



STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

Insurance Services - Health Services Analysis - PO Box 44261, Olympia, WA 98504-4261

Dear Applicant,

Thank you for your interest in working with surgeons participating in the Washington State Department of Labor & Industries' Surgical Quality Care Program. In order to be of service to participating surgeons, you must complete the Supplement Provider Application.

This application in and of itself does not grant you access to the Department of Labor & Industries Occupational Health Management System (OHMS), which is an essential tool for completing your work as a Surgical Health Services Coordinator. To gain that access, you must seek and establish relationships with participating surgeons who will then enroll in OHMS. Termination of your relationship with a surgeon and/or their clinic will have no impact on your L&I Provider ID or your relationship with other surgeons / clinics.

To learn more of the scope of this program, eligibility and participation information, please refer to the [Surgical Health Services Coordinator's Manual](#).

Sincerely,

Provider Accounts



Washington State Department of
Labor & Industries

Send completed Supplemental Provider
Application to:
Occupational Health Services via email at:
SQCProgram@Lni.wa.gov

Surgical Health Service Coordinator's Supplemental Provider Application for the Surgical Quality Care Program

As a Surgical Health Services Coordinator (SHSC), you will be providing services to injured workers and supporting their treating surgeons who are participants in the Washington State of Labor & Industries' (L&I) Surgical Quality Care Program (SQC Program). These support services are defined in the SHSC Manual, and this SHSC Manual is incorporated by reference.

The SQC Program utilizes a tiered payment system, linking a surgeon's incentive fee payment level to how strongly they, or their group, implement specific occupational health best practices as defined in the SQC Program manual (SQC Manual). Some of these occupational health best practices require SHSC services and a portion of those services are billable to the Department of Labor & Industries (L&I) or Self-Insured Employers (collectively referred to as "the payors").

SQC Program aims at improving health-care services and access to surgical care for injured workers. The program's goal is to improve quality of care through a collaboration between the payors and the participating surgeons, with the desired outcome of improved processes and reduced administrative burden. Your work as an SHSC makes this obtainable by coordinating with all the parties to a claim.

To become an SHSC, submit a signed Supplemental Provider Application to L&I, along with all required supporting information. By submitting these materials, you acknowledge that you, the SHSC(s) applicant:

- Have a fully accepted individual L&I provider identification number, and
- Have completed the orientation for the Surgical Health Services Coordinator, and
- Will perform Care Coordination Standard Work as outlined in the SHSC Manual.
- Will manage and document your work using L&I's web-based Occupational Health Management System (OHMS).
- Will protect all injured worker personal information (IWPI) accessed, collected, used or acquired through L&I, SQCP surgeon(s), or alternate resources.
- Agree to not release, divulge, publish, transfer, sell, or otherwise make IWPI known to unauthorized person(s).
- Agree to use IWPI solely for accomplishing care coordination standard work services as defined in the SHSC Manual to improve injured worker outcomes.
- Take due care to protect all data from unauthorized physical and electronic access and ensure compliance with all appropriate federal laws and applicable provisions of Washington State Law.

SHSC may use the following billing codes, which are reviewed annually, and published on the [Medical Aid Rules and Fee Schedules \(MARFS\)](#) webpage.

- The Surgical Health Services Coordinators' Standard Services billing units – 1088M.
- The Surgical Health Services Coordination Intake (SCI) billing units – 1083M.

Use of the MARFS billing codes constitutes acceptance of the payment policies and requirements as defined in the SHSC Manual, as well as the MARFS policies. Association with a surgeon that participates in the SQC Program will not guarantee that the payors will pay all billed for services. The payors will purchase only covered services, provided by covered professional. L&I's [General Provider Billing Manual](#) addresses billing matters for State Fund claims and it is updated annually. All matters concerning self-insured payments and/or denials are to be addressed with the applicable payor on a case-by-case basis.

We expect SHSCs to show improved compliance with the Care Coordinator Standard Work over time. This leads to continuous improvement in the care process. These expectations and measurements details are published in the SHSC Manual (a.k.a. "Toolkit"). If you still have questions after reviewing the SHSC Manual, you may contact the SQC Program team at SQCProgram@Lni.wa.gov.

You are held to the terms of this supplemental provider application and the SHSC Manual, even if a third party may be involved in billing claims to the payors. L&I reserves the right to deny, revoke, suspend, or condition your authorization to serve as a SHSC immediately, effective on the date of the notice of non-compliance with the terms of this supplemental provider application.

Either L&I or you may terminate this application at any time by submitting a notice of termination in writing. The termination is effective on the date of the notice, or mutually agreed upon date.

Provider’s Statement of Agreement

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

this Supplemental Provider Application, the program guidelines as outlined within the Surgical Health Services Coordinator manual, and all applicable federal and Washington State statues, rules, and policies.

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

***If this single application is for multiple providers**, the group representatives signing attests to authority to represent the attached list of providers. On this attached list, please include the provider(s) name, the provider(s) ID Number(s), and the applicable Tax ID(s).