

**IME Roundtable via Zoom – Administrative Topics  
May 05, 2022**

<p><b>Staff Participants:</b>  Kristen Baldwin-Boe, L&amp;I  Melissa Dunbar, L&amp;I  Teri Baughman, L&amp;I  Stuart Bammert, L&amp;I  Kelli Zimmerman, L&amp;I  Tanya Weber, L&amp;I  Cristy Zarate, L&amp;I  Karen Jost, L&amp;I  Nancy Adams, L&amp;I  Dane Henegar, ATG  Debra Hatzialexiou, L&amp;I  Suzy Campbell, L&amp;I  Joann Willyerd, L&amp;I  Gary Kolonja, L&amp;I  Dana Zeller, L&amp;I  Sara Nielsen, L&amp;I  Nicole Mitchell, L&amp;I  Gary Franklin, MD, L&amp;I  Cheri Ward, L&amp;I</p>	<p><b>Participants:</b>  Carolyn Logue  Chelsea Stockner, Sunrise  Dan Farrington, Sunrise  Irene Suver, CSP  Eugene Toomey, MD  Kristin McCoy, MES  Mat Nguyen, Mitchell MCN  Michelle Bates  Rachel Faber, CorVel  Rose Serna, ExamWorks  Fred Montgomery, MD  Jeffrey Gosda, ExamWorks  Tracy Crnkovich, Sound  ENT  Kaya Takano  Aimee Borrego  Jamie Lelone  Kayla McCain  Sushil Sethi, MD</p>	<p>Stacy Weins  Eric Hofmeister, MD  Douglas Pepper, DC  Darcy Fox, DC  Stephanie Lemus  Xavier Ibarreta, DC</p>
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**Introductions, Safety Message, Agenda Updates:**

Kristen briefly discussed zoom meeting etiquette.

The safety topic is Spring-time tips for pet owners. Many people do home and yard improvements this time of year. Be aware of chemicals on floors and in the yard. Pets can get products on their paws and ingest them when licking their paws. Be mindful of sharp objects left out in yards that pets can step on. Many flowers used in bouquets are toxic if eaten by pets.

**Self-Insurance Data: Nicole Mitchell**

Nicole presented data from the Electronic Data Interchange (EDI) for self-insurance. The Department only has access to information that is self-reported. The assumption is that for every SI claim there is at least one medical bill. In the beginning the percentage of SI employers reporting was low. When the system was first implemented reporting was voluntary. On January 1, 2020 a rule was implemented that made reporting mandatory for Dates of Injury (DOI) 1/1/2020 forward. Data for older dates of injury were still voluntary. The data shared was through November 2021. The dip in the data is likely caused by a lag in reporting data.

More specific data was looked at from July 1, 2020 to June 30, 2021. The number of active SI employers that reported billing data during that time period was 77%. About 8% of the active employers had no claims, and about 15% did not report any bills. This could be due to technical issues with reporting and not just non-compliance.

The reported SI data does not include referral info. In order to make the data comparable to State Fund (SF), the data was broken out by the DOI. The claim volume for SF is higher than SI so the scales differ. All the SI data graphs represent roughly 60-70% of SI employers who reported data.

The number of IMEs per claim since the DOI was reviewed along with the percentage of claims with an IME since the DOI. A single IME can generate more than one bill so the data was counted based on local codes 1108M, 1109M, and 1118M. If there were multiple bills within 60 days of the previous bill by the same firm then it was not counted as a separate IME. This is for claims with DOI from 2017 – 2021.

Other information that can be pulled from the EDI about IMEs includes the amounts authorized, the IME codes billed, cost adjustment data, and some provider data as written on bill. The provider data may not identify individual examiners but would show the billing firm. Other than IME data, EDI has other data that can be compared to SF claims such as service line data/procedure codes, diagnostic codes, and prescription data.

This data is not trying to answer the question ‘are self-insured employers ordering too many IMEs?’ This was put together to see what data is available in EDI and how can comparisons start being made.

The comment was made that claims with the 2-3 exams could be more litigious claims and might be long term claims. This may be something to look at and see if there are any trends. The BIIA data could be looked at to see how many claims have been appealed.

The comparisons in costs can be looked at in the future. The reason for the IME is not captured in the SI data as that is part of the referral and scheduling information, not contained in bill data that is reported.

### **IME Program Updates**

#### **Measuring IME Quality/ONC: Tanya Weber**

Tanya shared some brief stats about her quality reviews. The telemedicine IME reviews were conducted between 3/30/20 and 12/31/21. There were 269 unique claims reviewed. Mental health remains the primary specialty using telemedicine. A telehealth checklist is used when reviewing the reports. Rules that will adopted will determine the steps to take next.

Tanya shared some stats regarding her regular IME report reviews. There have been 188 report reviews done in 2022 so far. EDI is the resource needed to help move self-insured IME quality review forward. There will be more of an update at the next meeting.

#### **Telemedicine Rule Update: Kristen Baldwin-Boe**

Kristen gave a brief update regarding the telemedicine rule development. These have been delayed while the department is working on other priorities and filling staff vacancies. The IME telemedicine temporary payment policies will be extended through the end of year.

### **Unit Updates**

#### **Claims: Nancy Adams**

Nancy gave an update from Claims. They are focusing on the rules that were filed and rolled out last month. They are updating letters, and processes on how handle protests. The pilot that will be handling these protests will be starting next week. There have been some system delays with getting this started.

From IME perspective, there is not a lot that the IME firms and examiners need to do because of these rules. The rules focus more on the claims management side and the use of IMEs.

### **Scheduling: Stuart Bammert**

Stuart shared some scheduling trends. The first quarter of 2022 is the first time in a while that they have seen new claim filings increase. They have increased about 17% from 2021. Historically IME referrals lag about 6 months behind the claim filings. The first quarter of 2021 was a historic low for IME referrals after the bill 6440 went into effect. They have been steady over the last year now. New claim filings was at almost 26,000 the first quarter of 2020 and dropped to about 24,000 during the height of the pandemic. IME referrals are still down slightly. They are at about 72% of what was requested at the beginning of 2020. It does seem SB 6440 had an effect on the amount of IMEs being requested.

The new scheduling system report was implemented towards the end of March. There were two goals with this SR. Not all of the diagnostic data was being retained by the scheduling app. The SR fixed that and now 100% of the data is retained. It is also now being incorporated into the late report review that Kelli Fussell used to produce and Sharon Brosio reviews. Sharon is still looking for confirmation on the diagnostic testing. Some firms send the test results to the department when they receive them. This is really helpful when there is a fax transmittal stamp with firm's name and number.

### **Self-Insurance: Kelli Zimmerman**

Kelli gave a brief update regarding self-insurance. Adding onto what Nancy reported on, WAC 296-15-440 is SI specific. This WAC is regarding the dispute to a scheduled IME. The assignment letter includes the reason for the IME. This must be sent no later than 28 days before the IME, unless the worker agrees to schedule the exam earlier. Only the adjudicator can authorize the worker waiving their 28 day notice. The firms are not able to do this. The only way to review is when a written dispute from worker or AP is received. The dispute must be received at least 15 days before the IME and must have a reason for the dispute. SI does plan on tracking dispute reasons.

The assignment letter is a new process for SI. They have been required to send this to the worker since 4/23/22. There has been training for internal and external customers on the new rules and the use of the assignment letter. Firms may not see assignment letter.

Kelli shared a link to a sample letter.

[F207-238-000.docx \(live.com\)](#)

Kelli shared a link to the GovDelivery notice from SI with the new rules.

[New Independent Medical Examination Rules Take Effect April 23 \(govdelivery.com\)](#)

### **IME Coalition Requested Topics**

Carolyn Logue led a discussion on topics requested by the coalition.

- **Diagnostic Scheduling:** The issues with diagnostic testing and Neuro-psych testing/MMPI are the same issues. This has to do with scheduling these appointments and how that works. The firms get no reimbursement for the time and work it takes to schedule testing. For neuro-psych testing the firms have to gather the files, sort them properly, and mail a hard copy to the providers. They would like to try to figure out how this scheduling can be removed from their responsibilities since there is no compensation for this. This issue includes FCE as well.

Several firms noted that they had to dedicate a part time person just to work on scheduling testing and following up on those. This includes scheduling the diagnostic testing that examiners request. This is unique to Washington state. In other jurisdictions it is separately compensated.

It was noted that in Oregon, IME firms are not obligated to schedule diagnostic studies to complete an IME report. Diagnostic studies can be recommended in the IME report and the claims manager is responsible for scheduling the studies. Most often, the studies are ordered by the AP and the results are sent back to the IME examiner as an addendum. This is how the majority of other jurisdictions handle this. Washington is an outlier.

There have been conversations to help firms with getting authorizations. The authorization problems have been helped but the scheduling is becoming a new problem. The firms would like if the department could look at and possibly having a discussion on late reports due to these testing and scheduling delays.

If firms cannot be compensated for scheduling neuro-psych testing, it would be more helpful if the CMs can get this scheduled before the IME and have it available when the IME is requested.

This can be discussed with key internal staff and look at what the department requires, what firms are doing, and what can be done. The firms would like to be a part of the department conversations about these issues.

The group feels this should be a priority as it is costing the firms a lot of time and money. If the department could at least look at the way late reports are assessed in the meantime, that would be helpful for the firms. (Note: reports are due 14 days after the receipt of testing or imaging ordered as part of an IME so they are given more time to submit a report that requires testing) Examiners and firms should look to the MEH to determine how to proceed when an examiner believes diagnostic testing is needed to complete the IME report.

The issue with dates on diagnostic testing reports in the scheduling system has been fixed and the dates are being retained. The exams with reports received within 14 days of testing received will be excluded from the late report research required by firms. This is still a date manually entered and the auditor will confirm documentation of the date testing was received. As long as the firm enters the date testing is received, and the documentation is in the file, firms will no longer have to review those which should reduce some administrative burden for firms.

If it is more efficient for firms to get the diagnostic testing that is fine, but this should be represented in the fee schedule.

For neuro-psych testing, the firms should be paid to facilitate and prepare for those types of exams. There are common diagnoses that certain testing is always needed for but is never available for the IME firm. The firm has to request this in order to complete the IME.

There are times when an out-of-state worker is coming in and the neuro-psych or FCE testing is needing to be scheduled along with the IME to reduce travel. The firms used to be able to bill extra for this.

- Interpreters: There is a lot of administrative burden on firms now trying to schedule these and it is not reimbursed. An example was described where a firm had a worker that needed a Marshallese interpreter.

The group noted that many of them have had a lot of exams stopped when CTS is used. This is because it's very difficult to explain to the worker maneuvers that are needed from the examiner

when the interpreter cannot see it. This is a big cost for the firms because excellent internet is needed for every location along with audio and video. Trying to get this in every single location is not possible.

One firm was having issues with the multi exam feature from interpretingWorks. They had to stop using this feature because of time and difficulty. The system would send the referral out multiple times and they would get multiple interpreters for the same appointment.

There have been issues with some interpreters that are very rude and unprofessional. Some firms have also had family members tell the firm that the interpreter is not interpreting correctly. They are trying the best they can to still push through exams because everyone shows up and they don't want to waste the worker or doctors' time.

Another firm noted issues scheduling an American Sign Language (ASL) interpreter since that's not available through interpretingWorks. They had an exam that had to be rescheduled three times. The interpreters listed on the look up tool were incorrect and outdated or listed A&A. Most of the interpreters on the look up tool still have a language firm listed for phone numbers.

The group would like to know what is going on at the department to fix these issues, and if a more effective way of scheduling can be found for firms to schedule. There is a lot of administrative cost that had been added but the firms are not being reimbursed for any of it.

In Idaho and Alaska they allow family to interpret when there is a rare language and the examiner and the claim manager agree. This should be considered if there are no other options. It's frustrating for firms and making it more difficult to serve workers that are not English speaking.

Karen shared that the department is unable to make additional changes to fees at this time. The new fees will be published soon. There is also a pending representation election for interpreters which is preventing the department from making any changes in to that system. This is definitely a topic that could use more discussion. All of these issues take staff resources and the department would need to know which issue is the top priority for firms. Carolyn said that interpreter issues and diagnostic scheduling are probably on equal levels because they are both costing the firms a lot of time and money.

- Recent Audits: Regarding late report audits, MES and MCN were able to speak with Sharon Brosio regarding what was needed and have seen a significant improvement in the work that is required of them. This issue has been resolved.
- Consultants: Firms are wondering why IME providers cannot be called upon to perform consults.

Examiners who are also in the MPN can certainly conduct and bill for a consultation when referred by the AP. Examiners who are not currently in the MPN can apply for a treating provider number under the current rules.

The L&I billing system is not set up to allow IME provider numbers to bill non IME codes and providers who are not approved IMEs cannot bill IME codes. A treating provider number (MPN)

is required to bill consultation codes.

The topic of consultants and consultations was discussed at length at the January RT meeting. There is a Q&A document posted on our webpage (RT January meeting) regarding that conversation with links to rules around consultations.

The department does not maintain a separate list of consultants (except for chiropractic consultants who have separate requirements) as anyone in the Medical Provider Network can conduct a consult and bill for that within the confines of the WACs and rules. The consultation WACs describe which license types may perform impairment ratings, and the requirements for the report, etc.

Link to Q&A document: [Independent Medical Exams and Impairment Rating Information \(wa.gov\)](#)

- Fees: Carolyn said they are not sure if anything will be gained from more discussion. Is the department aware of cost drivers for firms? The firms feel the fee schedule updates will not be much of an increase. The department should keep the administrative costs separate from the base cost of the IME code which is meant to compensate the examiner.

The IME fees are not set in rule. Karen will see if there is a contact for examiners and firms to provide feedback on the fee schedule. Karen said that IME providers and firms did give feedback during the early fee revision discussions.

### **Open Discussion Topics:**

There has been no discussion yet on resuming in-person meetings. The department has not resumed in-person meetings. We have noticed a higher participation rate with the virtual meetings. Some attendees are wanting to do hybrid meetings when meeting in-person is allowed. Some feel the level of conversation is better when in person rather than virtual.

It would be helpful for examiners in the field to have a way to get a hold of the claim manager directly. The ability to get a hold of them has gone down since working remotely. The Claims section have not heard of any issues getting a hold of claim managers since they started working remotely. They have the same phone system as before. Some firms reach out directly to Nancy when something comes up that needs immediate attention. They can also reach out to a scheduler and the scheduler can assist in reaching a claim manager. Nancy's email was provided, [adan235@lni.wa.gov](mailto:adan235@lni.wa.gov)

### **NEXT IME ROUND TABLE MEETINGS**

**Thursday, Sept. 08, 2022 – 9:30 am – noon – Location: TBD**

**Thursday, January 12, 2023 – 9:30 am – noon – Location: TBD**

**Thursday, May 04, 2023 – 9:30 am – noon – Location: TBD**