



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 participate, you or your authorized representative must complete the Supplemental Provider Application.

To learn more of the scope of this program, eligibility and participation information, please refer to the [Surgical Quality Care Program Participants' Manual](#).

Sincerely,

Provider Accounts



Washington State Department of
Labor & Industries

Musculoskeletal Surgeon's Supplemental Provider Application for the Surgical Quality Care Program

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

The Surgical Quality Care Program (SQC Program) utilizes a tiered payment system, linking a participating surgeon's incentive fee payment level to how strongly they, or their group, implement specific occupational health best practices as defined in the Surgical Quality Care Program manual (SQC Manual), this SQC Manual is incorporated by reference. The Department of Labor & Industries (L&I) or Self-Insured Employers (collectively referred to as "the payors") may pay these incentive fees.

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.

To participate in this program the surgeon(s) must have completed the SQC Program orientation. Once completed, the surgeon or their authorized representative that carries signatory authority for the surgeon(s) may submit a signed Supplemental Provider Application to L&I along with a list of providers and their corresponding provider identification numbers.

By submitting these materials, you acknowledge that the surgeon(s):

- Have a fully accepted individual L&I provider ID, and
- Are of a specialty type that performs musculoskeletal surgery, or
 - If not, have routinely performed musculoskeletal surgery on State Fund claimants over the previous twelve (12) months, and
- Have completed the orientation for the SQC Program,
- Both surgeons and their physician assistant(s) have read and will comply with all applicable L&I Medical Treatment Guidelines to the surgeons' specialty type along with the L&I Opioid Prescribing Guidelines, and
- With multiple L&I provider IDs stand the possibility to be assigned multiple adopter levels relative to their performance under each district provider ID.

Until notified otherwise, program participants will continue using the incentive fee billing code 1071M tied to their Orthopedic and Neurological Surgeons Quality Project (ONSQP) enrollment. Over time, the incentive fee payments will transition away from the ONSQP's 1071M to SQC Program's planned incentive fee payment billing code 1086M. Program participant will be notified when the new code becomes active. This new code will be introduced via a piloted special fee schedule. After adequate evaluation, the new code will be fully incorporated into the program. This incorporation will include an annual review and publication on the Medical Aid Rules and Fee Schedule (MARFS) webpage.

Use of either billing code constitutes acceptance of the SQC Program's policies and requirements as defined in the SQC Manual, as well as the MARFS policies. Participation in the SQC Program will not guarantee that the payors will pay all services billed. The payors will purchase only covered services, provided by covered professionals. L&I's General Provider Billing Manual addresses billing matters for State Fund claims and is updated annually. The billing party will address all matters concerning self-insured payments and/or denials with the applicable payor on a case-by-case basis.

Thresholds and measurement details for each of the indicators are published in the SQC Manual. Additionally, the SQC Manual will address the specifics regarding a surgeon's tier assignment. If you have questions after reviewing the SQC Manual, you may contact the Surgical Quality Care Program team at:
SQCProgram@Lni.wa.gov.

You are held to the terms of this Supplemental Provider Application, even if a third party is involved in billing claims to the payors. L&I reserves the right to deny, revoke, suspend, or condition your authorization to enroll or participate in the Surgical Quality Care Program. 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. If it is determined that you are out of compliance with the terms of this Supplemental Provider Application, or upon recommendation of the Provider Quality Compliance unit, your participation will be terminated immediately. Denial of participation in this program does not impinge or prevent your ability to service claims for the payors or to participate in other L&I programs.

L&I or you may terminate this application at any time by submitting a notice of termination in writing (email to the SQC Program manager is preferred). This notification of termination is only for the said surgeons' participation in the Surgical Quality Care Program and will have no impact on the providers' L&I Provider ID.

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 Quality Care 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).