

WSIA Liaison Committee Report

Glenn Hansen, WC Manager, Multicare Health System
Patrick Reiman, Director Claims, Sedgwick
May 21, 2018

The Liaison Committee met with representatives from the Department of Labor & Industries on May 21, 2018 10:00a.m.-12:15p.m. Present for the meeting in whole or part of meeting from the Department were Jim Nylander, Mike Ratko, Brian Schmidkofer, Simone Javaher (by phone), Debra Hatzialexiou (email), Matt Carrithers and KC Wilkerson. Present from WSIA were Kris Tefft (by phone) Glenn Hansen and Patrick Reiman.

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 or TPA Representative Pat Reiman at 206-214-2813 or email at patrick.reiman@sedgwickcms.com with any issues you would like discussed during our next scheduled meeting in November.

GENERAL

Discussion on ladder use safety. Glenn will be transition off this team as he fulfills other volunteer duties within WSIA.

WSIA ITEMS

Legal Services

Structured Settlements-Debra was unable to make the meeting but provided follow up email mentioning rejection reasons for CRSSA with main ones being mistaken in social security paragraph, incorrect payment schedules and binding the Department to issue an Order effecting the agreement. A new template will be provided for CRSSA agreements. The next Upjohn study is mid 2019 which focuses on outcomes, quality and effectiveness and includes interviews of SIE and SIE employees and potentially TPAs.

Vocational/Director discretionary language on orders-Transferrable skills voc outcome language is still in works on programming. Orders, in addition to language closing claim or ending time loss with ability to work transferrable skills, will add "In the event this decision is overturned, the Director reserves the right to provide vocational services."

New SIE

Medical EDI-goal 100% by 7/1/18 but don't anticipate will reach. Now at 75% and expect to be at 95%. Still looking at error process improvement opportunities. KC Wilkerson working with vendor ISO. 95% now registered with 75% reporting. Majority

of SIE employee population will be captured. Anticipate another year or so before any specific full development undertaken.

IT Projects

KC W. provided Self-Insurance project map which provides projects with date requested, project number and impact area. Challenges are older system such as Linis and programmer availability for changes. We requested estimated completion date be added, prioritization by color or number so visible top projects, keep completed items on with completion date so progress tracked, update legend to include gray colored items and also provide definition/acronym page.

Matt C., liaison between SI and IT, updated movement from priority based to sprint based IT request which places emphasis on delivery times from IT. Framework has been mapped out and now working with staff and should pilot next few weeks. Also discussed blocking based on size of project. Works with SI section on project prioritization, but challenge is lot of work not exclusive to SI section. They are pulling out exclusive items to see if can address quicker especially if just touches SI system. Still working CAC DA access.

Email service of Orders-in process. Concern expressed how do we assure to correct recipient with use of secure messaging.

Lots to mail-to operationalize it this summer.

Rules Modernization

Financial reporting and requirements on separate track.

Transition from order based system vs. letter system and SI section at L&I only involved if dispute. Jim N. had provided draft of updates of proposed WAC changes. Discussion primarily around WAC 296-15-350 in-State change as well as WAC 296-15-266 and does that provide SIE with more certainty on 2 year look back on penalty potential. Other initial items with proposed changes are WAC 296-15-330, 296-15-340, 296-15-360, 296-15-400, 296-15-420 and 296-15-425 (new section), Emphasis being placed on communication to injured employee on (1) starting, stopping or denying time loss, (2) accept/deny conditions, (3) wage calculation, (4) treatment authorization/denial (5) over/underpayment and forms for allowance, denial, interlocutory and closure, Next meeting of workgroup is 5/31 so any comments get to Lisa Vivian, Mike Rathko, Jim Nylander or Kris Tefft.

Claims auto adjudication will be part of business transformation process. Process currently is different in State Fund vs. SI section so need to see if opportunities exist. Business transformation will be phases not a 'big bang' change.

SELF-INSURANCE UPDATE

OMD Policy Updates

See attached handout for 5/2018 Health Policy News. Simone went over these and also provided information on payment policy for teleconsultations and other telehealth

services (attached). Be sure and check out updated Attending Provider Resource Center and provide any feedback to Simone as potential other manuals to move to similar format. HTCC is also looking at low back fusion issues. Glenn inquired on situations where SIMP not successful, then what next steps. We discussed also using SIMP earlier in claim life rather than as last ditch effort.

State Fund v. Self-Insurance Willful Misrepresentation procedures

Draft Willful Misrepresentation checklist was provided for review/input.

SI-CAMS

Have implemented visibility of pending work items in CAC (see attached handout). Suggested see if can house elsewhere too so more intuitive to find i.e. in claim no. itself. Inquired in how dates are set-by assigned Adjudicator, but they have heat map based on SI-CAMS metrics on their desktop as does Supervisor.

Audit

See attached audit plan brief update. Software glitch so on report Fieldwork also includes Finalization numbers. Brian advises audits going quickly. Appears less SIE will fall to Tier II then pilot audit, although current Tier I was prior Tier II and current Tier II is prior Tier I. Will track and report out on penalties arising from audit.

Staffing

1.7 FTE for Hanford approved by legislation hired. Also Starla Tresnowski on temp. assignment for 1 year as supervisor of this team. Still unsure of claim volume. Lots of inquiries at DOE/Contractor dedicated Resource Center site but may not result in claim filings so still trying to grasp volume. Don't anticipate impact to other L&I staff.

Certifications/Surrenders

No new certifications or surrenders

SI-CAMS Performance Metrics

Report to be provided



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

Health Policy News for Self-Insured Employers May, 2018

Completed Work

Be sure to check out the web page, ProviderNews.Lni.wa.gov for postings about new health care policies and guidelines. The latest ones are:

Shoulder Guideline adds Superior Capsular Reconstruction

This IIMAC sponsored guideline has been updated with coverage criteria, narrative explanations, and evidence references to allow for a salvage procedure when the rotator cuff cannot be successfully repaired. A physician must review requests for the procedure. While the surgery was already being requested by providers and reviewed by Qualis Health, the addendum makes the review criteria and process more transparent. IIMAC approved the addendum at the April 26, 2018 quarterly meeting. The updated guideline became effective May 1, 2018.

Attending Provider Resource Center, Version 2.0 Launched

Version 2.0 of the [AP Resource Center](#) was launched in April with expanded content and a new graphic design. (Quick reminder: the AP Resource Center was first launched in September, 2017 and replaces the former Attending Doctors' Handbook). Continuing medical education has been designed for this resource and is in the process of being programmed for the web. Positive feedback has been received about this new version.

New Associate Medical Director for Chiropractic Services

Morgan Young DC has joined the Office of the Medical Director to oversee Chiropractic Services and lead the Industrial Insurance Chiropractic Advisory Committee. He replaces Bob Mootz DC, who retired in May. His contact info is morgan.young@lni.wa.gov and 360-902-4998.

Health Technology Decisions from the WA Health Technology Clinical Committee

Two topics whose decisions are final are:

- Genomic Microarray for Diagnosing Genetic Abnormalities – does not apply to L&
- Continuous glucose monitoring – would only be payable if diabetes is accepted on the claim

Work that is Underway

Sacroiliac Fusion

A policy is being developed for sacroiliac fusion, and is considered an “interim coverage decision” because it was not developed by an IIMAC sponsored subcommittee. Drs. Lee Glass and Chris Howe (IIMAC member) proposed the criteria because, with the advent of new technologies such as the iFuse system, Qualis Health was seeing an increase in the number of requests for this type of procedure. The policy will be incorporated into a multiple procedure guideline for the lower spine, which we plan to begin in 2019.

Acupuncture

The acupuncture pilot is running smoothly. Since October of 2017, about 200 claimants received care from about 40 pilot providers (out of 208 eligible). It appears all regions have had at least one claimant seen. We project having about six months of complete data in July 2018 and will share preliminary data with the pilot participants and other interested stakeholders.

SIMP Working Group

The IIMAC SIMP (Structured Intensive Multidisciplinary Program) workgroup has focused on four areas to help cover potential gaps in care, and will fit well within the Healthy Worker 2020 strategic plan.

- Multi-disciplinary patient evaluation
- Opioid-specific taper and/or detox with initiation of MAT
- Mini-SIMP focused on functional restoration
- Patient education classes on chronic pain

Health Technology Decisions from the WA Health Technology Clinical Committee

Topics currently under review are:

- Gene expression profile testing of cancer tissue
- Surgery for symptomatic lumbar radiculopathy
- Pharmacogenetics testing

Overview of new CAC page: Pending work items

To access the new CAC page, customers would go to the Self-Insured Information section of the navigation and would select either one of the pending work items links.

The screenshot shows the user interface of the Claim & Account Center. At the top, the navigation bar includes the Washington State Department of Labor & Industries logo, the user's name 'Casey Sullivan', and a 'Log out' button. The main content area is divided into several sections:

- Help**: A link to the help page.
- Welcome**: A personalized greeting.
- Claim information**: A list of links including 'Send information to L&I', 'Claim payments', 'Electronic Payments', 'Employer accounts', and 'Retro group administrator'.
- Self-insured information**: A list of links including 'Claim imaged documents', 'Report a problem', 'Pending work items', and 'Vocational Profile'. A red arrow points to the 'Pending work items' link.

Below the navigation, there is a section titled 'Self-insured information' with a sub-section 'View documents'. It contains the following text:

View documents
View documents pertaining to claims.

Report a problem with a claim covered by a self-insured employer
If you are an injured worker, a health care provider, or a worker's representative and have an issue with a claim beginning with S, T, or W, you may report the problem here.

Pending Self-Insured Claim Work Items
View pending work items on self-insured claims.

A red arrow points to the 'Pending Self-Insured Claim Work Items' link.

At the bottom of the page, there is a footer with the following text:

Washington State Dept. of Labor & Industries. Use of this site is subject to the laws of the state of Washington. Access Agreement Privacy & Security Statement Intended Use/External Content Policy Staff Only

Access Washington
Creating State Government

Overview of new CAC page: Pending work items

Next, they would input the specific claim # that they want to view. Note: if they were already accessing the SI claim on another screen, then that claim # will automatically populate this interface, and this step would be skipped.

Washington State Department of Labor & Industries

Help

Welcome

- Claim information
- Send information to L&I
- Claim payments
- Electronic Payments
- Employer accounts
- Retro group administrator

Pending Work Items

Enter Claim #

Get Claim

Please enter a self-insured Claim ID.

Claim number	Worker name	Employer name	Attending doctor	Claim Manager	Injury date
				360-902-4567	

Claim & Account Center

Casey Sullivan

Log out

Overview of new CAC page: Pending work items

The new screen displays the following information from the SICAM work item:

- Work item type
- Received date
- Current status
- Next review date
- Completed date

Help

Welcome

- Claim information
- Send information to L&I
- Claim payments
- Electronic Payments
- Employer accounts
- Retro group administrator
- Self-insured information
- Claim imaged documents
- Report a problem
- Pending work items

Pending Work Items

Enter Claim #

Claim number SF99999 **Injury date** 9/8/2014

Worker name TEST SI-BANK

Employer name TEST SI ACCOUNT II

Attending doctor CASEY E SULLIVAN 360-902-6986

Claim Manager **Claim Manager fax** 360-902-4567

Pending work items.
 Click on the column headers to sort your results list.

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Work Item Type	Received Date	Current Status	Next Review Date	Completed Date
Reopening	05/17/2016	Work In Progress	05/31/2018	
Penalty request proof of payment	04/26/2016	Completed		07/20/2016
Penalty request time-loss	04/26/2016	Completed		07/20/2016
Penalty request wage	04/26/2016	Completed		07/20/2016

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Audit Plan Brief: Self-Insurance – Audit

May 18, 2018

Background

The new SI Compliance audit plan was approved on December 31st, 2017. The audit team began work on the plan January 1st, 2018. Tier 1 consists of 353 employers. The performance portion of the plan is to run concurrently. Employers that do not pass Tier 1 will move directly into the Tier 2 phase and those that do not pass Tier 2 move directly into the Tier 3 phase. This brief is intended to show where the audit team is at in completing the audit plan. This will be shared quarterly or as needed.

Current Statistics as of May 18, 2018

Audit Statistics Summary	
Total Employers Scheduled Tier 1	353
Total Employers Remaining Tier 1	189
Phase of Audit	
Planning	6
Fieldwork	88
Finalization	0
Total in Process	94
Employer Pass/Not Pass	
Passed (80% threshold)	49
Not passed and moved to Tier 2	11
Employer No Audit Eligible Claims	
# of Employers	10
Total	70

Key Performance Indicator's (KPI's) for 2018

Direct Hours – Measures the percentage of gross hours used in providing client services (i.e. actual audit work).

2018 Goal – **68%** Actual – **75%**

Red Book Standards¹ – Measures the percentage of services satisfying Red Book requirements using a two-level quality assurance review process.

2018 Goal – **99%** Actual – **100%**

¹ The International Professional Practices Framework (IPPF) aka *Redbook* is the conceptual framework that organizes Authoritative Guidance published by the Institute of Internal Audit for auditors.

Client Satisfaction – Measures the percentage of clients who, based on their experience during the audit, report being satisfied with the service they received.

2016 Goal – 75% Actual – TBD%***1st Report will be available end of May 2018

Opportunities/Resolution

Opportunities	Resolution

Staff contact

Brian Schmidkofer, Self-Insurance Compliance Operations Manager (360) 902-6839

SELF-INSURANCE PROJECT MAP

MISSION: PROVIDE REGULATORY OVERSIGHT

ADMINISTRATION

2210-834863 SIRAS: Modifications to Medical EDI UI – rejected bills and errors

2210-834908 SIRAS: Modifications to Medical EDI UI – new uncorrected errors page and other enhancements

2210-833617 DW: Medical EDI Bill table updates

2210-688049 L&I website
SI Employer list repair

Medical Bill EDI reporting
SIRAS
Goal: 100% SIE reporting Jul 2018

RULES MODERNIZATION
Update existing SI rules so processes and procedures are contemporary and efficient.

EMPLOYER PORTAL
Create service portal for direct electronic communication to the department for injured workers

2210-834598 SIRAS
SIRAS Medical EDI UI Tracker
Date Requested: 2017

EMPLOYER PORTAL
Create service portal for direct electronic communication to the department for injured workers

Collect data that informs policy

SIRAS
Collect medical bill data via electronic data interchange.

Establish efficiency measures

Auto Adjudication of Claims
BUSINESS TRANSFORMATION

BUSINESS TRANSFORMATION
Align the department's people, processes, and technology, with a focus on customer service.

Collect data that informs policy

Use systems wisely

- * Build confidence with
- * Take action that's pro for employers
- * Make the Self-Insurance accessible and easy to
- * Ensure we're a strong responsive oversight t
- * Create efficiencies by internal processes

CLAIMS

2210-686388
SICAM: Add Denial selection to Interlocutory work items; Feb 2018

22210-832106 LINIIS
DOE presumption flag
Date Requested: Apr 2018

SICAM
Track claim-related work items and create process efficiencies for adjudicators.

Review & track work items

2210-756323
SICAM: Repair the active work item indicators; Feb 2018

2210-676906 CAC / SICAM
Display SICAM work items
Date Requested: Mar 2017

LINIIS
Store claim data and feed to other department applications.

Create open & transparent communication

2210-637137 SICAM:
Reassign the work item for coverage; Feb 2018

2210-676906 CAC / SICAM
Add defense counsel access
Date Requested: Mar 2017

RULES MODERNIZATION
Update existing SI rules so processes and procedures are contemporary and efficient.

Reduce Adjudicator processing time

2210-610505 SICAM: Capture the creator's ID in the Work Item Details

MAIL
Update forms and processing standards.

2210-646876 SICAM: Add newly contended condition dispute extension requests

SICAM enhancements
Add tab to support DOE presumption
Date Requested: Apr 2018

Reduce processing time

2210-610499 SICAM: Adding a Remarks field; Jun 2015

LOTS to MAIL
Upgrade Mail platform and templates
Date Requested: Sept 2015

SICAM
Track claim-related work items and create process efficiencies for adjudicators.

2210-610482 SICAM: Reopening received date

2210-688121 SICAM: Heat mapping countdown and statistical pause

2210-787488 SICAM: Parameter changes to the default review dates

2210-6766894 SICAM
Add secure messaging
Date Requested: Dec 2016

2210-688124 SICAM: Secure the Protest Extension Granted checkbox

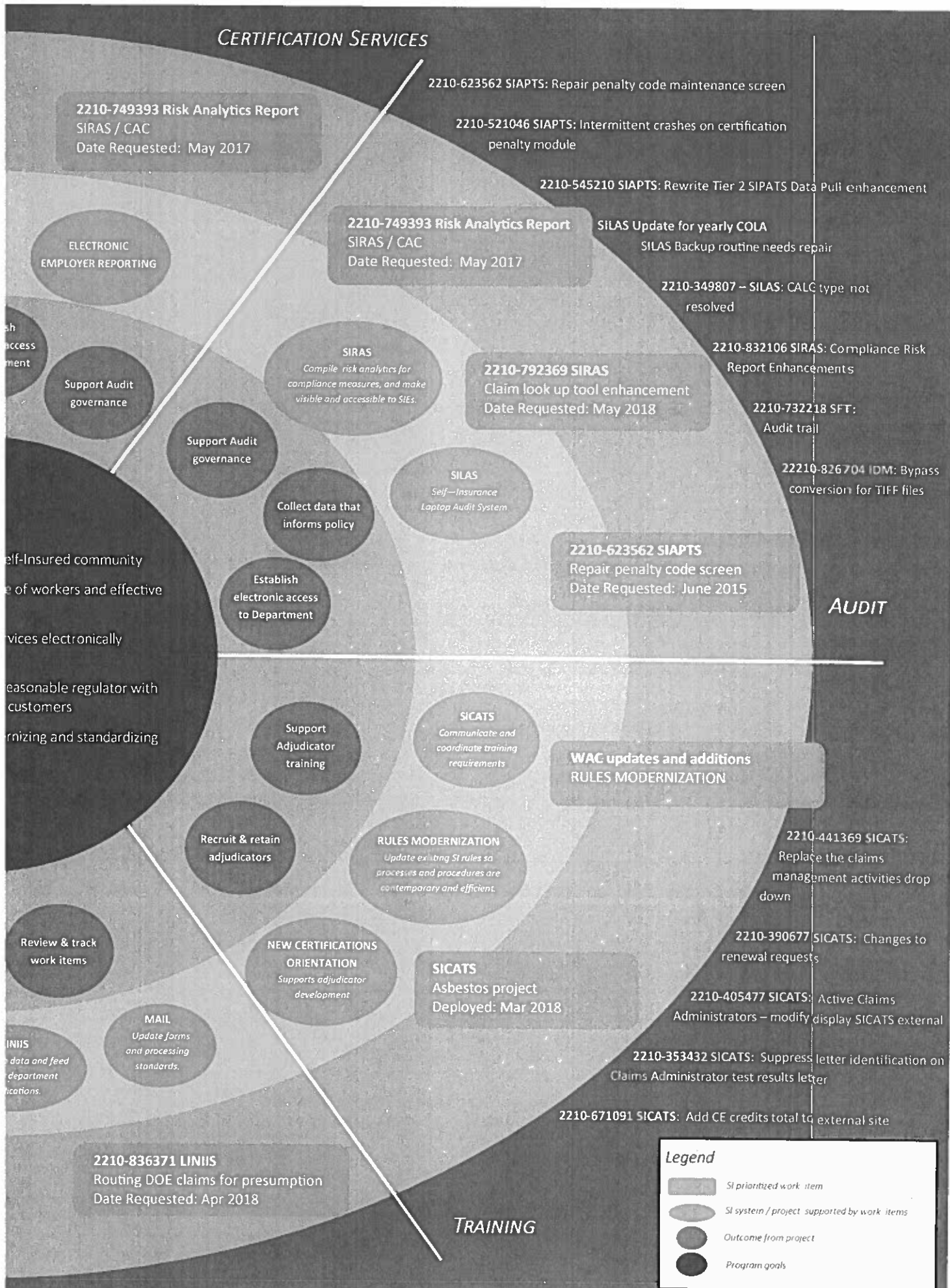
2210-797544 SICAM: Changes to penalty work item template DOE enhancements to SICAM Wage Calculation Worksheet

2210-708880 SIEDRS: Monthly archiving of messaging table data; Mar 2017

2210-769844 ORION: Wage Worksheet; Sept 2017

CLAIM INITIATION

RIGHT TO THE SELF-INSURANCE COMMUNITY



Payment policy: Teleconsultations and other telehealth services

System requirements

Telehealth services and teleconsultations require an interactive telecommunication system, consisting of special audio and video equipment that permits real time consultation between the patient and consultant. Providers are responsible for ensuring the complete confidentiality and privacy of the worker is protected at all times.

Note: L&I adopted a modified version of CMS's policy on teleconsultations and other telehealth services.

Coverage of teleconsultations

Teleconsultations are covered in the same manner as face-to-face consultations, but in addition, all of the following conditions must be met:

- The **consultant** must be a:
 - Doctor as described in [WAC 296-20-01002](#), *or*
 - ARNP, *or*
 - PhD Clinical Psychologist, *or*
 - Consulting DC who is an approved consultant with L&I, *and*
- The **referring provider** must be one of the following:
 - MD, *or*
 - DO, *or*
 - ND, *or*
 - DPM, *or*
 - OD, *or*
 - DMD, *or*
 - DDS, *or*
 - DC, *or*
 - ARNP, *or*
 - PA, *or*

- PhD Clinical Psychologist, *and*
- The patient must be present at the time of the consultation, *and*
- The exam of the patient must be under the control of the consultant, *and*
- Interactive audio and video telecommunications must be used allowing real time communication between the patient and the consultant, *and*
- The consultant must submit a written report documenting this service to the referring provider, and must send a copy to the insurer, *and*
- A referring provider who isn't the attending must consult with the attending provider before making the referral.

Links: For more information about coverage of these services, see WAC 296-20-045 and WAC 296-20-051. Also, see WAC 296-20-01002.

Labor & Industries

Willful Misrepresentation Checklist

The following documentation is required for the department to make a determination whether willful misrepresentation or fraud was used to obtain workers' compensation benefits (benefits may include: time-loss compensation, medical or vocational benefits). If any of the documentation is missing, it will be considered an incomplete submission. After review of a complete submission, the Pension Adjudicator will make a decision as to whether or not willful misrepresentation exists. An overpayment and 50% penalty will also be addressed.

Required Documentation
<p>1. An investigation report, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Summary <input type="checkbox"/> Date of discovery <input type="checkbox"/> Copies of time-loss/loss of earning power checks (front and back) and/or payment logs <input type="checkbox"/> Statements of witnesses or employers (include names, addresses and phone numbers) <input type="checkbox"/> Interview with worker (written or recorded preferred) (or documentation of attempt to interview) . <input type="checkbox"/> Dates of employment <input type="checkbox"/> All pertinent documents (payroll records, employment papers, business contracts, etc.) with source information (where from, who provided, etc.) <input type="checkbox"/> Other identified witnesses <input type="checkbox"/> Medical reviews — Doctor's questionnaire, IME, Voc with Job Analysis (JA) <input type="checkbox"/> Worker Verification Forms <input type="checkbox"/> Activity Prescription Forms (APFs), Functional Capacity Evaluations (FCEs) <input type="checkbox"/> Medical Records <input type="checkbox"/> SIF-2, PIR, Re-opening Application <input type="checkbox"/> Any other affidavits or information from the Claimant regarding his/her status <input type="checkbox"/> Employment Security Department Reports
<p>a) If you are contending medical or prescription willful misrepresentation, include documentation listing the specific medical/prescriptions, the dates involved and associated costs.</p>
<p>b) If you are contending vocational services received are included in the willful misrepresentation, include documentation regarding the specific vocational services, the dates involved, and associated costs.</p>
<p>c) If you have surveillance of the worker, please send a copy of the video and a description of what the video contains. Videos should be sent to <i>(insert Pension Adjudicator address)</i>. Retain the original for possible legal proceedings.</p>
<p>d) If you are contending worker is Self Employed Issues:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Beginning and end dates of self employment. <input type="checkbox"/> Have customers been contacted? <input type="checkbox"/> Have copies of business licenses been obtained? Need certified copy of Master Business License Application (or at least of regular copy of the MBL application) <input type="checkbox"/> Any employees contacted? Written or recorded interviews? <input type="checkbox"/> Any contracts for work to be done obtained? <input type="checkbox"/> Any bank records obtained? If so, analysis done? <input type="checkbox"/> Any other evidence that establishes gross/net earnings.

Summary

Willful Misrepresentation Summary:

- What is the misrepresentation period? Basis?
- What is the total loss to the employer? How was that calculated/determined?
- Any issues with Statute of Limitations (facts that establish date of discovery)?

Describe elements and how each has been met:

- Intentionally Obtained L&I Benefits
- That he/she was not entitled to
- By color or aid of deception (or) by willful misrepresentation or omission of material fact

Required Actions

Before submission to the Department:

- Send copy of complete investigation file to worker (or request).
- Include cover letter requiring a response to the willful misrepresentation allegation within 30 days.
- Upon receipt, forward entire worker response along with the complete investigation, to the Department.