

Provider Recognition Program Pilot

Complex Claims: Guidelines and Process

We are offering an additional incentive for providers enrolled in the Provider Recognition Program Pilot who take on new complex claims.

What is “a complex claim?”

For the purposes of this pilot, we consider a workers’ compensation claim to be complex if:

1. It is new to the attending provider and their practice/clinic.
2. The claim is compensable/kept on salary.
3. The claim is at least nine months old from the date of injury.

You or your Health Services Coordinator should verify the claim information through L&I's automated system for general claim information: 1-800-831-5227.

To confirm that a claim is within pilot incentive parameters, contact the assigned L&I Claim Manager.

Incentive Process

1. Once you and an L&I claims manager have verified a claim is complex and within the pilot, you will be granted time-limited access (30 days) to our Claims Account Center for further review. After this review, you will then choose whether or not to take on the treatment of this worker. Your HSC will need to notify the assigned L&I claims manager that you will become the attending provider for this claim.
2. When you choose to assume this worker’s care, the L&I claim manager will initiate our non-financial incentive process. Our Occupational Nurse Consultant (ONC) will complete a claim summary to help in your review of the file and this will be an active claim for your Health Service Coordinator (HSC) to begin work.
3. The worker should schedule their initial visit with the provider. The provider should complete their treatment recommendations/plan for discussion with the L&I claims manager and ONC. The provider should submit this documentation to the L&I claims manager and ONC before the case conference.
4. Your HSC will schedule a case conference with the claim manager, ONC, and yourself to complete the acceptance process. You may request that the worker, worker's representative, or other parties (ex: vocational counselor) also participate.
5. After this case conference, worker’s treatment plan can begin. At that time, the HSC incentive (\$250) and half of the Provider complex claim incentive (\$425) may be billed. The final Provider complex claim incentive payment (\$425) should be billed after 90 days or at maximum medical improvement, before the claim is closed. The L&I claim manager will preauthorize all complex claim incentive payments.

More information

We are preparing an HSC training that will give a step-by-step walkthrough for this complex claim process. The training is still under construction.

For the pilot, this process is in testing, but the incentives will be received at the designated points of the process. We welcome all feedback during this process. Your help with these complex claims is greatly appreciated.