



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
INSURANCE SERVICES — HEALTH SERVICES ANALYSIS
PO Box 44261 • Olympia Washington 98504-4261

Dear Provider,

Thank you for your interest in the Washington State Department of Labor & Industries' (L&I) Orthopedic and Neurological Surgeon Quality Project. In order to participate, you or your authorized representative must complete the Supplemental Provider Application.

To learn more of the scope of this project, eligibility and participation information, please refer to the [Orthopedic and Neurological Surgeon Quality Project Participants' Manual](#).

Sincerely,

Provider Accounts



Washington State Department of
Labor & Industries

Supplemental Provider Application for the Orthopedic & Neurological Surgeon Quality Project

Send Completed Application to:

Health Services Analysis — OHS
PO Box 44325
Olympia WA 98504-4322

Fax: 360-902-4249

The Orthopedic & Neurological Surgeon Quality Project is a partnership aimed at improving health-care services and access to orthopedic and neurological care for injured workers. This project tests a *tiered payment method* linking payment levels to providers' use of current and potential occupational health best practices. While the project is underway, the Department of Labor & Industries (L&I) will pay a quality indicator incentive payment to surgeons participating in the project.

The current project will last three years: from **January 1, 2017 through December 31, 2020**. The project's goal is to improve quality of care through a collaboration between L&I and you. In this process we will continue our efforts to reduce your administrative burden and improve our processes.

To qualify for registration in this project, you must have an individual L&I provider account number, provide specific kinds of surgery services, and participate in cooperative quality improvement projects including but not limited to:

- Development of this project; or
- Participation in the Centers of Occupational Health and Education (COHE); or
- Utilization Review program 'Group A' providers.

You or your authorized representative must submit a **Supplemental Provider Application** to L&I, including all required supporting information. By submitting this *Supplemental Provider Application*, you acknowledge that all of the applying surgeon's current, and future, eligible provider account numbers will be enrolled and scored in this project.

- Note: A surgeon's additional provider ID(s) will not be automatically enrolled/scored if they fall under a separate Federal Tax ID.

Each provider must complete their own *Supplemental Provider Application*. With L&I's prior written approval, a group may submit an application (signed by the CFO or other authorized representative) along with a list of providers and each corresponding provider ID.

The following billing codes is available to participating providers during the project:

- **Incentive Pay — 1071M**

The payment level for this code is published in the fee schedule found in the [Orthopedic & Neurological Surgeon Quality Project](#) webpage, and is reviewed annually in conjunction with conversion factor updates adopted by L&I.

If we accept your application, it does not guarantee that we will pay for all services that you bill. L&I's General Provider Billing Manual is updated annually, and the Orthopedic & Neurological Surgeon Quality Project (ONS Manual) provides details on our payment policies. We will purchase only covered services, provided by covered professionals.

Continue to Next Page

You agree to comply with the *Orthopedic & Neurological Surgeon Quality Project Policies* as adopted by L&I and described in the *ONS Manual*, as currently written or amended by L&I hereafter, to include but not be limited to, implementation of the quality indicators, fee schedules, billing instructions, and medical coverage decisions. Consistent with the *ONS Manual*, you agree to the following:

1. To promptly see patients for medical treatment and evaluation during the project period;
2. To complete and bill for an [Active Prescription Form \(APF\)](#) at initial office visit AND when the injured worker's status changes;
3. To implement and monitor an intensive rehabilitation plan, documented in each APF;
4. To perform surgery in a timely manner upon L&I authorization of the procedure;
5. To endorse the Washington State [Preferred Drug List \(PDL\)](#) and to prescribe minimally non-preferred drugs (Dispense as Written — DAW) prescriptions during each measurement cycle;
6. To participate in occupational health continuing education; and,
7. To use the project fee schedule for billing. Use of the project fee schedule constitutes acceptance of the Orthopedic & Neurological Surgeon Quality Project Policies and requirements as defined in the *ONS Manual*. In the event you believe additional funds are due, you may submit a [Provider's Request for Adjustment](#) form to L&I for consideration in accordance with the instructions contained on the Remittance Advice.

You are held to the terms of this application, even though a third party may be involved in billing claims to L&I.

L&I will review and report the following measures for all participating providers as needed:

1. Completion of Activity Prescription Form (APF);
2. Implementation and monitoring of an intensive rehabilitation plan;
3. Dispense as Written (DAW) prescription percentages;
4. Timeliness of first visit;
5. Timeliness of surgery following authorization; and
6. Participation in occupational health continuing education.

As part of the effort to continuously improve care process, we expect you to improve compliance with the process measures over time. Thresholds and measurement details for each of the indicators are published in the *Orthopedic and Neurological Surgeon Quality Project* manual.

Incentive pay levels will be based on your tier. Thresholds for indicators 1, 2, and 3 above must be met in order to qualify for Tier 1.

- Beginning January 2017, prior project providers will enter the supplement agreement at the most recent tier held as of December 31, 2016.

Continue to Next Page

- New providers will start at Tier 1 and be re-evaluated after the first measurement cycle. Providers will be eligible to achieve Tier 2 or Tier 3 status based on their performance. The provider will remain in Tier 1 for two measurement cycles unless the provider achieves the requirements for Tier 2 or for Tier 3 at the time of tier reassignment.
- Any provider not meeting the thresholds to qualify for Tier 1 after two measurement cycle will be ineligible for incentive pay. The provider may continue to participate in the project and be paid for completion of the Activity Prescription Form only. During the next measurement cycle, if the provider meets at least three required indicators, then s/he would become eligible for incentive pay.
- At the completion of the each measurement cycle, providers meeting the three required indicators, plus one additional indicator, will be assigned to Tier 2. Providers meeting all six indicators will be assigned to Tier 3.
- If the APF is not received in the claim file within 30 days of the date of service, the APF will be scored against the surgeons' performance metrics which may negatively impact the surgeons' earned threshold.

You may request a review of your tier assignment by contacting the Orthopedic & Neurological Surgeon Quality Project team. Instructions for submission and contact information are provided in the *Orthopedic & Neurological Surgeon Quality Project Participants Manual*.

L&I reserves the right to deny, revoke, suspend, or condition your authorization to participate in the Orthopedic & Neurological Surgeon Quality Project 30 days from the date of notification of non-compliance with the terms of this application. All other terms and conditions of your application will remain in full force and effect.

L&I or you may terminate this application at any time by submitting a notice of termination in writing.

Provider's Statement of Agreement

I, _____, agree to abide by the terms of
Print Name Clearly

this application and all applicable federal and Washington State statues, rules, and policies.

Provider Number	Tax Identification Number	
Group Name (if applicable)	Group Number (if applicable)	
Signature		Date

***Applications with multiple providers:** please attach a list of each provider name and number. Group representatives signing above attests to authority to represent the attached list of providers.