



Washington State Department of
Labor & Industries

Office of the Ombuds For Self-Insured Injured Workers

2015 Annual Report to the Governor

September 2015

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Executive Summary

Introduction

The Department of Labor & Industries' (L&I's) Self-Insurance Program oversees and provides services to Washington employers that are certified to "self-insure." Self-insured employers pay workers' compensation benefits directly to employees who are injured or become ill on the job. More than 350 Washington companies are currently certified to self-insure. They employ about 26 percent of Washington workers.

Self-insured employers manage their own worker injury claims (usually through another company, called a third-party administrator (TPA)). Managing claims includes making decisions about benefits and access to care.

Office of the Ombuds

The Legislature established the Office of the Ombuds (Ombuds Office) for injured workers of self-insured employers in 2007, with the mission of advocating for injured workers. To accomplish this mission, the Ombuds Office coordinates with workers, employers, and providers, or their representatives, to:

- Inform injured workers about industrial insurance.
- Investigate and resolve complaints.
- Identify self-insurance program deficiencies.
- Recommend policy solutions.

Ombuds Office staff collaborates with multiple stakeholders and conducts community outreach to help ensure the success of the Ombuds program.

About this report

This report to the Governor is required annually by RCW 51.14.400 for the reporting period July 1 through June 30. It summarizes Ombuds Office events, including:

- Issues addressed during the past year, along with case scenarios.
- Ombuds monitoring activities.
- Deficiencies identified in the self-insured workers' compensation system, and recommendations for improvements.

The Ombuds Office is committed to L&I's mission to keep Washington safe and working. The Ombuds' initiatives described in this report are geared toward ensuring fair and equitable benefits for injured workers and continual process and system improvements.

Summary of activities and findings

The issues and activities addressed in this report are for July 1, 2014 through June 30, 2015.

The Ombuds Office received over 1,000 inquiries about self-insured employers' workers' compensation claims, concerning about 1,500 different issues. Of these inquiries, 440 resulted in an investigation. Investigations involved 39 percent of self-insured employers. Reported issues remain similar to those of the prior reporting period, including concerns about:

- Delayed time loss and loss of earning power benefit payments.
- Independent medical exams (IMEs).
- Delays in medical treatment and medical bill payment.
- Claims status issues such as claim allowance, denial, re-opening, and premature claim closure.
- Incorrect wage calculations.

The Ombuds Office attempts to resolve issues quickly by working with the self-insured employer or third-party administrator (TPA). If this is not possible, the Ombuds Office engages L&I's Self-Insurance section to help resolve the issue.

The Ombuds Office team has improved the timeliness of resolutions with most employers and TPAs, which results in better outcomes for injured workers.

Major initiatives in 2014

- New rules related to the Board of Industrial Insurance Appeals Significant Decision – the *Coston* case: L&I's Self-Insurance section adopted amendments to Washington Administrative Code (WAC) 296-15-266 that define a new penalty process for delayed medical treatment and medical bill payments. The department also developed a penalty matrix and a "Frequently Asked Questions" tool to help clarify the new rule requirements. The Ombuds provided support during this development, and will continue to monitor outcomes of the new processes.
- The Self-Insurance Audit Reform project: The Ombuds Office continues to be actively involved in L&I's project to improve the timing and effectiveness of self-insured employer audits. The goal of the project is to build an effective, industry-leading audit model that combines performance-based, complaint-based and issue-based audits.

Future major initiatives

- The Ombuds Office will continue to refine the processes used to investigate and resolve complaints and issues, and will work toward finding cost-effective ways to replace or upgrade the Self-Insurance Ombuds Database (SIOD). This database is used to track and trend activities of the Ombuds Office and is an antiquated, unsupported database with limited

functionality. An improved system will help identify program deficiencies and issues, as well as provide data about timeliness of resolutions and injured worker outcomes.

- The Self-Insurance Audit Reform project will continue to be a major project involving the Ombuds Office. Resolving wage calculation errors and late time-loss benefits are ongoing compliance issues and a primary focus of the audit work group.
- The Ombuds Office will continue to place top priority on identifying potential solutions to concerns about independent medical exams (IMEs), such as frequency and use of IMEs.
- The Ombuds Office will participate in the Fire Fighter Workers' Compensation Workgroup to assist with the complexities of the industry's unique workers' compensation issues.
- The Ombuds Office will research the interest of external stakeholders to establish a business and labor Ombuds committee to help resolve workers' compensation issues.

Conclusion

The Ombuds Office is dedicated to maintaining a strong advocacy program for injured workers, including timely and efficient resolution of issues and complaints. This also requires ensuring an efficient self-insured workers' compensation system, and building collaborative relationships with multiple stakeholders. Efficient investigation and resolution of concerns results in improved outcomes for injured workers. Therefore, internal investigation process improvement, including a data system upgrade, will remain a primary focus in the upcoming year.

A MESSAGE FROM THE OMBUDS

I am honored to serve as the Ombuds for injured workers with self-insured employers. I have a lot to accomplish during my six-year term, which began in March 2015.

First and foremost, I am committed to protecting the rights of injured workers and ensuring fairness in the self-insured workers' compensation system. I will concentrate on listening to all interested parties and researching positive solutions, including streamlining processes and maintaining fair and equitable benefits.

I look forward to building positive relationships and trust with all stakeholders, and providing support and training as necessary. I will endeavor to help the Department of Labor & Industries build the ideal self-insured workers' compensation system.

Donna Egeland
Ombuds for Self-Insured Injured Workers

Introduction

The 2007 Legislature established the Office of the Ombuds for Self-Insured Injured Workers to advocate for injured workers of self-insured employers, identify program deficiencies and make recommendations for policy and practice improvements.

The top priority of the Ombuds Office is to help injured workers and their representatives with questions and concerns about industrial insurance rules and regulations, and to quickly resolve specific workers' compensation complaints. The Ombuds Office team aims to provide a high level of customer service as they help injured workers maneuver through the complexities of the workers' compensation system.

Another goal of the Ombuds Office is to ensure a smooth claim process for injured workers, which includes identifying areas for process improvement and related policy enhancements. Effective collaboration with multiple interested parties is critical, and the team strives to maintain objectivity and positive relationships with all stakeholders, including worker advocates, L&I staff, and the self-insured business community.

This report begins by describing the structure of the Ombuds Office and self-insurance in Washington. This is followed by a summary of inquiries and investigation results for July 1, 2014 through June 30, 2015, including statistical analysis of the issues addressed. Subsequent sections go into greater detail about process improvement recommendations and efforts to resolve primary issues.

Office of the Ombuds

The Ombuds program is funded by self-insured employers and governed by Revised Code of Washington (RCW) 51.14.300 through 51.14.400. All information is highly confidential, and injured workers are informed of their rights to confidentiality under RCW 51.14.370.

Governor Inslee appointed the current Ombuds for a six-year term effective March 2, 2015. The Ombuds reports to L&I Director Joel Sacks, but operates independently from the agency. The highly qualified Ombuds Office team consists of the official Ombuds position, two workers' compensation adjudicators, and a program specialist.

Ensuring fair and certain relief on behalf of injured workers is the primary mission of the Ombuds Office, and is in the best interest of all parties involved in the Washington self-insured workers' compensation system. Efficient systems and approaches are key to streamlining processes for injured workers, and are a common goal of the workers' compensation community.

PRIMARY RESPONSIBILITIES OF OMBUDS OFFICE

Investigate and resolve complaints

- Ensure injured workers receive the appropriate benefits under Washington industrial insurance rules and regulations. It is important for workers to understand the investigation process and their rights and responsibilities. The Ombuds Office's top priority is to resolve all complaints as efficiently and quickly as possible, and maintain contact with the worker throughout the investigation process. When a timely resolution is not feasible, the complaint is referred to L&I's Self-Insurance section for further action.

Provide information and training

- Address questions and concerns about the workers' compensation process. The Ombuds Office team strives to provide excellent customer service and empathy as they help workers understand the complexities of the workers' compensation system and maneuver through the claim process. The team provides training and education, from official training to simply directing an individual claims manager to the appropriate regulation, administrative procedure, or claims management tools and resources.

Track complaints and inquiries

- Maintain a comprehensive database of complaints and inquiries, document outcomes, and analyze trends. Staff uses data analytics to identify systemic issues as well as potential policy and process improvements.

Recommend policy and process improvements

- Identify solutions and opportunities for potential self-insured program enhancements, and make recommendations. Coordinate with the applicable L&I division(s), external stakeholders and workgroups or committees.

Maintain collaborative relationships

- Collaborate with multiple interested parties and cultivate positive relationships with all stakeholders, including worker advocates, L&I staff and the self-insured business community.

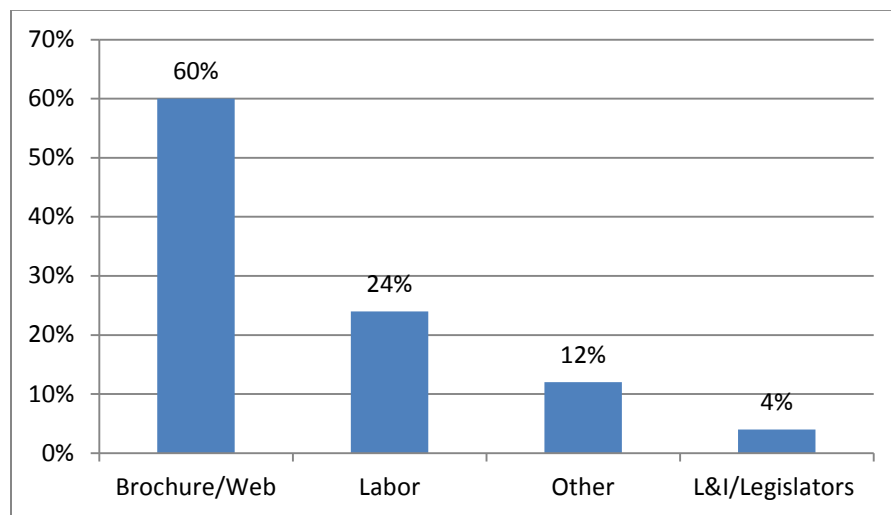
Conduct community outreach

- Participate in community events and provide training and education to constituents. The Ombuds Office team appreciates the opportunity to participate in conferences, meetings, and committees. These forums provide a meaningful way to share information about the Ombuds program, build relationships, gather information and learn more about issues and concerns, and help identify solutions.

Referrals

As shown in Figure 1, the majority of referrals to the Ombuds Office are due to informational brochures or referrals from worker advocates. Other sources of referrals include friends of workers, legislators, L&I staff, treatment providers, attorneys, and employers and their representatives.

Figure 1: Referral Sources



Source: Self-Insurance Ombuds Database (SIOD)

A MESSAGE FROM THE WASHINGTON STATE COUNCIL OF FIRE FIGHTERS

The Washington State Council of Fire Fighters has greatly appreciated the knowledge and expertise the Self-Insured Ombuds office has shared with the 8,000 career fire fighters and paramedics across Washington. Not only has the Self-Insured Ombuds been a resource for resolving disputes, the Ombuds has been key in providing education and resources on the intricacies of the self-insured system. The result has been a better working relationship between workers and their employers.

Kelly Fox
President, Washington State
Council of Fire Fighters

Injured workers receive *A Guide to Workers' Compensation Benefits for Employees of Self-Insured Businesses*, which includes a reference to the Ombuds program. The Ombuds program brochure is also widely distributed by the Ombuds Office and within the Labor community. The Ombuds Office website provides additional information.

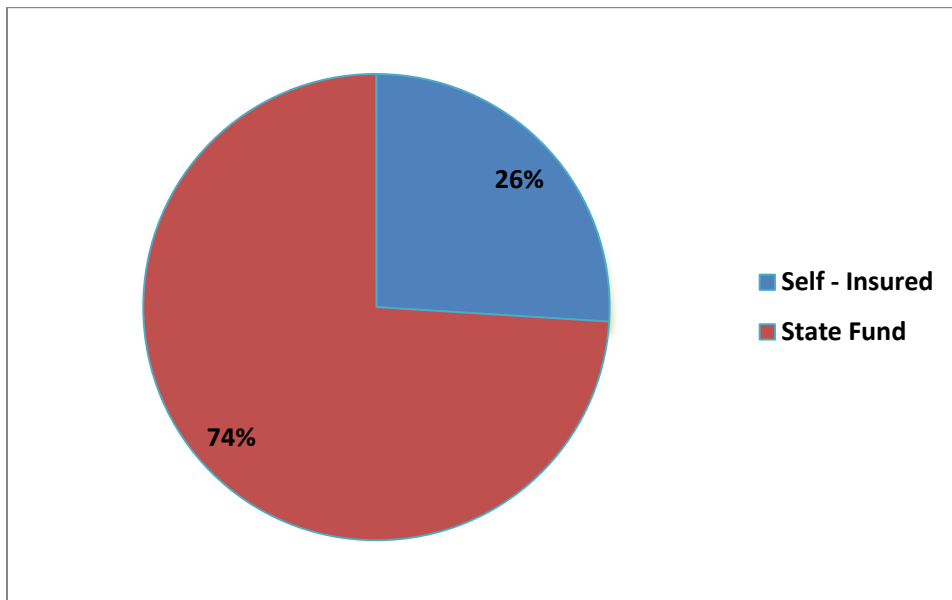
SELF-INSURANCE IN WASHINGTON

Self-insurance is an alternative method of providing workers' compensation coverage for Washington's largest employers. Self-insured employers may choose to self-administer their workers' compensation program or contract with a third-party administrator (TPA) to manage their claims process. L&I has regulatory authority over industrial insurance rules and regulations, and the department's Self-Insurance section enforces these regulations for self-insured employers. This includes providing certification services, audits, education and training, and assesses penalties if indicated.

There are currently 355 active self-insured employers in Washington. During fiscal year (FY) 2015, they employed over 885,000 workers. Self-insured employers reported 43,113 claims during this same period. More than 92 percent of self-insured employers currently contract with a TPA. There are 65 TPA locations, and 52 percent are located outside of Washington.

Figure 2 shows the proportion of workers covered by self-insured employers compared to workers covered by State Fund employers in Washington.

Figure 2: Washington's Workforce



Source: L&I Self-Insurance Section

Self-insurance basic requirements

To qualify for self-insurance, businesses must meet certain requirements, including:

- Be in business for at least three years.
- Meet mandatory financial standards and obligations.
- Demonstrate the existence of an established safety program, including an effective accident prevention program.
- Submit a description of an acceptable industrial insurance administration process to the department.

Standard Workers' Compensation benefits

All workers are entitled to the same level of benefits provided by Washington industrial regulations, including but not limited to:

- Medical benefits for approved treatment related to a work-related injury or illness.
- Partial wage replacement for lost wages due to a work-related injury or illness.
- Vocational assistance if the worker qualifies for retraining.
- Permanent partial disability benefits to compensate for a permanent loss of bodily function.
- A disability pension if the worker is permanently disabled from any gainful employment.
- Death benefits for survivors if a worker dies as the result of a work-related injury or illness.

Summary of Activities and Findings

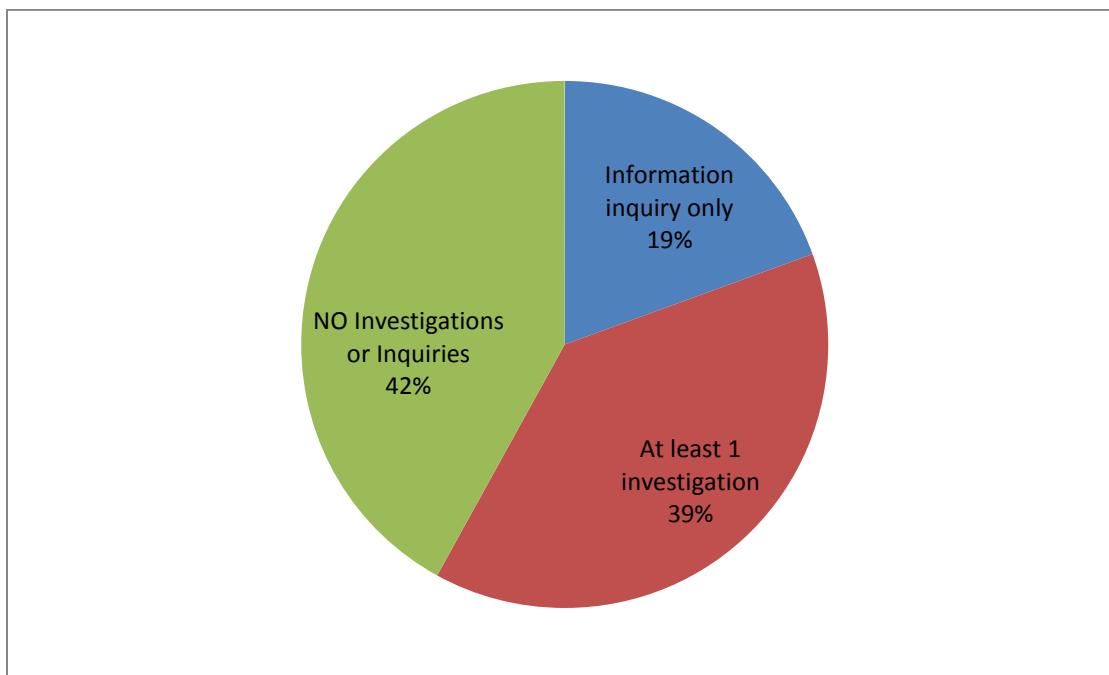
The first priority of the Ombuds Office is to act as an advocate for injured workers with self-insured employers. This involves providing information on industrial insurance and identifying, investigating, and facilitating resolution of issues and complaints from workers and their representatives.¹ The following information is a summary of investigation activities and findings for FY 2015.

INQUIRIES

The Ombuds Office received over 1,000 inquiries about self-insured employers' workers' compensation claims, involving about 1,500 different issues. Most inquiries were informational in nature and did not warrant an investigation. Investigations involved 39 percent of self-insured employers, which is consistent with the prior reporting period.

Figure 3 shows the proportion of the types of inquiries received by the Ombuds Office.

Figure 3: Inquiries about Self-Insured Employers



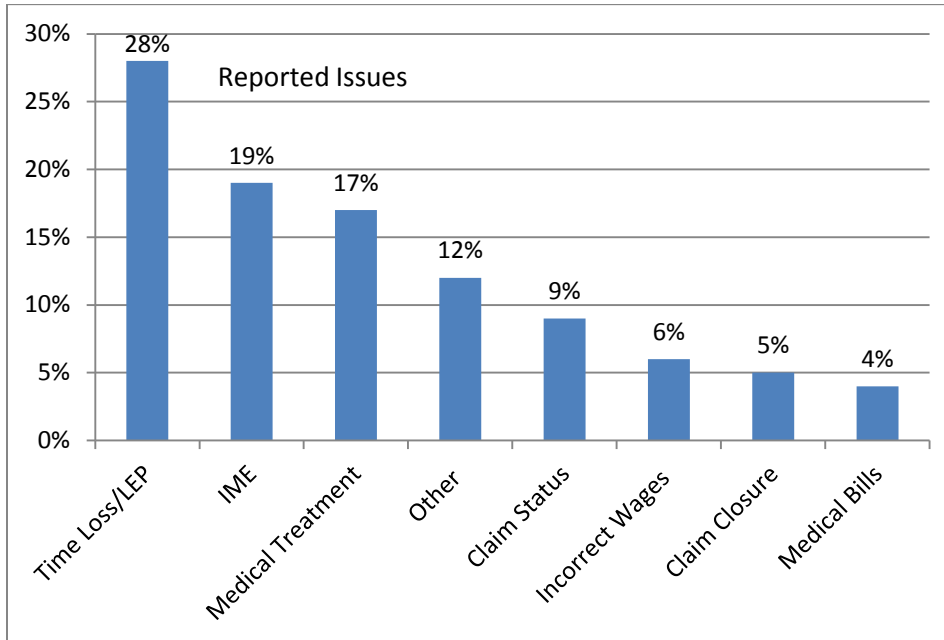
Source: SIOD

¹RCW 51.14.340

INVESTIGATIONS

The Ombuds Office completed 440 investigations during the FY 2015 reporting period. Figure 4 compares the issues of investigations the Ombuds Office completed.

Figure 4: Reported Issues and Investigations



Source: SIOD

Many investigations involve more than one issue about a claim. The categories remain consistent with the prior reporting period, except that concerns about Independent Medical Exams (IMEs) increased to become the second highest concern.

Top reported issues:

- Delayed or denied time loss or loss of earning power (LEP) benefits remains the primary source of complaints. However, the Ombuds Office team has experienced a slight decrease (11 percent) in LEP complaints, which may be due to increased education and use of electronic LEP calculator tools. These benefit delays will remain a top priority for the Ombuds Office, and are also a priority for the Audit Reform Committee. The Tier 2 pilot audit scheduled to begin in 2016 (see more information on page 15) will address timeliness of benefit payments.
- IME concerns have increased for the Ombuds Office, including frequency and use of IMEs. As a result, this will also remain a top priority for the Ombuds Office in the upcoming year. In the meantime, the Ombuds Office team will continue to focus on quick resolution of complaints to prevent benefit delays caused by IME process issues.

- Delays in medical treatment and payment of medical bills continue to be a top issue. However, we are hopeful new rules and related penalties for failure to timely authorize medical treatment and pay medical bills will help resolve some of these issues. The Ombuds Office team informs providers, self-insured employers, and third-party administrators of these new rules as often as possible.
- The status of claims, including claim allowance, denial, re-openings and premature claim closures, are a continued source of concern. The Ombuds Office is focusing on potential solutions to problems with the current claim process, including administrative procedures and related penalties.

Incorrect wage calculation complaints have decreased; however, the Ombuds Office continues to receive a significant number of inquiries. The Tier 1 pilot audit is addressing wage calculations and should result in increased accuracy (see page 15 for more information). Additionally, a benefit accuracy work group has been established in 2015 by Engrossed Senate Bill 5510 to discuss wage calculations, and may provide recommendations to help improve the current process. The Ombuds will continue to closely monitor outcomes of both the new tiered audit approach and the new benefit accuracy work group.

RESOLUTION PROFILE

The following describes the methods used to resolve self-insured workers' compensation investigations. Some investigations involve more than one issue.

- In the spirit of quick resolution, the Ombuds Office team attempts to resolve issues directly with the injured worker's employer or a third-party administrator (TPA).
- If the Ombuds Office team is unable to resolve the issue with the employer or TPA, the team engages L&I's Self-Insurance section for assistance to help resolve the issue. If necessary, the complaint is referred to Self-Insurance for further review and action (RCW 51.14.350). Self-Insurance staff conducts a thorough review, makes an independent claim determination and provides the Ombuds Office a summary of the action taken.

The Ombuds Office team is happy to report a positive, upward trend in the ability to resolve issues with the self-insured employer or TPA. This is primarily due to internal process changes, including streamlining point of contact within the Self-Insurance section and contacting the self-insured employer when necessary. The Ombuds Office will continue to focus on improving these trends during the upcoming year with the goal of timely resolution. Improved response time is certain to result in better outcomes for injured workers, and the Ombuds Office will concentrate on the organizations that have a poor response time.

Figure 5 provides data on self-insured workers' compensation claim investigations completed by the Ombuds Office over the last several years.

Figure 5: Resolution Profile

	FY 2015	FY 2014	FY 2013	FY 2012
Total number of investigations	440	486	505	508
Claims Adjudicated Correctly	155	183	146	156
Resolved with SIE / TPA	95	65	111	108
Resolved: L&I Assistance	143	190	162	153
Unable to resolve not in Jurisdiction	47	48	86	91

Source: SIOD

CASE SCENARIOS

Time loss benefit delay

An injured worker contacted the Ombuds Office because she was living in a homeless shelter with her children and had not been paid time loss benefits for almost a year. Her long-term attending provider certified that she was unable to work at her job of injury, and provided objective medical findings to support his opinion. Her orthopedic surgeon agreed she was unable to work. The third-party administrator (TPA) stopped time loss benefits based on the opinions of two independent medical exam (IME) providers. The Ombuds Office asked L&I to intervene, help resolve several complicating factors, and issue an order directing the TPA to pay approximately 12 months of overdue time loss benefits. The benefits were eventually paid and the issue was resolved.

IME concern

A worker contacted the Ombuds Office because he was concerned he was scheduled for a fourth IME. He had fallen off a ladder at work and injured his knee. He had previously had two IMEs, which supported his claim. The worker's attending orthopedic surgeon also agreed with the claim. However, a third IME did not support the claim, so the TPA scheduled a fourth IME. The Ombuds Office contacted the TPA to review the claim and existing medical records. The TPA agreed a fourth IME would not be beneficial, cancelled the IME and continued paying benefits.

Claim determination

A worker contacted the Ombuds Office regarding a hearing loss claim and related IME. He had initially filed a claim with the State Fund, but an IME determined his last injurious exposure was related to his employment with a self-insured employer. When the self-insured employer's TPA received the claim, they planned to schedule another IME to review audiogram records before

allowing the claim. The Ombuds Office contacted the TPA to discuss the audiograms, which supported hearing loss while working for the self-insured employer, and whether an additional IME was needed. The TPA agreed the additional IME was not necessary, and allowed the claim.

Medical treatment

The Ombuds Office was consulted by an injured worker because his surgery had not been authorized by the TPA, and the TPA was not responding to his inquiries regarding surgery authorization. The Ombuds Office contacted the TPA. The TPA said it was unclear if the need for surgery was due to the industrial injury. The Ombuds Office staff helped the TPA gather the necessary medical information and surgery was authorized.

Major Initiatives

Important program enhancements, including a rule amendment and process changes, are well underway since last year's Ombuds Office report.

NEW RULES

The Board of Industrial Insurance Appeals issued the Significant Decision *In re James Coston* in 2012. This decision states that payment for medically necessary and proper treatment is considered a benefit under RCW 51.48.017, and self-insured employers are subject to a penalty if either the payment of treatment bills or authorization for treatment is unreasonably delayed. We expect the new rule to help reduce the number of complaints related to medical treatment and bill payment delays (currently, 21 percent of Ombuds Office investigations). The Ombuds Office will continue to track these outcomes closely.

Rule amendments

L&I's Self-Insurance section adopted amendments to Washington Administrative Code (WAC) 296-15-266 that became effective in January 2015.

- The rule amendment defines the circumstances under which L&I will consider assessing a penalty, as well as the penalty request process. The department developed a penalty matrix explaining timeframes for determining penalties, and a Frequently Asked Questions document to help clarify the new requirements. These materials are available on the L&I Self-Insurance website.
- The Ombuds Office team informs self-insured employers and their representatives of the new rules, and explains the new penalty process to injured workers as necessary.

SELF-INSURANCE AUDIT REFORM

The Self-Insurance Audit Reform project began in 2013, and has made significant headway since then. The Audit Reform project team leads the initiative, consisting of representatives from labor, self-insured employers, staff of L&I's Self-Insurance Section, and the Ombuds. The committee continues to meet monthly to ensure the project remains on task and that all issues are addressed and resolved appropriately.

The purpose of the Self-Insurance Audit Reform project is to:

- Build an effective, industry-leading audit model that combines performance-based, complaint-based and issue-based audits.
- Ensure program compliance by self-insurers, including delivery of accurate and timely benefits.

- Detect non-compliers using reliable data, and apply a tiered audit approach as necessary to bring them into compliance.
- Communicate clear expectations to self-insurers and provide effective claims management tools, consultation and training.

Tier 1 audits

- L&I's self-insurance audit team began the Tier 1 pilot project in January 2015. This project is limited in scope and involves wage calculations only. All self-insured employers are scheduled for a pilot audit in 2015 - 2016. L&I's primary goal is to spend a sufficient amount of time with each self-insured employer and their representative TPA, if applicable, to provide clear expectations of the new audit process and training on wage calculations.
- It is important for the pilot project to result in best-in-class audit solutions. L&I publishes quarterly audit results, which are used to help identify necessary changes as the pilot project continues through 2016.

Development of Tiers 2 and 3

- The Tier 2 audit process is expected to address timeliness of indemnity benefit payments (time loss, loss of earning power, permanent partial disability). Tier 3 is in the early phase of development and will be the most in-depth audit approach. Testing of Tier 2 is scheduled to begin in early 2016, and Tier 3 testing shortly thereafter. L&I expects development of Tiers 2 and 3 to be final no later than mid-2017.
- This performance-based tier audit approach is a progressive audit concept, with each audit tier increasing in depth based on prior audit findings. For instance, negative findings in Tier 1 will lead to a Tier 2 audit; additional findings in a Tier 2 audit will lead to a Tier 3 audit.

Next steps

- L&I's current goal is to make the Audit Reform project team an official advisory committee by the end of 2016. The advisory committee's main functions will be to closely monitor the new tiered audit system and ensure continued focus on issue- and complaint-based audits. The Ombuds will help develop issue-based audit concepts and continue making complaint-based audit referrals to the Self-Insurance section.
- Development of the Self-Insurance Risk Analysis System (SIRAS) began in July 2015, and is scheduled to be completed by July 2017. This system will support L&I's new audit model for self-insured employers and help identify specific non-compliance risks and audit priorities, and ensure adequate attention on problem areas. In addition, the system will provide electronic data reporting by self-insured employers using a national standard, and will allow multi-state employers to compare their performance in the state of Washington with their performance in other states.

Future Initiatives

The Ombuds Office continues to search for opportunities to improve internal self-insurance program processes and identify enhancements to self-insurers' systems. The Ombuds Office is confident these initiatives will lead to further positive solutions.

INTERNAL PROCESS CHANGES

The Ombuds Office team is continually focused on reviewing current internal processes to ensure excellent customer service and resolve complaints and issues as quickly as possible. Ombuds Office internal actions geared toward program enhancements and collaboration include:

Meet regularly with L&I Self-Insurance section staff

- Streamline processes to ensure injured worker concerns are addressed and resolved in a timely manner.
- Review new policy and rule changes immediately and identify opportunities for program amendments as soon as feasible.

Streamline investigation procedures

- Implement new procedures to request claim files directly from the TPA instead of having L&I make the initial request. Update internal investigation referral procedures.
- Track the time it takes to resolve investigations. Use tracking data to help identify any potential gaps in investigation processes, ensuring more efficient investigation resolution.
- Use email as often as possible, although email capability is limited due to confidentiality requirements. For instance, if calls are not returned by a TPA, the Ombuds Office team will attempt to make contact via email in a final effort to expedite the investigation process. If contact does not occur within 48 hours, the team will contact the self-insured employer directly.
- Monitor the Self-Insurance section's use of secured email. If secured email becomes a viable communication tool for L&I, the Ombuds Office will implement this process to improve timeliness of complaint resolution for injured workers.

Replace Self-Insured Ombuds Database (SIOD)

The Self-Insured Ombuds database is an antiquated, unsupported Access database with limited functionality, which needs to be replaced or updated with a reliable system. The team is preparing a business case to determine cost-effective solutions.

CONTINUE DEVELOPMENT OF AUDIT REFORM

The Ombuds will continue to participate on the Self-Insurance Audit Reform project (see Audit Reform section for further detail) and continue as a voting member on the audit advisory committee. The audit process is critical to ensuring compliance and identifying self-insured systemic issues, such as wage calculation consistency and benefit accuracy.

Wage consistency

- The Tier 1 pilot audit and the new benefit accuracy workgroup are important projects addressing the continued issue of correct wage calculations. The Ombuds Office will provide any necessary data and support to these workgroups, as wage calculations continue to be an administrative challenge.
- Maintaining fair and equitable benefits will remain a top priority.

Timeliness of time-loss benefits

- Delay of time-loss benefits is a continued concern (28 percent of complaints received by the Ombuds Office), and will remain a high priority. The Tier 2 audit process to review accuracy of benefit payments will help address this concern, and the benefit accuracy workgroup may also be an opportunity to address it.

INDEPENDENT MEDICAL EXAMS

The use and frequency of independent medical exams (IMEs) continues to be a top source of self-insured injured worker complaints (19 percent of complaints received by the Ombuds Office). This issue will remain a high priority and the Ombuds Office will continue to research potential solutions.

OMBUDS COMMITTEE

In an effort to ensure a collaborative approach to identify self-insured program issues and develop effective solutions, the Ombuds Office will solicit interest of external labor and business stakeholders to participate in an Ombuds committee. Committee outcomes and recommendations will be shared with related committees as appropriate, such as the Advisory Committee on Healthcare Innovation and Evaluation (ACHIEV) and IME committees.

Potential Items

- Ensure self-insured employers and TPAs appropriately use medical guidelines established by the Office of the Medical Director.
- Address IME concerns, develop recommendations to improve the IME process, and provide feedback to related workgroups (e.g., IME committee).

- Brainstorm solutions to resolve late payment of time-loss and medical benefits and treatment delays.

FIRE FIGHTER WORKERS' COMPENSATION WORKGROUP

It is a privilege to serve on the Fire Fighter Workers' Compensation Workgroup to help establish streamlined procedures that assist fire fighters with the complexities of their unique workers' compensation issues.

Conclusion

The Ombuds Office is available to help injured workers of self-insured employers. Strong employee advocacy and customer service involves assuring an effective, reliable self-insured workers' compensation system. The Ombuds Office team is dedicated to efficient resolution of issues and complaints and clear, concise communication, documentation and data tracking. A sophisticated data system is critical to identifying problems, and a system upgrade is a top priority. Data analytics will be developed to help identify systemic program and process improvements.

How to get help

For assistance with a self-insured workers' compensation issue, please call:

- Ombuds Confidential Hotline: 888-317-0493

Let us know your thoughts

The Ombuds Office welcomes feedback and suggestions about this report, as well as any suggestions for improvement to the self-insured workers' compensation system. Additional information about the Ombuds program can be found at:

- Ombuds Office website: www.ombudsman.selfinsured.wa.gov

Contact information

For more information about this report or self-insurance in Washington, please contact:

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