

## WSIA Liaison Meeting Agenda

**DATE:** September 1, 2016  
**TIME:** 9:00am-12:00pm

**LOCATION:** WSIA Office  
**FACILITATOR:** Jim Nylander

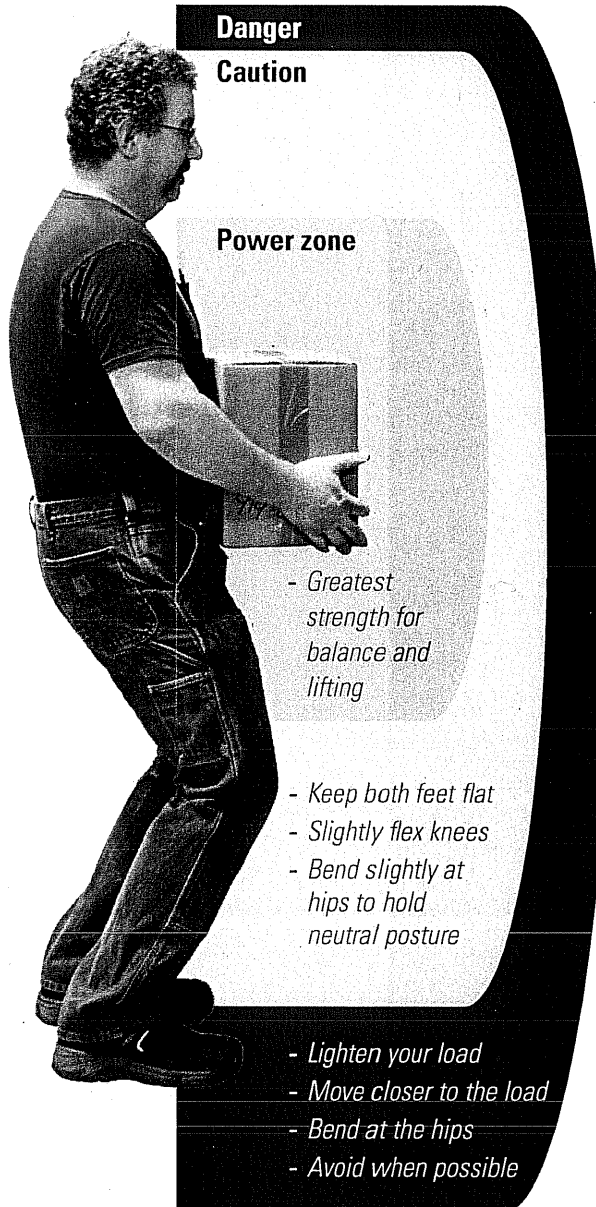
**Attendees:** ☐ Kris Tefft, ☐ Lisa Vivian, ☐ Patrick Reiman, ☐ Glenn Hansen, ☐ Jim Nylander,  
☐ Brian Schmidlkofer, ☐ LaNae Lien, ☐ Gina Mayo, ☐ Mike Ratko,  
☐ Autum Music-Schmitz, ☐ Simone Javaher; ☐ Rich Wilson; ☐ Kelli Zimmerman;  
☐ Brenda Heilman

Time	Subject	Discussion Leader
9:00-9:05	<b>Safety Tip</b> – Quick Lifting Tips (Handout)	Jim
9:05-9:30	<b>Wage consistency project – State Fund Update</b>	Brenda Heilman
9:30-10:00	<b>WSIA Requests</b> <ul style="list-style-type: none"><li>• Deemed Granted issue</li><li>• Document Types</li><li>• Imaging Delays</li><li>• LNI Closures &amp; Complete File</li><li>• Audited Financial Statements for Public Entities</li></ul>	Jim/LaNae/Brian
10:00-10:20	<b>SI Voc personnel changes</b>	Rich Wilson
10:20-10:50	<b>Self-Insurance Updates</b> <ul style="list-style-type: none"><li>• Claims</li><li>• Compliance</li><li>• New Hires</li><li>• New Certifications</li></ul>	Jim/LaNae/Brian
10:50-11:10	<b>Medical EDI Rule Draft</b>	Jim
11:10-11:30	<b>IME's &amp; Tool-Kit Tour</b>	Kelli Zimmerman
11:30-11:40	<b>Medical Policy Update</b>	Simone Javaher
11:40-11:50	<b>Questions/Topics for SI Colloquium</b>	Simone Javaher
11:50-12:00	<b>Round Table</b>	All

# Quick Tips for Lifting

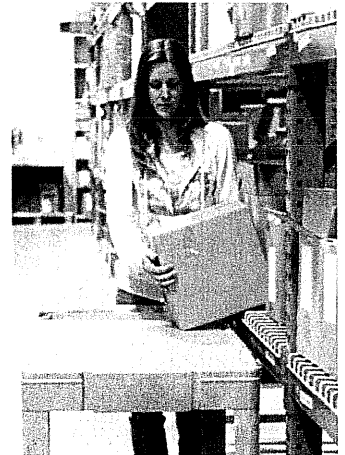
## Lift in the power zone

- Above the knees      ■ Close to the body
- Below the shoulders      ■ Avoid twisting



### Rearrange storage

Move heavy items to waist level. If needed, use team lifting.



### Use a cart

Slide instead of lifting.



### Break down large loads

Several lighter lifts are safer.



### Use a hand truck

Move heavy items without lifting.

Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.

PUBLICATION F417-055-909 [03-2016]



Division of Occupational Safety and Health



[www.Lni.wa.gov/Safety](http://www.Lni.wa.gov/Safety)



1-800-423-7233



Washington State Department of  
Labor & Industries

Claim Detail			
Claim Number	<del>XXXXXXXXXX</del>	Claimant	<del>XXXXXXXXXX</del>
Account Number	<del>XXXXXXXXXX</del>	Employer	<del>XXXXXXXXXX</del>
Provider Id	52822	Provider	<del>XXXXXXXXXX</del>
		Claim Assigned WorkPos	US04

SI - CAM CHECKLIST, PPD CLOSURE

Work Item Details (Closure: PPD)			
Status	New <input checked="" type="checkbox"/>	Forward to Work Pos	-- Select or <input checked="" type="checkbox"/>
Received Date	4/6/2016	Created Date	4/11/2016
Next Review Date	04/16/2016	Created By	HIST
Add Note (notes have not been added to this work item) <div style="border: 1px solid black; height: 50px; width: 100%;"></div>			

Save Work Item

Back to Work List

Closure Request	
<p><b>Oversight Checklist:</b> Check to see whether the medical supports the worker is at maximum medical improvement; AP special consideration, diagnostic tests, IME opinions, etc. Evaluate whether Disputed, contested, and protested issues have been addressed and resolved.</p>	<p style="text-align: right;">Facts Match? Yes/No</p> <p>Medical facts supports closure: <input checked="" type="checkbox"/> <span style="float: right;">OYes ONo</span></p> <p>If yes select all that apply:</p> <p><input type="checkbox"/> AP closing medical</p> <p><input type="checkbox"/> IME closing medical</p> <p><input type="checkbox"/> Provider(s) concurrence with IME(s)</p> <p><input type="checkbox"/> Medical Preponderance: indicate medical info in evaluation of facts section</p> <p>Closing medical is less than 6 months old <input checked="" type="checkbox"/> <span style="float: right;">OYes ONo</span></p> <p>Worker is not seeking treatment <input checked="" type="checkbox"/> <span style="float: right;">OYes ONo ON/A</span></p> <p>Dispute(s) pending or found on review: <input checked="" type="checkbox"/> <span style="float: right;">OYes ONo</span></p> <p>If yes, select all that need to be addressed:</p> <p><input type="checkbox"/> TL contested</p> <p><input type="checkbox"/> PPD rating</p> <p><input type="checkbox"/> Treatment contested accepted condition</p> <p><input type="checkbox"/> Newly contested condition</p> <p><input type="checkbox"/> Bill issues</p> <p><input type="checkbox"/> Overpayment disputed</p> <p><input type="checkbox"/> Wage dispute</p> <p><input type="checkbox"/> Other issues: explain in evaluation of facts section</p> <p>Note: Outline the details of the disputed or contested issue in the "Evaluation of Facts" section, and if needed create a work item.</p> <p>Protest(s) pending or found on review: <span style="float: right;">OYes ONo</span></p> <p>Note: If yes, outline the details of the protest in "Evaluation of Facts" section and create work item for the protest. <input checked="" type="checkbox"/></p> <p>Audit Pending</p> <p>Is there an audit pending? <input checked="" type="checkbox"/> <span style="float: right;">OYes ONo</span></p>

<b>Review of the RCW/WAC/Policy:</b> Evaluate whether the requirements under Title 51 have been addressed.	All entitled benefits have been paid appropriately (i.e. 1st 3 days, TL periods, LEP) <input checked="" type="checkbox"/>	OYes ONo ON/A
	Overpayment of benefits <input checked="" type="checkbox"/>	OYes ONo ON/A
	Permanent partial impairment exists <input checked="" type="checkbox"/>	OYes ONo ON/A
	Prior PPD <input checked="" type="checkbox"/>	OYes ONo ON/A
	Request for segregation or temporary aggravation (Miller) <input checked="" type="checkbox"/>	OYes ONo ON/A
	The worker is employable <input checked="" type="checkbox"/>	OYes ONo
	No VDRO Issues exist <input checked="" type="checkbox"/>	OYes ONo ON/A
	All Appeals are complete (If "No", contact CC to staff closure) <input checked="" type="checkbox"/>	OYes ONo ON/A
	All of the Title 51 elements been met <input checked="" type="checkbox"/>	OYes ONo
	<b>Evaluation of the Facts:</b> Use this section for facts marked "No" in the Oversight Checklist and/or when a RCW/WAC/Policy has not been met. Describe issues.	
<b>Conclusion:</b> Indicate if an order was issued.	<b>Verify the following before issuing an order:</b> <ul style="list-style-type: none"><li>Worker address verified</li><li>AP updated</li><li>Order set to go to all providers</li><li>Employer attorney added to UICE, if needed</li><li>If PPD Issued, update UCSI</li></ul> <b>Closing Order Issued:</b> <input checked="" type="checkbox"/> <ul style="list-style-type: none"><li><input type="radio"/> Closed with order requested</li><li><input type="radio"/> Closed with different order</li></ul> <b>Closing Order Not Issued:</b> <input checked="" type="checkbox"/> <ul style="list-style-type: none"><li><input type="radio"/> Sent letter requesting more information</li><li><input type="radio"/> Withdrawn by employer</li><li><input type="radio"/> Withdrawn by Department</li></ul>	

Save Work Item

Back to Work List

## Other Sites

Inside L&amp;I (/wps/myportal/)

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L&amp;I Internet (/wps/myportal/)

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Outlook Web Access (/wps/myportal/)

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vsW40YRid5PcM\_e0BQUFqLbs86q8111bNsO3MOGMZBwm3AU8RKDdcS4CJAg83RA6gOnAB\_ebGyHepRW0hCnR44Q0BE8-  
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IONrSBT.3okJLSn0Lb1TTdyDv6\_MD9IApqGcSni4VRKQpjqvT75dsywsOZz2TrBbPYCH8FxcAlld5/d5/L2d.QSEvUUI3QS80SmIFL1o2X01HRzgxRzQxSTAYQkYwSVJUMki0VIYxMDgy/)

Aug 30, 2016 11:37 PDT AM



# WASHINGTON STATE LEGISLATURE

## Chapter 296-15 WAC

Last Update: 12/23/14

## WORKERS' COMPENSATION SELF-INSURANCE RULES AND REGULATIONS

[Complete Chapter](#) | [Show Dispositions](#)

### WAC Sections

- 296-15-001 Definitions.
- 296-15-021 Self-insurance certification requirements and application process.
- 296-15-024 Additional certification requirements.
- 296-15-027 Additional requirements for subsidiaries and acquisitions.
- 296-15-121 Surety for a self insurance program.
- 296-15-123 Financial watch.
- 296-15-125 Default by a self-insurer.
- 296-15-140 Expense of out-of-state audit.
- 296-15-151 Surety for a public entity's self insurance program.
- 296-15-161 Surety for a group self insurance program.
- \* 296-15-171 Surety for a self insured pension or fatality claim. *\*Not surety but couldn't find where it states that Dept has to issue our checks.*
- \* 296-15-181 Funding the benefits of an insolvent self-insurer.
- \* 296-15-200 Claims log—Evaluation.
- 296-15-221 Self-insurers' reporting requirements.
- 296-15-223 Self-insurance administrative assessment.
- 296-15-225 Self-insurance second injury fund assessment.
- 296-15-227 Self-insurance insolvency trust fund assessment.
- 296-15-229 Self-insurance supplemental pension fund (SPF) and asbestosis fund assessments.
- 296-15-231 Self-insurance electronic data reporting system (SIEDRS).
- 296-15-255 Hearings for corrective action or withdrawal of certification.
- 296-15-260 Corrective action or withdrawal of certification.
- 296-15-266 Penalties.
- 296-15-310 Administrative organization to manage a self-insurance program.
- \* 296-15-320 Reporting of injuries.
- \* 296-15-330 Authorization of medical care.
- \* 296-15-340 Payment of compensation.
- \* 296-15-350 Handling of claims.
- \* 296-15-360 Qualifications of personnel—Certified claims administrators.
- 296-15-370 Notification to the department.
- 296-15-400 Self-insured workers' rights and obligations.
- \* 296-15-405 Filing a self-insured claim.
- \* 296-15-420 After a self-insured claim is filed.
- \* 296-15-4302 What is the Self-Insurance Vocational Reporting Form? *Why does Dept have to review our Voc. VDRD is still in place for disputes?*

- ★ 296-15-4304 What must the self-insurer do when an assessment report is received?
- ★ 296-15-4306 When must a self-insurer submit a vocational rehabilitation plan to the department?
- ★ 296-15-4308 What must the vocational rehabilitation plan include?
- ★ 296-15-4310 What must the self-insurer do when the department denies the vocational rehabilitation plan?
- ★ 296-15-4312 What must the self-insurer do when the vocational rehabilitation plan is successfully completed?
- ★ 296-15-4314 What must the self-insurer do if the vocational rehabilitation plan is not successfully completed?
- ★ 296-15-4316 What must the self-insurer do when the worker declines further vocational rehabilitation services and elects option 2 benefits?
- ★ 296-15-4318 What must the self-insurer do when the worker elects option 2 benefits and the claim is closed?
- ★ 296-15-450 Closure of self-insured claims.
- ★ 296-15-470 When a worker files for reopening.
- 296-15-480 When a self-insured claim is protested.
- 296-15-490 When a self-insured claim is on appeal.
- ★ 296-15-495 Third party action on a self-insured claim.

# SICAM Performance Measures 2016

	January	February	March	April	May	June	July	August	September	October	November	December	Year Total
<b>Allowance</b>													
New	658	656	684	648	727	479	119						
Out	998	684	879	680	736	678	275						
Completed within 30 days	980	679	862	673	718	658	217						
Issued within 30 days percentage	98%	98%	99%	98%	99%	98%	79%						
Average days to complete	9	7	13	11	7	15	20						
Pending	65	122	21	38	128	24	12						
<b>Denial</b>													
New	381	407	463	426	428	479	323						
Out	428	480	558	435	387	473	379						
Completed within 30 days	399	463	526	415	375	450	333						
Issued within 30 days percentage	98%	93%	96%	96%	95%	97%	88%						
Average days to complete	15	9	11	9	7	11	15						
Pending	101	94	54	51	61	75	80						
<b>Closure PPD</b>													
New	204	237	294	274	216	258	187						
Out	244	244	338	299	204	298	235						
Completed within 60 days	216	229	314	273	184	273	211						
Issued within 60 days percentage	90%	89%	94%	93%	91%	90%	90%						
Average days to complete	26	23	22	25	30	26	31						
Pending	141	174	186	189	177	192	169						
<b>Closure TC/NC</b>													
New	481	565	617	587	514	636	409						
Out	610	548	818	639	582	624	615						
Completed within 60 days	452	470	704	574	518	537	502						
Issued within 60 days percentage	90%	74%	86%	86%	90%	89%	86%						
Average days to complete	43	34	36	32	36	36	38						
Pending	563	686	589	638	602	694	556						

# SICAM Performance Measures 2016

Protest												
New	276	298	364	349	318	347	314					
Out	292	351	459	367	349	334	342					
Completed within 90 days	261	304	425	332	321	293	285					
Issued within 90 days percentage	90%	89%	87%	93%	90%	92%	88%	83%				
Average days to complete	45	51	38	40	41	50	62					
Pending	425	427	415	496	478	524	542					
Wage												
New	637	757	822	765	761	798	543					
Out	929	798	1002	830	779	861	628					
Completed within 60 days	676	709	935	773	695	767	578					
Issued within 60 days percentage	70%	73%	89%	93%	93%	89%	92%					
Average days to complete	49	30	34	26	32	31	32					
Pending	631	725	617	662	660	724	661					
Total New	2637	2920	3244	3049	2964	2997	1895					
Total Out	3501	3105	4054	3250	3037	3268	2474					
Total Pending	1926	2228	1882	2074	2106	2233	2020					





## Audit Reform Brief: Self-Insurance - Update

August 31, 2016

Where are we at?

In 2015, the Self-Insurance Audit Program and Self-Insurance community took part in a Tier 1 Audit Pilot where the area of focus was the calculation of an injured workers base monthly wage which is the basis for providing Workers Compensation Benefits to the worker. The statistics for the calendar year ending 2015 were 169 audits initiated, 168 completed, with an overall pass rate of 60%.

We learned a lot in 2015 about the new T1 audit model, specifically; what worked, what did not work, and areas overall that we would like to continue to develop and focus on moving forward. There are approximately 180+ employers left to finish the Tier 1 Pilot. From January to October of 2016 the focus is to complete the remaining employers and continue development of Tiers 2, 3 audit processes and SIRAS development efforts.

Current Statistics for January, 2016 through August, 2016

<b>Audit Statistics</b>	
<b>Total Audits Initiated</b>	<b>138</b>
<b>Phase of Audit</b>	
Planning	0
Fieldwork	69
Finalization	69
<b>Total</b>	<b>138</b>
<b>Walkthrough of Audit Results</b>	
Total Walk-Throughs Declined	1
Total Walk-Throughs Pending	17
Total Walk-Throughs Completed	43
<b>Total</b>	<b>61</b>
<b>Employer Pass/Not Pass</b>	
Passed (70% threshold)	35
Not Passed	26
<b>Total</b>	<b>61</b>
<b>Claims Reviewed/Reported</b>	
Total Claims Reviewed	280
Total Claims Reported	279
<b>Audits Completed</b>	
Total Audits (No Audit Eligible Claims)	32
Total Final Reports Issued	<b>28</b>

## Key Performance Indicator's (KPI's) for 2016

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

2016 Goal – **68%** Actual – **78%** *\*Includes OT and Assistance hours as of 8.19.2016*

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

2016 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.

2016 Goal – **75%** Actual – **TBD%** *\*at time of briefing had not received latest results*

## Opportunities/Resolution

Opportunities	Resolution
Audit Production	All remaining employers have been initiated. The goal is to process 69 of the audits in the fieldwork phase and get them into the finalization phase by the end of September. This would mean the carry-over from Tier 1 would be the audits in the finalization phase of the audit which would consist of preliminary reports, walkthroughs, and final reports.
Tier 2 Development	Proposed process for Tier 2 was shared with Audit Advisory in August. Feedback was received and evaluated by SI compliance staff. Next update will be at September Advisory meeting.

## Staff contact

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

<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.



## OCCUPATIONAL HEALTH BEST PRACTICES

—— Working together to keep people working ——

# Health Policy News for Self-Insured Employers September 1, 2016

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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:

#### **Health Technology Decisions from the WA Health Technology Clinical Committee**

Autologous blood/platelet-rich plasma injections Effective September 1, 2016, these are not a covered benefit effective because their efficacy and safety are not well established. Autologous blood injections (ABI) and platelet-rich plasma (PRP) injections are treatments used for a variety of healing applications, including unresolved acute or chronic injuries to ligaments, muscles, cartilage, tendons, and osteoarthritis. Some think that ABI and PRP injections may promote tissue healing due to increased concentration of growth-factors around the injured area.

Bronchial Thermoplasty for Asthma Effective September 1, 2016 this is not a covered benefit because the Committee members found its effectiveness and safety to be unproven. Bronchial thermoplasty is a procedure designed to treat asthma that is not well-controlled by medication. Smooth muscle in the lungs is altered by placement of a radio frequency catheter that heats the muscle tissue, which is intended to reduce the likelihood of constricting the lungs during an asthma reaction.

#### **Psychosocial Determinants Influencing Recovery - A Comprehensive Practice Resource from a Joint IIMAC-IICAC Subcommittee.**

The voluntary educational/informational resource, Reducing Disability: Psychosocial Determinants Influencing Recovery, is intended to help attending providers systematically identify and address psychosocial problems workers may face. It reflects the occupational health best practices in clinical documentation. Although it has been rigorously developed using the same evidence-intense process we use for our guidelines and coverage decisions, it is not a guideline per se and will not be used as criteria to determine coverage or authorization. This formidable accomplishment would not have been possible without the input of many IICAC-IIMAC members, COHE providers, and L&I staff.

## **Activity Coaching**

Activity coaching, using the Progressive Goal Attainment Program (PGAP®), has been piloted as an occupational health best practice in the State Fund. There are about 35 trained PGAP coaches (OTs, PTs, and VRCs) in the state. These coaches are also available for self-insured injured workers. This program helps workers address psychosocial issues preventing a return to work. PGAP® is a maximum of 10 weeks and is relatively inexpensive. For more information, see our web site [www.lni.wa.gov/coaching](http://www.lni.wa.gov/coaching).

## **Work that is Underway**

### **Lumbar Fusion and SIMPs**

The hearing on repealing the rules for Structured Intensive Multidisciplinary Pain programs (SIMPs) was held on Friday, August 26<sup>th</sup> at L&I. No testimony was received. The department is scheduled to adopt the repealing of the SIMP rules on November 1, 2016. This change will be effective December 2, 2016. L&I remains committed to SIMP programs, with the largely unchanged program requirements currently listed in the payment policy section of our [fee schedule](#).

### **Use of Office based Ultrasound for Musculoskeletal Conditions in the Extremities**

Advances in technology have allowed small portable ultrasound machines to become part of the clinical assessment toolbox for providers. Portable ultrasound has long been used for guiding needle placement and for quick assessments in emergency departments, and these are not included in this discussion. What seems to be fairly new is using portable ultrasound during office visits for diagnostic and evaluation purposes when there has been a musculoskeletal injury to an extremity. Serial ultrasounds may be used to monitor the healing process over time. Policy and clinical staff in the Office of the Medical Director have researched the issue and presented it in our policy forum. Our policy decision is that we don't see evidence to support a separate payment for this when it's used during an office visit. Our policy team will be looking at ways to ensure that our billing instructions are clear in the payment policy section of our fee schedule.

### **L&I sends Comments to Dept. of Energy (DOE) on their Proposed Beryllium Rule**

In July 2015, after exhaustive research and public vetting, L&I adopted its [Clinical Guideline for the Diagnosis of Beryllium Sensitization and Chronic Beryllium Disease](#). The federal DOE has issued a proposed rule with what L&I considers to be incomplete diagnostic criteria, reduced latitude for clinical judgment by the DOE Site Occupational Medical Director, and changes to their screening program that have the potential for affected workers to not be removed from exposure to Beryllium.

In view of these concerns, we are submitting comments to DOE with our suggested changes. We are urging DOE to adopt L&I's clinical criteria for diagnosing occupational beryllium sensitization and chronic beryllium disease. The State of Washington and DOE share an interest in ensuring workers at the Hanford Site have the proper medical protections. This is articulated in the special insuring arrangement between DOE and L&I that was established more than 60 years ago and reconfirmed in the 1990s. Adopting L&I's clinical guidelines would reaffirm support for that arrangement.

# WSIA Liaison Committee Report

**Glenn Hansen, WC Manager, Multicare Health System**  
**Patrick Reiman, Manager Claims, Sedgwick**  
**September 1, 2016**

The Liaison Committee met with representatives from the Department of Labor & Industries on September 1, 2016. Present for the meeting in whole or part from the Department were Jim Nylander, LaNae Lien, Brian Schmidlkofer, Mike Ratko, Gina Mayo, Simon Javaher, Rich Wilson, Mardi Sarjent, Kelly Zimmerman and Brenda Heilman. Present from WSIA were Kris Tefft, Lisa Vivian, 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**

General lifting techniques were discussed and a handout provided. That is attached to the minutes.

## **FOLLOW-UP ITEMS**

### **Staffing**

New lead, team I: Sarah Holm (former SF CC)  
New wage specialist, team I: Brian Malcom (former SI CC)  
Two new WCA 3's, team I:  
Deja Cook (current SF WCA 3), starting first part of October  
Nate Hunt (current SF WCA 2), starting 9/7

### **Legal Services**

No updates here.

## **WSIA NEW ISSUES**

### **Wage Consistency**

Brenda Heilman, State Fund Claims Manager, visited to discuss their wage consistency efforts. State Fund is piloting a new form that is in its second phase of development. It

is designed to be similar to the SIF-A wage forms used in Self Insurance. Training on this was completed in 2014 and phase three is to be completed by the end of the year. Issues were discussed about the types of wage documentation required by State Fund vs. Self-Insurance regardless of the type of form. Also discussed was the practice that State Fund workers need to apply for LOEP benefits whereas Self Insured employers are responsible to pay without any specific application. The current State Fund wage sheets are still considered in Pilot. We discussed what documents are required of State Fund employers vs. the requirements for Self-Insurers. Brenda said she would follow up on that. We asked for samples of the letters that are sent to request wage records.

We also discussed how this work should tie in with the work of the Benefits Accuracy Working Group.

### **Deemed Granted Reopenings:**

The Department has 90 days to issue a decision on a reopening from the date the reopening application was completed. There is authority to extend the decision by 60 days, but the Self-Insurer must make a request for the extension. We discussed that there is no language on the current letters like there is on interlocutory orders setting out these requirements or showing dates or deadlines. We discussed the length of time it generally takes to gather records, get an IME and concurrence and get it back to the Department for a decision.

### **Document Handling:**

We discussed the current practice of the Department to send a letter acknowledging a protest, but not sending a copy of the information received to the employer or claims manager. The issue is that the current practice assumes that everyone has access to the CAC to view what the process is. That may not be the case. We also discussed the Department's practice of sending eligibility notices to pensioned workers and not sharing the information received back or providing notice to employers that new documents have been added to the files. This was an issue on an address change on a treatment order case.

### **Imaging Delays:**

We discussed examples of cases faxed and uploaded to the Department that were not available in CAC until more than several days after the initial fax or upload was made. The Department's goal is to have images completed and in CAC within 1 day. If there is a lag of 2 days or more, we should notify LaNae Lien with the claim number and details right away so she can track down the issue.

### **LNI Closures and Complete File:**

We discussed whether or not the Department really needs the complete file for every claim closure request or just pertinent closing documents such as return to work release, closing and rating and that type of thing. We asked what the relevance was to include every PT note for example. The Department provided a checklist of things that

they ask adjudicators to review before closure and we suggested that there seemed to be opportunity for a streamlined process.

### **Audited Financial Statements for Public Entities:**

As a result of requests made during the Tier 1 audit, it was learned that the Audited Financial Statements for public entities can be obtained from the State Auditor's office.

### **Outdated Rules:**

We discussed a listing of rules that are either outdated or in need of streamlining. For example, with electronic reporting, what is the purpose of a claims log? We discussed the intent of the statute and rules around the two-year lookback and how we believe that it applies to clerical error and not audit findings that differ from clerical error. The starred WAC's attached have potential for review.

### **Vocational Changes**

Rich Wilson and Mardi Sarjent attended from the Department. Peter Edgerton is retiring and Mardi will be taking his place. She has 17 years in the private sector and has been working in VDRO more recently. We asked that the phone number currently assigned to Peter be used by Mardi as well for a smooth transition. We also brought up one issued about decisions not getting into the CAC timely.

### **Printable Phone List**

We requested an updated phone list to reflect new staffing.

### **Wage Audits:**

Brian provided an update dated 8/31/16 that is attached to these minutes. The Tier 1 audit is not complete yet. 44 employers did not have eligible Tier 1 claims. We asked what the Department's strategy was to connect with those 44 employers to make sure they were informed should they have a claim later that would be audited.

There was some brief discussion about Tier 2 and concerns that outside parties could interject themselves into the pilot process. We also asked for some globalized general findings from the Tier 1 audit that would tell the community the gap between where we are and where we want to be.

### **IME Education**

Kelly presented information on a new IME Tool Kit being developed and associated training that will qualify for CEU credits. We suggested again that in addition to that training, some efforts should be made by the Department to educate providers on the methods and value of performing closing examinations. We discussed the general nature of the IME process and how more IME's are foreseeable. For example, when a provider requests a rating IME, then does not concur with the IME findings, our

remaining option in the current system is to get another IME. It was suggested that if a provider defers this process to an IME, they should waive the opportunity to concur later.

This might impact the number of IME requests for the purpose of rating only. The Department is looking at that.

### **Department of Medical Director**

Simone came and presented information on policy updates. A copy of her report is attached. We did have some discussion on PGAP and whether or not there was evidence that it was making a difference in return to work outcomes. We also discussed the comment that it wasn't very expensive.

An issue was discussed about mobile ultrasound machines that may not qualify for coverage, but that had not been looked into yet. Office ultrasounds were found mostly to be diagnostic tools in the office and not a separate E&M procedure, but the mobile units were not considered.

We also asked what was being done to review the outcomes on claims after the new guidelines are used and in place. For example, what is the outcome now when a knee surgery is denied? What next to resolve the claim?

### **EDI Draft Rule:**

A draft copy of a preliminary rule for employer participation in the EDI was presented and discussed, and feedback was given to L&I to go back and consider a new draft, or whether a rule would be necessary at all.

### **Colloquium Topics:**

Among topics discussed for future colloquia was practical use of published medical guidelines in adjudicating claims when treatment is denied by guideline. Also, it was requested that we ask the SI community more broadly for any additional colloquium topics. We may move to one colloquium annually instead of two, and fill in content with web-based presentations in the interim.

### **Certifications/Surrenders**

None.

## **SELF-INSURANCE UPDATE**

### **Measures**

Measures have not been updated since the last update and are shown on the SICAMS report.

### **SI-CAMS**



LaNae provided an update on the number of work items presently in SICAMS. The report is attached to the minutes.