driven by small number of cases with extreme values.



Geographical Access and Travel by HRR



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

- 'Traveling out of HRR': if patient's HRR is different from physician/facility HRR.
- From left to right by increasing percentage of 'out of HRR' non-emergency services.
- Approx 55% of Wichita Falls' patients visited 'out of HRR' physicians for their initial non-emergency treatment.
- Austin had the lowest 'out of HRR' rates for non-emergency visits (10.2%).



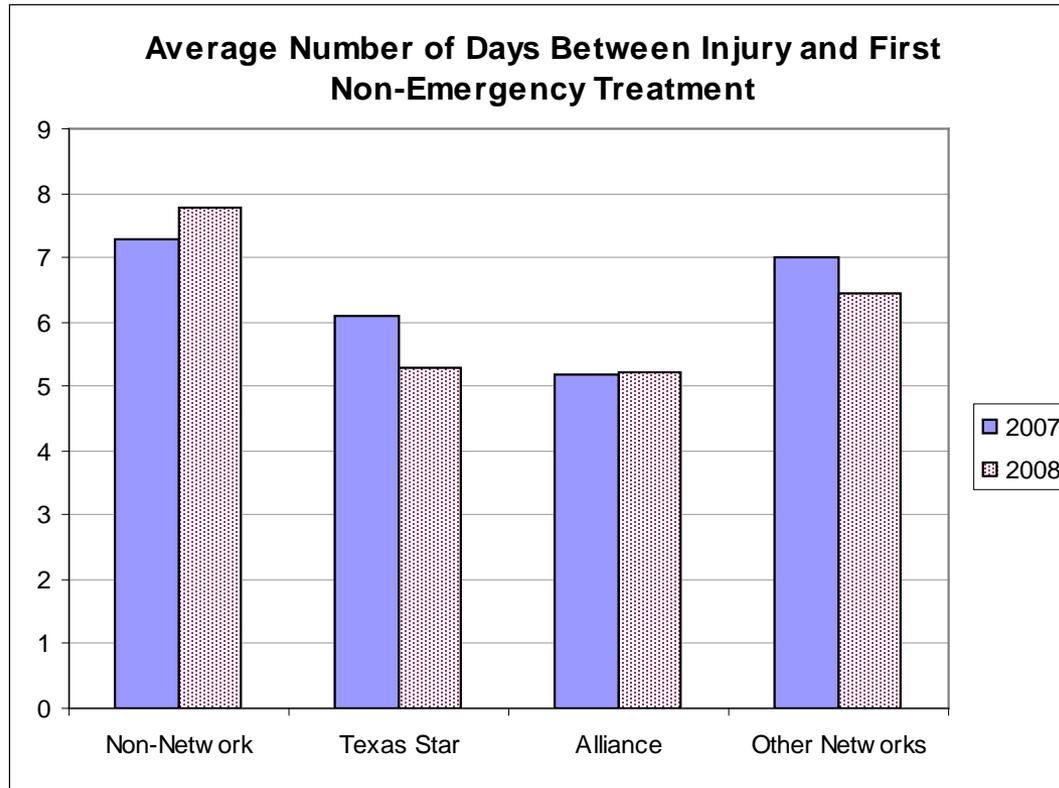
Results – Health Care Networks and Timeliness of Care

Key Findings:

- Initial access for WC Network patients is slightly better than non-network patients.
- Among participating physicians in 2007 provider survey, 57% of the physicians who said they were 'not likely to join WC network' treated WC network patients in 2008.
- Among non-participating physicians in the 2007 survey, 13% of the physicians who said they were 'not likely to join WC network' treated WC network patients in 2008.



Timely Access to Care: Network vs. Non-networks

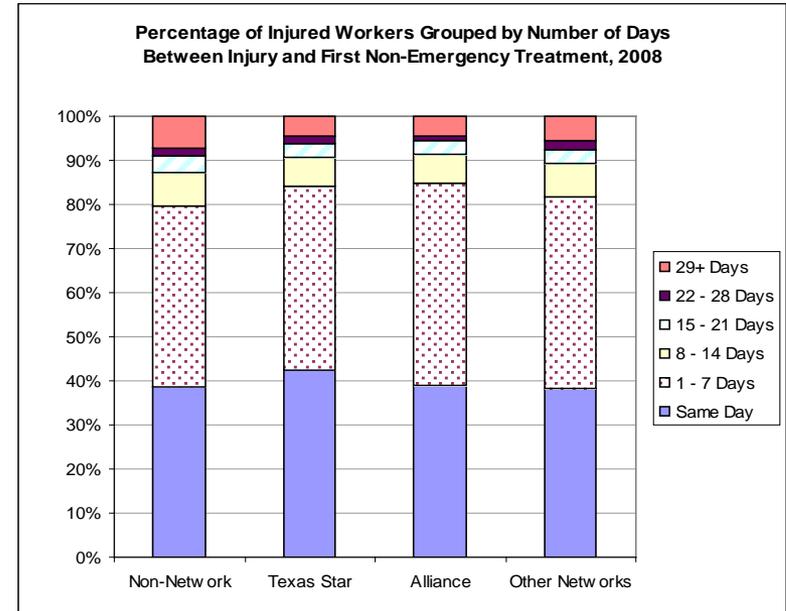
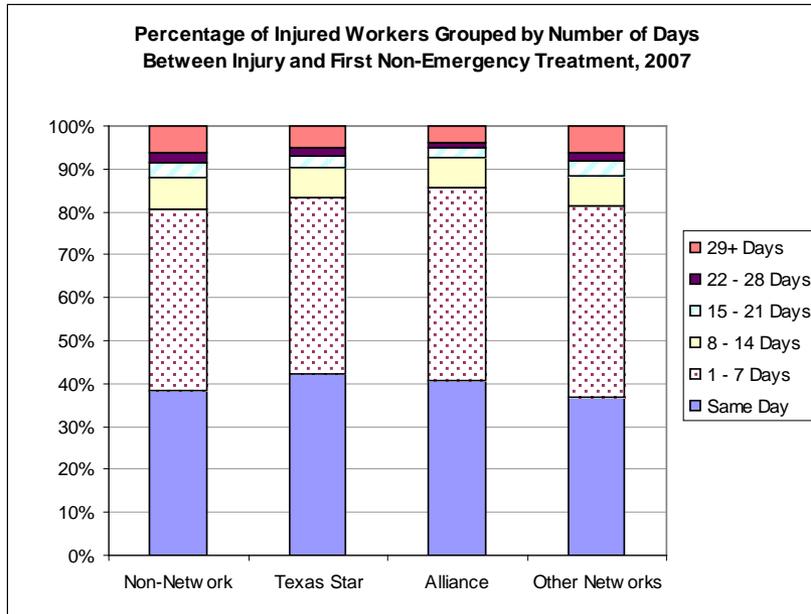


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

- Initial access in networks is better than that in non-network WC care.
- While access worsened in 2008 in non-network, all networks except Alliance improved the measure.



Timely Access to Care by Duration to Initial Visit



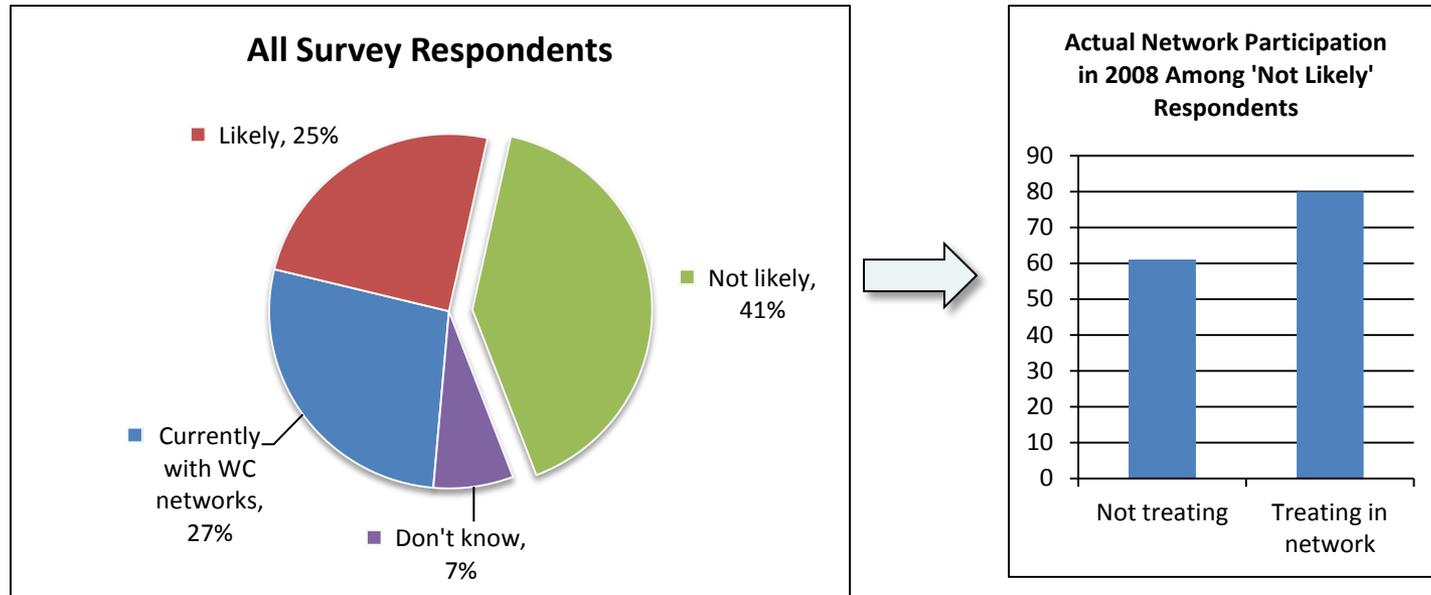
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

- The share of patients with critical delays (29+ days) is the lowest in Alliance. This corresponds to Alliance's lowest average number of days.
- Other than Texas Star and Alliance, 'other networks' do not show much improvement over non-network.



Network Participation: 2007 Provider Survey

Self-indicated likelihood to contract with one or more TDI-certified WC health care networks in the next 12 months:



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

- "Matching respondents" are those whose license numbers can be matched with Medical 837 data
- 41% indicated "Not likely" in the survey; 38% if we restrict to identifiable respondents.
- Among respondents who in 2007 said to be "not likely" to join WC networks, 80 of 141 (56.7%) actually treated network patients in 2008.



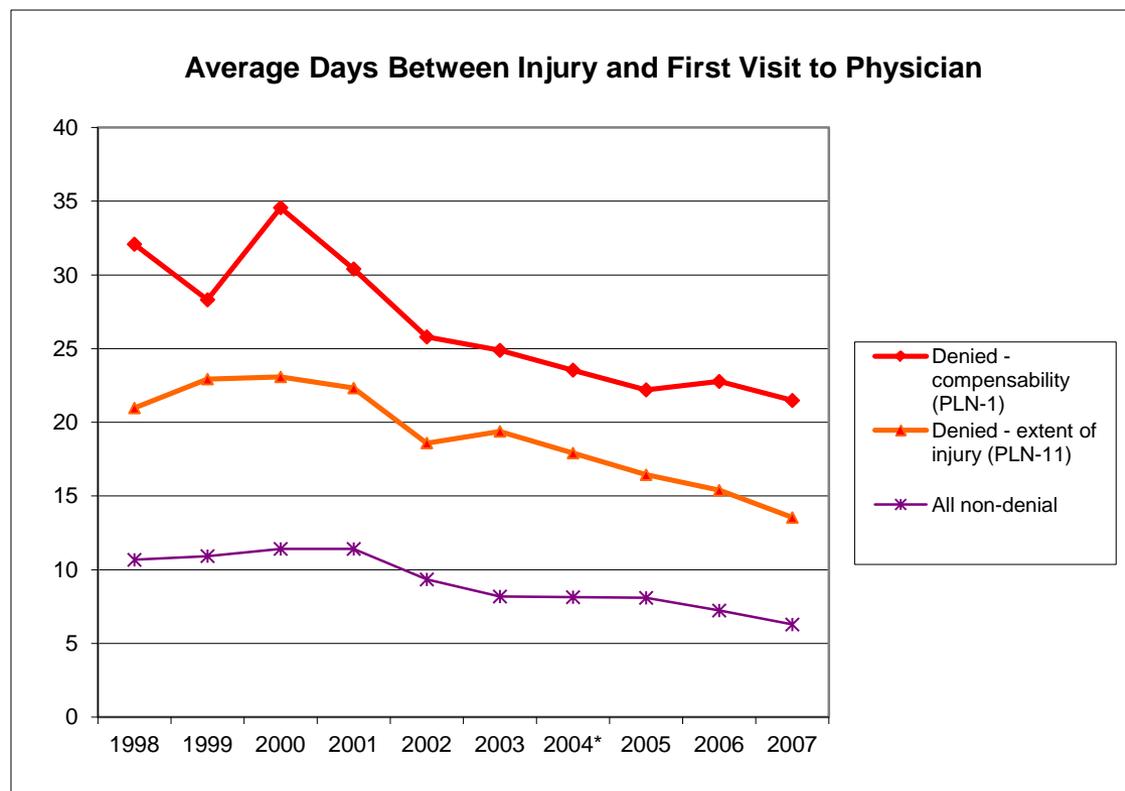
Results – Effects of Disputes/Denials on Access to Care

Key Findings:

- Denial and/or disputes tend to delay initial care.
- Despite delays, initial access to care has improved for denied and/or disputed claims.
- Approximately 66 % of denied/disputed cases received initial care in 7 days or less in 2007, up from 55% in 1998.



Access to Care by Dispute Status



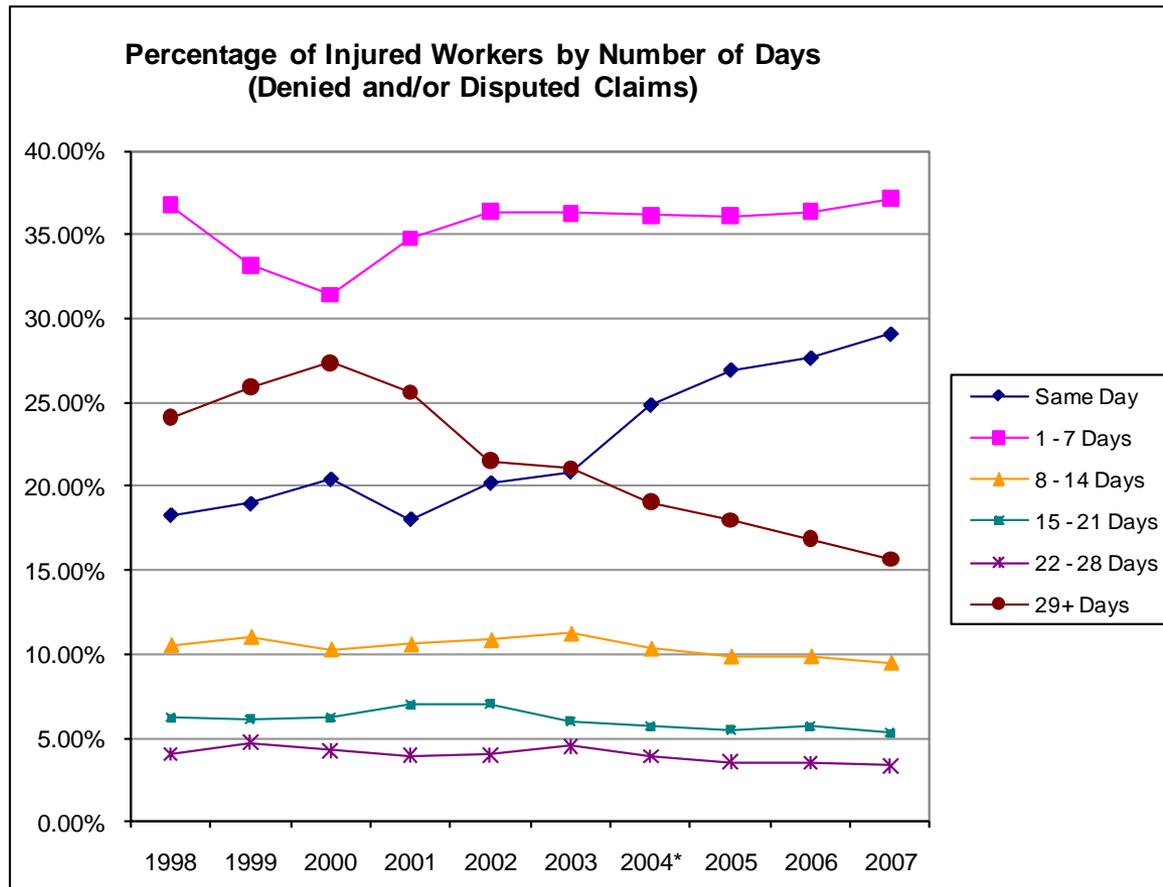
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.

- Initial access to care for claims disputed for compensability: delayed 3 times longer than all claims.
- Both disputed and non-disputed claims improved access to care.
- Because disputed claims are fewer, delays in these claims have minimal effect on the overall access to care.



Access to Care for Disputed Claims by Duration to Initial Treatment



- Most improvements had been through an increasing share of 'same day' groups and a decreasing share of '29+ days' groups.
- 'Same day' access has made the biggest improvement (18.3% in 1998 to 29.6% in 2007).
- Since 2001, initial treatments occurred more rapidly for an increasing percentage of denied and/or disputed claims.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2010.

*2004 shows an average of 2003 and 2005 due to incomplete data.



Workers' Compensation Research and Evaluation Group
Texas Department of Insurance

Website: <http://www.tdi.texas.gov/wc/regulation/roc/>

For more information, contact: WCResearch@tdi.texas.gov

