

IME Business and Labor Advisory Team Meeting

April 2, 2023

9:30 AM – 11:30 AM

Present: Kristen Baldwin-Boe, Melissa Dunbar, Karen Jost, Tanya Weber, Troy Parks, Nancy Adams, Shannon Rushing, LaNae Lien, Dane Henager, Gary Kolonja, Azadeh Farokhi, MD, Chantelle Yeager, Dianne Whitten, Donna Egeland

Guests: Joann Willyerd, Carolyn Logue, Kristen McCoy, Irene Suver

Absent: Gennia Wellington, Kathy Potvin, Knowrasa Patrick, Ann Silvernale, Cheri Ward

Brief Summary of Activities:

- Announcements, Safety Message, & Introductions
- IME Program Updates
- SHB 1068 IME Recording Implementation
- Updates
- Open Discussion

Announcements & Safety Message:

Troy reviewed Zoom meeting etiquette. The agenda was reviewed.

The safety topic is about burning candles safely. Make sure to trim the wick so the flame is not too high. When burning a candle make sure to do so in a well ventilated area, keep hair and loose clothing away from the flame, and keep out of reach of pets and kids. When extinguishing do not use water, make sure it is completely out before leaving the room, and do not touch or move the candle until it is completely cooled.

IME Program Updates:

Examiner Status – Troy

Troy shared the quarterly report that lists the newly approved & recently removed examiners. The location of this report on the IME webpage was shared. The link to the website and location was also shared and demonstrated.

Examiner Pool Update – Troy

The examiner pool data was shared. This is the overall number of examiners in the system. This does not show which examiners are actually doing exams. The last billing data report showed about 180 examiners that were actively billing. Active billing could be examiners billing for as little as one bill in the time frame.

The number of in-state compared to out-of-state examiners was shared. The definition of out of state is an examiner residing in a state other than WA and coming into WA to perform exams.

Complaints YTD – Troy

Troy shared the number of complaints so far in 2024. There have been 61 complaints since January 1. Of those complaints, 28 were regarding the report. The top specialty was orthopedic which is expected because that is the top specialty scheduled.

The group asked if the number of exams could be shared to provide context. The rate of complaints is less than 1% of all IMEs conducted. This will be added to the next report out to provide context. Over time the rate of IME complaints has always been very low, less than 2% of exams.

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Interpreter Services – Troy

Troy shared an update regarding the new interpreter contract signed with SOSi. The go live date is anticipated to be in June 2024. This will provide scheduled and on demand appointments in state and in border zip codes.

There will be training and onboarding instructions posted online in mid-April. Providers will be able to book requests and LAPs will be able to accept requests ahead of the go live date to ensure a smooth transition.

There has been some information around interpreters saying their contract with interpretingWorks ends mid-April. This was misinformation and the interpreters have been updated with correct information.

Quality Review – Tanya

Tanya shared data on billable and non-billable addendums. The data was pulled based on letters sent by CMs. Overall rate of IMEs with an addendum is about 20%. About 12% of those are non-billable and 88% are billable. Some possible reasons for a billable addendum could be testing results that were not available at time of the IME, or the CM has a new question that was not on original referral.

Tanya also shared quality review data on non-telehealth psych exams compared to telehealth psych exams. When looking at whether an opinion was provided on a question or condition not requested by the CM, there was only about a 1% difference between the two.

The 20% of claims needing an addendum seems like a high percentage. Is that concerning where CMs may need more training, or is that pretty standard? Looking back several years the rate of addendums has remained steady. There is some refresher training for CMs this month. A very common reason for an addendum is due to medical that was not available at the time of the IME.

On the SI side of things, the number of addendum is a data point that was being looked at. It appears to be in line with the state fund data.

SHB 1068 IME Recording Implementation – Jen Lybbert

Jen gave a quick update on the rulemaking dates. The CR-103 was filed March 26 and the projected effective date is April 26. This rulemaking was to define the recording notification process when the worker wants to record their IME.

Karen shared data the department has been monitoring related to recording. The number of requests to record exams have increased. The cancellation rate of these exams is about 40%. The cancellation rate for IMEs with no request to record is about 7.5%.

The specialty type that receives the most requests to record are psych. The total number of approved examiners in the system was shared again. About 20% of all claims have legal representation, but about 33% of claims with IMEs have legal representation. Around 29% of IMEs rescheduled for non-recording reasons have legal representation, while 86% of IMEs rescheduled for recording related reasons have legal representation.

There was a QA manual review done of randomly selected 527 IME requests from 1/21/22 – 11/28/23. There were also 333 IMEs initiated in 2023 that were selected because of the work “record” in the referral. Most referrals with a request to record are delayed between 54-77 days.

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There have been some opportunities identified for improvement. Best practices have been shared with the panels. There have also been some CM training opportunities. CMs are trained to look at non-IME options such as the AP rating or getting a consultation. They are also reminded of importance of having a contingency plan when an IME cannot be scheduled. Some improvements include technology enhancements for rescheduled exams. The letter going out to the workers includes contact info for the firms.

Examiners main concern is having access to an unedited version of recordings. Has the department explored any option to get an unedited copy of the exam? In most other cases of recordings, a third party records so there is an unedited copy available for both parties. That is something that has been discussed. There has been no update to the legislation from 2023 though.

Nancy shared that the training material is being updated. The updates include IME creation and recording, as well as consults. The training material is lengthy so staff are going through as they can and looking at updates. They are also looking at the training plan for CMs. Once the material is updated, they will do refresher training and updates with staff.

Kristen shared there is a group working on updating the FAQ that is online. They are waiting on approval before the update can be posted. There was a communication sent to firms last week with reminders of best practices related to recording. Any details related to recording, interpreters, and telemedicine, should be included in the introduction of the report. Also, firms should not accept a rescheduled exam offer that indicates the worker wants to record unless they know they can accommodate. The scheduling system was recently updated with radio buttons to indicate if the worker intends to record. Firms should be notifying the worker early of the firm's co-recording policy to avoid late cancelations and additional delays. Firms cannot bill for a late cancellation if the worker arrives ready to record, has provided the required notification, but will not consent to co-recording.

What are you seeing? – All

It seems like on the SI side they are seeing a high number of cancelations due to recording. This is mostly anecdotal as they have not run numbers. This is causing delays and it can be frustrating, especially when it's a specialty that's difficult to schedule and lots of time has been spent setting up the exam.

The co-recording issue will probably continue while the social media lawsuit is still going on.

Updates:

Claims – Nancy

The addendum criteria has been updated in the MEH to be consistent with the updated training materials. Addendums should be requested less than 6 months after the original IME, and a minimal amount of record review required. If the addendum does not meet the criteria then the CM should consider a new IME.

Scheduling – Shannon

Referral data trends were shared. The data is based on fiscal year quarters. The number of referrals have declined. This has been pretty consistent since 2021. The drop in referrals started about 2018.

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Self-Insurance – LaNae

There were no specific updates and no questions.

Open Discussion:

Is the department looking at consultants and consultations, and do they meet the same criteria as IME? Also when a consult is done, how often is an IME needed afterwards.

After 6440, the department was directed to go to the AP first, consider a consultation, then get an IME in that order. This was in line with the training the CMs already received. Consultant reports should include the same information as an IME report. Most of the time CMs end up getting an IME because they can't get a consult scheduled in a timely manner and APs do not want to rate impairment. They are working with staff and training on this. It typically takes longer to get a consult which can delay the claim.

The coalition would like to suggest coming to talk to this group regarding the fee schedule.

Future Meetings:

Tuesday	August 13, 2024	9:30am – 11:30
Tuesday	December 10, 2024	9:30am – 11:30
Tuesday	April 01, 2025	9:30am – 11:30