WSIA Liaison Committee Report

Glenn Hansen, WC Manager, Multicare Health System Patrick Reiman, Manager Claims, Sedgwick March 2, 2017

The Liaison Committee met with representatives from the Department of Labor & Industries on March, 2, 2017. Present for the meeting in whole or part from the Department were Jim Nylander, LaNae Lien, Brian Schmidlkofer, Mike Ratko, Gina Mayo, Simon Javaher, Debra Hatzialexiou, and Aquila Doore. 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 or TPA Representative Pat Reiman at 206-214-2813 or email at patrick.reiman@sedgwickcms.com with any issues you would like discussed during our next scheduled meeting in November.

GENERAL

Spring safety tips were briefly discussed and handed out.

FOLLOW-UP ITEMS

Staffing

The claims section is almost fully staffed with one WACA 3 opening. Audit is almost fully staffed with seven auditors and one opening. There are two openings for reviewers at VDRO. There are also two openings for Associate Medical Director.

Legal Services

Debra Hatzialexiou, Legal Services Program Manager, (told235@LNI.WA.GOV) discussed VDRO decisions and provided statistics on the types of reports overturned. This information is attached to the minutes. The committee requested a listing of the counselors involved. There has been an uptick in overturned cases at VDRO and that is a concern. She reported that the percentages of overturns are the same for self-insurance and State Fund. On the positive side, there were only seven cases to review and VDRO is caught up. There are currently three reviewers with two open positions. The oldest awaiting review is 30 days old. We discussed the issue of overturning a decision based on new medical documentation received or produced after the original decision was made. She reported that they are legally bound to consider new information. However, they will reconsider a decision if it is shown that they missed something in their evaluation that was in the file, but overlooked. We also asked that we be notified when a case is assigned to a reviewer, particularly in times of backlog.

Regarding claim settlements, there was a discussion about the contract language that needs to be adjusted for the Board. There is language in the statute that pro se workers need to be afforded the opportunity to talk with the Ombuds office during settlement discussions. The final agreement must contain language that the worker was advised of their opportunity to contact the Ombuds. Training has been done with the Ombuds to go over this issue. They are also working to streamline Medicare language in the contracts and to remind people that attorney fees need to be taken off before doing the math on Social Security Offset.

Debra will complete the updated CRSSA template and will send it to Kris for distribution within the next two weeks. She asked that we send out a reminder that contracts with pro se workers should include stock language about the Ombuds. The statute says "Workers of self-insured employers who are unrepresented may request that the office of the Ombuds for self-insured injured workers provide assistance or be present during negotiations." The contract could state, within the Claimant's portion of the "Parties' Understandings" section, that "the Claimant is aware of their right to consult with the office of the Ombuds for self-insured injured workers."

WSIA NEW ISSUES

Wage Consistency

This was not discussed but there is a meeting of the Benefits Accuracy Work Group coming up soon.

Tier II Audit:

Brian (<u>scbs235@LNI.WA.GOV</u>) reviewed draft information for the letter to the employer and the audit criteria. This is almost complete and ready to be sent to the Tier II audit employers. This is to be reviewed by the Audit Committee before being sent out. There is no "pass/fail" metric in the information. They will use results of audits to develop the curve.

LOEP Section of the Adjudicator's Manual:

We discussed the current state of the manual and that there is a disconnect between current policies and decisions, the newer APF, wage calculations and the manual itself. We discussed loss of earning capacity/capability vs. strictly looking at dollar for dollar wage comparison.

Group Health Rx Issue:

The Group Health prescription drug billing issue should be resolved. Most self-insured companies use some kind of pharmacy benefit management program that allows for electronic billing. We believe the billing issue has been addressed.

Provider News:

We discussed the Department's role in reviewing information from the press or other sources that might imply that worker safety is at risk. We also discussed the preferred surgery levels in the utilization review procedures that streamline approval for Group A doctors and maintain higher requirements for Group B doctors. We asked that the Department review their programs to make sure they continued to evaluate their procedures for ranking and approving physicians.

Curriculum Review Committee

We discussed the Department's role in oversight of the Curriculum Review Committee and how the committee goes about the process of reviewing submissions for credit. Jim (NYLA235@LNI.WA.GOV) has agreed to work more closely with the committee to make sure they are applying the rules fairly and consistently. We mentioned the disparity of credit approvals for Certified Administrators compared with other professions such as attorneys or vocational counselors.

Initiation/Other Delays:

There has been a consistent issue over time with claims initiation. The Department is working on this issue and recognizes how important getting this done consistently is to our community. We also discussed the time frame for a return call from an adjudicator. LaNae said the criteria was 2 business days from a call for a return call. If the adjudicator is not responding within that time frame, LaNae wants to hear about it. Mike Ratko has been following the SICAM performance measures and using a Green/Yellow/Red heat map to follow up with Self Insurance.

Outdated Rules:

The Self Insurance Rule Review Workgroup has met and had initial discussions about rules that should either be repealed or redrafted. They have categorized rules into several buckets including claims process, funds, penalties, vocational services and qualifications. The group norm is to collaborate rather than negotiate or it won't work. The next meeting is March 22nd.

Staff Changes/Assignments/Printable Phone List

We discussed the process for how claims are reassigned and how to change the contact information for them in the system so it can be matched up with the phone list. We asked for a standardized approach to reassignments. There are also procedures that restrict calls to trainee's during training time so we asked that an identifier be added to the list to show the person as in training status with calls to be addressed by another person in the unit.

Department of Medical Director

Simone Javaher (jasi235@LNI.WA.GOV) came with Aquila (uh quill uh) Doore, the new Occupational Nurse Consultant in the Health Policy Unit. Aquila is now the lead person

for Medical Treatment Guidelines and various policy projects. She also is the lead organizer for the Industrial Insurance Medical Advisory Committee. The information provided was on completed work. We encourage the self-insurance community to comment on the revised Carpal Tunnel guideline, particularly as it addresses "liberal construction" of "benefits". We discussed those concerns at the meeting, but they said they've only had one comment so far from our community.

One of the new concepts will be to trial a pilot for acupuncture. One question that came out of that discussion was "how do you measure improvement in function". Most rules aren't particularly clear. Is it by APF, objective commentary, some other form?

Medical EDI:

Some limited testing is underway and we were provided with a listing by TPA of the number of enrolled employers compared with those who were not enrolled. We asked for a listing of the non-employer vendors who were signed up and testing. For example, companies designated to report on the employer's behalf such as pharmacy benefit management and bill review companies. 75% of employers are signed up.

Certifications/Surrenders

Hobby Lobby and Tractor Supply Company have become or will soon become certified self-insurers likely on 4/1/17.

SELF-INSURANCE UPDATE

Measures

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

SI-CAMS

LaNae (<u>FRLA235@LNI.WA.GOV</u>) provided an update on the number of work items presently in SICAMS. The report is attached to the minutes. We asked for a running 12-month report that shows the seasonal variation.

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Assessments

Jim is working on "scrubbing" the assessments currently levied against self-insurers to run program operations. They are continuing to meet to have line by line discussions to potentially reduce charges to our community that don't add value or don't make sense. Jim also suggested that there may be requests for money for other projects, one example being an on line quarterly reporting and annual report process. We suggested

that they address "what's in it for us" and why we should support paying for their back end procedures. Jim reported that they are looking at all of Brenda Brown's department processes to see what can be modernized.

2016 State Fund and Self-Insurance Dispute Outcomes Data Represents disputes with determinations dates January 2016 – December 2016

State Fund			1000
	Uphold	Non- Uphold	Percentage of Non-uphold
January	21	16	43%
February	40	27	40%
March	40	17	30%
April	38	14	27%
Мау	35	26	43%
June	13	7	35%
July	31	17	35%
August	21	16	43%
September	24	14	37%
October	-26	12	32%
November	21	18	46%
December	35	15	30%
Total	345	199	Annual 37%

Reason for Non-uphold	Number of Non-upholds
Combination of reasons (COMB)	30
Job analysis (JA)	1
Labor market survey (LMS)	32
Likely to benefit analysis (LTBA)	5
Medical analysis (MA)	100
Other	21
Transferable skills analysis (TSA)	10
Total	199

Self-Insuran	ice		
	Uphold	Non- Uphold	Percentage of Non-uphold
January	9	3	25%
February	10	8	44%
March	4	4	50%
April	6	2	25%
May	6	0	0%
June	5	3	38%
July	9	3	25%
August	8	3	27%
September	2	2	50%
October	8	7	47%
November	6	5	45%
December	24	16	40%
Total	97	56*	Annual 37%

	Number of
Reason for Non-uphold	Non-upholds
Combination of reasons (COMB)	8
Labor market survey (LMS)	7
Medical analysis (MA)	34
Other	4
Transferable skills analysis (TSA)	3
Total	rc
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2016 Self-Insured Non-Uphold VRCs and the reason for VDRO non-uphold decision

Andrea Sadler	Transferable skills analysis (TSA)
Anna-Marie Smith	Labor market survey (LMS)
Bradley Simpson	Medical analysis (MA)
Carrie Guthrie Whitlow	Medical analysis (MA)
Cheryl McDonald	Medical analysis (MA)
Cheryl McDonald	Transferable skills analysis (TSA)
Cheryl McDonald	Medical analysis (MA)
Cloie Johnson	Combination of reasons (COMB)
Craig Bock	Combination of reasons (COMB)
Craig Bock	Transferable skills analysis (TSA)
Craig Bock	Medical analysis (MA)
Craig Bock	Labor market survey (LMS)
D.T, North	Medical analysis (MA)
Dennis Funk	Medical analysis (MA)
Donna George	Other
Evelyn Takei	Medical analysis (MA)
Jeneva Nicholi	Medical analysis (MA)
Jennifer Kabacy	Labor market survey (LMS)
Jennifer Kabacy	Combination of reasons (COMB)
Jennifer Morphis	Medical analysis (MA)
Jill Falk	Medical analysis (MA)
Jill Falk	Medical analysis (MA)
John Power	Other
John Power	Medical analysis (MA)
John Power	Medical analysis (MA)
Julie Busch	Labor market survey (LMS)
Julie Busch	Combination of reasons (COMB)
Kathy Papac	Medical analysis (MA)
Lianne Delyanis	Medical analysis (MA)
Lianne Deyanis	Medical analysis (MA)
Loren Forsberg	Medical analysis (MA)
Loren Forsberg	Medical analysis (MA)

MarLee Clyborne	Medical analysis (MA)
MarLee Clyborne	Combination of reasons (COMB)
MarLee Clyborne	Labor market survey (LMS)
MarLee Clyborne	Labor market survey (LMS)
MarLee Clyborne	Other
Mary Zajaczkowski	Combination of reasons (COMB)
Megan Hildebrand	Medical analysis (MA)
Nancy Ziegler	Combination of reasons (COMB)
Nancy Ziegler	Combination of reasons (COMB)
Papac, Kathy	Medical analysis (MA)
Patti Kacz	Labor market survey (LMS)
Renz, Stephen	Medical analysis (MA)
Ruth Johnson	Medical analysis (MA)
Sandy Beldas	Other
Stephen D. Renz	Medical analysis (MA)
Sybil Evans	Medical analysis (MA)
Takei, Evelyn	Medical analysis (MA)
Tori Murray	Medical analysis (MA)
Tori Murray	Medical analysis (MA)

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SICAM Performance Measures 2017

Pending	Average days to complete	Issued within 60 days percentage	Completed within 60 days	Out (Completed During Month)	In (Newly:Received)	Closure TC/NC	Pending	Average days to complete	Issued within 60 days percentage	Completed within 60 days	Out (Completed During Month)	In (Newly Received)	Closure PPD	Pending	Average days to complete	Issued within 30 days percentage	Completed within 30 days	Out (Completed During Month)	in (Newly-Received)	Denial	Pending	Average days to complete	Issued within 30 days percentage	Completed within 30 days	Out (Completed During Month)	In (Newly Received)	Allowance
637	48	90% 75%	573	765	5,43	No.		29	90% 91%	221	243	216		75	12	98% 96%	421	442	394		86	38	98% 27%	305	1149	222	
763	34	83%	512	618	602,		199 (19)	22	%95%	227	238	230	The state of the s	78	8	99%	473	480	427		183	22	83%	804	972	531	
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SICAM Performance Measures 2017

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Out (Completed During Month) 354 314	
Completed within 90 days 300 270	
Pending 468	
in (Newly Received) 675 683	
Out (Completed During Month) 1394 1007	The second secon
Completed within 60 days	
Issued within 60 days percentage 70% 68% 84%	
Average days to complete	
Pending 756 767	
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