☑ YES on SB 537

ARBITRARY LIMITS ON CARE...

The Disregard for Outcomes and Quality of Care

The California Workers' Compensation Official Medical Fee schedule (OMFS) was adopted to stimulate provider participation in the delivery of care to workers. However, third-party administrators (TPAs) and network managers have created narrow provider networks based on heavily-discounted care without regard for treatment outcomes or quality and are profiting from the discounted payments.

QUALITY OF CARE MEANS:

- Authorization of care based on evaluation, diagnosis, plan of care and ACOEM* Guidelines
- Greater provider of choice options
- Timely authorization of care beyond the initial plan
- Fair Provider Payment

*American College of Occupational and Environmental Medicine

Arbitrary limits on treatment visits and duration of care hurt patients.

TPAs should not have the authority to unbundle procedure billing codes for the purpose of increasing provider payment while also increasing fees to the TPA.

Physical therapists are uniquely qualified, highly educated health care professionals and are required by law to develop a plan of care.

TPAs, utilization managers, and middlemen must be held accountable to demonstrate that their networks yield quality outcomes and high patient satisfaction!

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