



myMatrixx monitor

by Steven MacDonald, CEO

myMatrixx Culture



Last month, we received the highest form of compliment I can imagine from a customer. In fact, the accolades came from two separate customers, one of which is TPCIGA. They came to us to ask how we create a culture so dedicated to customer service. Not only had they noticed an outstanding level of service, but they wanted to know how we did it. VP of Client Services Lindsay Rios and Director of IT Joel Playford were even invited to the TPCIGA claims office to share our story and values with their team.

It's all about the team, but it starts with core values. At myMatrixx, our values define the foundation for a culture that enables a great workplace focused on providing a superior customer experience. And, our commitment to our core values is resolute. These values lay the course for the decisions our co-workers make every day. Core values govern choices made when no one is watching. For that reason, the values at myMatrixx

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good medicine
for business



by Steven MacDonald, CEO

myMatrixx Culture

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are not just concepts, but active forms of standards or actions to live by. Instead of having "Integrity," we "Do the Right Thing." Instead of "Customer Service," we "Serve with Passion" and "Respond with Care."

Many companies are diligent in defining the values most important to its success, but fail to transfer those values throughout the organization. At myMatrixx, our values are deeply seated and we make it a priority to build a workforce of people that genuinely match these values. To that end we created a hiring process that is more closely related to "matchmaking". The matchmaking takes more time, but when we find "our kind of person" they quickly see that "this is my kind of company." This process includes three to six questions for each core value that will require a candidate to recall a time when they demonstrated the value. (As in, "At your last job, was there a policy that you thought was unfair or didn't exactly agree with? What did you do about it?") The candidate is interviewed by multiple people and evaluated based on an

aggregate score for how well they match. THEN, we interview for competency.

Choosing to live by our values means to choose our own success. Sadly, we have had to sever relationships with very productive employees because of their continued disregard for our values. In the end, I believe hiring and firing by core values defines a company's relationship with their customers. To paraphrase Jim Collins in "Good to Great" - we get the wrong people off the bus, the right people on the bus and get them in the right seats.

Living by these values has helped cultivate one of the best and most underrated qualities between a company and their customer: good friendships. A good friend is always there to listen. He cares about your success. At his worst he says, "I'm sorry." He is reliable. He cares about what's good for you. Day in and day out being around a good friend is just "easy." I'm happy to say that many of my best and closest friends either work at MyMatrixx or is a customer.

myMatrixx Core Values Are:

- Do the Right Thing
- Serve with Passion
- Respond with Care
- Innovate Constantly
- Love to Learn



Clinical

CLINICAL CORNER

THE COMPENSABILITY OF DEPRESSION

by Michael Nguyen, PharmD

The American actress and long time advocate for paralysis victims Patricia Neal once said, "A strong positive mental attitude will create more miracles than any wonder drug." Nowhere is this truer than in pain management patients. But this is a chicken or the egg debate. Which comes first? And how much does one affect the other? The Doctor of Pharmacy interns at myMatrixx™ are always clear on the importance of understanding depression as a prerequisite to pain management therapy assessments. This is because the majority of pain management cases we review list depression and anxiety as a co-morbid condition. The same debates are echoed one case after another. Was the depression pre-existing? Or is it caused by the pain or disability? Is it even treatable?

The Official Disability Guidelines (ODG) includes a chapter devoted to "Mental Illness & Stress." The ODG justifies including this chapter by first saying that, "from a scientific perspective, an argument could be made that there is no need for this chapter in a workers' compensation medical treatment guideline. That argument would be based on the

difficulty that is associated with any effort to establish work-relatedness for mental illness." So why is this chapter included? The answer is: it can't be avoided, "Because mental illness claims have become common in workers compensation systems." This phenomenon has created, "a need to distinguish credible mental health care from non-credible mental health care." This is where myMatrixx's Clinical Pharmacology Consulting department comes in. The pharmacists and interns are committed to the opportunity of assessing mental health therapies against treatment guidelines, published studies, and drug monographs. All this is done under the current impression that pharmacological treatment is often unnecessary. There's a fundamental understanding among pharmacists that people are being over treated with antidepressants. The very definition of "disorder" in major depressive disorder (MDD) is, "a disturbance to the usual functioning of the mind or body". So when an injured patient reports that he is depressed because he can't

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It is still not clear if this chemical imbalance is a symptom, or the cause of the illness. In this respect, we still know very little about this prevalent condition which makes treatment challenging.

Clinical

CLINICAL CORNER

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function as before his injury and is not able to enjoy life as he used to, his reaction seems very normal to most of us. However, some clinicians don't agree. I remember during my psychiatry rotation, a rather healthy looking older female patient responded to the doctor's "good morning" with, "what's so good about it"? The doctor later briefed me on the details of her life, which seemed to be very favorable from my perspective. She was a wealthy



"Because **mental illness claims** have become common in workers compensation systems." This phenomenon has created a "need to distinguish **credible** mental health care from **non-credible** mental health care."

Some may say it's even a matter of trial and error. That's why it is so important to follow the guidelines that have been established through countless hours of collaboration and study by clinicians that have devoted their lives to understanding and treating this elusive condition. It is not ok for a clinician to prescribe a medication just because it is "new". As case managers, we must hold these clinicians accountable to the scientific process. If a drug is recommended as first line, it should be used first, and so forth. It should not be considered a "denial-of-care" when a claim for a second or third-line drug is disallowed and the first-line options are available.

This issue with "denial-of-care" seems to be a sensitive subject in workers' compensation and is not limited to this arena. Private insurance and Medicare/Medicaid are also accustomed to these issues. But "denial-of-care" has not deterred these payors from adhering to a standard of care, which is to follow guidelines and protocols that experts agree would be most appropriate. This is also referred to as "best practices". It is not intended to bar the use of these second and third line options completely. We only ask that the appropriate opportunity be given to the first-line options to establish the possibility of efficacy. This will ensure that the patient receives maximum

retired woman who had raised three sons that were successful in their relative careers. She had grandchildren that visited her often, yet she was depressed and couldn't get out of bed to see them. This is the essence of a "disorder". This woman had a lot of the things most of us would equate with happiness, yet she wasn't. It is this kind of presentation that provided the impetus for humans to look inside the brain and discover an imbalance of neurotransmitters. The drugs that came from these endeavors affect the neurotransmitters and are redesigned based on the responses we see from the patients. It is still not clear if this chemical imbalance is a symptom, or the cause of the illness. In this respect, we still know very little about this prevalent condition which makes treatment challenging.

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value from a particular regimen. These options are considered first-line because there is more evidence supporting safety and efficacy. It just so happens that the amount of evidence correlates to the market time of the drug. This results in expiration of the related patents, the availability of generic alternative, and an ultimate increase in cost effectiveness. It is unfortunate that some clinicians equate the value of a drug to its cost.

The ODG also emphasizes the importance of obtaining a credible diagnosis before initiating pharmacological treatment. This is because, "treatment research is primarily organized by diagnosis. Once a diagnosis is credibly established, the scientific literature can be reviewed in order to determine what treatments have demonstrated effectiveness for that condition". As clinicians, we must treat the symptoms and not just the complaint. For depression there are standards established to assess the presence and severity of these symptoms. This is often missing in the documentation that our consultants review. This documentation is necessary to justify the utility of drug therapy and also to monitor response to therapy. It is important to require clear documentation because these drugs are not benign. No drug is. If prescribed or taken inappropriately, any drug has the potential for causing harm which will deplete the whole purpose of a "wonder drug".

To learn more about depression and the implications for case management, please request a CE course authored by myMatrixx's Clinical Pharmacology Consulting Department.



UPDATE ON MEDICAL FOODS

by Phil Walls, R.Ph.

Last quarter we reported that Physician Therapeutics, LLC, of California received a warning letter from the FDA because the marketing of their medical food products violated federal law and FDA regulations. This was due to the fact that the products were not proven safe for human consumption. Well it turns out there is at least one other company producing medical foods: Primus Pharmaceuticals of Scottsdale, AZ. Primus has avoided the marketing pitfall by obtaining FDA GRAS (Generally Recognized as Safe) designation. In the FAQ section of their website, they state that their product Limbrel® is not a drug. Instead it is a medical food product which is not required to be proven effective, whereas a drug product must be proven both safe and effective.

Limbrel is a combination of flavocoxid™ and citrated zinc bisglycinate. Primus describes these ingredients on their website as "natural compounds from plant-based food sources which are generally accepted." They also describe Limbrel as "a powerful antioxidant, "soaking up" free radicals that are known to contribute to cartilage degradation in osteoarthritis.

Therefore, Limbrel is not a drug, and unlike NSAIDs, it has not been proven effective but rather that it's been proven safe and may offer dietary management for osteoarthritis. Primus does not discuss other types of inflammation other than to state that it is not intended for use in rheumatoid arthritis.

When asked if this drug should be covered by Workers' Compensation, my first response is that it is not a drug, and osteoarthritis may not be a compensable condition.

AWP for this non-drug product is currently \$1.92 per capsule which is more than double the AWP for naproxen which is an NSAID.



A RECAP AND WHAT HAPPENS NEXT

Texas vs. PBMs

by Josh Webster

2010 saw some interesting regulations for workers' compensation PBMs in the state of Texas. From a final version of the state closed formulary, to new procedures for the Medical Quality Review Panel, and the whole slew of adoptions that make up the new chapter 180, it was a busy year. But the biggest change would probably be the adoption of the emergency fee schedule that more or less maintains the status quo. This temporary pharmacy fee schedule, which can be found [here](#), even though giving a total overhaul to the verbiage of 28 TAC §134.503, still leaves us in the same position as we were this past January; legal for now.

With a maximum effectiveness of 180 days, the "doomsday clock" is still ticking for pharmacy benefits managers. The timeline of adoption and length of authority were respectively pending two separate, but vastly important issues. The rule was adopted exactly one week after the Attorney General's opinion (in regards to comp carriers paying reduced or contracted fees for pharmacy services) was delivered.

Apparently expecting a different answer from the Attorney General, or possibly feeling that it supported all the right regulations (we can only speculate), Commissioner Bordelon and his team quickly drafted and accepted the new fee schedule. Their hopes are that the legislature

2010 saw some interesting regulations for workers' compensation PBMs in the state of Texas.

will vindicate theirs, and others, hard work and efforts to keep benefits managers, as well as other cost reducers, in the Texas workers' compensation system.

Of course, all of this was not done on hopes and good intentions. Drafts for a "PBM bill" have been circulating between the Division of Workers' Compensation, key legislative members and their staff, along with other important committee members and officials within the state. A final draft for the bill should be introduced any day now. Then starts the good fight for PBMs, carriers, and anyone else affected by the increase in cost the loss of our services would cause.

As this issue changes, myMatrixx will keep all of its clients abreast of any updates available. We will be working hard and following it closely in the upcoming legislative session.



Did You Know?

The ODG "N" list drugs for the Texas Closed Formulary can be found on the Texas Department of Insurance website. The Excel document will be updated on a monthly basis, and available for free at the following link: <http://www.tdi.state.tx.us/wc/dm/index.html>

As a reminder, all "N" list drugs will require prior authorization before they are considered compensable.

CORE VALUES OF myMATRIXX

Love to Learn

by Stanton Daries

What does "Love to Learn" mean?

No one is an expert on everything. As stakeholders in myMatrixx, and in one's own future, loving to learn is essential in figuring out how things work and how to get things done. In a business focused on exceptional service, where technology is constantly evolving, it is essential to be ready for a curve ball. Utilizing our flexibility to meet client needs is critical; we are an organization that can offer alterable solutions to many problems. Each potential



Over the next several issues of "The Monitor", we will provide you with a personalized view of a core value through one of our employees eyes.

solution offers an opportunity to learn about our clients and the details associated with their operations. There is no true or singular established standard protocol. So you always need to be ready to learn something new and love when those opportunities come about, so that you can better yourself and the system.

Why did myMatrixx choose "Love to Learn" as a core value?

Everything an employee does in the company has to tie back to our customers and focus on keeping their faith in us; they are the lifeblood of myMatrixx. This is not just accomplished by only keeping up in technology or services, but by taking the time to learn what the root desire a client is expressing when they talk to us. It allows that employee to take the time to come up with new ideas and capabilities to improve both our operations and our clients operations. It allows us to demonstrate that we understand exactly what their intentions are and match an appropriate solution to their needs. It's a time where we can help to improve their business.

How would you try to instill this core value?

From a companywide perspective, every single employee working at myMatrixx has an open space in their job description giving them the ability to learn new things in relation to our business. By pushing that idea to each person we create an avenue of natural expansion of our workforce, which ultimately helps our clients. There is no true ceiling in the company's infrastructure and if someone is willing to take the time, dedicate the effort, and learn, they can expand their own skill-set, and expand our ability to help customers win in the marketplace.



myMatrixx Cares

Metropolitan Ministries

Once again myMatrixx helped others by providing about 50 turkeys and other items for families during the Thanksgiving Holiday. In partnership with Metropolitan Ministries, we were able to help out less fortunate families celebrate one of our country's cherished traditions. "It's always amazing to see the generosity from many of the Tampa Bay companies and families as you pull up to the building," said Joel Playford, Director of Information Technology. "As we pulled up this year, we were initially greeted by several volunteers who not only thanked us, but really showed their appreciation by helping us unload, take pictures, and organize the carts."



Dave

DAVE WILSON

BILL REVIEW LEAD

Dave Wilson began working at myMatrixx in February 2008 as an Accounts Receivable Representative

David Wilson heard about the open position from a family member who was currently employed at myMatrixx. After deciding to investigate the opportunity, he was most impressed with the corporate culture at myMatrixx. After almost 3 years of learning the ins and outs of several different positions, he was given the opportunity to become a team lead for the A.R. Department. Since taking on the role in A.R., David has increased his resume once again to assist in leading the Bill Review team.

Prior to working with myMatrixx, David worked at Target where some of his time was spent as a pharmacy assistant which gave him valuable insight on how retailers work with companies like myMatrixx.

David has taken the chance to utilize the similarities he saw at Target with their Guest Services program and map it with the myMatrixx "Customer First" vision and mission. This experience has helped him succeed when working with myMatrixx customers. One might say that David possesses the business DNA of a problem solver, and doesn't rest until the problem has been illuminated and our clients are satisfied with the outcome!



Upcoming Events myMatrixx will be attending:

Arizona Workers Compensation Claims Association (AWCCA) Annual Seminar

Phoenix, AZ
February 18th, 2011
www.awcca.org

South Carolina Workers' Compensation Education Association (SCWCEA) Medical Seminar

Charleston, SC
February 27th-March 1st, 2011
www.scwcea.org

International Association of Industrial Accident Boards & Commissions (IAIABC) Spring Forum

St. Louis, MO
March 14th-18th, 2011
www.iaibc.org

Educational Planning Committee (EPC) Rehabilitation & Medical Case Management Symposium

Greensboro, NC
March 19th-19th, 2011
www.rpcarolinas.com/epc.htm

Texas Association of Responsible Nonsubscribers (TXANS) Annual Conference

Austin, TX
April 6th-7th, 2011
www.txans.org

Arkansas Workers' Compensation Spring Fling

Hot Springs, AR
April 6th-8th, 2011
www.arkselfinsure.com

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Questions? Feedback?

We are always looking to better our programs and services. If you have a question or comment, please send your valued feedback via **this email:** accountmanagement@mymatrixx.com

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