

IME Roundtable Meeting

1/13/2022

Answers and Follow Up to Zoom Meeting Chat Box Questions

TOPIC/QUESTION	ANSWER
<p>Consultants/Consultations</p>	<p><i>Will consultants be required to meet the same requirements as IME examiners?</i></p> <p>Consultant WACs (attached):</p> <ul style="list-style-type: none"> • 296-20-051 Consultations • 296-20-045 Consultation Requirements • 296-20-2010 General Rules for Impairment Ratings by APs and Consultants • 296-20-035 Treatment beyond 60 days <p>The department hasn't changed its process for requesting consultations. It has always been the process to send the AP the letter below. If the AP doesn't respond to this letter, or the consultation doesn't provide the needed information, then an IME may be requested.</p> <p>The rules haven't changed, but the Claim Managers were given a refresher training in early 2020.</p> <p><i>Does the department monitor quality of consultants?</i></p> <p>There is a complaint process for Medical Provider Network providers. Quality review nurses look at those complaints. The CM can withhold payment if the consultant report is not complete.</p> <p><i>What is the language in L&I's consultation request letter?</i></p> <p><u>L&I's Consultation Request Letter states:</u> If further conservative treatment is planned for {System Inserts Worker Name}, within the next 30 days, please refer {System Picks (him/her)} for a consultation in accordance with WAC 296-20-045 and WAC 296-20-051. The consulting provider must be enrolled in our Provider Network. To verify their enrollment, go to www.Lni.wa.gov/FindaDoc.</p> <p>This consultation needs to address all of the following:</p> <ul style="list-style-type: none"> · The diagnoses of the conditions found and their causal relationship to the accepted industrial condition. · The objective medical findings present that support additional treatment, and the estimated length of treatment. · The specific treatment recommendations planned that will further improve this condition. If the accepted condition is stable, and the claim is ready to be closed, is there a permanent impairment? <p>Authorization for further conservative treatment is dependent on the consultant's report. Please advise me of the name of the consultant and the date of the consultation.</p>
<p>Interpretation Services</p>	<p><i>How much has the interpreter pool shrank since using interpretingWorks for scheduling in-person interpretation? It is significant in my experience in Eastern WA.</i></p> <p>The total number of interpreters available to work in the scheduling system for any location has been reduced by approximately 28% since October 2021 due to interpreter choice not to become vaccinated. As a reminder, only fully vaccinated interpreters are available to conduct scheduled (i.e., appointments requested through the scheduling system vendor) face-to-face interpretation services. Unfortunately, interpreter data by county/location</p>

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prior to the scheduling system is not available as interpreters worked through agencies previously; consequently, there is no comparison data available. Interpreter data by county is now being collected by the vendor. For the next IME Roundtable meeting, data will be shared regarding the number of available (fully vaccinated) Spanish interpreters registered with the scheduling system and available in Eastern Washington.

Has the database on the L&I website been updated recently? Many phone numbers are still agency phone numbers.

As explained during the presentation, L&I is aware of the issue of interpreter agency information still showing up on the interpreter lookup tool. Unfortunately, the staff resources needed for this work are being redirected to focus on the ProviderOne project. It is anticipated that cleanup work on this item will begin in March 2022.

What is L&I and the vendor doing regarding interpreter late cancelations (interpreter cancels within 24 hours of the scheduled appointment)?

The scheduling system vendor continues to monitor interpreter late cancelations and no-shows closely, with education provided to interpreters regarding the effects this has on providers and injured workers. An action plan/escalation strategy is being developed by the vendor for those interpreters who continue to late cancel appointments or no show after initial education.

What is the number to call for LNI interpreter services?

To contact with L&I regarding interpreter services please contact the Interpretation Services Program Manager, Cristy Zarate, directly at:

Phone: (360) 902-6329

Email: Cristy.Zarate@lni.wa.gov

Or, send an email through our interpreter services mailbox:

interpretation@lni.wa.gov

You can also contact either of our vendors with any issues or concerns:

interpretingWorks For in-person interpretation scheduled appointments

Phone: 800-905-0896, ext. #5

Email: support@interpreting.works

CTS LanguageLink For over the phone and video remote interpretation

Medical Providers: 877-626-0678

VOC Counselors: 844-303-7212

Activity Coaches: 844-303-5430

Client Relations: 855-579-2704

Email: ClientRelations@Language.Link

*Why doesn't ***interpretingWorks*** have 1 hour and 15 minute time options as we have had interpreters leave the appointment before the IME is done?*

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	<p>Appointments can certainly be requested for 1 hour and 15 minutes; this should be done when the interpreter request is initially scheduled by the requestor. Accurate time allotment for each appointment in the interpretation scheduling system is of paramount importance and will help ensure that all workers receive appropriate communication from their providers at every appointment. Please respect the interpreter scheduling time as interpreters may be scheduled for several appointments throughout the day, some of which are back-to-back appointments (with travel time allowed between appointments). If issues are experienced regarding interpreters leaving appointments early before the scheduled/allotted time, please submit the complaint on the QA tab in the <i>interpretingWorks</i> system.</p>
IME Scheduling System Limitations	<p><i>There seems to be a heavy reliance on IME firms; is there a reason individual examiners are not utilized more for IMEs?</i></p> <p>When the agency / state fund scheduling system was originally developed several years ago, the system was based on rotating referrals/requests to IME firms based on several criteria, including specialty needed, location desired, etc. The firms must monitor a portal for exam offers and accept or decline within a few hours or the offer goes to the next firm in the rotation. Unfortunately, the system as currently set up does not accommodate sending referral requests to individual examiners, and programming work would need to be done in order to incorporate individual examiners into the rotation. There are instances when there is a need to schedule an IME outside of the scheduling system, and the schedulers work directly with the Claims Managers in these situations. Individual examiners are still being credentialed and do appear in the Find-a-Medical Examiner (FAME) lookup tool. Self-insured employers do not use the scheduling system.</p>
IME Fee Schedule Review	<p><i>What is the status of the IME fee schedule review? If fees are bundled, will there be no appreciable increase in fees? Can you present examples and a crosswalk of before and after the fee review?</i></p> <p>A work group facilitated by L&I's Healthcare Policy and Payment Methods team is developing a fee schedule draft that has been reviewed internally; that preliminary draft is currently being re-worked based on the initial internal feedback. Consideration is being given to condense the fee schedule by bundling some ancillary codes where it makes sense to do so; this will result in an increase in the base IME code fees. Another item under consideration is the creation of one multi-claim billing code that can be billed by unit, i.e., two-claim IME equals two units, three-claim IME equals three units. Consideration will be given in the new fee schedule for hard-to-recruit/find specialties as well. L&I is also looking into providing a one-time COLA in 2022. A COLA is provided each year, however, this would be an additional COLA. The next steps include obtaining L&I management approval of the concept and fee schedule draft, and then conduct external stakeholdering of the draft proposal in March. As part of the external stakeholdering, a crosswalk comparison of the before and after fee schedule will be provided.</p>

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	<p><i>What is COLA?</i></p> <p>COLA stands for Cost-of-Living Adjustment.</p>
IME Exit/Retention Surveys	<p><i>How are surveys being received by physicians? Why are they only being sent out to examiners who are leaving?</i></p> <p>There are two IME examiner surveys being utilized since April 2021:</p> <ol style="list-style-type: none">1) <u>IME Examiner Exit Survey</u> – sent to the examiner via email when L&I is notified that the examiner is no longer continuing as an examiner2) <u>IME Examiner Retention Survey</u> – sent to the examiner every 3 years once they have successfully renewed as an examiner
Long Covid	<p><i>Can a discussion of “Long Covid” be provided at a future Roundtable?</i></p> <p>Due to the departure of the current Associate Medical Director for the IME Program, Dr. Joel McCullough, this agenda item was tabled for the January 2022 Roundtable, however, Office of the Medical Director resources will be sought to provide a future presentation.</p>
L&I Vaccination Enforcement for Claimants	<p><i>Can the department mandate that all claimants be vaccinated?</i></p> <p>Per Dr. Gary Franklin, Office of the Medical Director, L&I does not have the authority under state law to mandate vaccinations for workers attending IMEs.</p>