

Highlights of rule changes effective July 1, 2019

You're empowered to close claims

The 2-year look-back for closures by self-insurers will be changed as of July 1. The look-back has been brought into alignment with [RCW 51.32.055](#) and will be limited to clerical error, benefits paid due to mistake of identity or innocent misrepresentation, and violation of the conditions of claim closure.

Self-insurers are encouraged to close their own claims with dates of injury after on or after August 1, 1997, as long as:

- L&I didn't issue an order resolving a protest or dispute.
- Worker returned to job of injury or job with comparable wages and benefits.
- Closing medical was sent to attending provider .

Further details are in [WAC 296-15-450](#).

Now, there's a helpful new communication standard

You need to communicate to workers at key points during the claim. Online templates are available for communications that must be sent to the worker within 5 days of taking the following actions:

- [Calculation of a worker's monthly wage](#).
- [Starting, stopping, or denying compensation](#).
- [Acceptance](#) or [denial of a contended condition](#).
- [Authorization or denial of treatment](#).
- Assessment of [underpayment](#) or [overpayment](#).

Further details are in [WAC 296-15-425](#).

L&I will no longer issue the orders listed below, except in cases of dispute

If we receive a dispute, then we will intervene in the claim to adjudicate and issue an order to resolve the dispute. In contrast, if there's no dispute, but we receive a request for an order on one of these issues, we won't issue an order and instead will send out a letter explaining the current process.

- 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 loss of earning power (LEP) compensation

Further details are in [WAC 296-15-425](#).

The old SIF-4 & SIF-5 forms won't be accepted after June 30

You must use the new forms when requesting orders for:

- [Claim Allowance Request](#)
- [Interlocutory Request](#)
- [Claim Denial Request](#)
- [Claim Closure Request](#)
- [Overpayment Request](#)

L&I staff will process all requests that are submitted through June 30, 2019. After that, if we receive a SIF-4 or SIF-5, we will send a letter to the submitter (and call them) to let them know that the new forms are required and where to find them. If requests are not on the correct forms, we won't take action.

You have an exciting new path to become a Washington State Certified Claims Administrator

Changes in requirements to become and maintain certified claims administrator certification, including:

- Requirement that a comprehensive goal-oriented curriculum be completed prior to taking the certification test
- Details on what a department-approved curriculum will include
- Changes in the Continuing Education credit requirements

[You can read additional details in WAC 296-15-360.](#)

Update 2019 training

Training was provided in multiple locations around the state. We experienced a huge response, with over 400 hundred people from outside the agency attending as well as all of our Self-Insurance adjudicators. We received some great questions and we are responding to them below.

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Questions and answers about changes to self-insurance administrative rules (WAC)

1. Do we need to send out a template every time we start or stop time-loss benefits?

Answer: The Starting Compensation Benefits template and the Stop or Deny Compensation Benefits template are intended to be used every time time-loss or Loss of Earning Power (LEP) is started or ended, even if it happens multiple times on a claim. If a worker has returned to work and LEP is considered but the worker's loss of earnings is 5% or less, self-insurers should send out the Stop or Deny Compensation Benefit template to communicate to the worker why they aren't entitled to LEP.

2. When are self-insurers required to use Treatment Authorized/Denied template?

Response: Per [WAC 296-20-03001](#), certain treatment requires authorization. Anytime a self-insurer makes a decision regarding treatment that requires authorization they must send the template within 5 days of making the decision. Self-insurers may, at their discretion, also use the template to authorize treatment that doesn't require authorization, such as the first 12 chiropractic visits.

3. Do self-insurers need to translate letters and orders sent to workers?

Response: Nothing has changed regarding this requirement. Per [WAC 296-15-350](#), self-insurers must "ensure a means of communicating with all injured workers." This means that if an order or letter directed to the worker isn't translated into their preferred language, it isn't considered communicated and the order will never become final and binding. The Self-Insurance program will continue to translate orders and letters they send out, and self-insurers will continue to be responsible for translating their letters and orders.

4. Are acupuncture providers required to be part of the Medical Provider Network?

Response:

[A new rule, WAC 296-23-238, allows acupuncture](#) as a treatment for low-back pain as an accepted condition on an open claim. There is a limit of 10 visits per claim. Since only attending providers are required to be part of the network, acupuncture providers are not required to be part of the MPN.

Next steps

We recognize these are big changes for you, as they for our staff in the Self-Insurance program. We will continue to work with you and keep you up to date.

If you have questions, contact LaNae Lien, Self-Insurance Claims Operations Manager, at 360-902-6968 or Lanae.Lien@Lni.wa.gov.

Review the upcoming changes to Washington Administrative Codes

Be sure to review the versions effective July 1, 2019.

WAC 296-15-200 – Repealed effective 7/1/2019

[WAC 296-15-266](#)

[WAC 296-15-320](#)

[WAC 296-15-330](#)

[WAC 296-15-340](#)

[WAC 296-15-350](#)

[WAC 296-15-360](#)

[WAC 296-15-400](#)

[WAC 296-15-405](#)

[WAC 296-15-420](#)

[WAC 296-15-425](#)

[WAC 296-15-4316](#)

[WAC 296-15-450](#)