

**IME Roundtable Meeting  
September 14, 2023  
via zoom**

<p><b>Staff Participants:</b> Amy Bradley, L&amp;I Azadeh Farokhi, L&amp;I Dane Henegar, ATG Jen Lybbert, L&amp;I Joann Willyerd, L&amp;I Karen Jost, L&amp;I Knowrasa Patrick, L&amp;I Kristen Baldwin-Boe, L&amp;I LaNae Lien, L&amp;I Megan Lemon, L&amp;I Melissa Dunbar, L&amp;I Micki Kohler, L&amp;I Mindy Stokes, L&amp;I Nancy Adams, L&amp;I Nicole Mitchell, L&amp;I Sara Nielsen, L&amp;I Shannon Rushing, L&amp;I Suzy Campbell, L&amp;I Tanya Weber, L&amp;I Teri Baughman, L&amp;I Troy Parks, L&amp;I</p>	<p><b>Participants:</b> Aimee Borrego Andrey Boskhomdzhiev Carolyn Logue Chelsea Stockner Irene Suver Jamie Lelone Javier Ruiz Jeff Gosda Kaya Takano Kayla McCain Kristin McCoy Mat Nguyen Rachel Faber Robert St Thomas Tracy Fochtman Tracy McLeod</p>	<p>Craig Smith, MD Daniel Brzusek, MD Geoff Masci, DC S. Daniel Seltzer, MD Todd Seidner, MD William Domarad, MD</p>
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**Introductions, Safety Message, Agenda Updates:**

Troy briefly discussed zoom meeting etiquette. The agenda was reviewed.

Melissa shared a safety message on ladder safety. Make sure to use the right ladder for the job. Inspect the ladder to make sure there are no broken parts and everything is working like it should. Set the ladder up correctly so all the feet are on the ground and secure. Make sure you always have three points of contact when climbing up or down.

**Program Updates:**

**Accountability Log Review– Troy Parks**

Troy reviewed the outstanding issues log that resulted from a suggestion in a previous Roundtable meeting. A new interpreter RFQQ was issued. The deadline for bids is this September 25. The un-fulfillment rate for scheduling interpreters is about 6% right now. Firms should keep reporting any issues they are having scheduling interpreters. Staff have had some success reaching out to DSHS and finding certified interpreters that will sign up for L&I. The team will be soliciting users for testing. They will try to include an IME firm representative to participate in testing.

New fee increases went into effect this month. There will be an update on the page count analysis later in the meeting. There was a question about the cause of IME reschedules. There will be an update on this later in the meeting.

**IME Telemedicine Rule – Kristen Baldwin-Boe**

Kristen gave a quick update on the telemedicine rules. The rules are now final. They were adopted August 1 and were effective September 1. The link to final rules was put in the chat. These rules were required by SB 6440 that required the department to write the rules governing the use of telemedicine for IM.

Megan gave an update on a new fee code, Q3014. This code is sometimes billable with telemedicine. The definitions for distant site and originating site were discussed.

The new code is payable to the firm when the worker has an in person exam and has a telehealth exam the same day with another provider and the firm allows the worker to use their facility for the telehealth exam. The code is not payable when the worker is at home, if a service is provided to them during the telehealth visit with another provider. The distant site provider cannot bill the new code.

This new code is on the website in the updates and correction tab until March 2024. After that it will be listed in the fee schedule.

### **MEH Updated July 1 – Kristen Baldwin-Boe**

Kristen announced the MEH was updated as of July 1. A copy of the updates page was shared. The updates summary page is in the handbook right after the cover page. If firms are printing copies of the handbook, make sure to replace older versions. Updates include the new RCW that allows recording and a companion. There were updates and additional information added regarding civil rights complaints. All the RCWs and WACs were reviewed and updated. There were also updates added regarding urinary and reproductive systems. If you have any future suggestions for updates, they can be sent to Kristen Baldwin-Boe or Melissa Dunbar.

### **Examiner Stats: Exit & Retention Surveys, Complaints YTD, & Examiner Pool Update – Troy Parks**

Troy gave a status update regarding the worker exit survey. A draft was sent out before the meeting and the suggestions received are being reviewed. The history on the worker survey was briefly discussed. The previous survey used to be hard copies that were sent to workers in their IME information packet. For the new survey, the team is creating an online survey. The link would be sent out in the appointment letter for the worker to use to complete the survey after the exam. The goal is to get rid of some of the subjective questions and have a better response rate. This will help the department gain insight into worker satisfaction and areas for potential improvement.

The question was asked if the department is going to track when the worker fills out survey and make sure they actually attended the exam. Troy is working with the programmers to see if there is a way to release the survey after the exam date so it is not filled out before. The letter will let them know that the survey should be completed within five days of the exam. The next steps are to work with programmers on getting the survey set up. The go live date would be January 1, 2024.

The suggestion was made to send out surveys to IME examiners to see what issues they are seeing with workers. The agency currently surveys examiners both at renewal and as they leave (exit) the approved list.

A good history is necessary for an IME. When examiners go over history in detail with the worker during the exam, workers sometimes feel like the examiners are not familiar with their history.

Troy gave a quick update on the Examiner Retention and Exit surveys. Response rate is low. There have been 5 responses to the retention survey this year. There have been 2 responses to exit surveys.

Troy shared some stats regarding the volume of examiners by specialty. The department is watching volume trends in the specialty pool.

The comment was made that the exam pool stats does not adjust for examiners that are actually doing the work. A new examiner that does one or two exams a month could not replace an examiner that does multiple exams a day that may leave the system. Billing data could be used to see how many examiners are actually doing the work.

The complaints so far this year were shared. A majority are disagreeing with the report or had an issue with the examiner. Less than 1% of IMEs have complaints.

### **Quality Review, AP Project, Page Count Analysis – Tanya Weber & Azadeh Farokhi**

Tanya shared the number of quality reviews she has done by year excluding telehealth reviews. The re-credentialing reviews continue to be the bulk of the work. Non-billable addendums have been tracked since 2020. Orthopedics continue to trend slightly higher than all other specialties. This just shows that they need more resources and support. The office of the Medical Director is looking at contracts to hire consultants in many different specialties to assist. If there are any suggestions on topics and specialties that should be looked at let Tanya or Azadeh know.

The department should look at the number of billable addendums to see how those compare. This is something the group would like to see at the next meeting.

Tanya also shared a comparison between the telehealth reviews vs non telehealth reviews, and telehealth psych compared to non-telehealth psych IMEs.

Azadeh discussed one project that is starting which is looking at improving the availability and quality of AP documentation. Starting over the next several months they will be doing interviews with key internal stakeholders, gathering the data, and will see where to go next. Once the group has more information she will bring it back to share with this group.

They are also looking at best practices for IME documentation. This may potentially include the IME page count project.

Azadeh gave a brief update on the page count project. She received data on page count and review time tracked by Dr. Toomey from three clinics. This showed most were less than 200 pages, and as the file sizes increased so did the amount of time it took to review. This was expected.

Staff pulled and reviewed the data for the code 1129M bills paid from July 1, 2022 to July 31, 2023. There were over 3000 unique claim IDs for that code. They can only pull this code for page counts over 400 so there was no way to see how many files were under 400 pages but more than 200 and how many would have been affected by dropping the page count.

It would be helpful to work with a few more firms and examiners to look at how many records are actually sent and how many there are once they are collated. Seeing a bigger scale and any variances with other specialties or other metrics would be helpful for the project. Then things like best practices come into place and is it reasonable to have an examiner review everything in the file, especially when this is the workers third or fourth IME.

It was noted that the department adamantly says it does not pay by the hour, it pays by exam. But firms only schedule an hour, so this should be an hourly rate. The attorneys get paid at an hourly rate and the examiners should too.

Staff will pull the data for the 1132M code.

### **IME SI/SF Data Report – Nicole Mitchell**

Nicole discussed the new Self-Insured and State Fund Data Report. A link to the report was shared and how to get to the report.

The purpose of the report is to make the data available to any interested parties. This is the reason it's posted on the public webpage. The department is also using it to monitor emerging trends in IMEs. The SI information comes from a new data source capturing SI medical bills. This can give a fuller picture of what is going on with SI claims. It was not set up specifically for IMEs, but some IME information can be taken from it.

Reporting was made mandatory in 2020 by rule. Reporting has remained consistent since then. The department is starting to pull the data now and see what information we can use. We are now able to differentiate data between SI and SF and compare it. One piece of data is the number of IMEs. One IME can generate multiple bills, so SI

worked with SF to determine how to count the number of IMEs. They are looking at specific billing codes. Another item being looked at is the percentage of claims that have IMEs. With SF the department is the payer and all the data is available. For SI, we only know what has been reported. In order to make these comparable only claims that had medical bill data were counted. Those are the types of challenges staff are working with and looking at for the future.

If there are any questions about the data in the report, send email to the address on the data report.

The comment was made that SF tends to order IMEs later in the claim after there are already issues, while SI orders them earlier in the claim which can help avoid issues. The numbers don't really show this when looking at the days to the first IME and the days between IMEs. It would also be nice to see the purpose of the IMEs. The reason for SI IMEs is not available in the billing data.

The report does not count periods of claim closure. So if an IME was done during a time of claim closure then it was not counted.

### **SHB 1068 IME Recording Implementation – Jen Lybbert, Mindy Stokes, Suzy Campbell**

Mindy gave a brief update regarding SHB 1068. Activities completed in August were shared. Staff have drafted a second version of FAQ. They are working with the Fraud program for investigations on altered recording. A timeline for implementation was also created.

September implementation activities were also shared. These included stake-holding internal and external customers about implementation of 1068, and beginning research on a permanent technology solution for sending and storing recordings.

Key milestones were shared. About a third have been completed, and over a third have been started. There are only a couple that have not been started yet.

The second version of the FAQ will be out after the technology solution is in place. This should be some time in October.

### **Claims – Nancy Adams**

There is no current IME protest data yet. We are continuing to track and will have more data to share at a future meeting.

We are seeing more reschedules due to 1068. This is a learning curve for CMs as well as everyone else. We are keeping track of as many cancellations as possible and how many are rescheduled, and why.

### **Self-Insurance – Nancy Adams for LaNae Lien**

LaNae shared some dispute data on SI IMEs. The disputes are mostly coming from workers. These are instances where they are scheduled for an IME and they are disputing the reason or need for the IME. The data shared is through the end of July 2023. There has been an increase in disputes. This is mostly reflective of the bill that required everyone to identify case progress as a reason and limited the number and reasons for IMEs.

Dispute reasons shared were shared. This is captured when a work item is created by an adjudicator. Most are questioning whether the IME is for case progress. The outcomes of these disputes were also shared. This information is also captured by the adjudicators when resolving the disputes. About 48% of the resolutions were issued in favor of the worker.

SI does not have the specific number of how many IMEs are scheduled. This is because billers have can have up to a year to bill for the IME and then that can take 30-90 days to process. So there is a lag in the data. The data only includes the number reported as well.

### **Scheduling – Shannon Rushing**

Shannon shared data regarding reschedules that was requested at the last meeting. In researching the reasons for reschedules, the system only had five reasons that could be marked, one of which was ‘Other’. Data was captured in May and June 2023. Schedulers were manually tracking the reason given when the ‘Other’ category was marked in the system. About 50% of those were due to worker requests. About 20.5% were due to a CM request but no other reason was given.

New reasons for reschedules are now in the scheduling system. This will allow them to better track reschedule reasons. They are currently manually tracking reschedules due to 1068. Not sure when that data will be available.

### **Q&A – Open Discussion Round Robin – Group**

Troy and Mindy had met with Kristin McCoy this week to discuss the impacts of 1068 on business. Mindy and Kristin McCoy lead an open discussion surrounding several questions. This discussion is looking for ways to come up with ideas to work with the legislative intent of the bill.

- Has IME scheduling placed an administrative burden on you or your staff? Are there things L&I can do to ease that burden?

The interpretation of the law that says the entity that needs to be notified is the firm has created a burden. This should have been the department. If the department took on the notifications for intent to record that would help. That way if the department knows beforehand if a worker wanted to record, it could be noted on the referral. That would eliminate a lot of reschedules. **Note:** The department does not know if the worker intends to record until after the exam is scheduled. If the CM knows a worker wants to record before they request an IME, they can include that on the IME referral.

- Firms were asked, when a worker notifies you that they plan to record the exam, do you notify them at that time that you plan to record as well? If you so, how do you notify them? Has this provided a solution to last minute cancelations?

When MES gets notified of a request to record, they currently send a consent form to the requesting party and ask them to consent to be co-recorded. They had a worker call about notification and when advised about co-recording they had conversation about that. When they explained to the worker the intent behind co-recording and letting them know that they could have a copy of the recording, the worker was relieved. Once they understood the intent of that they noted they might not record if firm will record. MES is looking at coming up with an FAQ inviting the worker to understand the reasoning behind co-recording. They currently seeing about 5% of exams intending to record that will allow co-recording. They only have one examiner that allows exams without co-recording.

MCN said they are not sending a letter or notice that they plan to co-record. What they are seeing is that worker attorneys send a letter about the workers intent to record. However, when worker arrives they had no intention of recording. When the attorney sends the letter about intent to record, it takes the time of the examiner that will allow recording. Then when the worker shows and does not want to record, it ends up pushing out workers who actually do intend to record. They have not currently had an impact on whether or not the exam moves forward. They are keeping track of exams that are being scheduled that are intending to record and just now starting to see more of these types of exams.

ExamWorks added that they send out a consent form right away to do co-recording. They have successfully co-recorded 6 exams. Some have not agreed to co-recording and those have had to be rescheduled. They also had an exam that was marked as the worker intended to record but the worker showed and had no intent to record. It was the attorney notified the firm of the intent to record.

- Let’s brainstorm solutions to this problem of co-recording.

Regarding co-recording, the legislation is silent on this. The department should be able to address this and allow co-recording. The worker should be made aware that if they are going to record then there could be co-recording or they could be requested to provide an unedited copy of recording to firm.

Another option could be allowing the worker to record as long as they agree to provide an unedited copy to the firm before they leave.

It's unclear what the concerns are of the workers attorneys regarding co-recording because they have different concerns. If the attorney and firm have a conversation about the concerns and come to an agreement regarding sharing the recordings, then the department will not interfere with that.

- Other comments

The privacy is skewed towards the worker and the doctors do not seem to have any rights.

Regarding recording and privacy, thought needs to be given to the firm provided chaperone, interpreter, or workers companion.

The FAQ uses the term 'materially altered' because that is the language used in the legislation. There are a number of things that may not be resolved until the lawsuit is done. The department is not saying that co-recording is not allowed, it is just not requiring that the worker has to allow it.

The department had control of who could record before 1068, which was no one. The legislature only dealt with the right of worker to record. The department should be able to make a law that says examiners and firms can record. As of right now the department does not interpret the law is that way. Firms can certainly send in reviews or case law that they think the department should look at to support their interpretation.

The department will be doing rule making and public hearings. We are not quite to that point of the process just yet. The stakeholdering has not been determined yet.

One examiner commented that when this first passed his response was simply to opt-out. He had only one exam that was canceled because he did not allow recording. He has now had two instances where the worker showed and had not notified anyone of their intent to record. They said their attorney told them they had a right to record and they would be recording. This provider was not going to allow recording and the first worker was ok with not recording. The second instance he had spent a lot of time reviewing records and didn't want that to go to waste so agreed to allow just an audio recording and that went well. The thought is that there is a small group of attorneys that do not seem to be following the rules as written.

Another firm noted that they are also having issues with attorneys letting them know about the intent to record less than 7 days out. Luckily the exams were with examiners that would allow recordings. The firm gave a courtesy call to let them know that for future exams they should send notice at least 7 days before. The attorney's office argued with the firm staff. After the call they looked in CAC to see that the attorney had previously been trying to get the IME canceled. There are more providers saying it's not worth it to allow any recording, especially with the level of AI that is out now. It can be hard to tell if there is any alteration to a recording. If there is an example of language that the doctors would feel like they have more protection with, that can be sent to Suzy Campbell, [suzy.campbell@lni.wa.gov](mailto:suzy.campbell@lni.wa.gov).

CSP noted they just had an incident where the workers are recording without letting anyone know. They just start recording on their phone and don't tell anyone in the exam. It should be added to the FAQ that if worker does this, they are in violation of WA state law.

In the next legislative session there should be an amendment that gives the department the authority to update this rule. There should be a section in the department, maybe in HSA that schedules professional recording. The financial piece would need to be included in the update.

It would be nice to have the department backing the changes in the legislation with reasons for the change.

This feedback is greatly appreciated. If there is any other feedback, please send it to Suzy Campbell. State Fund is collecting data and sharing those data points with SI so they can collect the same data as well. This will ensure the data can be available in the next legislative session.

**Issue Tracking:**

<b>Provider Concerns:</b>	<b>Department Updates / Outcomes:</b>
<p>Interpreter scheduling issues</p>	<p><u>1/12/23</u>: Department will be soliciting Requests for Quotations and Qualifications (RFQQ) for interpreter services as existing contract expires in 2024. Experiencing delays due to collective bargaining appeals.</p> <ul style="list-style-type: none"> <li>• L&amp;I Interpreter Services staff are more than willing to provide technical assistance for those IME firms having issues scheduling interpreters.</li> <li>• <a href="mailto:interpreterservices@Lni.wa.gov">interpreterservices@Lni.wa.gov</a></li> </ul> <p><u>5/4/23</u>: There is a shortage of interpreters nationwide. It is possible to schedule more than one appointment for the same interpreter if the appts are one after the other. This may provide incentive for an interpreter to travel to areas where there are no interpreters nearby.</p> <p><u>9/14/23</u>: The RFQQ deadline for bids is 9/25/23. Firms should continue to report any issues to the mailbox above. The un-fulfillment rate for scheduling interpreters is about 6% right now.</p>
<p>Legislative Bill that allowed recording of IMEs</p>	<p><u>1/12/23</u>: Department testified at hearing, expressed concerns with the bill. L&amp;I provided a thorough bill analysis including concerns that we might lose examiners. However, we have no control over how this will end with the legislature.</p> <p><u>5/4/23</u>: Update given at May meeting. Bill passed allowing workers to record IMEs. Department has a project started to update resources with new information and to write a rule describing worker notification process. More updates coming.</p>

Provider Concerns:	Department Updates / Outcomes:
	<p>9/14/23: Discussion on the impacts of workers recording IMEs. See Notes above. See also the FAQ document online that will be updated as new issues develop. Many workers are refusing to allow firms to co-record. The legislation was silent on this. L&amp;I staff are tracking cancellations and reschedules due to recording requests. Firms should notify workers as early as possible if it is their policy to co-record. This will reduce last minute cancellations and workers traveling or flying in only to have the exam cancelled.</p>
<p>Need some guidance on Long Covid</p>	<p><u>1/12/23</u>: Dr. Farokhi is willing to help facilitate discussions. Please reach out to her.</p>
<p>Several Fee increase requests:</p> <ul style="list-style-type: none"> <li>• File page count should be reduced to 200 pages</li> <li>• Pay examiner travel to remote locations in-state.</li> <li>• Increase fee for additional claims in an IME</li> <li>• Pay more for hand impairment ratings. These take as much time as the psychiatrists do with the worker.</li> <li>• The Coalition would like to bring back the administrative fee codes. <ul style="list-style-type: none"> <li>• Examiners do not get paid for all their prep work if the exam is cancelled, now that the admin fees are rolled into the exam fee.</li> </ul> </li> </ul>	<p><u>1/12/23</u>: IME Fee schedule was analyzed and updated in 2022.</p> <ul style="list-style-type: none"> <li>• Fee team to re-evaluate the new IME fee policy after 6 months – analyze results of July changes in February</li> <li>• Testimony fees doubled effective 2023</li> <li>• Examining reducing administrative burden – firm site visits scheduled</li> </ul> <p><u>4/3/23</u>: Update will be given at May meeting.</p> <p><u>5/4/23</u>: Update</p> <ul style="list-style-type: none"> <li>• HPPM shared the findings of their review showing the department paid more money for fewer IMEs since the July, 2022 fee schedule updates. Dr. Farokhi will look at the page count issue and make a recommendation to Karen.</li> <li>• There will not be any more fee updates in the July MARFS other than the COLA increase.</li> <li>• There are no added fees related to the IME recording legislation. The worker is responsible for the cost of recording and they can use their phone to record.</li> </ul> <p><u>9/14/23</u>: There is a new code, Q3014 that can be billed with telemedicine in some cases. See explanation above under Telemed or in MARFS under updates and corrections.</p>

Provider Concerns:	Department Updates / Outcomes:
	Dr. Farokhi is working on a project to determine file size and time spent reviewing files. She gave an update at this meeting.
High rate of IME reschedules, what is the root cause?	<p><u>1/12/23</u>: Stuart has taken a new job assignment for a year. Scheduling data may be delayed until his replacement is hired.</p> <ul style="list-style-type: none"> <li>• IME Steering Committee to evaluate this request</li> </ul> <p><u>4/3/23</u>: Update: Submitted to IME Steering Committee as new issue.</p> <p><u>5/4/23</u>: Scheduling unit is beginning to track reasons for reschedules but it is a manual process. They will share data once it is available.</p> <p><u>9/14/23</u>: The scheduling unit is continuing to manually track reasons for reschedules. Also, new reasons were added to the scheduling system, so we can better track and share data in the future.</p>

**NEXT IME ROUNDTABLE MEETINGS**

**Thursday, January 11, 2024 – 9:30 am – noon – Location: TBD**

**Thursday, May 09, 2024 – 9:30 am – noon – Location: TBD**

**Thursday, September XX, 2024 – 9:30 am – noon – Location: TBD**