

# WSIA Liaison Committee Report

**Patrick Reiman, Director Claims, Sedgwick  
Laura Merritt, King County  
Sept. 6, 2018**

The Liaison Committee met with representatives from the Department of Labor & Industries on Sept. 6, 2018 9:00a.m.-12:00p.m. Present for the meeting in whole or part of meeting from the Department were Jim Nylander, LaNae Lien, Mike Ratko, Brian Schmidkofer, Simone Javaher and Gina Mayo. Present from WSIA were Kris Tefft, Lisa Vivian, Patrick Reiman and Laura Merritt.

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 Employer Representative Laura Merritt at email [Laura.Merritt@kingcounty.gov](mailto:Laura.Merritt@kingcounty.gov) 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**

Introduction and welcome to Laura Merritt joining WSIA Liaison replacing Glenn Hansen. Safety-see handout on back to school safety tips.

## **WSIA ITEMS**

### **LEP**

L&I recognizes missed opportunity at annual update training to provide education before communication. L&I will establish short-term committee with recommendations from liaison and L&I leadership of Erik Samuelsen, Terri Nienkark, Chris Fowler and Kelly Early from SIE/TPA community to address issues such as bonus, HCB, KOS and overtime while on LEP as they as well as Glenn Hansen, Pat Reiman and Lisa Vivian had already reached out to L&I post training delivery. L&I to continue to seek clarification not changes and also LEP due is result of disability from injury/disease not other factors as well as focus on education before sanction. In meantime LaNae's team is to escalate to her and Jim any protests around LEP. Suggestion was made in future have peers or community preview training prior to delivery. Suggest committee review FAQ document and training material as starting point. Also need to be consistent with State Fund on calculation.

### **Legal Services**

Ongoing discussion on status of discretionary languages on orders to give Director 2<sup>nd</sup> review of vocational issues vs. bound by BIIA decision on pension. Coral is coordinating case selection for SIE and SF cases with Debra H. on when to add language to orders on transferrable skills voc outcomes. Further discussion with SI to be held at Board meeting if want this broadened to all cases for SIE. LaNae advises has seen language on some SIE O&N.

### **Rules Modernization**

CR-102 packet filed and will be going out on list serve (went out 9/6) and has already gone out on Rules Update list serve. Kris T. has received some contact already primarily from defense attorneys. Hearings 10/29 Vancouver, 10/30 Tumwater and Tukwila, 10/31 Spokane and written due by 11/1. Rate hearings will be at same time. Anticipate at end open Q&A at each session. Kris may put together webinar on rule making and public hearings. Discussed important L&I messages what trying to accomplish with follow up to list serve and limitations to impact rules not statutory provisions as well as next steps/areas to be reviewed in modernization process.

Also as modernization moves forward need to keep eye on utilization of staff and functions.

### **Joint Orders**

A meeting to be held this p.m. internally at L&I on issue. Lisa provided example and inquired on level of review for new claims being sent to SIE as in her example medical pre-dated employment with SIE so should have stayed with State Funder employer.

### **Second Injury Fund**

Research assigned for usage review and rating. Also to look if investment shortfall should be not experienced rated. Target feedback 11/1.

## **SELF-INSURANCE UPDATE**

### **OMD Policy Updates**

See attached handout for 9/2018 Health Policy News. Simone went over these. From discussion appears acupuncture pilot which concludes in Oct. will move forward on coverage and was pre-determined prior to the study. To be determined may be frequency and duration. Acupuncture as exists limited to low back but concern expressed on broadening it. Right now limited usage but once approved does that change. Felt requirements may be challenge for providers. Also concern use the rule making process utilized here on other areas such as Master Level Health Counselors.

### **Employer Portal**

Suggested at 9/14 WSIA Fall Conf. Kris or Joel Sacks mention at end of Joel's session and provide forms with opportunity for SIE community input on what this should look like as no feedback to date from prior efforts.

### **Hanford Update**

See attached FAQ updated. LaNae and Starla toured site and LaNae shared some interesting aspects of site uniqueness. Office Inspector General report published and still sees media interest. Of note is Hanford SI team rebranded presumption team so will also review presumption issues outside Hanford claims such as PTSD. Laura inquired on question for pre-employment or IME on PTSD issues.

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

See attached report on rolling 12 month. LaNae mentioned looking to add dispute tracking metric.

**Audit**

See attached report. Discussion around credibility of findings if SIE had low volume of claims reviewed. Governance committee meeting and will put on agenda. Mentioned also governance committee rolling terms 1, 2 & 3 years and those year 1 may be coming due to replace. Next phase 2019 stays in same order and if passed Tier 1 prior not subject to audit in 2019. Suggested

**Staffing**

Opening level 3 Tina's team to replace Joe Gonia. Audit has non-perm Joan Osborn in certification services.

**Certifications/Surrenders**

New certifications-one in process potentially for 10/1

## **Slow Down: Back to School Means Sharing the Road**

School days bring congestion: School buses are picking up their passengers, kids on bikes are hurrying to get to school before the bell rings, harried parents are trying to drop their kids off before work. It's never more important for drivers to slow down and pay attention than when kids are present – especially before and after school.

### **Sharing the Road with Young Pedestrians**

- Don't block the crosswalk when stopped at a red light or waiting to make a turn, forcing pedestrians to go around you; this could put them in the path of moving traffic
- In a school zone when flashers are blinking, always stop and yield to pedestrians crossing the crosswalk or intersection
- Always stop for a school patrol officer or crossing guard holding up a stop sign
- Take extra care to look out for children in school zones, near playgrounds and parks, and in all residential areas
- Never pass a vehicle stopped for pedestrians

### **Sharing the Road with School Buses**

- Allow a greater following distance than if you were driving behind a car.
- Never pass a bus from behind – or from either direction if you're on an undivided road – if it is stopped to load or unload children
- If the yellow or red lights are flashing and the stop arm is extended, traffic must stop
- The area 10 feet around a school bus is the most dangerous for children; stop far enough back to allow them space to safely enter and exit the bus
- Be alert; children often are unpredictable, and they tend to ignore hazards and take risks
- Traffic fines double in school zones. The fines cannot be waived, reduced, or suspended.

## Head Up, Phone Down When Headed Back to School

- Summertime offers a reprieve from school-year activities, but once fall rolls around again life becomes much more hectic. Parents and kids have a lot of new distractions to deal with: carpools, early schedules, after-school activities, bus traffic and more.

## Teens at Greater Risk

- Back in 1995, children ages 5 to 9 were more at risk than any other age group under 19 for being struck by a vehicle while walking. Today, there has been a noticeable demographic shift. It is now much more likely a teenager will be hit by a car than his younger counterpart.
- According to *Injury Facts*, of the 438 pedestrians ages 5 to 19 who died after being hit by a motor vehicle in 2016, 269 of those, or 61%, were 15 to 19 years old. We also know that about 44 pedestrians age 19 and younger are injured every day, often during the hours before and after school and peaking in September.
- Over all age groups, since 2009, pedestrian fatalities have risen 46%, with nearly 6,000 people struck and killed in 2016.

## Cell Phones: A Deadly Distraction

- Never walk while texting or talking on the phone.
- If texting, move out of the way of others and stop on the sidewalk.
- Never cross the street while using an electronic device.
- Do not walk with headphones in your ears - be mindful that many children and teens DO walk with buds in so they cannot easily hear you.
- Be aware of your surroundings.
- Always walk on the sidewalk if one is available; if you must walk on the street, face oncoming traffic.
- Look left, right, then left again before crossing the street.
- Cross only at crosswalks.



## Audit Plan Brief: Self-Insurance – Audit

September 5, 2018

### Background

The new SI Compliance audit plan was approved on December 31<sup>st</sup>, 2017. The audit team began work on the plan January 1<sup>st</sup>, 2018. The Timeliness Review consists of 353 employers. The performance portion of the plan is to run concurrently. Employers that do not pass the Timeliness Review will move directly into the Wage Review and those that do not pass Wage Review will move directly into the Entitlement Review. 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 September 5, 2018

Audit Statistics Summary	
<b>Total Employers Scheduled Timeliness Review</b>	<b>353</b>
<b>Total Employers Remaining Timeliness Review</b>	<b>97</b>
<b>Phase of Audit</b>	
Planning	7
Fieldwork	78
<b>Total In Process</b>	<b>85</b>
<b>Employer Pass/Not Pass</b>	
Passed (80% threshold)	119
Not passed and moved to Tier 2	35
<b>Employer No Audit Eligible Claims</b>	
# of Employers	17
<b>Total</b>	<b>171</b>
<b>Total Employers Wage Review</b>	<b>35</b>
<b>Total Employers Remaining Wage Review</b>	<b>13</b>
<b>Phase of Audit</b>	
Planning	2
Fieldwork	19
<b>Total In Process</b>	<b>21</b>
<b>Employer Pass/Not Pass</b>	
Passed (80% threshold)	0
Not passed and moved to Tier 2	0
<b>Employer No Audit Eligible Claims</b>	

# of Employers	1
<b>Total</b>	<b>1</b>
<b>Total Employers Entitlement Review</b>	<b>0</b>
<b>Total Employers Remaining Entitlement Review Phase of Audit</b>	<b>0</b>
Planning	0
Fieldwork	0
<b>Total In Process</b>	<b>0</b>
<b>Employer Pass/Not Pass</b>	
Passed (80% threshold)	0
Not passed and moved to Tier 2	0
<b>Employer No Audit Eligible Claims</b>	
# of Employers	0
<b>Total</b>	<b>0</b>

### 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 – **70% as of August 31, 2018**

**Red Book Standards<sup>1</sup>** – Measures the percentage of services satisfying Red Book requirements using a two-level quality assurance review process.

2018 Goal – **99%** Actual – **100%**

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

2018 Goal – **75%** Actual – **100% as of August 31, 2018**

### Opportunities/Resolution

Opportunities	Resolution

<sup>1</sup> 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.

**Staff contact**

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



# SI-CAM PERFORMANCE MEASURES 2018

2017									
Work Item	Target	July	August	September	October	November	December	January	February
<b>Allowance</b>									
In (Newly Received)		574	729	563	845	616	330	513	733
Out (Completed During Month)		642	755	623	727	669	563	843	756
Completed within 30 days		633	747	615	723	663	545	809	721
Issued within 30 days percentage	98%	98%	99%	99%	99%	99%	97%	96%	95%
Average days to complete		6	7	7	6	8	12	21	11
Pending		20	85	30	92	79	34	91	170
<b>Denial</b>									
In (Newly Received)		291	421	359	422	347	370	394	378
Out (Completed During Month)		320	443	376	409	335	419	489	329
Completed within 30 days		311	435	364	398	328	406	471	320
Issued within 30 days percentage	98%	97%	98%	97%	97%	98%	97%	96%	97%
Average days to complete		7	6	8	6	7	9	10	10
Pending		50	65	47	40	67	50	47	69
<b>Closure PPD</b>									
In (Newly Received)		222	195	158	248	204	213	226	210
Out (Completed During Month)		278	253	188	227	234	177	290	171
Completed within 60 days		260	233	173	217	224	169	279	156
Issued within 60 days percentage	90%	94%	92%	92%	96%	96%	95%	96%	91%
Average days to complete		20	22	24	17	19	17	21	23
Pending		152	121	92	116	99	149	110	167
<b>Closure TC/NC</b>									
In (Newly Received)		484	493	435	605	521	469	625	572
Out (Completed During Month)		639	629	483	598	482	491	706	460
Completed within 60 days		570	570	427	552	462	467	633	430
Issued within 60 days percentage	90%	90%	91%	88%	92%	96%	95%	90%	93%
Average days to complete		30	29	30	26	27	25	28	30
Pending		492	398	367	373	439	457	453	599
<b>Protest</b>									
In (Newly Received)		232	356	290	325	267	295	272	249
Out (Completed During Month)		327	415	349	342	276	347	310	267
Completed within 90 days		273	342	299	296	249	311	272	236
Issued within 90 days percentage	90%	83%	82%	86%	86%	90%	90%	87%	88%
Average days to complete		55	50	47	48	41	43	50	45
Pending		428	433	403	350	376	395	388	400
<b>Wage</b>									
In (Newly Received)		689	866	667	950	705	462	725	764
Out (Completed During Month)		775	896	781	869	738	660	931	694
Completed within 60 days		718	828	733	823	712	627	890	663
Issued within 60 days percentage	70%	92%	92%	94%	95%	96%	95%	96%	96%
Average days to complete		24	23	20	18	18	21	26	20
Pending		476	439	353	387	397	348	401	515
<b>Total New</b>		<b>2492</b>	<b>3060</b>	<b>2472</b>	<b>3395</b>	<b>2660</b>	<b>2139</b>	<b>2755</b>	<b>2906</b>
<b>Total Out</b>		<b>2981</b>	<b>3391</b>	<b>2800</b>	<b>3172</b>	<b>2734</b>	<b>2657</b>	<b>3569</b>	<b>2677</b>
<b>Total Pending</b>		<b>1618</b>	<b>1541</b>	<b>1292</b>	<b>1358</b>	<b>1457</b>	<b>1433</b>	<b>1490</b>	<b>1920</b>

# SI-CAM PERFORMANCE MEASURES 2018

2018				
March	April	May	June	July2
722	331	504	719	750
733	565	903	929	831
717	501	794	829	809
98%	89%	88%	89%	97%
12	10	30	9	19
19	44	12	108	14
452	330	312	342	390
367	468	401	375	377
360	432	384	364	361
98%	92%	96%	97%	96%
9	21	24	19	19
30	43	22	51	43
236	175	184	200	234
236	210	237	210	228
225	200	225	195	213
95%	95%	95%	93%	93%
23	46	27	25	23
123	113	100	110	123
714	578	551	537	657
704	601	865	580	668
648	526	792	536	620
92%	88%	92%	92%	93%
30	28	29	26	23
540	577	417	441	429
335	155	296	276	271
345	319	378	269	290
310	275	334	228	265
90%	86%	88%	85%	91%
48	49	54	50	53
427	396	380	411	388
829	466	614	725	762
867	634	1048	902	804
832	606	1017	861	781
96%	96%	97%	95%	97%
21	29	26	19	20
404	435	289	387	309
3288	2035	2461	2799	3064
3252	2797	3832	3265	3198
1543	1608	1220	1508	1306



## **Hanford Presumption Laws – Frequently Asked Questions**

### **Hanford Presumption Law – RCW 51.32.187**

#### **What is the Hanford Presumption and who does this affect?**

The Hanford Presumption bill was passed in March 2018 and was effective on June 7, 2018. For Department of Energy (DOE) Hanford site workers, including contractors or subcontractors, who worked on the site for at least one eight-hour shift while covered under the state's industrial insurance laws, there is a presumption that the specific diseases and conditions listed below are related to that exposure. The presumption only applies to workers who worked directly or indirectly for the United States, regarding projects and contracts at the Hanford nuclear site, and who worked at one of the following regions: the two hundred east, two hundred west, three hundred area, environmental restoration disposal facility site, central plateau, or a river corridor location. The presumption will be given to current workers, past workers and survivors of workers who have died from the conditions included in the bill.

#### **What are the conditions covered by the law?**

- Respiratory disease
- Any heart problems, experienced within 72 hours of exposure to fumes, toxic substances, or chemicals at this site
- Beryllium sensitization, and acute and chronic beryllium disease
- Neurological disease

If a worker showed no evidence of cancer when given a qualifying medical examination upon becoming a Hanford site worker, the presumption also applies to certain cancers. The cancers are:

- Leukemia
- Primary or secondary lung cancer, including bronchi and trachea, sarcoma of the lung, other than in situ lung cancer that is discovered during or after a postmortem examination, but not including mesothelioma or pleura cancer
- Primary or secondary bone cancer, including the bone form of solitary plasmacytoma, myelodysplastic syndrome, myelofibrosis with myeloid metaplasia, essential thrombocytosis or essential thrombocythemia, primary polycythemia vera (also called polycythemia rubra vera, P. vera, primary polycythemia, proliferative polycythemia, spent-phase polycythemia, or primary erythremia)
- Primary or secondary renal (kidney) cancer
- Lymphomas, other than Hodgkin's disease
- Waldenstrom's macroglobulinemia and mycosis fungoides



■ **Primary cancer of the:**

- Thyroid
- Male or female breast
- Esophagus
- Stomach
- Pharynx, including all three areas, oropharynx, nasopharynx, and hypopharynx and the larynx. The oropharynx includes base of the tongue, soft palate and tonsils (the hypopharynx includes the pyriform sinus).
- Small intestine
- Pancreas
- Bile ducts, including ampulla of Vater
- Gall bladder
- Salivary gland
- Urinary bladder
- Brain (malignancies only; not including intracranial endocrine glands and other parts of the central nervous system or borderline astrocytomas)
- Colon, including rectum, and appendix
- Ovary, including fallopian tubes if both organs are involved
- Liver, except if cirrhosis or hepatitis B is indicated

**What is the definition of a qualifying medical examination?**

A qualifying medical examination is a medical exam done at the request of an employer to determine if the worker qualifies for a position with the employer at the time of hire. For the cancer presumption to apply, the worker must have been given a qualifying medical examination. The examination does not have to specifically screen for cancers covered under the presumption.

**Could these conditions be excluded from coverage?**

Claims that meet the criteria for presumption and have no extenuating circumstances (cancer that pre-existed employment, etc.) should be reviewed for allowance as soon as possible. If evidence is later identified that supports rebuttal, the allowance order can be protested within the 60-day time frame.

The Hanford Presumption Law requires “clear and convincing” evidence for rebuttal. Since the law requires such a high threshold, L&I believes rebuttal to presumptive claims will be the exception in most cases.

**What if a claim was previously denied for one of these conditions?**

A worker or the survivor of a worker who has died from one of the conditions or diseases, whose claim was denied by Labor & Industries, the Board of Industrial Insurance Appeals, or a court, may file a new claim for the same exposure and contended condition or disease.

**When do benefits start for claims allowed under this presumption?**

Workers are eligible for benefits retroactive to the date of manifestation of the occupational disease condition. The date of manifestation is determined by the date the condition was first treated or became disabling, whichever occurred first. Workers, or other parties affected, are not required to ask for benefits

back to the date of manifestation, however if retroactive benefits are requested, they must be paid, if the worker is otherwise entitled.

#### **What If I already received benefits from another payer?**

Workers who have received medical, time-loss or other benefits from a payer during a period that they contend and receive benefits from L&I or a self-insurer should be aware that in some cases an offset of benefits may result.

For time-loss benefits, this means that if L&I or a self-insurer pays retroactive benefits for a period that a worker has already received other wage replacement benefits such as private long-term disability (LTD), Social Security benefits, or Federal benefits, the worker may be required to repay a portion or all of previously paid benefits. To determine whether an offset of those benefits may occur and if so what the offset will be, the worker should determine what benefits they received during the period they are contending back time-loss and who paid those benefits. They should then contact that payer and ask if there would be an offset, and if so, for how much.

For medical bills, this means that a private medical insurance or other insurer that has paid for medical bills relating to a condition that is now covered by the industrial insurance may request their payments to be reimbursed by the provider they paid. The department or self-insurer is responsible for paying for medical treatment relating to conditions on an allowed claim.

Although we are unable to list contact information for all payers on each individual claim, the contact information for a couple of the common payers is listed below.

For information about federal benefits and the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) claims and questions you may contact:

Hanford Resource Center  
303 Bradley Blvd Ste 104  
Richland, WA 99352  
888-654-0014

For information about offsets regarding Social Security benefits, you may contact:

Social Security Offset  
360-902-5119

#### **Are both Self-Insured and State Fund employers impacted by this presumption?**

A worker is entitled to benefits whether the employer is self-insured or insured under the State Fund. The assignment of the insurer responsible for the payment of benefits will be made based on who the worker's employer was on the date of manifestation, if the presumption is met with that employer. If the presumption is not met with that employer, the assignment of the insurer will be made based on the last employer where the worker met the presumption prior to the date of manifestation.

#### **How do I file a claim?**

**If your employer was self-insured:** contact the employer/contractor who employed you during the time you worked at the Hanford site. You may also call DOE's representative, Penser North America Inc., at (509) 420-7290. They will supply you with a Self-Insurer Accident Report (SIF-2) and can discuss the process in detail with you. Please complete the SIF-2 and return it to them as soon as possible.

**If your employer was State Fund:** you can file the accident report at your doctor's office, on our website 24 hours a day (filefast.lni.wa.gov), or by calling L&I Monday through Friday 8:00 am to 5:00 pm at 1-877-561-3453. If you complete the accident report at your doctor's office, the doctor files the form for you.

**How do beneficiaries/survivors file for benefits?**

Survivors should complete the Beneficiary Application for Claim Benefits form and return it to L&I. The form can be found at:

<https://www.lni.wa.gov/Forms/pdf/F242-056-000.pdf>

**What do I do to prove I qualify under the new law?**

- Provide or work with your employer to provide documentation that you worked at least one eight-hour shift in one of the following areas:
  - two hundred east
  - two hundred west
  - three hundred area
  - environmental restoration disposal facility site
  - central plateau
  - river corridor location
- Have a diagnosis from a medical provider for one of the conditions listed in the section "What are the conditions included in the law" above
- If your diagnosis is for cancer, you must also provide a copy of a qualifying medical exam report

If you have additional questions, contact Starla Treznoski from the Department of Labor & Industries Self-Insurance program at (360) 902-5668.

**For details read the complete law at:**

<http://app.leg.wa.gov/RCW/default.aspx?cite=51.32.187>



## OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

# Health Policy News for Self-Insured Employers September 2018

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## Completed Work

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

### Genicular Nerve Blocks

L&I Office of the Medical Director has determined that genicular nerve blocks (surrounding the knee) are not covered when used solely for therapeutic treatment of chronic knee pain. This policy decision does not affect coverage of the blocks when done as perioperative anesthesia or to treat acute pain, or for diagnostic purposes when an ablation is being considered. **Effective October 1, 2018.**

## Health Technology Decisions from the [WA Health Technology Clinical Committee](#)

### Gene expression profile testing of cancer tissue

Gene expression profile (GEP) testing analyzes the expression patterns of a number of different genes within cancer cells to predict the cancer's aggressiveness and risk of recurrence. GEP testing has been used to help inform decisions on treatments of different cancers. These tests can lead to potential benefits, such as more appropriate treatment decisions and better patient outcomes, including avoidance of treatment-related side effects by forgoing unnecessary treatments.

**Coverage decision:** Covered with conditions for breast cancer tissue and of prostate cancer tissue. Not covered for multiple myeloma and of colon cancer tissue. **Effective date: October 1, 2018**

### **Conditions of Coverage:**

One test per twelve (12) months per index cancer and when test results will impact treatment decisions.

#### **Breast cancer**

*Oncotype DX, EndoPredict, Prosigna, and MammaPrint* tests are covered for early stage 1 or 2 cancer.

- Estrogen receptor positive and HER2-NEU negative
- Lymph node negative or 1-3 lymph node(s) positive

*Mammostrat* and *BCI* tests are covered only for women with stage 1 or 2 cancer deciding about hormone therapy.

#### **Prostate cancer**

*Oncotype DX* and *Prolaris* are covered during early stage disease. *Decipher* is covered for men deciding between active surveillance and adjuvant radiotherapy after radical prostatectomy.

### Surgery for symptomatic lumbar radiculopathy

Lumbar radiculopathy is a clinical syndrome characterized by radiating leg pain, with or without motor weakness, and sensory disturbances in a myotomal or dermatomal distribution. The objective of treatment for radiculopathy is symptom relief through nonsurgical management, or surgical intervention to decompress the affected nerve.



**Coverage decision:** Covered with conditions **Effective date November 1, 2018.**

Open discectomy or microdiscectomy with or without endoscopy (lumbar laminectomy, laminotomy, discectomy, foraminotomy) are covered with the following conditions:

- For adult patients with lumbar radiculopathy with subjective and objective neurologic findings that are corroborated with an advanced imaging test (*i.e.*, Computed Tomography (CT) scan, Magnetic Resonance Imaging (MRI) or myelogram), AND
- There is a failure to improve with a minimum of six weeks of non-surgical care, unless progressive motor weakness is present

**Non-covered indicators:**

Minimally invasive procedures that do not include laminectomy, laminotomy, or foraminotomy including but not limited to energy ablation techniques, Automated Percutaneous Lumbar Discectomy (APLD), percutaneous laser, nucleoplasty, etc. are not covered.

Pharmacogenetic testing for patients being treated with oral anticoagulants

**Coverage decision:** Not Covered, **Effective date November 1, 2018.**

## Work that is Underway

### Acupuncture Pilot

The [acupuncture pilot](#) is running smoothly. Preliminary data was shared with the L&I advisory committees in July. Full slides are attached; pilot project manager Zach Gray will present update to WSIA liaison meeting in November.

### SIMP Working Group

The IIMAC SIMP (Structured Intensive Multidisciplinary Program) workgroup has focused on four areas (listed below). We have selected opioid-tapers as the first area to examine. We plan to survey each SIMP to determine their approach to and capacity for this important service.

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

### Non-surgical Use of Peripheral Nerve Blocks vs Perineural Injection Therapy

We will be auditing the use of CPT 64450 for *peripheral nerve blocks*. The goal is to assess when they are used for short term vs long term pain management. Another goal is to assess whether they are used for *Perineural Injection Therapy (PIT)*, which we have determined is a form of prolotherapy, which is a non-covered service per WAC 296-20-03002.

### Use of Masters Level Mental Health Counselors

Health policy team is researching best way to allow them to be providers.

### Health Technology Decisions from the [WA Health Technology Clinical Committee](#)

Periphereal nerve ablation for lower limb pain (1/18/19) – Review pending

Sacroiliac joint fusion (1/18/19) – Review pending

Wearable defibrillator vests (3/15/19) – Review pending

Proton beam therapy, re-review – Review open (5/17/19)





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# Acupuncture: Update on Pilot Project and Next Steps

Presented by Zachary Gray, MPH  
ACHIEV & IIMAC Meetings  
July 26, 2018

# Acupuncture Pilot Update

L&I acupuncture pilot began October 1<sup>st</sup>, 2017

- Enrollment for the pilot began in August, and 208 providers were enrolled



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# Pilot Project Coverage

- **Service:** Acupuncture with or without use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians
- **Condition:** Low Back Pain related to an accepted condition on an open claim
- **Provider Type:** Performed by a health care provider, including East Asian Medical Practitioners, acting within the scope of their license or certification, and enrolled in the pilot program
- **Limits:** No more than 10 treatments for the lifetime of the claim. Required submission of functional questionnaires at initial, middle, and final visits.



# L&I Acupuncture Pilot and Healthy Worker 2020 Strategies

1. Increase partnerships with accountable providers....
2. ... invest in programs that provide support to providers so they can deliver coordinated, systematic, best practice care.
3. Develop best practices ...
4. Develop incentives to increase the use of evidence based, occupational health best practices...
5. Provide systematic feedback to providers and ongoing program evaluation..
6. Retain worker's ability to select provider ...
7. Integrate programs for incentives, best practices, and quality improvement so that they are seamless ... and integrated across L&I programs.



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**Vision:** To be the quality leader in workers' compensation healthcare, achieving the best outcomes and quality of life for workers at the best value and using the simplest means.

## Objectives

1. Improve outcomes for injured workers and the overall system.
2. Align system objectives and incentives so that no injured worker falls through the cracks.
3. Expand capacity for and improve quality of occupational health best practices for both primary and specialty care for secondary and tertiary prevention of disability.
4. Increase satisfaction of providers, employers, and injured workers with the workers compensation system.



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# Quality Purchasing Considerations for Acupuncture: Goals

1. Accountable providers
  - Treatment focused on improved functional outcomes and return to work
  - Time limited
2. Coordinated, systematic, best practice care
  - Treatment occurs within a system with effective communication and coordination and agreed overall functional improvement goals
3. Best practices
  - Promote practices that improve function and patient self efficacy
4. Incentives
  - Quality rather than quantity based payment approach



# Considerations Implemented for Acupuncture for low back pain

Acupuncture: Update on  
Pilot Project and Next  
Steps

## 1. Accountable providers

- Required usage of 2-item Graded Chronic Pain Scale, Oswestry Disability Index
- Maximum of 10 treatments for life of claim

## 2. Coordinated, systematic, best practice care

- Required AP referral
- Limited to LBP and 10 treatments based on best available evidence

## 3. Best practices

- Required usage of 2-item GCPS, ODI

## 4. Incentives

- L&I Developed local code for acupuncture service



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- 2-item Graded Chronic Pain Scale (2-item GCPS)
  - 2 questions, regarding pain intensity and pain interference with ADLs
  - scored from 0 (best) to 10 (worst)
  - Clinically meaningful change  $\geq 2$  point improvement on a question
- Oswestry Disability Index (ODI)
  - 10 questions, used to assess the impact on functional measures and activities related to the symptoms and severity of low back pain
  - Each question scored from 0 (best) to 5 (worst), and summarized as a percent disability out of 100%, with a higher number indicating more disability
  - Clinically meaningful change  $\geq 30\%$  improvement in disability





# Pilot Data to Date—Submitted Data

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Pilot Project and Next  
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Billing Data (As of 7/17/18)	
Providers Billing	54
Bills Paid	1875
Number of Claims Paid For	259
Average Bills Paid per Claim	7.2
Percent of all Providers (N=208) Billing	26.0%

Submitted Functional Data (L&I Pilot Inbox)	
Fx Questionnaires Submitted	567
Number of Claims Submitted For	269
Unique Providers Submitting Fx Questionnaires	49
Patients Completing Treatment	131

Note:

- Billing data and functional data are not mutually inclusive, so billed claims may not have yet submitted fx data, and vice versa
- Submitted claims number (N=269) may differ from claims initiated numbers due to patients discontinuing treatment, seeing multiple providers, etc.



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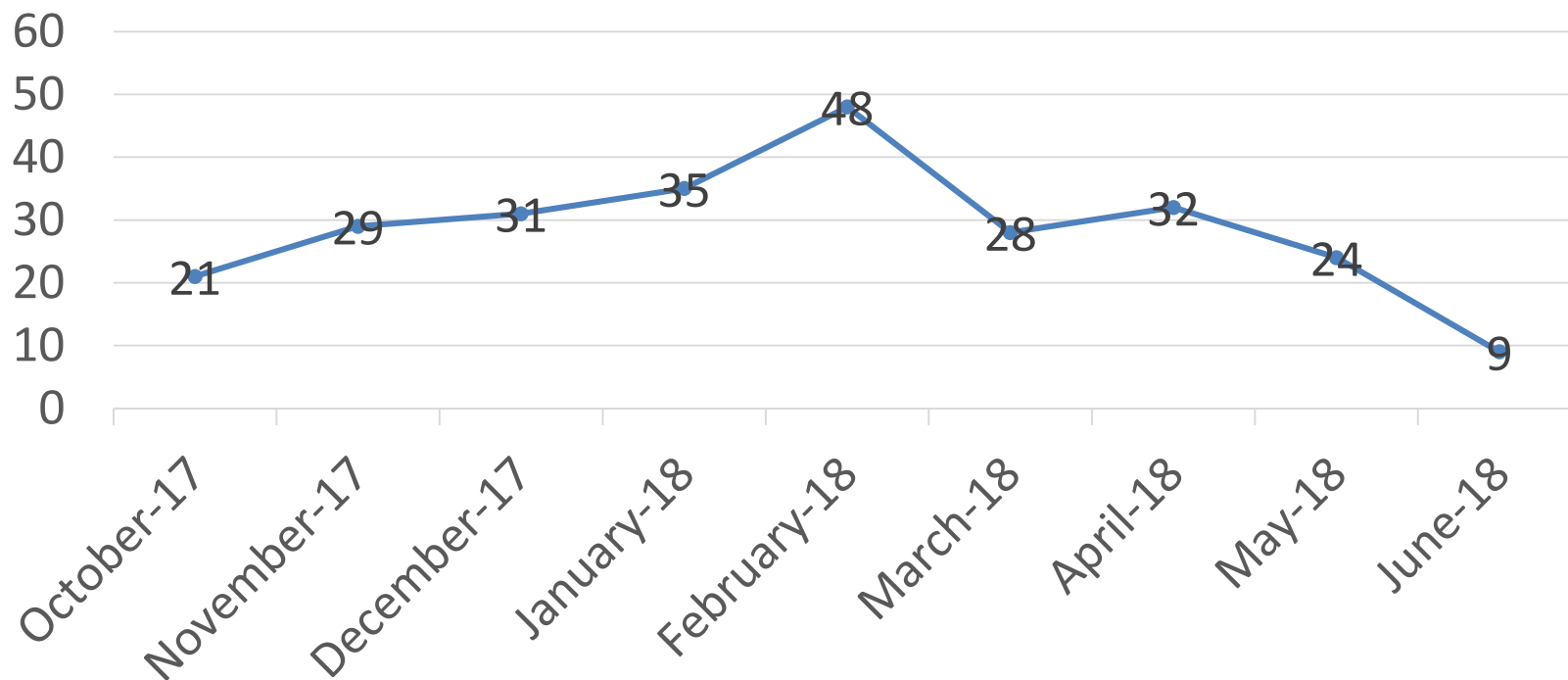
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# Pilot Data to Date

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## # of Claims Beginning Acupuncture Treatment, by Month (N=257)



Note: there is generally a lag between receiving data and the month of treatment initiation



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- Number of Functional Questionnaires for Self-Insured Claims Received:
  - 8 total (of which 1 was paid)
- Number of incorrect submissions of functional questionnaires (e.g. missing data):
  - 7, out of a total 567 questionnaires received (1.23% of questionnaires contained an error)



# Pilot Data to Date—Geographic Distribution

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Geographic Report by ACH	# Workers Initiating Acupuncture (N=257)
Better Health Together	27
Cascade Pacific	9
Greater Columbia	4
King	51
North Central	1
North Sound	90
Olympic	8
Pierce	65
Southwest	2

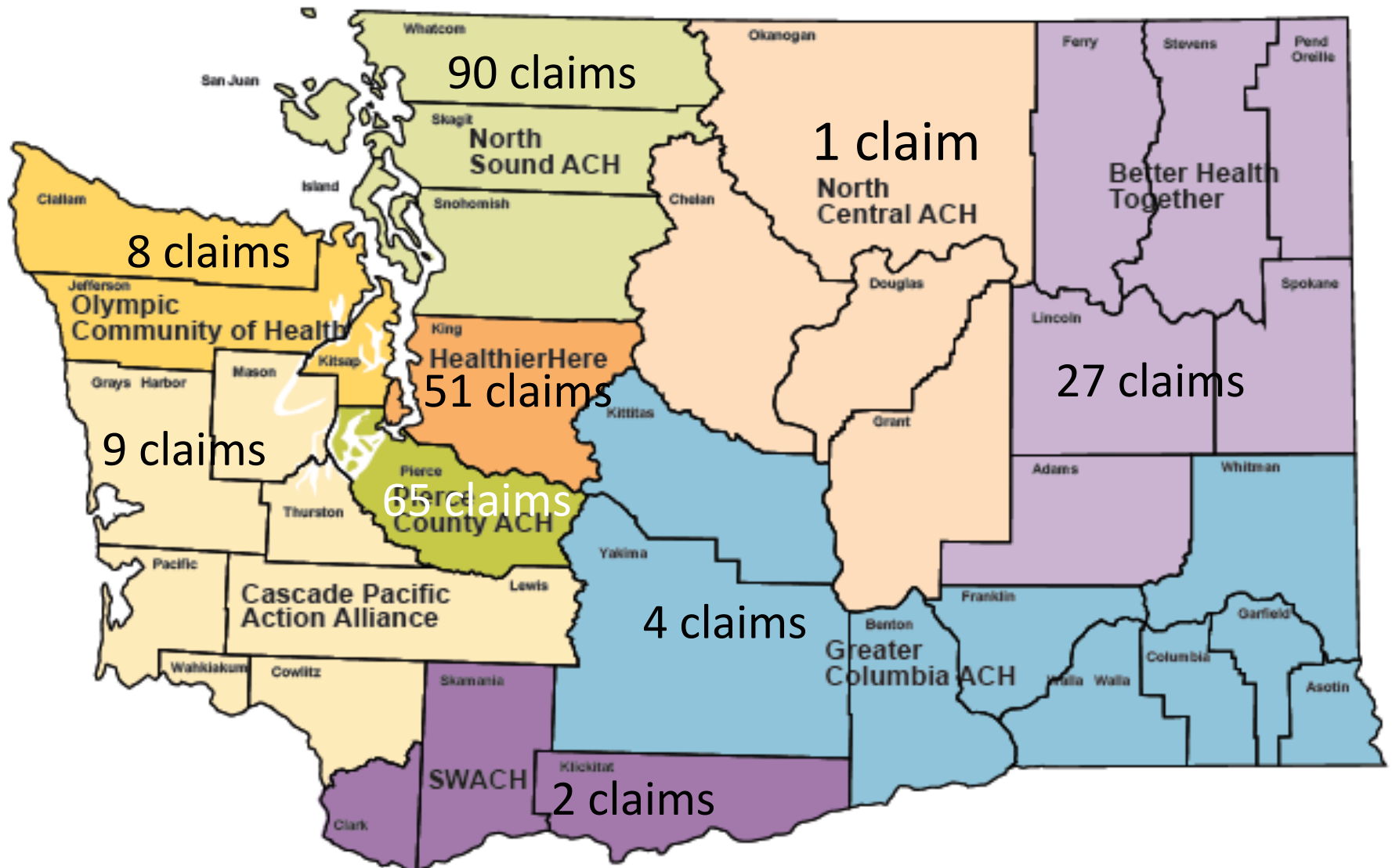


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# ACH Regions Map



# Pilot Data to Date—Completed Treatments

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Completed Treatment Results, ODI	
Result of Treatment	Count (N=131)
# MCI ( $\geq 30\%$ Score Improve)	6
# Improved, not MCI (Improved, $>0\%$ but $<30\%$ )	81
# No Change/Worse ( $\leq 0\%$ Improvement)	44
Average % Change in Disability over Treatment (negative number is good)	<b>-4.8%</b>

MCI: Meaningful Clinical Improvement



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# Pilot Data to Date—Completed Treatments

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Treatment Results, GCPS Questions	
<b><i>GCPS Question 1 (Pain intensity in last 30 days)</i></b>	
<u>Completed Treatment Result</u>	<u>Count (N=131)</u>
# MCI ( $\geq 2$ Point Score Improve)	69
# Improved, not MCI (Improved, $>0$ Points but $<2$ Points)	38
# No Change/Worse ( $\leq 0$ Point Change)	23
Average Point Improvement over Treatment	2.1
<b><i>GCPS Question 2 (Pain interference with ADLs last 30 days)</i></b>	
<u>Completed Treatment Result</u>	<u>Count (N=131)</u>
# MCI ( $\geq 2$ Point Score Improve)	74
# Improved, not MCI (Improved, $>0$ Points but $<2$ Points)	31
# No Change/Worse ( $\leq 0$ Point Change)	25
Average Point Improvement over Treatment	2.1

MCI: Meaningful Clinical Improvement



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# Pilot Data to Date

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Reason for Discharge	Count
Goals met.	22
Lack of progress.	5
Patient/ caregiver request (self-discharge).	5
Medical complication.	0
Frequent no show/ cancellation (noncompliance).	0
Insurance benefits expired.	93
Care transfer (other facility/ level of care).	1
Other (please describe).	5
Unknown	0
<b>Total</b>	<b>131</b>



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# Pilot Data to Date—Timeline of Acupuncture Treatments

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- Days from beginning of acupuncture treatment to end:
  - Median 58.5 days (range 15-168)
  - Average 59.6 days



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- Our experience via functional questionnaires reflects clinical trial data
  - Some experienced MCI, though many did not. No adverse events were noted related to acupuncture treatment.
  - 93/131 (71%) claims that completed treatment used all 10 visits, with a reason for discharge of “insurance benefits expired”
    - Without a hard cap, treatment may not have ended in these cases



# Acupuncture Pilot—Next Steps

Acupuncture: Update on  
Pilot Project and Next  
Steps

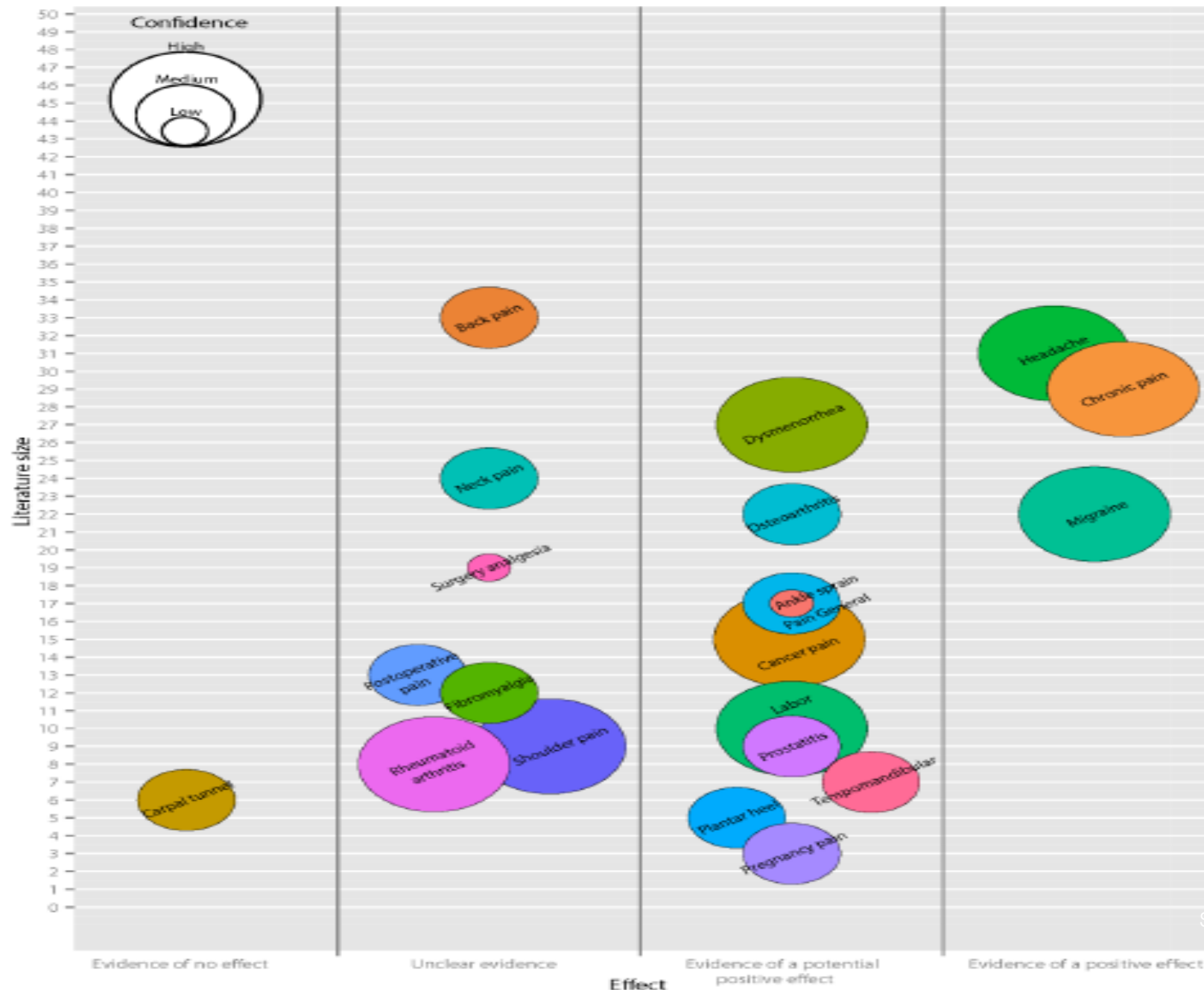
- Have we collected enough data?
- Given adequate data collection, and results of the pilot so far, are there other areas/conditions we should consider expanding acupuncture coverage for in pilot rulemaking?
  - Similarly, are there limits we should consider putting in place?



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**Legend:** The bubble plot shows an estimate of the evidence base for pain-related indications judging from systematic reviews and recent large RCTs. The plot depicts the estimated size of the literature (y-axis, number of RCTs included in largest review), the estimated effect (x-axis), and the confidence in the estimate (bubble size).

# Acupuncture Pilot—Rulemaking Next Steps

Acupuncture: Update on  
Pilot Project and Next  
Steps

Broadly, next steps will include:

- Filing the CR-102
- Public hearing and public comment on proposed language
- File CR-103
  - Pilot would end on effective date of CR-103



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