



myMatrixx monitor



A Message from the CEO

by Steven MacDonald, Founder, Chairman & CEO



A simple thank you can go a long way. In this day and age when we are all connected via social media, email, mobile devices, text messaging and so forth, we can forget the power of a handwritten thank you note. At myMatrixx, we have made an effort to bring back this simple gesture. In doing so, employees having been writing thank you notes to express their gratitude to fellow team members, clients, vendors and others. Employees have even been displaying the note cards they receive on their desks, which goes to show how much they mean to the recipient.

Recently our team decided to expand our efforts and send our appreciation to some very deserving individuals - the men and women serving in the military overseas. All together we sent over 75 cards, personally written by our employees, with care packages to soldiers serving in Afghanistan at

the Kandahar and Bargam Airfields. Each note expressed our gratitude to the soldiers for their service and sacrifice. It was just our way of saying thank you. We did not expect a response so we were pleasantly surprised when we received a note

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455th Expeditionary Maintenance Group

good medicine
for business



Message from the CEO

by Steven MacDonald, Chairman & CEO



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of thanks from the men and women at the Bargam Airfield Base. It was such a great message that I wanted to share it with you:

Dear myMatrixx:

The Men and Women of the 455th Expeditionary Maintenance Group would like to give a big thanks to you and your staff. You have no idea how thankful we are to have the support of great Americans like yourselves. My fellow service members and I are in our last month and this care package put the icing on the cake. I can now happily say that we can continue to bring the fight to the enemy to help keep the home front safe! However, we may need to visit the dentist when we get back, ha. Thank you again from the bottom of our hearts. We could not do this without you. Last but not least, please share this with everyone at myMatrixx and let them know we are very thankful for the support and are proud to serve the greatest country on earth, The United States of America!

God Bless.

As you can see, a thank you can come full circle and mean just as much to the sender as the recipient.



In closing, I'd like to send one very special thank you to Tom Files and his family. Tom recently lost a long, hard fought battle with cancer and he was a core part of our company and culture since 2007. For those who knew Tom, you know he was a very special, loving and genuine person. He was an instrumental part of our growth over the last six years and I am grateful for his dedication and passion. He will forever be a part of the myMatrixx family and our memories.

We will miss you Tom. From all us at myMatrixx, thank you.

Read more about Tom Files on page 9 ([Here](#)).

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**for news, trends and updates
in workers' compensation.**



**“We are proud to serve
the greatest country on earth,
The United States of America!”**

- The Men and Women of the 455th Expeditionary
Maintenance Group

myMatrixx
good medicine for business

**WE KNOW WORKERS'
COMPENSATION**

For the latest trends, clinical safety alerts and regulatory updates follow us. We'll lead the way.

Follow us on

Clinical CORNER



A Texas Update and Confusing N-Drugs

by Kendra Karagozian, PharmD, Clinical Pharmacist

September 1, 2013 marked the beginning of the legacy claims transition to the Texas Closed Formulary. Over the past two years the closed formulary has been applied to any new claims while the Texas Department of Insurance (TDI) Division of Workers' Compensation and payers have closely followed the trends to estimate the impact of the changes.

While there are select stories of prescribers refusing to provide information and those of alarmed and angry patients, the overwhelming trend seems to be less extreme. For our Texas payers, myMatrixx sincerely hopes the transition has been smooth and the prescribers have been responsive to the preauthorization process.

For those outside of Texas the most pressing question is whether or not the closed formulary is actually driving change and if it will continue to do so for the legacy claims. Well, if data released by TDI in July 2013 is any indication of what will happen with these older claims, change is on the horizon. The preliminary report indicates that total prescription costs decreased 15% from 2010-2011 and the number of "N-drug"

prescriptions dropped 74% during the same time frame. In addition, the generic utilization rates have increased and overall medication use appears to be down as well.

One issue with the closed formulary that has emerged is the "confusing N-drugs" or those medications where one formulation of the drug is an N-drug while another formulation is not. A good example is morphine sulfate extended-release. There are three versions of this drug: Avinza, Kadian, and MSContin. If the prescription is written and filled for the generic version of MSContin or morphine sulfate extended-release tablets then it is a "Y" drug. However if the prescription is written and dispensed for Avinza or morphine sulfate extended-release capsules (generic Kadian) it is an "N" drug and requires review. Below is a table that outlines some of the drugs where the N-drug status can be difficult to understand. The next part of the story in Texas is yet to be told, but prescribing patterns are changing and it is fascinating to watch. Read TDI's preliminary report for more information ([Here](#)).

Generic Name	Brand Name	Status	Non-"N" Drug Products with similar active ingredients
Cyclobenzaprine ER	Amrix®	N	cyclobenzaprine immediate-release tablets
Naproxen ER	Naprelan®	N	naproxen sodium
Fentanyl rapid-acting oral formulations	Fentora®, Onsolis™, Actiq, Lazanda, Subsys®, Abstral	N	fentanyl patches
Hydrocodone/ibuprofen	Vicoprofen®	N	hydrocodone/acetaminophen
Hydromorphone ER	Exalgo	N	hydromorphone immediate-release tablets (Dilaudid)
Morphine ER	Avinza®	N	morphine sulfate immediate-release tablets, morphine sulfate extended-release tablets (MS Contin)
Morphine ER	Kadian®	N	morphine sulfate IR, morphine sulfate ER tabs (MS Contin)
Oxycodone	Oxecta	N	oxycodone immediate-release tablets
Oxycodone ER	OxyContin®	N	oxycodone immediate-release tablets
Oxycodone/aspirin	Percodan®	N	oxycodone/acetaminophen
Oxycodone/ibuprofen	Combunox	N	oxycodone/acetaminophen
Tramadol ER	ConZip	N	tramadol, generic tramadol extended-release
Zolpidem	Ambien CR (zolpidem extended-release)	N	zolpidem immediate-release tablets
Zolpidem	Edluar SL (zolpidem extended-release)	N	zolpidem immediate-release tablets

THE OXYCONTIN SAGA...CONTINUED

by Phil Walls, R.Ph.,
Chief Clinical and Compliance Officer



OxyContin has become a recurring theme in my newsletter articles, blogs, webinars, and continuing education classes. Unfortunately, the wealth of material on this drug continues to surpass its competitors and not necessarily in a good way.

In these various formats you have heard me say that all opioids, from heroin to dextromethorphan, can produce the same effect; it's simply a matter of the dose or amount consumed. *CNN & Fortune* said it in a slightly different way, "the U.S. is just a few carbon molecules from being a nation of heroin addicts." An absolutely true statement. The difference between heroin and fentanyl or oxycodone to an organic chemist is very slight – just a few carbon molecules. That is why I predicted last year that the re-formulated version of Oxycontin, which extended the patent through 2025, is indeed more difficult to abuse and will therefore drive patients that became Oxycontin addicts to turn to street heroin. Headlines from ABCNews on July 31st: **"Hidden America: Heroin Use has Doubled, Spreading to Suburbs."**

Although I can't directly tie that explosion in heroin use back to original OxyContin abuse, *CNN & Fortune* again connected the dots in a slightly different way - street price! Since re-formulated OxyContin is more difficult to abuse, it is not worth nearly as much on the street. The graph to the right shows that the street price of OxyContin has plummeted.

"We are trying to be part of the solution."

- PURDUE VICE PRESIDENT



And that is a good thing. Kudos to Purdue for following the FDA REMS directives ([Here](#)) and producing a truly abuse-deterrent Opioid. Unfortunately that may be of little consolation to all the new heroin addicts. And keep in mind that the DEA schedule for OxyContin has not changed – it is still a Schedule 2 controlled substance meaning that it is in the category with the greatest risk of abuse and addiction among drugs that have an approved

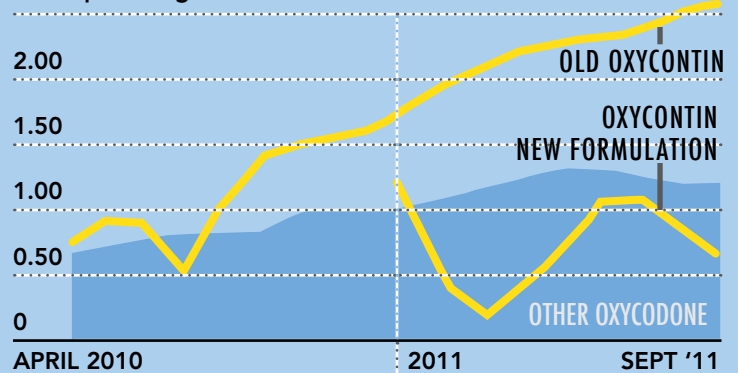
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A TALE OF TWO OXYCONTINS

Addicts seeking the drug on the black market pay far less for the tamper-resistant OxyContin than the old version, suggesting that the new version is harder to crush and abuse.

OXYCODONE STREET PRICES, MONTHLY

\$2.50 per milligram



Source:

<http://features.blogs.fortune.cnn.com/2011/11/09/oxycontin-purdue-pharma/>

Purdue developed the Researched Abuse, Diversion, and Addiction Related Surveillance (RADARS) program, from which the above graph on street value of OxyContin was derived. Purdue developed RxPatrol, which is a website regarding police reports of drug-related crimes. Purdue provides free seminars on drug abuse. Purdue has a database of 1800 doctors suspected of inappropriate prescribing of OxyContin to drug addicts and dealers.

medical use. Alan Must, VP for State Government and Public Affairs at Purdue, stated "One might argue that your sales might actually go up, because now physicians have some confidence that when they're prescribing this product they're not being scammed. We are trying to be part of the solution." OxyContin sales are already in excess of \$3 billion.

Los Angeles Times

As reported in the *LA Times* ([Here](#)) Purdue began compiling this list of doctors in 2002 – just six years after the launch of the drug in 1996. Purdue attorney Robin Abrams stated that Purdue had alerted law enforcement of 154 of the prescribers in their database. The *LA Times* went on to report: "she identified three Southern California physicians implicated in major schemes to funnel OxyContin to addicts and dealers:

- One of them, Masoud Bamdad of San Fernando, took in \$1.5 million a year prescribing OxyContin and other painkillers to young addicts. He is serving a 25-year prison sentence on a drug dealing conviction. Bamdad was linked by prosecutors to six patient deaths.
- Another doctor, Eleanor Santiago, is awaiting sentencing on federal charges that she helped flood Los Angeles' black market with more than 1 million illicit doses of OxyContin.
- Physician Kevin Gohar was linked to a suspected prescription mill in Reseda that authorities say sold OxyContin prescriptions to addicts across Southern California. Gohar died of a drug overdose in 2011 while a criminal investigation was pending.

However, 154 only equals 8% of the physicians on that list. What about the other 92%? The *LA Times* went on to report that the director of the Los Angeles County Department of Health Services, Mitchell Katz, said "Purdue has a duty to report all the doctors on the list, not just a select few. There is an ethical obligation," he added. "Any drug company that has information about physicians potentially engaged in illegal prescribing or prescribing that is endangering people's lives has a responsibility to report it."

myMatrixx Welcomes Two New Members to the Sales Department



We are excited to announce the addition of **Rudy Flores** and **Romeo Saenz** to the myMatrixx team. Rudy Flores is based in Southern California and is the new **Director of Sales for the West Region**. He is responsible for new business development for pharmacy benefit management (PBM) and ancillary services. Rudy has over fourteen years of experience in workers' compensation with a focus on sales, program management and customer support. Previously he served as the Vice President of Business Development with American All-Risk Loss Administrators (AARLA), a third party administrator, and sister company Total Managed Care (TMC), a cost containment service provider. His responsibilities included establishing and maintaining strategic partnerships through a multi-disciplinary approach of claims and cost-containment services throughout the state. Additionally, he served as the Director of Business Development for Comprehensive Care Systems, a field nurse case management company, and as the Area Sales Manager for Genex.

Also joining the team is **Romeo Saenz** as the **Regional Sales Manager** covering **Texas, Arkansas, Oklahoma** and **Louisiana**. Based in Texas, Romeo is responsible for new business development for PBM and ancillary services such as durable medical equipment, home health, transportation and other services for injured workers. He has over 20 years of experience in business development and client management with a focus on workers' compensation and providing cost containment solutions. Previously he served as Vice President of Sales and Account Management with MSC Care Management, Inc. /Strategic Surgical Solutions, S3. His responsibilities included new business sales and account management with key accounts including Fortune 500 companies, top 20 insurance firms and TPA's. Additionally he served in leadership positions with Integrated Healthcare Services, Aetna and Concentra.

If you would like to discuss our services further, please contact Rudy or Romeo directly.

Rudy Flores

Director of Sales, West
Region covers CA, NV, AZ, UT,
CO and NM

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Romeo Saenz

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Region covers TX, OK,
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Industry Leaders Share Best Practices for Return to Work Programs

By Lori Taylor, Director of Marketing and Communications



At the recent Workers' Compensation Educational Conference in Orlando, myMatrixx partnered with **Liberty Mutual** and **Helmsman Management Services** for a breakout session on **Return to Work**. The session included a stellar lineup of speakers who shared best practices, insights and tips on return to work programs. Though some of the details varied on how they ran their programs, one theme was constant throughout - employers must play an active role in getting injured employees back to work. With a formal return to work program in place and the commitment to get employees back to work, you will see results.

Don Shrey, President of **Advanced Transitions** and Emeritus Associate Professor of the **University of Cincinnati Medical Center**, shared some useful tips for developing and implementing a return to work program within your organization. He suggested a program should be categorized into three buckets – Policy, Prevention and Intervention. Some of his tips for setting up a return to work program included:

POLICY

- Do you have a return to work program set up? If not, start setting up the policies and procedures around the program.
- If you have a program does everyone in the company know about the program?
- Get support and buy-in from the management team, the employees, the union, etc.

PREVENTION

- Set up wellness, safety and ergonomics programs aimed at preventing injuries.
- Make your cost data relevant to the company to help management see where it impacts your bottom line. This goes a long way in helping to prevent injuries and return employees to work quicker.

INTERVENTION

- Do not wait for an injured worker to be 100% better to return to work. It's better to pay them to be at work, than to be at home.
- Create a gradual return to work program that employees can enter into while they are on the road to recovery.
- Include transitional work options that allow employees do some of the job or different duties temporarily.



Don's biggest piece of advice was to customize your return to work program for your company. There is no such thing as a cookie cutter program. What may work for one environment may not work for another.

Also speaking at the session was **Al Hammermiller**, Corporate Workers' Compensation Claim Manager for **UPS**. Al echoed Don's comments that keeping employees in the workplace and out of the workers' comp environment is the best scenario. UPS developed their return to work program around this concept which is called the Temporary Alternate Work Program or TAW. The goal of the program is to phase in the employee gradually back to work over an estimated 30 day period or longer if needed. In many cases the worker will do only some of their job or different duties for a temporary period of time to progressively get them back into their original position. During this time UPS also focuses on injury specific safety training to help avoid re-injury. Al also stressed constant communication during the process is critical between the company, the injured worker and the union. UPS has seen great success with this program and their employees know the company is committed to them. He added they have also seen an increase with employees returning to work by introducing a cost allocation to business units for loss time claims. Managers are assessed a fee for each loss time injury which is lifted once the employee returns to work. They are also given an injury expense budget so they can see how claims impact their bottom line and they are held accountable when they go over budget.

Rosa Royo, Workers' Compensation Supervisor with the **Miami Dade Public School District** has a unique set of challenges with managing multiple unions and an average of 7,000 injuries per year. With a large workforce and many unions she indicated communication is the most important part of her return to work

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RETURN TO WORK [continued from page 6](#)

program. Her advice is to make the union your ally. Let them know what you are doing in your program and the preventative steps you are taking. This helped her in one situation where the school district went above and beyond for one employee after an injury. The employee was no longer able to serve as a custodian so in an effort to return him to work he was given free training for a new position with the district. Additionally he received a free laptop, supplies and even a suit required for the new position. However, throughout the process he filed seven grievances against Rosa with the union. In the end the union supported Rosa and the school district when they knew all the steps they were taking to return this employee to work.

Finally **Stephen Buehrer**, Administrator and CEO of the **Ohio Bureau of Workers' Compensation** provided some insight into how the state has made great strides in their state's program. He agreed with the other speakers that prevention is key, "the best work comp claim you'll ever have is the one you



avoid," stated Buehrer. He added when an injury does occur, though you must take action, "the worst thing an employer can do is let an injured worker sit at home watching Jerry Springer." He encouraged employers to keep their injured workers moving along in the process to return to work. Don't just fight each claim. Get them to the doctor, starting rehab or whatever is needed to get them on the road to recovery. Get involved in the process and you'll see your employees embracing return to work.



EMPLOYEE SPOTLIGHT

Angela

ANGELA TILLMAN

PHARMACY SERVICES REPRESENTATIVE

One of myMatrixx's biggest achievements has been the success and substantial growth of the pharmacy department. Angela Tillman, a representative working in the Pharmacy Services Department, works every day to see that myMatrixx stays true to its vision of delivering an unimaginably great customer experience. Angela's primary responsibility is compiling the Rejection Report as well as answering overflow calls and live chats. Twice a week, she also assists in the printing of the Pharmacy Services Member ID Cards that are mailed directly to the patients. Additionally, Angela helps in Quality Assurance, training the new hires, and helping out with whatever she can. Just last year, Angela was given the honor of Champion for URAC Accreditation training.

It's no wonder Angela possesses this impressive work ethic. She began her career in retail where she gained valuable knowledge and experience in

customer relations. Additionally, she worked for PMSI and as an administrative assistant. Since joining the myMatrixx family in 2009, Angela has gone to great lengths to uphold myMatrixx's core values and mission. Angela says that she enjoys helping people by making a task like getting their medications just a little bit easier.

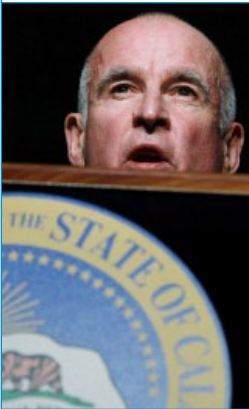
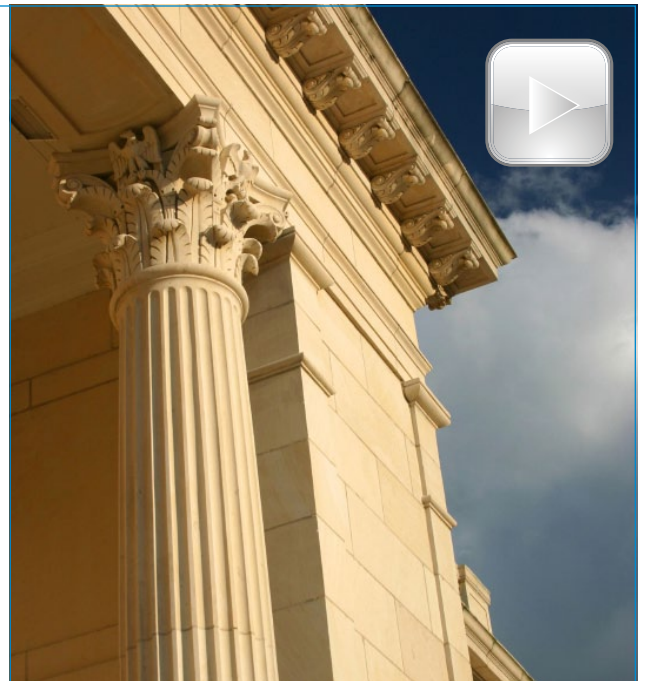
Outside of the office, Angela enjoys spending time with her boyfriend, Alex and their dog, Munchie. She enjoys cooking and has also recently taken up vegetable gardening. On the weekends, you can find Angela, with her friends and family, at the shooting range. These days, Angela is especially excited and busy awaiting the arrival of her first nephew, Jace!

Regulatory Updates

By Jaelene Fayhee,
Compliance and Govt. Affairs Director

Legislation adopted in CA and TX in 2013 is intended to improve access to medical services and reduce system costs.

CALIFORNIA: A burdensome pharmacy billing requirement included in SB 863, the major workers' compensation reform law adopted in 2012, has been reversed. SB 146, signed into law by Governor Jerry Brown on August 19, 2013, has an immediate effective date. SB 863 specified how the medical billing process should be initiated and considered complete. As a part of the implementation



California: A burdensome **pharmacy billing requirement** included in SB 863 . . .has been **reversed**.

process, the CA Division of Workers' Compensation revised the medical billing guidelines. One of the revisions required pharmacies to submit a copy of the prescription when submitting a medical bill. This requirement impeded electronic billing because the electronic billing standard for pharmacy bills does not support the inclusion of attachments. SB 146 adds language to the Labor Code saying a pharmacy does not have to include a copy of the prescription unless the provider has agreed to do so in a contract with the payer. This legislation is intended to reduce administrative expenses and encourage pharmacies to participate in the workers' compensation system.

TEXAS: SB 1322, effective September 1, 2013, allows the establishment of voluntary and informal networks for durable medical equipment and home health services. Since the adoption of HB 7, employers who have not contracted with a certified network were required to reimburse durable medical equipment and health services in accordance with fee guidelines. For most durable medical equipment and home health services, there

are few retail options for employees to access, thereby limiting an injured workers' choice in providers. Similar to the law allowing informal and voluntary networks for pharmacies, SB 1322 requires DME/Home Health informal networks to register with the state. myMatrixx offers clients access to both a pharmacy informal network and a DME/Home Health network. Both networks help reduce costs for employers and provide greater efficiency in delivering care to injured workers.

OTHER TX REGULATORY NEWS: "N" drugs prescribed for Injured Workers with a date of injury of January 1, 1991 and after will require preauthorization effective September 1, 2013 unless the carrier and prescriber have reached an agreement per Rule 134.510. If an agreement has not been reached, pharmacists presented with an "N" drug prescription on and after September 1, 2013, will receive a message that preauthorization is required. Adjusters will be notified through myMatrixx's portal. If you have any questions about the "N" drug process, please contact your client services manager.

In Memory of Tom Files



On July 31 the myMatrixx family lost someone near and dear to us, Tom Files, Vice President of Strategic Solutions. Tom passed away after a long hard fought battle with cancer. Tom was a part of the myMatrixx family for over six years and was a member of the Sales Team. Tom amazed everyone as he continued to work and serve our clients throughout his courageous battle. He never let cancer slow him down or get in the way of living his life to the fullest. Even during his treatments, and when he wasn't feeling his best, he was on weekly sales calls, in the myMatrixx booth at trade shows, and meeting with clients and partners.

Tom was an integral part of our success and embodied our core values. Tom motivated all of us to live by these core values and our vision to "deliver an unimaginably great customer experience." Tom's passion for his work and his clients was truly evident. He had a warm heart and touched everyone he met. And once you met Tom you would never forget him and his bow tie and southern charm.

When he started with the company we only had about 30 employees. Today even with over 160 team members, everyone knew Tom. Last year the employees unanimously voted for Tom to be one of the employees to travel to Chicago to accept the Best Places to Work in Insurance award on behalf of the company. He said it was one of his proudest moments at the company. His contributions to myMatrixx and our clients are far too many to count. He leaves a place in our heart and he will forever be remembered.

Condolences may be sent to his wife, Bonita Files, at P.O. Box 624, Steinhatchee, FL 32359 or may be given online at <http://www.nanisserenity.com>.

We will miss you Tom!

From all of us at myMatrixx

Upcoming Events & Conferences



California Workers' Compensation
and Risk Conference
October 2-4

North Carolina Workers' Compensation
Educational Conference
October 9-11

Texas Nonsubscription and Oklahoma Option:
Alternatives to Workers' Compensation
October 17-18

SWCEA 37th Annual Educational Conference
of Workers' Compensation
October 20-23

Illinois Chamber of Commerce Workers'
Compensation Conference
October 25

Texas PRIMA
November 10-13



Contact Us: 877-804-4900 mymatrixx.com

Questions? Feedback?

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accountmanagement@mymatrixx.com