

# WSIA Liaison Committee Report

**Glenn Hansen, WC Manager, Multicare Health System**  
**Patrick Reiman, Manager Claims, Sedgwick**  
**January 7, 2016**

The Liaison Committee met with representatives from the Department of Labor & Industries on September 3, 2015. Present for the meeting in whole or part from the Department were Jim Nylander, LaNae Lien, Brian Schmidtkofer, Gina Mayo, Christina Gonzalez (SIRAS), Autumn and Misti by phone (SIRAS), Present from WSIA were Kris Tefft, Glenn Hansen and Patrick Rieman.

As your representatives for the WSIA Liaison Committee we can provide assistance in resolving claim management issues, policy or procedure concerns or specific individual claim related issues through our bi-monthly meetings with the L&I representatives.

Please contact S-I Employer Representative Glenn Hansen, Self-Insured Employer Representative 253-459-6803 or email at [glenn.hansen@multicare.org](mailto:glenn.hansen@multicare.org) or TPA Representative Pat Reiman at 206-214-2813 or email at [patrick.reiman@sedgwickcms.com](mailto:patrick.reiman@sedgwickcms.com) with any issues you would like discussed during our next scheduled meeting in November.

## **GENERAL**

The safety topic involved making sure prepare for safe winter driving.

## **FOLLOW-UP ITEMS**

### **Staffing**

There are two open Audit positions and this has impacted the speed of completion of the tier 1 audits that had been planned for 2015. Q2 is not yet finalized. These are WACA openings. There is also hiring taking place for an office assistant and two vacant WACA 3 positions. Self-Insurance is looking for volunteers for an interview panel for the Audit positions with an eye toward finding candidates who can relate well with employers. Cindy Lord has returned to Audit. The Training Supervisor is also vacant. As a side note, there are two spots opening this year on the Curriculum Review Committee. Some overtime has been approved in Claims to get caught up.

### **Legal Services**

No updates here, but an issue was discussed to allow defense counsel to have the same access to the CAC on individual claims as claimant's counsel. A service request has been made to IS to see if this can be changed. There is apparently a way it can be done.

## **WSIA NEW ISSUES**

## **SIRAS Workflows**

As the IAIABC data standards are adopted, there are expected changes to how claim numbers are assigned. Pre-printed claim numbers on claim forms would be eliminated in this process. Glenn suggested that the Department be prepared to offer workflows that match up with the timing of the changes and that the workflow plans be a standing item on our meetings.

## **IME's on Reopenings**

Glenn brought up that it seemed to be the Department's common practice to request that an IME be scheduled on a high percentage of reopening applications. He questioned whether or not Self-Insurance had a process on this topic. LaNae said she would look into that.

## **Protests:**

Glenn brought up that employers are still seeing protest letters that should not be sent by the Department. LaNae said they are still working on training their adjudicators to recognize what is and what is not a protest to reduce the number of inadvertent protest letters being sent out.

Lisa had also brought up why there was a change in the formatting of allowance orders to put the protest language at the bottom. LaNae informed the group that they receive a high volume of calls from workers who were not reading past the protest language when it was at the top of the orders and were calling the Department asking if they needed to protest. The changed format is an effort to reduce the calls by putting the allowance language first.

## **SIRAS**

We learned that the medical data is not part of the proposed phase one SIRAS implementation and would require an additional cost to implement. It was strongly recommended not to try to include the medical data into phase one. Brian said there are three components to this process.

1. The EDI based on the IAIABC standard.
2. Web based interface.
3. Data analytics engine. This would be for benchmarking for self-insurance. They want to focus on the right thing and get the right elements.

The priority is to get the requirements nailed down and within that make sure the program adds value. The target is to have requirements finalized by June 2016. The system would be ready by 7/1/17 and required by 12/31/17. They will choose a sample group as a pilot after January 2017. Before putting hard dates to this, they need a timeline from the 3<sup>rd</sup> party vendor. The process will involve employer data being sent to the 3<sup>rd</sup> party vendor, then to the L & I system. Glenn reminded the group that some employers have been submitting for years and others never so to keep that in mind when developing a training continuum for this program.

Regarding medical, the recommendation was to leave that out for now and re-visit whether or not that was something we wanted to spend money on. Glenn mentioned that the medical data was one of the original driving factors of going to the IAIABC standard and had been mentioned in several settings including Colloquium. The group questioned how State Fund used data and what they used. Currently, only 4 other states are using the medical data according to the team, TX, NC, OR, CA.

### **Wage Audits:**

Brian updated the group on the challenges of completing Tier 1. He said they are still finishing Q2 and it has not gone as quickly as hoped. He is working on putting together a briefing on Tier 1 to share. There is a meeting 1/29 to discuss the next audit which may be timely payments. Glenn reiterated what he mentioned at a prior meeting by discussing the level of variance and how an audit with small variances should not be treated the same as an audit with significant variances. Brian said he would bring that topic to the next meeting for some discussion.

### **Certifications/Surrenders**

None.

## **SELF-INSURANCE BUSINESS PLAN UPDATE**

### **Audit Reform**

As above.

### **Measures**

The Department is still reviewing and adjusting performance measures. The current measures are attached. We also received data on reopening and deemed granted orders.

### **SI-CAMS** **Standard Performance Metrics**

A work items chart is attached.

## Safe Winter Driving

Winter driving can be hazardous and scary, especially in northern regions that get a lot of snow and ice. Additional preparations can help make a trip safer, or help motorists deal with an emergency. This sheet provides safety information to your residents to help prevent motor vehicle injuries due to winter storms.

*The three P's of Safe Winter Driving:*

**PREPARE** for the trip; **PROTECT** yourself; and **PREVENT** crashes on the road.

### PREPARE

**Maintain Your Car:** Check battery, tire tread, and windshield wipers, keep your windows clear, put no-freeze fluid in the washer reservoir, and check your antifreeze.

**Have On Hand:** flashlight, jumper cables, abrasive material (sand, kitty litter, even floor mats), shovel, snow brush and ice scraper, warning devices (like flares) and blankets. *For long trips, add* food and water, medication and cell phone.

**Stopped or Stalled?** Stay in your car, don't overexert, put bright markers on antenna or windows and shine dome light, and, if you run your car, clear exhaust pipe and run it just enough to stay warm.

**Plan Your route:** Allow plenty of time (check the weather and leave early if necessary), be familiar with the maps/ directions, and let others know your route and arrival time.

**Practice Cold Weather Driving!**

- \* During the daylight, rehearse maneuvers slowly on ice or snow in an empty lot.
- \* Steer into a skid.
- \* Know what your brakes will do: *stomp on antilock brakes, pump on non-antilock brakes.*
- \* Stopping distances are longer on water-covered ice and ice.
- \* Don't idle for a long time with the windows up or in an enclosed space.

### PROTECT YOURSELF

- \* Buckle up and use child safety seats properly.
- \* Never place a rear-facing infant seat in front of an air bag.
- \* Children 12 and under are much safer in the back seat.

### PREVENT CRASHES

- \* Drugs and alcohol never mix with driving.
- \* Slow down and increase distances between cars.
- \* Keep your eyes open for pedestrians walking in the road.
- \* Avoid fatigue – Get plenty of rest before the trip, stop at least every three hours, and rotate drivers if possible.
- \* If you are planning to drink, designate a sober driver.





# SIRAS: Medical EDI

January 7, 2016

## Overview

IAIABC's worker's compensation medical bill data reporting for medical bill and payment information is based on the Accredited Standards Committee (ASC X12) rules and standards. *ASC X12 was chartered by the American National Standards Institute.*

IAIABC has adopted 762 medical bill data elements from the ASC X12 standard. These data elements cover the majority of the reporting requirements for paper medical bills (i.e. CMS-1500), elements that are available to insurers or claim administrators during normal bill review processes or are contained on explanation of benefits (EOB) documents.

## Medical EDI Considerations

The implementation of medical EDI is a separate and distinct body of work from the implementation of claim EDI. Although the same work tasks (establishing data elements needed/wanted, developing element tables, event tables and edit matrix tables, etc.) are required for each EDI implementation, the medical EDI will require:

- 1) for developers, a separate work stream with subject matter experts (SMEs) in medical billing, and
- 2) for submitters, a separate submission of data (although still just a single portal).

Further research is being done to determine if submittals are exclusively used for reporting individual medical bill transactions per minimal requirements of IAIABC's Workers' Compensation Implementation Guide, and if so, could this system be alternatively used to:

- report just initial treatment and related medical bill payment transactions, or
- report on some other limited and specified event-driven basis.

The aim is for a reasonable number of submissions that add value and provide ease of administration for submitters. And, perhaps also include other data elements, beyond the minimal requirements listed below, such as National Provider Identification (NPI) and diagnosis codes.

## Minimal Requirements

Per IAIABC's Workers' Compensation Implementation Guide there are 20 data elements that are required to be reported (present) with each submittal based on ASC X12 rules.

1. Submitter Information
2. Receiver Information
3. Insurer/Self-Insured Name
4. Insurer/Self-Insured Postal Code

5. Employer Name
6. Date of Injury
7. Claimant Name
8. Claim Administrator Claim Number
9. Bill Record Information (*bill or invoice number assigned to bill by provider*)
- ← 10. Date Insurer Received Bill
11. Date of Bill
12. Date Insurer Paid Bill
13. Total Amount Paid Per Bill
14. Unique Bill Identification Number (*unique bill number assigned to bill by the insurer/self-insured*)
15. Record Transmission Tracking Number (*unique number assigned by sender to each medical bill record sent*)
16. Billing Provider Name
17. Billing Provider Address
18. Billing Provider City, State, and Postal Code
19. Billing Provider Tax Identification Number
20. Service Date(s)

### Proposed Next Steps

1. Further research the medical EDI opportunities and constraints and discuss with our anticipated contracted vendor who is familiar with the medical EDI process.
2. Determine whether medical EDI is feasible within the scope of this project and, if so, determine what adjustments will be needed in other areas to ensure project remains in scope.
3. If medical EDI is feasible, get additional feedback on customer desires to match expectations and identify key value-added data elements.

# SI Performance Measures 2015

	January	February	March	April	May	June	July	August	September	October	November	December
<b>Allowance</b>												
New	450	720	940	681	679	779	801	635	729	935	689	
Out	738	799	1311	707	629	1044	1144	963	1002	720	648	
Completed within 30 days	684	752	1276	677	601	991	1074	951	990	711	642	
Issued within 30 days percentage	98%	93%	94%	97%	96%	95%	94%	99%	99%	99%	99%	
Average days to complete	21	22	13	17	25	25	23	15	9	9	14	
Pending	64	339	185	264	443	513	424	132	33	266	335	
<b>Denial</b>												
New	402	326	430	379	357	423	414	411	372	413	346	
Out	476	392	502	426	352	483	441	447	470	376	331	
Completed within 30 days	407	342	454	391	324	450	414	415	439	347	289	
Issued within 30 days percentage	98%	86%	87%	90%	92%	92%	93%	94%	93%	92%	87%	
Average days to complete	20	15	12	11	11	13	15	13	11	11	13	
Pending	147	70	98	70	98	87	128	128	97	130	174	
<b>Closure PPD</b>												
New	202	208	221	253	203	261	236	283	233	246	178	
Out	247	245	230	243	225	203	298	356	235	299	222	
Completed within 60 days	222	215	210	217	204	175	259	308	201	255	195	
Issued within 60 days percentage	90%	88%	91%	89%	91%	86%	90%	87%	86%	85%	88%	
Completed within 90 days	242	231	221	233	211	189	276	325	214	272	217	
Issued within 90 days percentage	90%	98%	94%	96%	96%	94%	93%	91%	91%	91%	98%	
Average days to complete	26	25	25	25	26	31	33	32	34	35	31	
Pending	158	109	170	168	135	196	193	162	254	222	212	
<b>Closure TC/NC</b>												
New	476	515	471	574	568	640	505	491	552	532	435	
Out	679	574	631	501	556	629	650	730	491	611	494	
Completed within 60 days	470	480	564	433	469	518	554	568	375	509	388	
Issued within 60 days percentage	69%	84%	89%	86%	84%	82%	85%	78%	76%	83%	79%	
Completed within 90 days	599	541	583	473	514	562	604	656	438	577	450	
Issued within 90 days percentage	90%	88%	94%	92%	94%	89%	93%	90%	89%	94%	91%	
Average days to complete	45	33	34	32	34	39	37	40	41	38	42	
Pending	507	396	495	484	488	513	456	350	698	705	693	

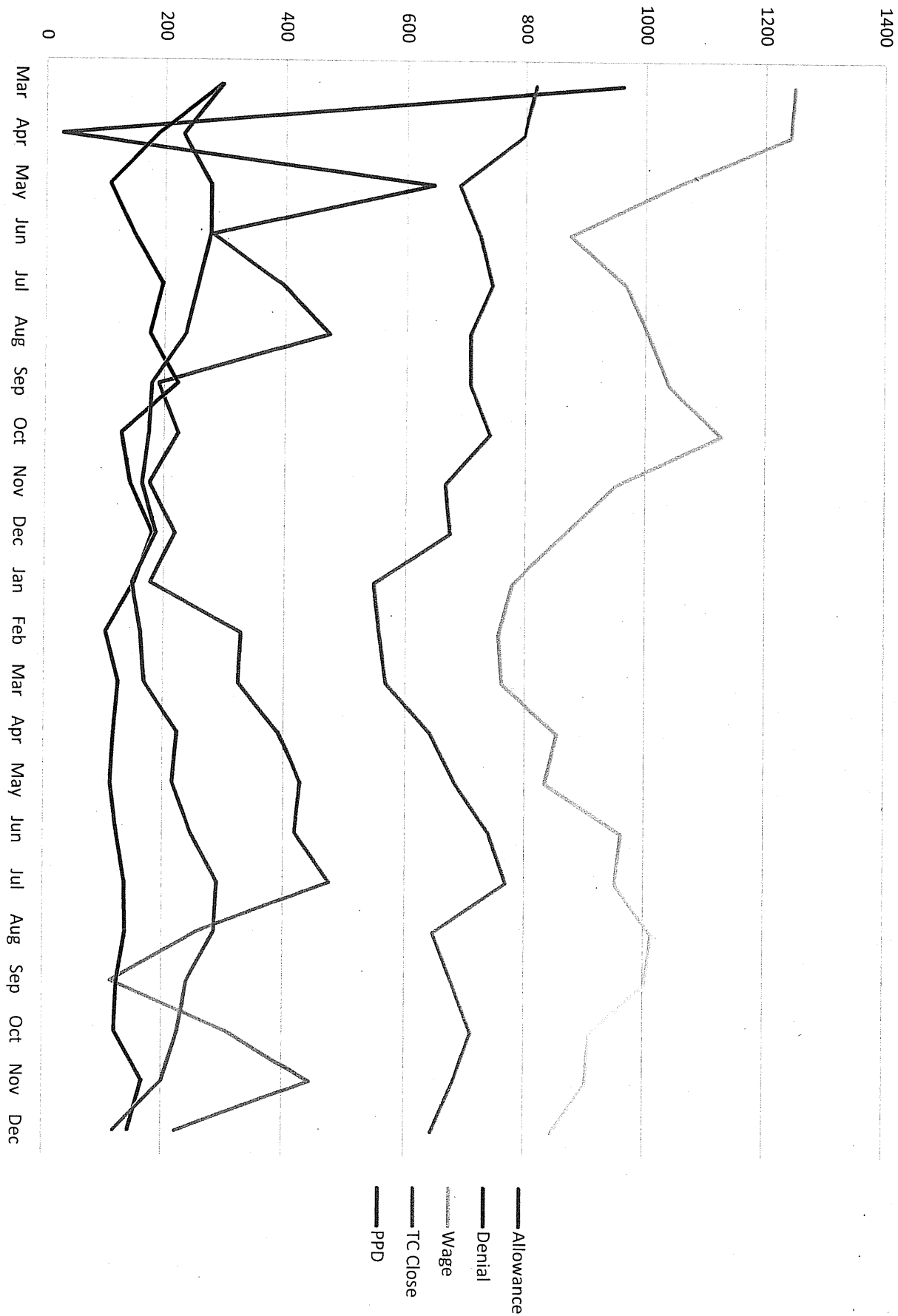
# SI Performance Measures 2015

<b>Protest</b>																
New	276	248	320	332	318	294	310	247	285	367	279					
Out	345	314	355	330	343	351	382	340	307	310	313					
Completed within 90 days	306	279	316	308	304	326	336	295	275	273	275					
Issued within 90 days percentage	90%	89%	89%	90%	94%	89%	93%	88%	87%	90%	88%					
Average days to complete	44	40	38	41	51	41	51	51	43	45	49					
Pending	198	170	333	260	247	226	270	224	402	434	453					
<b>Wage</b>																
New	534	669	728	725	724	800	767	669	686	751	564					
Out	786	782	847	710	734	779	886	840	700	814	732					
Completed within 60 days	559	600	749	603	640	672	786	634	543	650	581					
Issued within 60 days percentage	70%	71%	77%	88%	85%	87%	86%	89%	75%	78%	80%					
Average days to complete	49	38	29	32	35	33	31	43	42	39	41					
Pending	707	487	694	579	651	636	570	508	977	971	893					
Total New	2340	2686	3110	2944	2849	3197	3033	2736	2857	3244	2491					
Total Out	3271	3106	3876	2917	2839	3489	3801	3676	3205	3130	2740					
Total Pending	1781	1571	1975	1825	2062	2171	2041	1504	2461	2728	2760					



PENDING

# SICAM Work Items



## Self-Insured Over 7 Requests Data

### 2013

Total number of requests completed – 27 (11 requests for PPD & 17 requests for TL)

Granted – 21 (5 for PPD & 16 for TL)

Denied – 6 (5 for PPD & 1 for TL)

#### Reasons for allowance:

- Increase in impairment
- Surgery
- unable to work due to industrial injury

#### Reasons for denial:

- no significant increase in impairment
- No documentation to support being attached to the workforce.

### 2014

Total number of requests completed – 19 (1 request for PPD & 8 requests for TL)

Found eligible – 19

Not eligible – 0

#### Reasons for allowance:

- Increase in impairment
- Surgery
- unable to work due to industrial injury

### 2015 (thru October 30th)

Total number of requests completed – 17 (1 request for PPD & 16 for TL)

Found eligible – 16 (1 request for PPD & 15 for TL)

Not eligible – 1 (request for TL)

#### Reasons for allowance:

- Increase in impairment
- Surgery
- unable to work due to industrial injury

#### Reasons for denial:

- Only received conservative treatment which did not impact earning capacity.

# Self-Insurance Reopening Data:

Reopening/Reopening Denial Orders Issued	2013	2014	2015
Reopen	843	742	670
Deny	1230	1198	1079
Total:	2073	1940	1749

Over 7 Orders Issued	2013	2014	2015*
Med only	47	32	57
Director Discretion request (PD / TL)	27	19	18
Total:	74	51	75

\*Through 12/8/15