

# CONTINUING EDUCATION NEWS *for* SELF INSURANCE CLAIMS ADMINISTRATORS



February 21, 2008

E-mail your questions to:  
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## Continuing Education Provides Re-certification Alternative

To ensure compliance with Title 51 RCW, a self-insurer must have at least one department-approved claims administrator at each location where claims are managed. The department's certification process is designed to measure the knowledge and skills of expert-level adjudicators who have a minimum of three years experience actively managing Washington workers compensation claims. These experts, once certified, act as subject matter resources and mentors to other claims staff at their location.

Rules were adopted effective October 1, 2007, that give new options to current department-approved claims administrators. To maintain approved status, individuals must remain active in the daily management of claims, and may either retake and pass the certification test every five years, or earn a minimum of 75 continuing education credits during that five-year period. WAC 296-15-360 outlines the continuing education option; it can be accessed at <http://apps.leg.wa.gov/WAC/default.aspx?cite=296-15-360>. *(Please note: WAC 296-15-360(5) references an online database for reporting credits earned. This database is not yet available. Credits must be tracked manually for the foreseeable future.)*

**Now, we need your help.** First, we need up-to-date contact information for every department-approved claims administrator in your organization. We want to make sure they are aware that a new option - continuing education - is available. TPAs and self-administered employers, please complete and return the enclosed form at your earliest convenience.

Second, please help us build a comprehensive continuing education curriculum. We are looking to recruit high-quality instructors and courses for accreditation. Do you know a consultant or trainer that can provide expert-level classes on Washington workers' compensation issues? If so, please tell them about our new program, and direct them to <http://www.lni.wa.gov/forms/pdf/207192af.pdf> to request that their class or course be accredited. Go to <http://www.lni.wa.gov/forms/pdf/207191af.pdf> if you have recently attended or are planning to attend a class and would like to request credit for attendance. (See the following page for the list of classes already accredited.)

**Want to stay informed?** We plan to use the listserv as our primary means of advising claims administrators of class offerings and other important information. To receive future editions of the Continuing Education newsletter, you must subscribe to this topic by going to <http://www.lni.wa.gov/Main/Listservs/ClaimsIns/SelfInsurance.asp>. If you are already a member of the general information listserv, enter your name and e-mail address. Then, under "Topics", select "Continuing education information", then click the "Update your options" button. If you are not already a member, enter your name and e-mail address, select the topics you are interested in, and then click "Join the list". If you have questions, please send an e-mail to [SIContEDU@lni.wa.gov](mailto:SIContEDU@lni.wa.gov).

**Currently accredited courses and events:**

<u>Course Title</u>	<u>Credits Assigned</u>
*WSIA's IIU Claims 3	3 (2 claims process, 1 medical)
*WSIA's IIU Claims 4	2 (claims process)
*WSIA's IIU WWCP Statutory Requirements (Held in October & November 2007)	4 (2 claims process, 1 legal, 1 elective)
*WSIA's IIU WWCP Medical Information	12 (medical)
*WSIA's IIU WWCP Claims Management	12 (11 claims process, 1 legal)
*WSIA's IIU Legal Issues Workshop (Held October 25-26, 2007)	9.5 (8.5 legal, 1 ethics)
*WSIA's Region 1 Meeting (Held January 9, 2008)	1.5 (legal)
*WSIA's Region 2 Meeting (Held November 8, 2007)	1.5 (medical)
*WSIA's Region 4 Meeting (Held October 24, 2007)	.5 (legal)
*WSIA's Region 6 Meeting (10/18/07) (Held October 18, 2007)	1.5 (medical)
*WSIA Winter East Conference: Psychiatric Issues and Pain Management (Held November 2, 2007)	5 (medical)
*WSIA Winter West Conference: Legislative and Legal Issues (Held January 18, 2008)	4 (2 legal, 1 claims process, 1 elective)
*WSIA Spring Conference: The Dept. of L & I from A to Z (To be held on March 14, 2008)	3 (1 legal, 1 claims process, 1 elective)
Meeting of the Minds - 2007 Workers' Comp. Conference (Held October 3-4, 2007)	3.5 (2 legal, 1.5 claims process)
Workers' Compensation Update in WA (Held November 28, 2007)	2.5 (.5 legal, 1 claims process, 1 elective)
Workers' Compensation Update in WA (To be held on February 27, 2008)	3 (1 legal, 2 claims process)
Advanced Topics in WA Workers' Comp.: Physical Capacity Calculation and Return to Work (Held November 3, 2007)	7 (4 claims process, 3 medical)

*\*For information about courses and events sponsored by the Washington Self-Insurers Association (WSIA), call (360) 754-6416 or (800) 736-7296, or visit their website at <http://www.wsiassn.org/>.*

# Department-approved claims administrators Updated contact information form *for continuing education*

Please provide a complete list. We will rely on this information to identify the department-approved claims administrators currently in your employ at each location.

Business / Organization name: \_\_\_\_\_

Primary contact person: \_\_\_\_\_  
*Name* *phone number*

Department-approved claims administrators in your employ:

1. Name: \_\_\_\_\_  Name change \_\_\_\_\_  
*Prior name*

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Office physical location: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Does this person work from home one or more days per week?  Yes  No

2. Name: \_\_\_\_\_  Name change \_\_\_\_\_  
*Prior name*

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Office physical location: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Does this person work from home one or more days per week?  Yes  No

3. Name: \_\_\_\_\_  Name change \_\_\_\_\_  
*Prior name*

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Office physical location: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Does this person work from home one or more days per week?  Yes  No

4. Name: \_\_\_\_\_  Name change \_\_\_\_\_  
*Prior name*

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Office physical location: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Does this person work from home one or more days per week?  Yes  No

5. Name: \_\_\_\_\_  Name change \_\_\_\_\_  
*Prior name*

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Office physical location: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Does this person work from home one or more days per week?  Yes  No

*If you have additional department-approved claims administrators, please copy page 2 of this form and attach the additional page(s). Mail form to: L&I Self Insurance, P.O. Box 44890, Olympia, WA 98504-4890. Or, you can fax forms to (360) 902-6977, attention Self Insurance Training Unit.*

*Thank you.*