

Self-Insurance  
PO Box 44890  
Olympia WA 98504-4890

Description of the applicant's administrative organization to manage industrial insurance matters.

## Part A. Injury Reporting

Provide a detailed written description of the applicant's proposed claim filing process. At minimum, the following elements must be address.

- A.1. Identify the person or entity responsible for obtaining Self-Insurer Accident Report forms (SIF-2s) from the department and distributing them.
- A.2. Identify the person (or position) available to each location who knows the process and will assist workers in filing claims.
- A.3. Describe where SIF-2s will be kept, and outline how injured workers will obtain them if not kept at each location.
- A.4. Who will be responsible for completing the employer's portion of the SIF-2?
- A.5. What other information and/or paperwork will be given to injured workers at the time of injury?
- A.6. What record keeping regarding workplace injuries or incidents will be done for each location?

A.7. Describe the lines of communication between the individual locations and the claims management office or third party administrator. How will claims management staff be notified of each new claim? How will the applicant ensure that original SIF-2 are completed and forwarded to the claims management office in a timely manner?

A.8. Describe any additional components of the applicant's proposed claim filling process.

### **Part B. Authorization of Medical Care**

Provide a detailed written description of the applicant's proposed process for authorizing treatment and paying bills. At a minimum, the following elements must be addressed.

B.1. Describe any plan the applicant may have for providing the initial treatment following an industrial injury.

B.2. Does the applicant have any location where medical treatment is provided to employees on the premises (an on-site medical facility)?

If "Yes", please identify the locations.

For each location that has an on-site medical facility, please provide the following information.

(a) Describe the operating hours and the staffing levels at this facility. What are the credentials of the individuals providing treatment to workers?

(b) What is the role of this on-site medical facility? What instructions are workers given regarding how and when it is to be used?

(c) What records are kept in this facility? When treatment is provided there, under what circumstances will SIF-2s (Self-Insurer Accident Reports) be completed?

B.3. Identify the person(s) or position(s) within your claims management organization responsible for treatment authorization and describe their qualifications.

B.4. Identify the person(s) or position(s) responsible for payment of bills and describe their qualifications.

B.5. Describe how the applicant will ensure that bills are adjusted and paid in accordance with the Washington Fee Schedule. How will parties be notified about bill adjustments?

B.6. Describe how the applicant will address worker or provider concerns regarding treatment authorization decisions and/or bill adjustments. Include the process for responding to phone and written inquiries.

### **Part C. Payment of Compensation**

Provide a detailed written description of the applicant's proposed process for the payment of compensation. At minimum, the following elements must be addressed.

C.1. Will ongoing time-loss benefits be paid bi-weekly or semi-monthly? (NOTE: The same method must be used for all claims.)

C.2. How will wage and health care information be provided to the claims administrator? If specific persons or positions are part of this process, include that information.

C.3. Identify the person(s) or position(s) responsible for the calculation and payment of time loss compensation benefits and describe their qualifications (i.e. training, years of Washington claims experience, etc.).

C.4. Describe the steps involved from the time it is determined that time loss benefits will be paid to the time check is mailed to the worker. Include the timeframes for each step of this process.

C.5. Where will the checks be mailed from? If checks are mailed from an out-of-state source, how will the applicant ensure the funds are immediately available to the worker?

C.6. Describe how the applicant will ensure that payments are made on a timely basis.

C.7. How will the applicant track the dates payments are mailed to workers?

C.8. Describe in detail any policy of paying workers' regular wages in lieu of time-loss compensation.

C.9. If the applicant has a policy described in C.8., answer the following additional questions.

(a) For workers paid by any means other than a flat monthly salary, how will their "regular wages" be determined for payment under this policy?

(b) How long will “regular wages” continue?

(c) How will the applicant ensure the claims manager is notified of when “regular wages” will end?

(d) How will the applicant ensure that time-loss entitlements are reported as claims costs when an injured worker is paid regular wages in lieu of time-loss compensation?

C.10. Describe in detail any policy of paying benefits to workers in addition to time-loss compensation, including each of the following elements.

(a) Describe the nature of the additional benefits (i.e. sick or vacation leave, an additional percentage of wages paid by the employer, some of type of negotiated benefits, etc.)

(b) When is this additional benefit paid?

(c) How long will the additional benefit continue?

(d) Is there a “buy-back” program in place where workers will their time-loss checks to purchase back their leave balances? If so, describe in detail how this process works.

## Part D. Qualification of Personnel

Provide detailed information regarding the personnel the applicant proposes to have manage claims. At minimum, the following elements must be addressed.

- D.1. Provide the name(s) of the department-approved claims administrator(s) who will be responsible for managing the applicant's claims (you must list the names or individuals, not the name of the company).
- D.2. Describe the role of the department-approved claims administrator(s) in the management of the applicant's claims.
- D.3. Describe the proposed contingency plan for claims administration should your department-approved claims administrator(s) be unavailable.
- D.4. In addition to department-approved claims administrators, how many other claims staff will be involved in the management of the applicant's claims?
- D.5. Describe the role of these other claims staff in the management of the applicant's claims.
- D.6. Describe the applicant's plan for ensuring that all personnel involved in the management of claims are knowledgeable in the application of Title 51 RCW and rules and regulations of the department. How will the applicant ensure that these individuals are kept abreast of changes and new developments over time?

## Part E. Handling of Claims

Provide a detailed written description of the applicant's proposed processes for handling claims. At minimum, the following elements must be addressed.

E.1. Describe how the applicant will ensure the confidentiality of claim information.

E.2. Describe the applicant's plan for ensuring uninterrupted claim adjudication when vacations, illnesses, unforeseen emergencies, etc. arise among claims management staff.

E.3. Describe how the applicant will address concerns regarding adjudicative decisions. Include the process and time frame expectations for responding to phone and written inquiries.

E.4. How will the applicant communicate with injured workers who need interpretive services or other accommodations?

E.5. How will the applicant ensure that incoming correspondence is legibly stamped with the receipt date and the name of the entity receiving it?

E.6. How will the applicant ensure that all incoming correspondence is routed appropriately, particularly if claims are to be managed in more than one location?

E.7. The department periodically sends general claims administration to the designated contact person for each self-insurer. How will the applicant ensure that the information reaches the personnel who need it?

## Part F. Other

F.1. Provide the name and address of the entity responsible for administering the claims (i.e. location where self-administered by the applicant or the third party administrator hired for this purpose).

F.2. Describe the applicant's plan for complying with the requirement to report claim data electronically via the Self-Insurance Electronic Data Reporting System (SIEDRS).

F.3. Describe the applicant's plan for complying with the requirements to report medical bill data electronically via the Self-Insurance Medical Bill Electronic Data Interchange (EDI).

F.4. Describe the applicant's plan for notifying all current employees about the employer's self-insurance program (please attach copies of any written materials which will be given to workers).

F.5. In the future, how will new employees be advised about the employer's self-insurance program?

F.6. Describe the applicant's plan for the retention of claim files (i.e. images, filmed, paper-only, etc.). How long after closure will claim files be kept in the same manner as open / active claims? If some type of archiving or off-site storage is proposed for older claim files, how will the applicant ensure that complete files can be retrieved whenever necessary?

F.7. Identify the person(s) or position(s) who will be responsible for the compiling and reporting of claim costs and worker hours. What process will be followed to ensure these reports are compiled accurately and filed in a timely manner?

Thank you for taking the time to provide this information. Please be aware that should the applicant be approved to self-insure, the department will keep this information on file and rely on its accuracy. ***If any change is made to the administrative organization as described here, it must be reported to the department within ten days of the effective date of the change.***

**I certify that the information provided with this form is complete and accurate to the best of knowledge.**

\_\_\_\_\_  
Name Title Date

\_\_\_\_\_  
Name Title Date