New and updated department-developed forms and templates now ready for use by self-insured employers

L&I has updated the department-developed forms and templates used by self-insured employers to communicate with workers at key points during the claim and to request action by the department.

Two new templates were created for use by self-insured employers and/or their representatives:

--A template that combines the Starting Compensation Benefits template and the Stop or Deny Compensation Benefits template. The Start, Stop or Deny Compensation benefits template was created based upon customer feedback suggesting the two be combined for ease of use.

--A new Provisional Compensation Benefits template created for use when starting provisional time-loss or Loss of Earning Power (LEP) benefits. The template can be used when paying ongoing provisional benefits.

The remainder of the forms and templates underwent minor changes.

When can the new forms and templates be used and how can they be accessed?

The new and updated forms are available immediately: https://lni.wa.gov/insurance/self-insurance/claims-management/claims-management-tools#forms-and-templates. Use of the updated forms and templates is mandatory effective October 1, 2020.

Why were the forms and templates updated?

The forms and templates were updated to improve L&I services to self-insured employers and their workers. The changes were made after six months of gathering feedback from both employers and workers.

On July 1, 2019, L&I implemented updates to many rules affecting claim management to reflect modern business practices. One of those rules, WAC 296-15-425, requires communications at key points during the claim to support the relationship between employers and injured workers.

The SIF-4 (request for claim denial) and SIF-5 (all-purpose request) forms were also replaced to ensure employer requests to the department are clear so timely action can be taken.

Customers were invited to submit feedback as the department-developed forms and templates started to be used. In December 2019, a number of focus group sessions were held to gather more information and help refine the forms and templates.

More questions?

Please see the Frequently Asked Questions below.

The training matrix, which details how to use the department-developed forms and templates when communicating with workers and L&I, has also been updated.

Frequently Asked Questions

Do we need to send out a template every time we calculate loss of earning power (LEP)?

No. After the initial payment, it is not necessary to send a template every time LEP is paid. It should be sent out again when LEP is discontinued or if you deny a period contended by a worker.

Use the Start, Stop, or Deny Compensation Benefits template to communicate the starting, stopping, or denying of time loss (TL) or LEP compensation on a claim. Notification must be sent to the worker within 5 business days, per WAC 296-15-425.

Example #1: A worker returns to light duty work, LEP is calculated, and the worker has a 10 percent loss of earning power. LEP compensation is paid and a template is sent. In the next pay period, LEP is calculated again. If the worker is still entitled to LEP compensation, there is no need to send a template since benefits continue to be paid.

Example #2: A worker has been paid LEP compensation for several weeks. In the next pay period, LEP is calculated and the worker has only a 2 percent loss of earning power. Use the Start, Stop, or Deny Compensation Benefits template to communicate the stopping of LEP compensation on the claim.

Has the process for self-insurer's closing medical only (MO) claims and reporting them to L&I changed?

The process has not changed. Self-insurers who are closing MO claims may either transfer the closures electronically in the department format, or by paper (SIF-2, showing date of closure and any vocational services provided).

You must submit MO claims by the end of the month following closure. There is no need to complete and submit a Claim Allowance Request (CAR) or Claim Closure (CCR) form on MO closures.

How should we submit the L&I forms?

When submitting a form, make sure it is on top of the supporting documents so that it is imaged correctly into L&I's system (CAR, CDR, IR, CCR, & OOR). If supporting documents get submitted on top of the form, it may get imaged incorrectly and potential work items may get missed by L&I staff. It is important that information on the form is legible.

Why are the L&I forms protected?

This is standard practice for all L&I forms.

Can we list a clinic instead of a specific provider on the forms and templates?

Be as specific as possible when listing the provider in the attending provider section on the forms and templates. If the worker was only seen in a walk-in clinic, use the last known provider in that clinic who treated the worker.

Can we request specific orders from L&I, such as segregation orders?

If we receive a dispute, we will intervene in the claim, make a decision, and issue an order to resolve the dispute. If there is no dispute, we will not issue orders on the following:

- Calculation of monthly wage as a basis for time-loss compensation (exceptions are pension and Social Security offset)
- Assessment of overpayments (exception is at claim closure)
- Acceptance or denial of newly contended conditions
- Authorization or denial of treatment
- Denial of time-loss or LEP compensation

Out-of-state claims administrator certification requirement extended due to COVID-19 pandemic

L&I is extending by 6 months all certified claims administrator certifications expiring between March 20 and Sept. 30, 2020 due to the coronavirus (COVID-19) pandemic.

In addition, L&I also is extending to Jan. 1, 2021, from July 1, 2020, the requirement that people outside the state of Washington who are making claims decisions be a certified claims administrator. WAC 296-15-350 - WAC 296-15-360.

On Jan. 1, 2021, everyone making claims decisions outside the state of Washington must be a certified claims administrator and maintain core business office hours in Pacific Standard Time. (WAC 296-15-350).

Personnel who process medical only (MO) claims, including closure of the claim, are not required to be certified unless they are involved in making decisions in any of the following:

- Acceptance or denial of conditions
- Authorization or denial of treatment
- Contended time-loss (TL), loss of earning power (LEP) or permanent partial disability benefits

The requirement also excludes anyone who manages operations indirectly in support of claims administrators, such as human resources, accounting, or executive management.

Questions? Visit Claims Administrators or call Kelli Zimmerman at 360-902-6904.