

WSIA Liaison Committee Report

Glenn Hansen, WC Manager, Multicare Health System
Patrick Reiman, Manager Claims, Sedgwick
January 5, 2017

The Liaison Committee met with representatives from the Department of Labor & Industries on January 5, 2017 9:00 a.m.-1:15 p.m. Present for the meeting in whole or part from the Department was Jim Nylander, LaNae Lien, Brian Schmidlkofer, Mike Ratko, Gina Mayo, Coral Macy and Simone Javaher. Present from WSIA were Kris Tefft, Lisa Vivian, Glenn Hansen by phone and Patrick Reiman.

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

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

GENERAL

The safety topic involved awareness of dealing with cold temperatures.

FOLLOW-UP ITEMS

Staffing

There are open position in Unit I and S (2). Initiation also lost to HQ OA2 who was instrumental in catching up initiations. New trainer position hired Melissa Dier. One vacant audit position. Fred Weisdep retired. Two new hires-Reidun and Beth. See attached L&I SI Contact List.

VDRO/Voc

Coral Macy, VDRO supervisor for last 1.5 years reports 4 new reviewers in place, all less than 6 months. Backlog for SI down to 27 items needing reviewed with oldest 10/19 and 13 over 30 days. 4 items yet to be assigned. Once assigned expectation is decision in 15 days. Discussion held around delay of claim file receipt from SIE impacting, but didn't appear that was actually the case. Also discussion around should VDRO use information at hand when VSS made decision vs. newly submitted information or file material and if newly submitted information need exists to assure all parties have that information as they may want to counter with new information. Completed 40 items in Dec., 24 upheld and 16 overturned. 3 overturned due to LMS, 10 due to medical analysis such as conflicting information or physician position change and 2 on transferrable skills. Discussion around if could provider 2016 metric on percentage of cases overturned and reasons as may be education opportunity with VRC/SIE in community. Also suggested VDRO provides notice to parties when case is assigned. Was extensive backlog previously due to staffing issues.

Pat inquired on stale medical due to VDRO delays and LaNae advised if no change in medical situation i.e. treatment or not MMI while pending at VDRO should be able to use medical in place at time of VSS decision e.g. closing medical.

Medical EDI

Jim shared only 38% of SIE have registered. Unknown what claim volume that constitutes. Sending 2nd request out with target date 2/1 for all SIE to be registered. Claims Administrators may want to check with clients if registration completed. Went over proposed response to trading partner inquiry on penalty potential. Project team completes end of June.

Rule Committee

Mike advised 2 labor and 2 business members identified. Ombuds office will also have role and we suggested be ex-officio i.e. non-voting. Mike will be moving forward with scheduling initial meetings. Concern and discussion around addition of litigator on both audit and rules committee for labor and are they a stakeholder and also dynamics that change potentially presents to effectiveness of both groups. Discussed looking at bucketing issues on rules i.e. policy, rule or RCW. Lisa had previously provided some input on certain rules to look at.

IME

Kelli Z. is closer to final product. Suggest may want to roll out in small population area first. Also, watch making too basic.

Group Health Rx

Lisa working with Leah H. at L&I and Group Health on billing employee directly. Discussion around is pharmacy a benefit.

NEW ISSUES

Tier II Audit Questionnaire

Brian provided sample letter for those subject to Tier 2 audit, i.e. didn't pass Tier 1. Suggested to add claim administrator along with SIE as addressee. Also suggestion to add identifying information on questionnaire form so when returned could tell which SIE attached to. Audit team is working on matrix for penalty consideration on benefit delay. Tier 2 audit focus is timeliness of time loss compensation and permanent partial disability payments.

Also discussed concern Tier 3 not defined yet.

Business Transformation

What do we want to accomplish next 5 years? Discussion overlapped with Rules Committee, SI authority, wage accuracy group, movement to regulation vs. re-adjudication, etc. Also discussed claims data, other potential special projects. Advised to be careful on special project assessments especially with changes to assessments this year.

Curriculum Review

Kris did mention this seems to be going much smoother getting CE more appropriate to delivered training. Discussed continued movement around less detail needed and if training delivered of limited value participants wouldn't attend. Challenge with having volunteer presenters having all material in advance of session so credits can be granted before session commences.

SIF Assessments

Glenn discussed SIF and should it be 50% socialized, 50% experience rating only on current claim costs and not adjustments needed due to changes in investment income or discount rate lowering and should those changes be socialized as prior to the change to experience rating. Mike/Jim to discuss with actuaries. Concern is if SIE changed practice in use of SIF may be bearing disproportionate amount of costs due to investment income or discount rating issues if use current assessment methodology on entire assessment.

SELF-INSURANCE BUSINESS PLAN UPDATE

Audit Reform

Brian advises 12 Tier 1 SIE left. Will run draft report through Audit committee of Tier 1 overall findings.

Performance Measures

See attached. As expected as initiation caught up worsening of statistics. OT is authorized to assist with catching up. Improvement of these may tie into rules review committee. Continue to have examples where L&I adjudicator says no work items and doesn't appear to be just initiation issues. Provide examples to LaNae. Discussed how using SI-CAMS now that have information on work process and timeliness vs. doing pre SI-CAMS.

OMD/COHE

Simone provided attached handout and covered each area. Discussion on potential increase of ultrasounds and not in lieu of MRI but in addition.

Service Updates

Requested update next meeting on SIE service, IT projects.

**DEPARTMENT OF LABOR AND INDUSTRIES
SELF-INSURANCE SECTION CONTACT LIST**

ADMINISTRATION FAX (360) 902-6977 PO Box 44890 Olympia, WA 98504	CLAIMS UNITS (IMAGING) FAX (360) 902-6900 PO Box 44892 Olympia, WA 98504	PROGRAM COMPLIANCE FAX (360) 902-6650 PO Box 44893 Olympia, WA 98504	CERTIFICATION SERVICES FAX (360) 902-6650 PO Box 44891 Olympia, WA 98504
MAIN RECEPTION OR TO DETERMINE THE CLAIM MANAGER FOR A SPECIFIC CLAIM, (360) 902-6901			
ADMINISTRATION			
Jim Nylander - Program Manager	902-6907	Debra Barr - SSO for all SI claims	902-5064
Gina Mayo - Admin Assistant III	902-6906	Direct fax for SSO for all SI claims	902-6900
CLAIMS			
LaNae Lien - Claims Manager	902-6968	Bill Bailey - Management Analyst 4	902-6833
Ginny Klapstein - Policy Manager/SIEDRS	902-6748	Ray Hershey - Pension/Fraud	902-6937
Scott Corvin - Pension/Penalties/Fraud	902-6911		
CLAIMS UNIT S			
Tina DeLaTorre - Unit S Supervisor	902-6890	Sara Wetsch-Betts - Claims Lead	902-6914
Vacant	902-6876	Neal Boyer -Hearing loss	902-6886
Katheryn Jones	902-6877	Joe Gonja	902-6872
Trisha Green	902-6887	Lindsay Barlow - OA Lead	902-6859
Yvonne Montague	902-6885	Monica Salazar - OA 2	902-6858
Emily Gunderson – Wage Specialist	902-6705		
CLAIMS UNIT I			
Julie Hill-Craig-Unit I Supervisor	902-6871	LaTrisha Gallegos- Claims Lead	902-6915
Robert Kennealy	902-6880	Lester Bell	902-6868
Gregory Greene	902-6873	Corina Groth	902-6879
Steve Moss-Hearing loss	902-6881	Lynae Stewart	902-6888
Angela Smith	902-6884	Fred Weisdepp	902-6883
Shelli Scott - OA2	902-6889	Corinna Triance- Wage Specialist	902-6882
Michelle Robison - OA3	902-6891		
COMPLIANCE			
Brian Schmidkofer- Compliance Manager	902-6839	Christina Gonzalez - Management Analyst 4	902-6949
Brenda Brown Certification Supervisor	902-6863	Bao La - OA3	902-6861
Amy Alston- Auditor	902-6866	Abe Brian - Auditor	902-6864
Jennifer West - Auditor	902-6867		
AUDIT			
Janet Blume - Audit Supervisor	902-6842	Sandra Aguillard- Audit Supervisor	902-6715
Tina Stryker	902-6852	Lynne Kuntz	902-6846
Susan Kauffman	902-6845	Vacant	902-6851
Kelly Miller	902-6779	Vacant	902-6853
Vacant	902-6849	Donald Roman	902-9150
Gene Kirk – Secretary	902-6840		
TRAINING			
Cindy Lord - Training Supervisor	902-6904	Melinda Bonson – Trainer	902-5375
Vacant - Secretary	902-6997		
PENALTIES			
Sheryl Whitcomb – Penalty Adjudicator	902-6905	Maria McBride – Penalty Adjudicator	902-6875
MTA Supervisor			
Fran Mauritson MTA-Provider Billing Disputes	902-6938	Charla Bennett – MTA	902-6708
THIRD PARTY			
Erick Agina – Program Specialist 5	902-5111		
CLAIM APPEALS			
Susan Lee - OA Lead	902-5081	Karen Tran - OA3	902-5082
VOCATIONAL SERVICES			
Melissa Sutherland - Supervisor	902-4479	Peter Edgerton – Voc Rehab	902-6913
SUPPORT STAFF			
Diana Stone - Office Support Supervisor	902-6910	Alice Farmer - Form Requests	902-6898

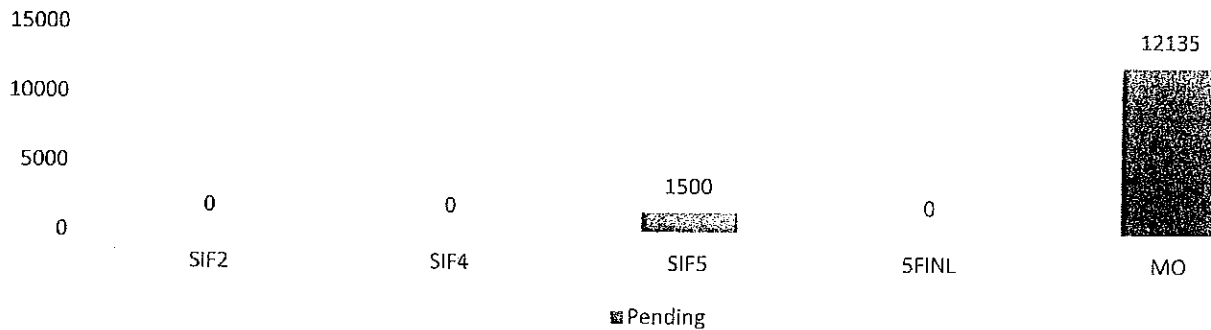


SI Claims Production Update

January 5, 2017

SI-Initiation

SI Initiation Backlog, 12/30/16



Breakdown of Backlog by Document Type (in order of priority)

Document Type	Description	Backlog
SIF4	Request for denial	No backlog
SIF2	SI accident report	No backlog
SIF5 Final	Closure	No backlog
SIF5	Used to request interlocutory order, wage order, etc.	11/17/16
MO*	Medical only	6/6/16

*Processing of notification of medical only claims are viewed as lowest priority due to the nature of the claim. Injuries are usually minor in nature, require limited treatment and the claims are usually closed by the self-insured employer. The remaining document types (and resulting work items) are viewed as higher priorities due to their impact on injured workers and self-insured employers (requests for time loss, denial, claim closure, etc.).

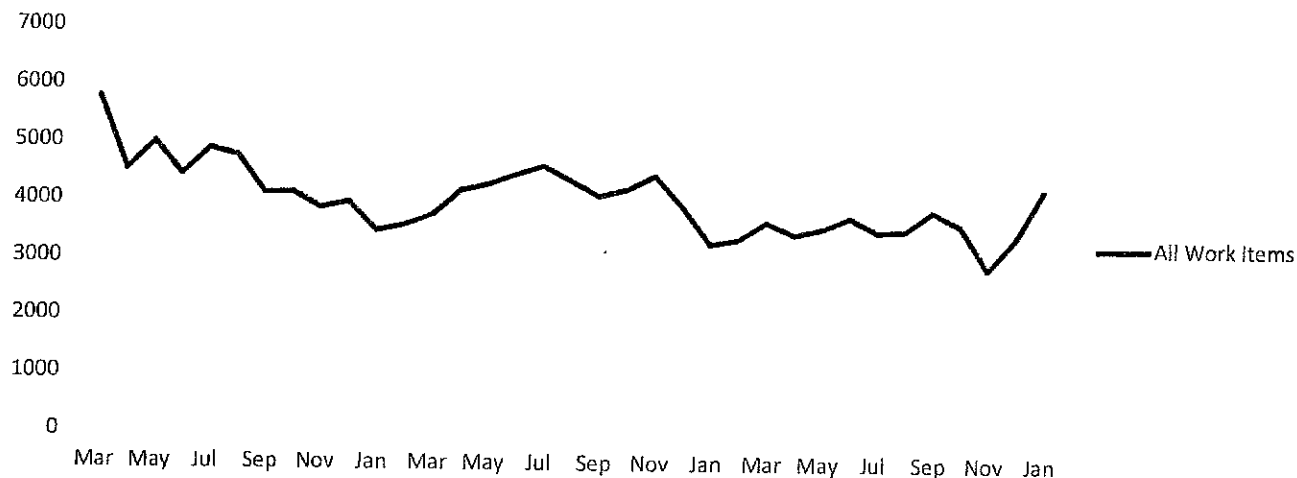
SI-Claims Pending Work Items

The table below breaks down pending work items for the top six work item types (by volume) from January 2016 through December 2016.

Pending Work Items	2016											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SI-CAM	61	17	122	65	38	24	12	23	184	245	27	97
SI-CLAIMS	82	91	94	59	51	75	80	83	111	182	61	50
SI-INITIATION	673	638	725	660	662	724	661	676	887	790	816	1095
SI-OTHER	358	205	273	226	234	254	229	280	402	370	346	584
SI-TOTAL	562	589	686	641	638	694	556	568	615	565	521	612
SI-CLAIMS	161	167	174	175	189	192	169	173	199	132	128	132
SI-TOTAL	3276	3357	3657	3447	3548	3742	3496	3522	3856	3608	2863	3403

The chart below reflects total pending work items (all types) from March 2015 through January 2, 2017. Overall, the trend of pending work items is increasing in direct correlation to the steady decrease in our backlog. Due to the backlog at the front-end of our initiation process the data for all work items is understated in the months of July through November.

SI-CAM Production, March 2015-January 2017



Mitigation Plan

- Process improvements allowed a support position to be moved from claims to initiation. That full-time position was filled in November and the backlog has improved. However, that employee recently accepted a position at Headquarters, effective 1/16/17. We are actively recruiting for a replacement.
- Overtime is being offered to both initiation and claims staff based upon program needs.

Challenges

- As the initiation backlog improves those backlogged items will result in aged work items, which will effect performance measurements.

OVERVIEW: The Washington Department of Labor and Industries Medical TP Registration Tracking spreadsheet provides an overview of the Self-Insured Trading Partner Status in regards to registrations and plans for testing. The initial list of the Self-Insured Employers is based on the WA L&I Master Self-Insured list. Each Self-Insured starts out on the Non-registered list.

As the Self-Insured's register as Trading Partners, they will move from the Non-Registered to the Registered category.

As of 12/30/2016:

Registered Self Insured Employers:

Total Self-Insured Identified: **353**

Registered Self-Insured Employers: **133 total - 38 %**

Non-registered Self-Insured Employers: **220 total - 62%**

Test Start Date Indicated by Registered Self Insured Employers

Of the Registered Self-Insured Employers: **133 total - 38 %**

6% of registered participants have indicated timeframe: **TBD** (to be determined)

14% of registered participants have indicated they plan to test beginning Q1 2017.

Jan 2017: **7%**

Feb 2017: **1%**

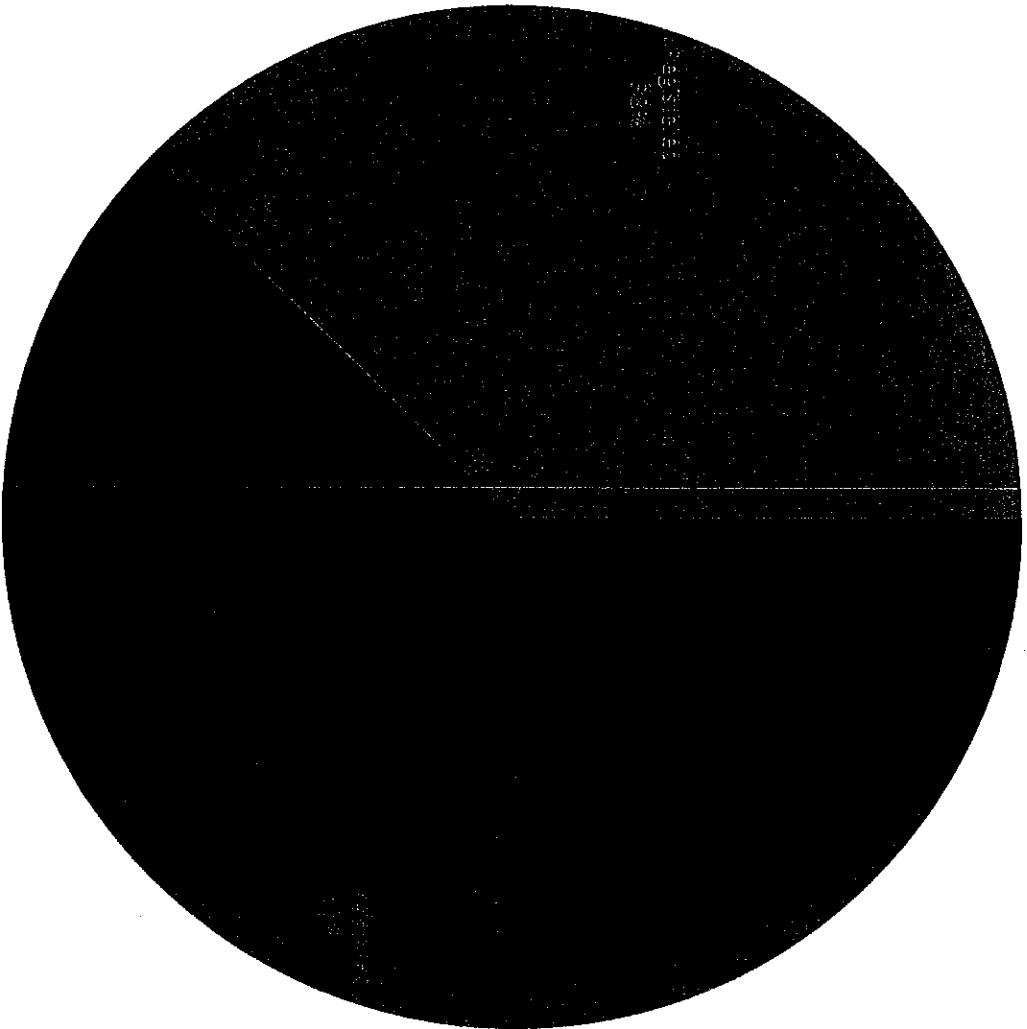
Mar 2017: **6%**

80% of registered participants have indicated they plan to test beginning Q2 2017.

Early Q2 2017: **19%**

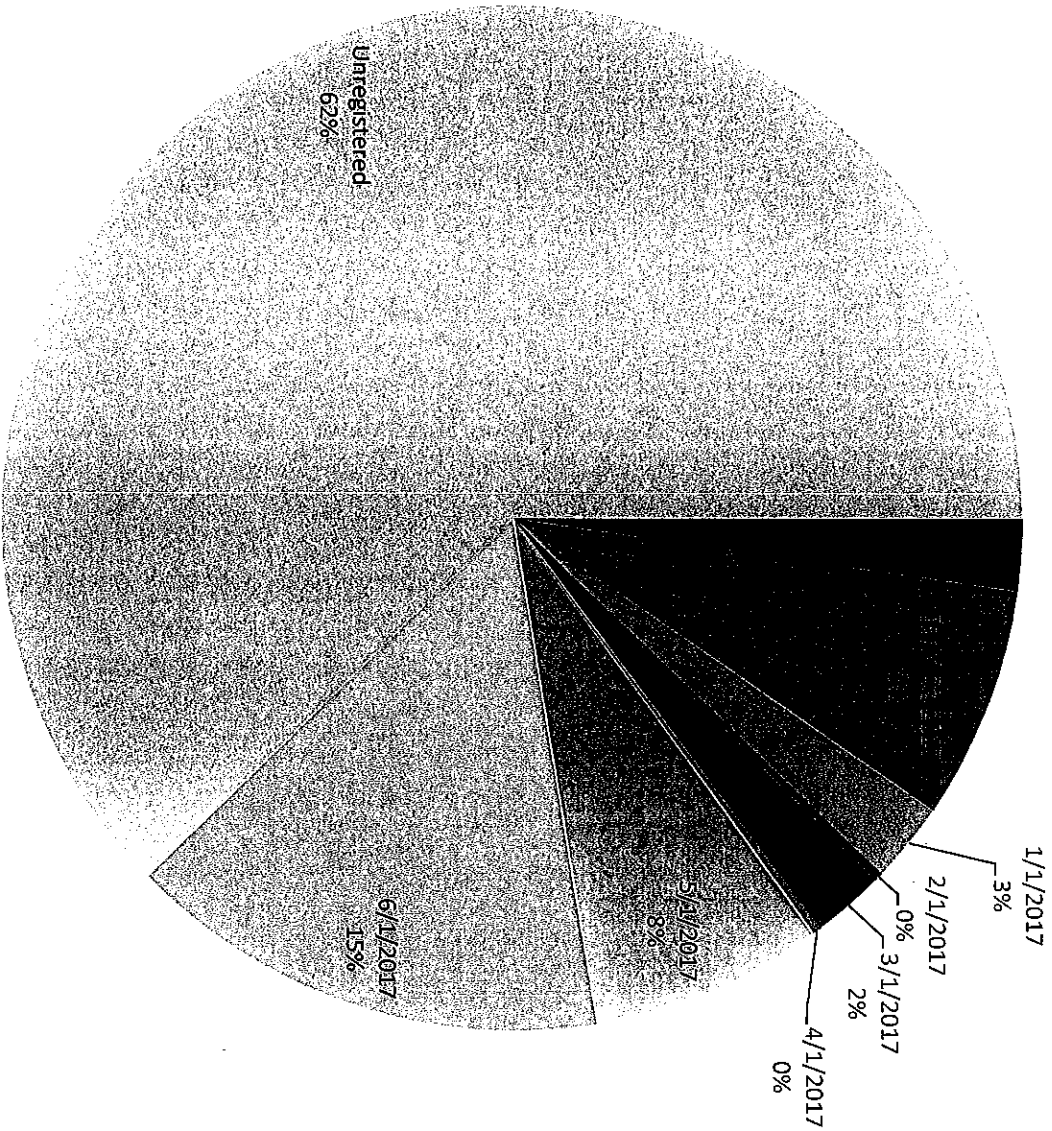
Apr 2017: **1%**

Percentage Registered and Non-Registered



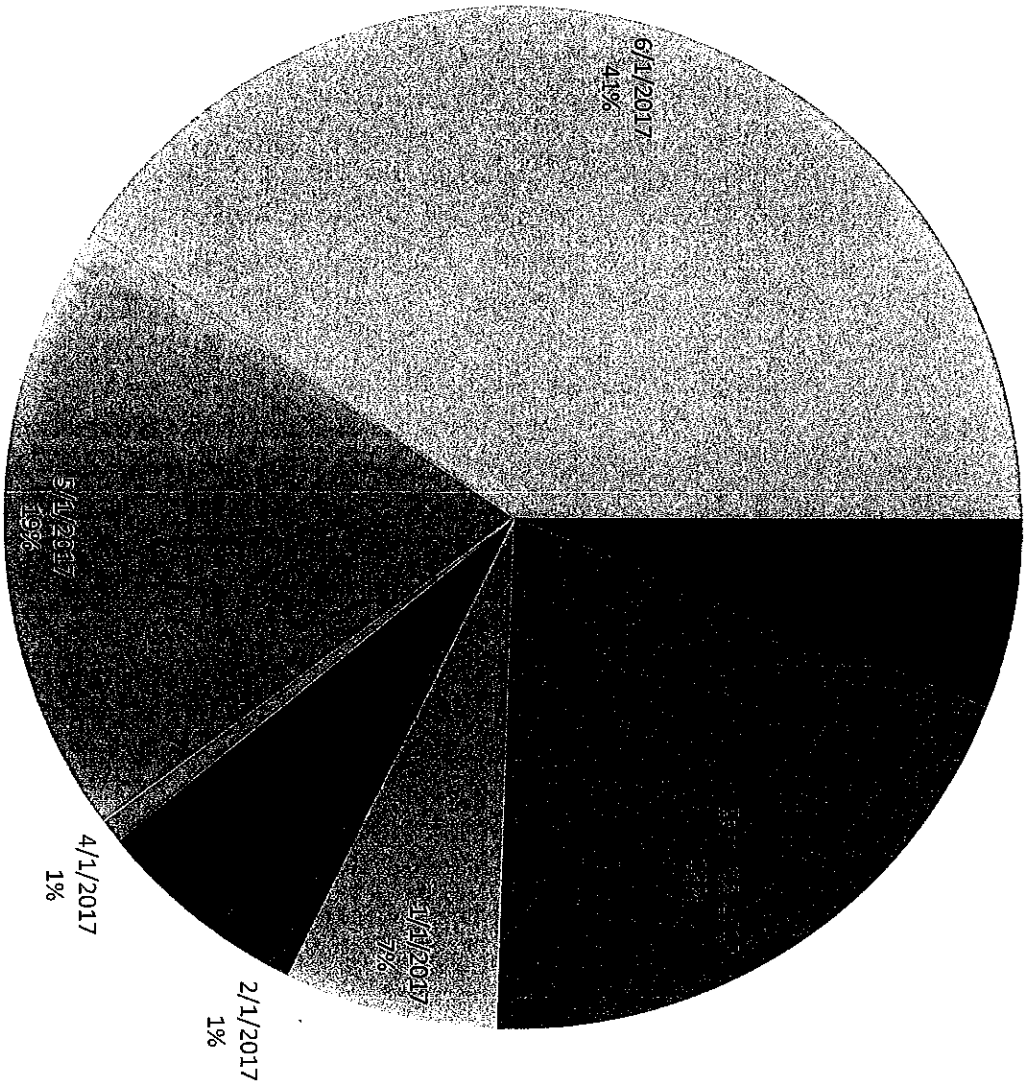
- Unregistered
- Registered

Percentage Registered and Non Registered Self-Insured Test Start Date



- TBD
- Early Q2 2017
- 1/1/2017
- 2/1/2017
- 3/1/2017
- 4/1/2017
- 5/1/2017
- 6/1/2017
- Unregistered

Percentage Registered Self-Insured Test Start Date



- TBD
- Early Q2 2017
- 1/1/2017
- 2/1/2017
- 3/1/2017
- 4/1/2017
- 5/1/2017
- 6/1/2017



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

Health Policy News for Self-Insured Employers January, 2017

Completed Work

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

Repeal of SIMP Rules

Repeal of the SIMP rules became effective on 12/2/2016. The program is still in full effect via [SIMP policy](#) and nothing has changed other than it is no longer in rule. We hope to evaluate the SIMP program during the coming biennium.

Point of Care Ultrasound

We still plan to clarify payment policy in July that office based diagnostic ultrasound in extremities that are done as part of an office visit are not separately payable. The criteria for complete or limited diagnostic ultrasounds that are published in the AMA edition of the CPT must be met for them to be separately payable. This policy does not apply in the Emergency Room or when ultrasound is used to guide injections. This payment policy was shared with the IIMAC members in October and they commented that this practice is becoming more common due to the increased quality of resolution in small portable ultrasound units and increased training of non-radiologists.

Work that is Underway

Acupuncture

The Washington East Asian Medicine Association (WEAMA) has requested L&I consider covering acupuncture for low back pain and permitting East Asian Medicine Practitioners to provide acupuncture treatment. With guidance from L&I, WEAMA produced a systematic review of the scientific literature addressing acupuncture's safety and effectiveness in the treatment of chronic low back pain. The Office of the Medical Director is reviewing the study, as well as other evidence based coverage decisions and literature summaries and will present recommendations to its statutory advisory committees (ACHIEV and IIMAC) in January 2017. By L&I rule, acupuncture and EAMPs are currently not covered, so any change will likely require a rule change.

Foot and Ankle Surgical Guideline

The IIMAC subcommittee has been working on a new evidence-based guideline for foot and ankle surgeries that will likely become effective this summer. We anticipate it will be open for public comment in March. This has been a collaborative effort by IIMAC members, practicing foot-ankle surgeons, Qualis Health consultants, and L&I staff.

Annual CPT Code Changes take effect January 1, 2017

The Health Services Analysis section of Insurance Services has completed their annual coding update and changes are listed on the [fee schedule update page](#).

Health Technology Decisions from the WA Health Technology Clinical Committee

Next meeting: January 20, 2017.

Negative Pressure Wound Therapy (NPWT)

NPWT is used in the treatment of slow or non-healing wounds. In November, the Health Technology Clinical Committee (HTCC) reviewed the available evidence for its use in the home. They found it sufficient to support its efficacy in some circumstances, though cost-effectiveness compared to other alternatives is uncertain. The committee voted to cover NPWT in the home when other complete wound care methods have been unsuccessful. A final vote will be taken at the January meeting.

Fecal microbiota transplantation (FMT)

Primary use is for treatment of individuals with recalcitrant infections caused by *Clostridium difficile*. Frozen stool from healthy donors is transplanted to the infected individual's bowel to restore the normal balance of bacteria in the gut. The HTCC reviewed the available evidence in November and voted to cover it when the infection has not been responsive to an appropriate course of antibiotics. The coverage decision will be finalized at the January meeting.

Artificial disc replacement (re-review)

This technology was selected for re-review based on new literature, which may invalidate parts of the previous report. Efficacy, safety and cost-effectiveness will be evaluated to determine whether artificial disc replacement (cervical and lumbar) provides equivalent or superior health outcomes compared to alternatives e.g. non-surgical treatment and fusion. This review and vote will occur at the January meeting.

Pharmacogenetics

A growing number of new laboratory tests and computer based predictive algorithms have become available to assess an individual's potential metabolic response to various drugs, making it possible to customize dosing for improved effectiveness. Concerns relate to the rapid emergence of these tests and whether improved results are actually realized. At the January meeting, the HTCC will review the available evidence and vote whether to cover this for individuals being treated for certain mental health conditions.