

Retro Advisory Committee
Meeting minutes of August 15, 2014
Room S117, L&I Building (Tumwater)

Meeting called to order at 9:33 a.m.

Committee members present: Jan Gee, *Washington Food Industry Association*; Scott Dilley, *Washington State Farm Bureau*; Lauren Gubbe, *Associated General Contractors*; Carl Yamada (for Trish Leimbach), *Vigilant*; Lloyd Brooks, *Archbright (formerly Washington Employers Association)*; Teran Petrina, *Washington Restaurant Association*; Tim Smolen (chair), *Department of Labor & Industries*.

Introductions

Committee members introduced themselves, followed by audience members.

Staffing Updates

Tim shared an updated organization chart and appreciations for new and departed staff members.

Safety Topic

Presented by Lauren Gubbe: Pay attention to what you're doing and do not get distracted.

Review/ Approve Agenda

Introduction of Claims Admin Operations Managers

VICKIE PORTER: King County area claims. And I have units A, B, C, E and also the CRI unit, Unit 3 (chemically related illnesses, occupational hearing loss, and pension claims that have treatment orders).

TAMRA SHAEFER: the Everett area claims. Units M, L, X and 8.

ELLEN SWIHART: The EBU units which are P, O, N, D, Z. Also, recently the claims that were in Unit L and E that were also employer-based.

ANGELIQUE ALBERG: Pierce County area. Units G, J, 9, and the trucking unit, Unit 4.

LORI EVANS: Central and Eastern Washington, R, W and Y claims units. Also Unit 7, which is out of state/out of country. And Unit U, which is the bilingual unit. Finally, the liaison with Unit 5 in Yakima.

JACQUE GUFFEY: Southwest Washington area. Unit 6, K and H. Unit H has the logging industry claims. Also Unit F, medical-only claims.

IME Pilot Project – Update

Marnee Couthran distributed a review of the progress to date for the IME pilot. Next up is deciding what additional units to add to the pilot, on the way to floor-wide implementation. We are asking for recommendations, by the end of the month about which five (5) units to add next.

LLOYD BROOKS: I think one of the primary concerns was that CM's would be overwhelmed with requests, and that just hasn't proven to be true. One of the values that I perceived on our side is the education of what is involved in obtaining an IME to begin with and for us to understand what the claims managers are faced with in their processes. And one of the recommendations here as far as do differently next time, at the bottom right side of the first page is put together a workshop for external staff on IME's. From the Retro community, we'd really like some education from the department on that IME process, and I think the more we understand about the process, the more judicious we can be about our requests and everybody wins.

TIM: I think we see it the same way, so we're committed to doing that. That's a recommendation that we can take on.

Claims Correspondence Project

MARNEE COUTHAN: Historically and currently, we can only send copies to the worker (or their attorney), the provider, the employer or their Retro group (or their TPA) on the employer's behalf. L&I programmers are making changes that will enable us to send claim correspondence to both the employer and the Retro group (or their TPA). We have updated the group enrollment application to reflect these options. Thank you to Teran, WRA; Frank, BIAW; Mark Henderson, Approach, for providing feedback.

For those of you that currently have the claim correspondence go directly to your members – there are about 20 groups that do that– you will begin receiving copies of the mail, and you'll notice that you're an additional cc: on those letters and orders. And that cc: will identify you as an "EMPL GRP," i.e. employer group. For those of you who currently receive the correspondence on behalf of your members, -- about 30 groups -- you may see additional cc:'s in situations where your member left your group and joined another, an occupational disease claim for liability is assigned to multiple employers that belong to Retro, or if your employer hires their own TPA. So they'll now be able to receive a copy.

When is it happening? We're set to go live September 15th at night. On the 16th, those additional cc:'s and copies will be going to all the parties.

With this system enhancement, you also are able to opt in at the group level in e-correspondence. That is available right now, so if you want to give it a shot or are interested in not receiving all of the mail, you can opt in at the group level so all of your claims for your members will show up in one electronic mailbox. And communications and screen shots to help you do that will be going out by the end of next week. A special thank you to Frank Romero and Teresa Sheldon with BIAW and Jenny Walker and Jessica Woods with Restaurant Association. They helped us with our user testing. That's not been done before. And that's the way we should do things.

Adjustment Protests – Update

Marnee distributed a graphic. Our work for this coverage year is not yet completed, and we expect to meet our metric of completion within 90 days.

Helpful to Retro:

- Receiving protests earlier is better.
- Using the form we created helps reduce delays or re-work.
- Break out protests (claims) by coverage year instead of all coverage years on claims on one form.

RAC Appointments – Work Plan Overview

TIM: Debbie and I have a draft work plan.

We want to appreciate and thank Lloyd for his service. This is his last scheduled meeting as a member of the Committee, so thank you very much, Lloyd, for your service. He's committed to continue to help serve on our common ownership work group.

We'll have a more formal appreciation and celebration, Lloyd, at the November meeting for you and Jan, who has agreed to extend her term while we work through appointments.

We're continuing to kind of solicit recommendations, and I'm informally putting those in front of Vickie as they come along, and I've had some informal conversations with people who are interested in participating. So I'll publish a more formal work plan for you here, and then, Teran, I think our commitment is we're going to get a conference call together and talk about the process going forward. I have talked with Joel and Vickie and kind of let them know where we're at, so we're intending to use that November meeting to cycle new people onto the Committee then.

SCOTT DILLEY: Have you successfully found some names of people who are from individual Retro to perhaps be on this?

TIM: We have a couple in mind. And the staff is also trying to think about how we could have a sort of orientation for new Committee members.

(Break)

Work Group Updates Rulemaking – Common Ownership

JULIE OSTERBERG: Before I provide a status update, I want to recognize the people that have been working together on the group. So we have Lloyd Brooks from Archbright, formerly Washington Employers; Chris Johnson of BIAW; Tammie Hetrick with Washington Retail; Scott Dilley from Farm Bureau; and Bob Hauk from Risk Options & Solutions. I really appreciate their time and commitment to this group. The work group met for the first time at the end of May, and based on

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the group's request during the discussion in that meeting, we scheduled our next meeting so that Joel Sacks, our Director, could attend. At that July meeting, we gave the committee members an opportunity to share some specific examples with Joel about their concerns about the current rule and examples that create the reason for them to request a change in the rule, and it also gave Joel an opportunity to ask questions directly to the members.

Between those meetings and upcoming meetings, Tim and I have spent some time with some internal stakeholders as well, and our next meeting is scheduled for September 11th. Our goal for that one is to focus our discussion around the possibility of an exception process -- something that we can work within the rule.

LLOYD: I think it's clear we're not going to get the proposal we asked for. I want to reiterate that there were some other parts of that outside of just common ownership as far as the protest carryout period on the misconduct rule as well, so it wasn't just that one rule that the proposal addressed. The rule will still have to be changed. And the exceptions maybe shouldn't be in the rule itself, but maybe the rule should be broadened to allow the department to have a policy that's more easily revisable. The concern is we try to come up with all the exceptions possible in our mind now and then it's implemented, and then a year down the road, oh, we didn't think of that.

TIM: We're looking for a way of describing exceptions at a high enough level that it's permissive, but not in a way that it undermines the general principle about managing Retro in a way that rewards safety performance and doesn't discourage people from enrolling people where remediating their performance is meaningful, so we're not just sort of skimming. We don't want to create an incentive, in other words, for people to do something that the current rules don't incentivize.

LLOYD: And we're frustrated that the department continues to see it from that perspective only and you refuse to see the perspective of there are other employers who would participate in Retro but for the way this common ownership rule is structured. And those opportunities exist. So as it exists now, there are certain employers or portions of employers who participate in Retro and are captive because they have to be. There are other employers who would like to be in Retro but for the common ownership rule, it does not make it viable for them. So if you're going to continue to bring up that side of it, you have to talk about the other side of it. And there's also the economic influence of this community wants to get everybody in Retro we possibly can. That's the economic influence that's going to prevent that. And with the 2009 - the changes to the Retro rules in 2010 that make it more difficult to perform in Retro, we have to be able to underwrite better. We have to be able to underwrite better. The department continues to call it cherry-picking. It's underwriting. In the insurance world, it's underwriting. It is not cherry-picking. And if you're going to be in Retro, you should be in Retro because you've committed to that end. And many individual Retro, it's just not even viable to be in individual Retro anymore. So the skimming is not a valid argument. And if that was the argument that could have been applied by the department in the 2010 rule change and the joint business-labor Retro Advisory Committee, well, that really prevented employers from being in Retro more than this ever would. So I think the department needs to allow the policy. Let us put some policy together that's easier to be adjusted and a little more nibble than a rule change, because obviously, it takes years to get any change to the rule.

TIM: We don't mean to describe that as the only way the department is thinking about it is sort of managing the downside risk. We do want to, as much as is appropriate, increase participation in Retro.

LAUREN: I would just add that AGC is aligned with Archbright on this issue because we see that there are people that can't participate in Retro because maybe a smaller sub-account can't commit to the light-duty, return-to-work requirements or the stringent safety requirements we have. And so we see it as an underwriting function as well in terminology.

TAMMIE HETRICK: I thought we were going to get an update on the common ownership and the experience factors also.

TIM: We have a separate work group, Tammie, talking about experience transfers, and -- without prejudgment about how this comes out -- I think that how we manage experience transfers is going to be part of this solution set that describes the exceptions for common ownership.

JIM JOHNSON: Those two issues are inextricably intertwined. I mean, one of the reasons why Retro has a common ownership rule is precisely because there is a common experience rating. When two firms are jointly rated for experience purposes, it results in one paying more than it otherwise would and one paying less than it otherwise would, and Retro would become an engine for undoing that for one of them, for the one that's paying more than it otherwise would if you were to allow them to break that connection in Retro while maintaining it in experience rating. So as we're thinking about when we should allow employers to be separately rated for Retro purposes, we have to think about experience rating.

Work Group Updates

Rulemaking – Individually Enrolled Employers

Tim thanked Jessica for her leadership in Retro as she prepares to welcome a new baby in mid-October and then take six months off for maternity leave.

JESSICA NAU: Since our April meeting, we have met three times, and I'd love to take just a moment to introduce and thank those folks that have volunteered their time to be on the committee. So we have Teran Petrina with Restaurant Association who is our RAC sponsor. And Julia Gorton also with Restaurant Association. We have Rick Clyne with Farm Bureau; Rick Brownell with US Sign Northwest; Bob Hauk with Risk Options and Solutions; we have Tom Walrath with Walrath Trucking, an individual employer; we have Tim Smolen as our executive sponsor; Jose Cuellar is also in the work group and largely responsible for the data and analysis that we're poring through; and then myself, of course, as the project manager.

We've had what I think is a pretty significant accomplishment today, and that's in regards to the petition's request that the department review the minimum standard premium requirement that we currently have for individual participants. Our work group had the recommendation that the upcoming Retro table study review include reviewing the minimum standard premium requirements

in addition to the current premium ranges as they're outlined right now in the hazard group assignment. That recommendation was approved by Tim.

We've agreed to spend some time as a group really reviewing those unique factors that contribute to the formation of the target 'pie,' how much money we have to give back, and then also what are those unique factors that contribute to its distribution of refunds. When we look at the participation of individuals in Retro, we can get a sense of in what way might they be impacting the target 'pie,' and in what way might they be impacting its distribution, and looking at that as groups and individuals and kind of the combined effect of that.

As we go through the remaining four buckets of the petition, the four topics, we're looking at each one of those topics with the idea of what is the contribution of individuals to this topic. Is it impacting the target, the distribution or both? Is that impact significant, like positive or negative? And if so, what are the recommendations that we have to go forward with that?

I think our takeaways are that we recognize there are many decisions that individuals and groups are making that impact both sides of that equation, the target and its distribution. And then there are a handful of factors that are not related to the Retro participants to make, and that's the rules themselves, the requirements that we have. And so as we, the work group, continue to review these five buckets in the rules, we're wanting to ensure that there's equity in those rules. Kind of a "level playing field" is the expression that we used in the work group. And so we're really looking at these five buckets with the determination to one that's understanding that intent behind the rules. So, if that requirement was in place for the group, what's the intent? And is the intent being honored with the requirements that we have for individuals? It may not always be the same expression, but is the intent there? That's kind of the work ahead of us.

In the next meeting (Wednesday), we will be continuing our analysis of the impact of individuals on Retro as a whole. We've got some pretty large outstanding data requirements to our actuarial staff, so thank you, Bill Vasek, for your commitment of your staff to that. And then we also intend to conclude our discussion of the probation period. And our goal is to come up at that meeting with the recommendation whether or not we are going forward with proposed ruling. So I hope at the next RAC meeting there will be a report out on that as well.

JAN GEE: Back when the initial study was done by Wyman to create the new Retro, I don't recall even looking at the individual Retro's and what the goal was initially in law of creating those was even part of that. Am I right or wrong about that?

JESSICA: I believe your recollection is correct. I don't think that we had a specific, separate focus during the Wyman study that was just focused on the individuals and their contribution.

JAN GEE: Because it seemed like the new Retro, although it still has many of the same underlying goals of promote safety and good claims management and getting injured employees back to work, there were other goals in the process of that. I mean, we all look at the new Retro and go, "Wow, this is really different." And so I don't even know how relevant the original goals are for the individual plans, is what I'm saying.

JESSICA: I agree. I think that's part of the challenge of the work group is to determine is this still relevant. So, some of these things were just carried over.

Work Group Updates

Customer Service – Enrollment

ASHLEY FRANK: There are three work groups: enrollment, data and communications. I will start with enrollment. This work group is composed of six Retro community members. The RAC sponsors are Trish Leimbach, with Vigilant, who is not here today, and Scott Dilley of Farm Bureau. The other members include Jenn Kavanaugh and Chris Johnson with BIAW; Bob Hauk, Risk Options and Solutions; and Carl Yamada, with Vigilant. Our first enrollment work group meeting was December 6th, we asked: "What does success look like? What do we want to get from this work group?" We used that first meeting as kind of a roadmap for how to go forward as a work group.

One of the things that I did was take those ideas or suggestions and create kind of a status report – that's in your handout. What were the main areas of concern?

1. communication
2. process of enrollment
3. protests
4. timeliness
5. RCW's and WAC's
6. Business and Industry Category Guide

I went back to the enrollment staff and got their opinion on what we could do as a team that would address some of those issues. Our work group has only six times, and a lot of work has gone on behind the scenes.

We are developing a process for providing an up-front kind of "yes or no" for exception requests. For those accounts that have risk classes that are outside the program Business and Industry Category Guide, the staff will be willing to do a thorough review ahead of time before all of that leg work goes in to getting a signed contract and dues and all of that. So you'll have a better sense of what that outcome will be. I'm looking for a September 1st start date on that.

The Business and Industry Category Guide, is where the work group is going to turn their focus next. We really want to turn our attention to creating recommendations for how to go about updating the guide. The work group will focus on areas such as how often should we update the guide, which industries, if any, we should focus on first, how we would go about assigning those risk classes and other areas that the work group feels needs to be addressed. This will be recommendations only, so my hope will be that we would be able to hand something off to another work group to say, "Now please be the one to implement this." So I really see the remaining time of our work group being focused on making sure we have a solid foundation for how we would like to see the industry category guide being updated.

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There's a second handout. During our meetings we have talked about there's been a lot of questions on the RCW's and WAC's and kind of that translation process. So one of the activities that I did was lay out RCW's applicable to enrollment, the WAC's and department practice and then try to provide an example. So you can kind of do that cross walk of how are we interpreting this. And so there were a lot of questions on what is that process, whether we agree or disagree, what does it look like from the department's standpoint. And so I thought that was one really nice piece of work that came out of this is to have something to share with the community to say this is kind of how we're doing what we're doing. So just getting something in writing for you to react to just so you have some insight into how we're processing enrollment. So that was another- a lot of meetings were focused on this and that conversation, and so this is one thing I felt was a good success coming out of that.

Tim thanked Ashley and her work group for their leadership on these issues and for making good progress.

LAUREN: I just want to say this is a volume amount of work that you've done, and I just want to compliment you for your attention to detail and just how you capture things in meetings and such. Just never seems like anything's lost. So I just want to say that. And both you and Jessica, I just really feel like you've done a great job. I just want to acknowledge that.

I think the pre-approval process on the business end of things is a customer-friendly approach. It will be easier for us because there's a lot involved, and I appreciate the department's recognition to that in terms of association dues and membership and all the hurdles we go through.

Work Group Updates

Customer Service – Data

ASHLEY: This group is composed of five (5) Retro community members. Lloyd Brooks is our sponsor from Archbright, with Scott Bradley also from Archbright, Mark Henderson from Approach, John Meier from Employer Resources Northwest and Casey Sparber from Sedgwick. Our first meeting was on February 18th. We've had three meetings since then. At our first meeting, we discussed what success would look like and broke it down into short-term, medium-term and long-term goals. For the short-term goals, we identified that we would like more information in three different areas.

1. better information for employer accounts (hours, risk classes)
2. More information on claims
3. the factors that are used in the development of claim costs

We have taken action on two of those. In the quarterly reports, the development factors are included those and also the same premium file that used to occur just at the time of adjustment is now happening at the time of the quarterly reports. So you're now getting access to that information. We're still working on the claim piece. So, huge thanks to Tyler Greathouse with Research and Data Services. He's been able to kind of show us what information is available in the data warehouse outside of the mainframe system, so we're coming up with ways to figure out what information we can get when and make sure you guys are getting all the information you need for your members.

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About claims data, we want to try and create a standard data set that could be all-encompassing to try and eliminate the “one-off” specialized requests as much as possible. We know there’s still going to be some.

We’ve also talked about the “Table A” report, so that is kind of next up for the work group. How can we make that more user-friendly, get accurate information, and get the right column headings, name things appropriately and just making it a more useful tool. That’s requested on 95 percent of information requests, so just making sure that the people that are getting information are getting accurate information and the type of information that they’re really looking for from the report.

We also have on our agenda the account balance report, so looking at a way to get meaningful information regarding accounts with balances. We want to make sure that you’re getting all of that information up front rather than finding out after the fact that there was an account with a balance.

LLOYD: Another exciting thing that we talked about was on the claims data side is we’ve always had the monthly reports for the current year and quarterly reports for the pending adjustment years but from the claims data side, providing the data in a very usable format that isn’t broken up like that. Why can’t we have monthly access to claim data on closed plan years and that sort of thing and the data being more real-time, not a month after the fact? So I think that’s another exciting development in that as well.

ASHLEY: That is something that we’ve talked about, and we want to make sure that we, not only for those open coverage years but– for the ones that are active coverage use, but for the ones that are still receiving adjustments so people are aware of what’s going on.

Work Group Updates

Customer Service – Communications

ASHLEY: We had our initial meeting. That was a while back -- during the legislative session. We’re looking forward to picking that up and seeing what direction we want to take that.

RICK BURKHALTER: Ashley, I’d like to give you and your group kudos for the timeliness of the Table A and all the other underwriting data that we get when we’re looking at new pieces of business. It’s coming in like 24 hours now. It’s real regular. It didn’t slow down in June, so great job.

ASHLEY: Those special thanks go out to Rachelle Jefferson who has been our primary group in-box person. I’m glad to hear that the customers are feeling an impact of having that actual help on board. Thank you, Rachelle.

LAUREN: You can pass that on to the people that are on loan how much we appreciate that. Because it’s a significant turnaround time improvement at a critical time when there’s so much else occurring down in Retro. So yeah. It’s remarkable, really.

BRIAN DUCEY: I just want to give kudos also to the enrollment people because the July enrollment for SMART has been the most flawless enrollment ever. And it’s been wonderful. So thank you.

Retro Performance Review – Highlights

JESSICA: We did to change the timing of our RAC meetings to better coincide with the timing of our adjustments. So since we met in April, we cycled through two different coverage years, the July and October. So we're presenting to you the information that relates to each specific coverage period. And again, there should be nothing surprising in the content, and I certainly welcome any questions that you may have on that content now. I think the only thing that I would direct you to as a new addition is we included some new pie charts. And we're looking for feedback on this. We have an outline that I'll go over with you, asking for what additional data would be maybe helpful in that analysis. And we're looking for feedback from the Retro community specifically, and hopefully at the next coalition meeting, to get a sense of what type of analysis would you appreciate hearing, what would be meaningful as far as report outs and trends.

So, the ask is to review that, see if that's the appropriate starting place, if there are things that you would have in lieu of that or in addition, and then our hope is that we can develop something for the next RAC meeting that would be kind of that model template of- just like a standard report-out that we would be doing going forward on a quarterly basis.

SCOTT DILLEY: My only question is can we get these documents electronically so we can send them out to folks ahead of the community meetings? If people are not here today, they can review them and then come to the meeting with any questions.

TIM SMOLEN: I want to acknowledge that one of the takeaways we had from the last meeting was Bill did an extended presentation about the loss-development factors, and Russell is going to complete a study of those here in the fall, so we'll get Russell on the agenda for the November meeting to talk about the changes in the loss-development factors. And Bill and I are going to collaborate on a presentation about an update that we're proposing relative to how we report case reserves to you guys as well.

Retro Operational Review

Insurance Tables – Update

DEBBIE SANDERS: When the Retro rules were updated in 2011, the department committed to study the hazard group assignments and changes to the retrospective plan tables, periodically. We made that commitment to determine whether the results were consistent with the expectation of improved fairness in the distribution of the Retrospective Rating refunds among participants. The insurance table study project is to meet that commitment that was written into the rules. And the project is in three parts. The first part is the actual study being done by the actuaries. The second part is the process of selecting and working with an actuarial consultant that will be working with the actuaries to ensure that that study is meeting your needs. And the third part is the rules process. So we have a targeted completion date of this project for January 1, 2016, but any changes made in the rules would be effective for the January 2016 coverage period. There are two handouts today. One is the CR-101, and one is the draft charter that we have in place right now. The charter outlines the overall project. We met with Joel Sacks yesterday afternoon to discuss the CR-101, and he did sign it. I believe it will be filed next Tuesday, August 19th. I have an ask of you related to the charter: will you please review it

and let me know if you have any questions or concerns or any ideas of how we can improve the process and make the project better? As we continue with the project, we plan to continuously bring updates and solicit your feedback continuously.

SCOTT: Will we be given a chance to consider who some of the consultants are and perhaps provide our opinion on which one ought to be selected?

DEBBIE SANDERS: We're actually looking at putting something in place, at least putting the criteria out so that you see what we're hoping to use as criteria for that selection process.

TIM: Debbie and I are really committed, Scott, to involve you as much as we can all along the whole process, so starting from the charter and then working through the statement of work. How do we manage the communications in a way that people can participate in a meaningful way? Because we don't want people to be put off just by the complexity. We want to make sure that no one's surprised by it. So we want any way we can to involve people all along the way starting with saying it's going to be January 2016. Let's make sure especially that the outreach is really adequate. Debbie and I have talked to the contracts people about having Retro customers sit on the evaluation panel for the vendors.

LAUREN: The timeline is kind of aggressive. We were thinking maybe the timeline should be pushed out.

JAN GEE: The concern being that in the process of selecting a consultant, if the consultant that's selected needs to get up to speed on Retro and do the study, then is there adequate time? So is the timeline driving who you select rather than making a good selection for a good study and making sure that the timeline is realistic so you get a broader group of people that will bid on it? So that's our concern.

DEBBIE: My preference would be to alter the timeline if that's what we need to do. So I would rather push this back and we would talk about that, come and talk to you about that. But I would rather push the timeline than make a selection based on feeling like we don't have enough time.

LAUREN: Perfect.

JAN: That was our concern. Thanks.

So there is flexibility on the \$150,000? Because that was the other thought when you sent out the early e-mail. I thought, "Wow, if Wyman was selected, okay, they know all this stuff. They've done all this. They can move faster." But if we feel that somebody more independent should do it but they've got to get up to speed, it's going to take longer. So it's good to hear there's flexibility on the money, too.

Retro Operational Review – Retro Business Plan Projects

TIM: We're trying to have the department staff be accountable for the commitments that we have to you guys and bring some project management discipline to this. So in addition to our kind of routine work, our day-to-day work, these are the projects that we sort of teed up for the year ahead.

And thank you to Lauren. Lauren was part of our panel for hiring (Alicia Milani, FIC) the day before her surgery. So thank you very much for that.

Retro Operational Review – Enrollment

JULIE OSTERBERG: You know that July is the largest enrollment period for us. We are currently processing the enrollment for 28 groups. In addition, we had 13 groups take advantage of the staggered process, and we also processed 68 individuals. So we received in total 651 new applications, so new members. And that number includes the new apps for groups staggered in enrollment. The number is about 30 more applications than we received last July. We had one new group, the Associated Builders and Contractors Inland Chapter, that then we had one group who decided not to re-enroll, Washington Counties. So the first batch of orders and rosters for groups went out this morning, so that's a big deal. And we will continue to, as we finish a group, probably from here on out daily have batches of mail that will go out like that. So our target date of August- the end of- last business day of August is our goal for being complete, and we're right on track to do that. Any questions?

LAUREN GUBBE: Well, I just want to make an observation that this enrollment has been different than any other enrollment before as far as the outreach from the department on situations, and I just appreciate that because I think it makes for better communications with our customers, too. So I just really appreciate that, and I just want to say that publicly.

JULIE: Thank you for that. And likewise, I would like to say that I feel like everybody on the committee and your staff and members of the audience that are here, deserve kudos to your staff, too, because they've been very quick to respond when we've reached out for things. So that helps us so much to have that quick response and that quick communication.

Washington Stay-At-Work Program – Update

RYAN GUPPY: In your packets there's a handout that kind of outlines what I'm here to talk to all of you about today. Because we're a couple years out now in the process, we're really trying to make sure that we are all – not just the department, but externals as well -- aligning to what that process should be. In doing so, also acknowledging that, based on feedback from this group and from other stakeholders and some internal folks as well, that there have been some barriers that have been put up in place. And so some of those barriers have to do with the ability for employers to get approved light-duty job descriptions back from attending providers before Stay-At-Work can kick in. And so what I'm here to talk to all of you about is really getting into the crux of the discussion going into page 5.

One of the biggest issues was provider delays. And so what we're doing is putting in place a modification to the request process. Essentially, what we're doing is saying that if an employer has light

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duty and they submit a light-duty job description to the attending physician or medical provider that they're seeking some guidance from, we're asking the employers to document the date that that description was sent to the attending physician as a placeholder so if, in the future, the injured worker does end up coming back to light-duty work and the doctor down the road approves that light duty, say, a couple months in the past, we can go back to the date that the employer submitted that light-duty job description review request to the attending physician, and then we can start- if it's approved by the physician, we can then go ahead and use that date as the date that we begin to look at adjudicating Stay-At-Work benefits. So kind of a big shift. It falls in line with one of our goals, which is Goal 3, making it easier to do business with Labor and Industries for not only the injured workers, but also mainly at this point for the providers.

LAUREN: It's fabulous. Just an observation, one of the things we're seeing the providers do is follow the guidelines on the APF portion of the website because the APF is a big deal to them, and basically, it doesn't have a bullet point that says employers can ask for a response to job descriptions. It's actually not even on there. And then it says that they can resend the APF form back and remind the employer what the work restrictions are. And so we're seeing providers actually follow that and not sign the job description and send in completed APF's attached to the job description rather than sign the job description. So you have a problem inherent with your direction to providers on the L&I website. So we have suggested that you just add a bullet point that says employers can ask for a response to the job description. That's our ask of the department.

RYAN: Kind of going back to- I skipped over Slide 6. Slide 6 has a date in place that we're talking about for dates worked on or after September 15th, the first date the employer sent the job description to the provider is the first date that will be considered for reimbursement. So it was mentioned earlier with this with several people in this group about the direction we're going with this. We had to put a plan in place with not only our adjudication staff, but also our externals. And also, when you go to the next page, you'll see we modified some of our forms. Not the APF and the issue that you're talking about, but modifying our provider review and approval form. So we needed a little bit of time to put things in place to make sure this runs smoothly, so just keep that date in mind as you move forward and communicate that out to all of your members.

LLOYD BROOKS: I appreciate this step. It's a step in the right direction. I have to say, again, the frustration here is you have a worker who goes to the doctor, comes back to the employer with a note saying "no lifting over ten pounds," and the worker agrees and the employer accommodates. And it might be a week later because we get involved and say, "Hey, we've got to get a job description in place anyway." The worker is not entitled to time loss because they actually worked and there was that relationship between the employee and employer. And so I understand what you have to do here. But I want to reiterate that when that goes the other way, when the worker does not come back with that note or the worker comes back with that note and chooses not to work the accommodation, that worker gets time loss until we can get the job description approved. Not just sent, but approved. So I understand what you have to do here, but we've got to reiterate there's a lot of accommodation that happens before that job description. I think the request is there has to be an increased educational effort with the medical provider community that they have to respond to those things, and there's no recourse if they don't currently.

RYAN: Acknowledge the gap for sure. Absolutely. Really good feedback for us to consider moving forward as we continue to try to do everything we can to make it easier to do business with L&I. We want to have the Stay-At-Work program utilized as much as possible, so anything we can do in collaboration with this group and move those barriers, provide education, make changes to the website.

Just one more last thing. In this packet, there are also some best practices. Again, the folks in this audience, you all know what these best practices are, but we're relying on you to communicate this stuff out to your members just to help keep them educated on what we're trying to do.

CARL YAMADA: Ryan, we had a situation whereby the claim was closed and we needed the light duty signed by the doctor, and because the claim is closed, the doctor wanted to charge money. Can the department change their procedures whereby a claim is closed and we need the light-duty JA signed by the doctor and the department will pay for that?

RYAN: That's come up before in other meetings, and, you know, definitely something- we can bring up the conversations. Whether or not we can do that, I don't know for sure at this point in time.

Decisions like that have a lot of unintended consequences tied to those as well, so what we need to do is make sure we've had those as much as we possibly can. What those might be off the top of my head, I don't know, but I will take that feedback back to some of my meetings and see if there are some strategies.

DEBBIE HADLEY: One of the things that we're seeing a lot of is that once a job analysis is there, we're not having any response at all, and/or the second piece of that being I'll call and say, "Did you receive it? We're waiting for a response," and they'll say that they want to wait for the next follow-up visit before they respond, which is often a month out.

RYAN GUPPY: And that's not all that uncommon. We hear that all the time. When I did private sector work, it was one of my huge barriers in moving forward in my process. I think what the point is that we want all of you to hear is there are some gaps related to that specific scenario that you brought up just now, but what we're trying to do is mitigate, you know, the barrier for the employer as far as getting access to the reimbursement itself. So there's a medical provider adherence to best practices overall in the context of work comp, and then you have an access to benefit issue. And we're trying to address the access to benefit issue. Right now, this, in the long-term working more with the medical provider and community office of medical director, HSA, et cetera, to figure out some strategies to get doctors to be a little bit more responsive. Everybody in this room has talked about top tier, the COHE medical provider network, and I'm in a lot of those meetings. And what the flavor I'm bringing to those meetings is, and we're talking about top-tier criteria for medical providers, maybe it's not just medical we're talking about. I mean, this is in the context of occupational health, workers' compensation, Return-To-Work, i.e., access to benefits like this need to be part of the discussion. And, you know, that's unorthodox for the department to have those kind of silos start to cross-pollinate a little bit. And so it's a cultural shift, but we are doing everything we can to break down those barriers and have a lot more of those discussions outside of silo'd programs.

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JAN GEE: I just want to say, as I sit in this meeting and think back even three years ago, four years ago, that there wouldn't be enough people to fill the closet, and often there was no quorum on the Committee, and the quality of the communications and the efforts to make improvements to make Retro work and to help us and to communicate with us is just almost astounding if we think back about it, the difference. And the Retro community is united and has quality discussions so that people here can really represent their interests. So on both sides of this scenario, on the staffing side and on the community side, it is such a great quality to see what's going on. And I want to give kudos to everybody that this is a different kind of meeting than it used to be, and I'm glad I'm not in the closet anymore.

TIM SMOLEN: Thank you very much. We appreciate that, Jan. Thank you.

LAUREN: Joel needs to hear that because I think part of it is some excitement that I would think is filtered down. Because that was his commitment when we met with him.

TIM: I'll be sure and pass that on. Thank you.

Meeting adjourned at 12:10 p.m.