Washington State Department of Labor & Industries

Office of the Ombuds for Injured Workers of Self-Insured Employers

2020 Annual Report to the Governor

September 2020

Table of Contents

Figures

Executive Summary

Introduction

The Department of Labor & Industries' (L&I's) Self-Insurance Program oversees and provides services to Washington employers that are certified to "self-insure." Self-insured employers pay workers' compensation benefits directly to employees who are injured or become ill due to their job. More than 350 Washington companies are currently certified to self-insure, and they employ 25 percent of Washington workers.

Self-insured employers manage their own worker injury claims, usually through another company, called a third-party administrator (TPA). Managing claims includes making decisions about paying benefits and accessing medical care.

Office of the Ombuds

The legislature established the Office of the Ombuds (Ombuds Office) for injured workers of self-insured employers in 2007, with the mission of advocating for injured workers. To accomplish this mission, the Ombuds Office coordinates with workers, employers, and providers, or their representatives, to:

- Inform injured workers about industrial insurance and their rights and responsibilities.
- Investigate and resolve complaints.
- Identify Self-Insurance Program deficiencies.
- Recommend policy solutions.

Ombuds Office staff collaborates with multiple stakeholders and conducts community outreach to help ensure the awareness and success of the Ombuds program.

About this report

This report to the Governor is required annually by RCW 51.14.400 for the reporting period July 1 through June 30. It summarizes activities of the Ombuds Office, including:

- Issues addressed during the past year, along with case scenarios.
- Monitoring activities, findings, and community outreach.
- Deficiencies in the self-insured workers' compensation system, and recommendations for improvement.

The Ombuds Office is committed to L&I's mission to keep Washington safe and working. Ombuds Office initiatives described in this report are geared toward ensuring fair and equitable benefits for injured workers, and continual process and systemic improvements.

Summary of activities and findings

The issues and activities addressed in this report are for July 1, 2019 through June 30, 2020. Although the volume of inquiries have been impacted by the COVID-19 pandemic, the Ombuds Office continues to receive new cases daily and the number of new referrals is returning to pre-pandemic rates. Prior to the pandemic, the monthly average of new inquiries was increasing by six percent due to expanded community outreach.

The Ombuds Office resolved 2,756 inquiries regarding workers' compensation claims of self-insured employers this past year. Of these inquiries, 1,086 resulted in an official investigation, while others were resolved by sharing information. Investigations involved 46 percent of self-insured employers. Reported issues remain similar to those of the prior reporting period, including concerns about:

- Delays in time-loss benefit payments, as well as medical treatment and medical bill payments.
- Claim status issues, such as claim closure, denial, allowance, and re-opening.
- Unresponsive TPAs.
- Initial claim reporting delays via the Self-Insurance Electronic Data Reporting System (SIEDRS), not using new L&I communication templates, and failure to respond to Ombuds Office claim file requests.
- Independent medical exams (IMEs).
- Incorrect wage and loss of earning power benefit (LEP) calculations.

The Ombuds Office attempts to resolve issues quickly by working directly with the self-insured employer or TPA. If this is not possible, the Ombuds Office engages L&I's Self-Insurance Program to help resolve the issue.

The Ombuds Office team continues to experience an upward trend in the ability to resolve issues with the self-insured employer or TPA, which results in faster resolution and better outcomes for injured workers. We continue to assist workers with unresponsive claim managers, and have implemented an outreach plan to meet with these TPAs.

Major initiatives in 2019/2020

- Despite the COVID-19 pandemic, the Ombuds Office outreach team continues to participate in labor community events, as well as provide training for L&I field offices, self-insured employers and TPAs. Though we have been able to accomplish most outreach goals via social media platforms, we look forward to getting back in the field.
- We continue to expand access to claim management TPA systems, thereby improving investigation completion rates. We have also changed our claim file request process to improve response rates, developed a new dashboard and internal process checklists, and started trending updated survey results.

- The Ombuds continues to serve on essential committees/workgroups:
    - The collaborative Self-Insurance Audit Reform project continues to be an important function to maintain compliance and identify process improvements for the self-insured community. Following successful completion of the audit reform pilot project, Self-Insurance auditors completed the first official two-year audit cycle in December 2019. Performance-based audits addressed payment of accurate and timely time-loss benefits, and issue-based audits reviewed timeliness of medical bill payments. Lessons learned during this audit cycle are related to improving communication between auditors and employers/TPAs, increasing system access to reduce audit durations, and addressing the need to update Tier 3 entitlement audit scope to accommodate the reduction in wage orders (see page 22 for additional detail).

      The second two-year audit cycle began in January 2020. Performance-based audits continue to address the accuracy and timeliness of time-loss benefit payments. This second audit cycle will begin establishing trends, which will help inform future audit and regulatory compliance priorities. Potential issue-based audit concepts include document date stamping procedures, which impact benefit payments; timeliness of claim reporting; and a pilot audit to review 2019 rule changes regarding improved communication between employers/TPAs and injured workers.

      Other Ombuds audit priorities include timeliness and efficiency of claim allowance and closure, timeliness of self-insured employer initial claim reporting, accuracy of self-insured employer quarterly assessment reporting, and the use of IMEs in claim management.

      The Ombuds will continue to monitor the success of the new audit model. This will include ensuring audit volume is commensurate with the employer size, ensuring audit resources are adequately allocated, monitoring the impact on benefit delays and benefit accuracy, ensuring Tier 3 audits include a comprehensive review of self-insured employer workers' compensation systems, and monitoring the impact on repeat offenders who do not pass audits. As the new audit model evolves, so should Self-Insurance data trend tracking and regulatory enforcement standards.

    - The Self-Insurance Rules Review Workgroup was established in 2017 as a collaborative rules modernization effort in follow-up to the Self-Insurance Audit Reform initiative. The workgroup's guiding principles ensure better communication to workers, greater certainty for employers, and reduced re-adjudication and stronger regulation by L&I.

      The workgroup has made significant progress, resulting in 13 new rules that went into effect in July 2019. Key rule changes include developing comprehensive training for certified claim administrators, new purpose-driven claim management forms, and several templates to communicate important claim information to injured workers.

The Ombuds believes the Self-Insurance Rules Review Workgroup provides an important opportunity to continue improving self-insured claim management processes, including shifting the focus of the Self-Insurance Program from re-adjudicating claims to strengthening regulatory enforcement, improving self-insurance rules and processes, and developing electronic data reporting (EDI) to identify risks and opportunities for improvement.

However, a few important bills that passed during the 2020 legislative session (HB 2409, SB 6440) will require L&I's attention during the upcoming year, thereby impacting resources that would otherwise be dedicated to the Rules Review Workgroup. We expect L&I will develop and implement several new rules and processes related to the new legislation, some of which should address the Ombuds priorities.

The Ombuds will participate on a labor and business advisory workgroup led by L&I that will help inform and make recommendations for new rules and processes with regard to HB 2409 (e.g., certifying claim administrators, licensing of TPAs, alignment of penalties with the CPI), as well as identify other opportunities for process improvements.

Top Ombuds priorities:

- Provide mandatory claim management training for all WA claim adjudicators.
- Develop IME best practices in claim management, including parameters defining the necessity and requirements of an IME.
- Continue to reduce Self-Insurance Program re-adjudication, which will free-up resources to focus on audits, enforcement, dispute resolution, improving claim management processes, education, and electronic data reporting.
- Enable self-enforcement by self-insured employers and TPAs, including automatic penalties for late payment of time-loss and other disability benefits, which is a common practice in surrounding states (AK, CA, OR).
- Address delays related to medical-only claim decisions, including requiring allowance orders on medical-only claims.
- Adopt statutory change to provide a reasonable wage calculation(s) that determines time-loss and pension benefits, maintains fairness and equity for injured workers, and streamlines the administrative process for all employers.

The Ombuds Office will closely monitor new rule changes and continue to participate on the Rules Review Workgroup when it is able to reconvene to continue improving processes, reducing re-adjudication, and strengthening L&I regulation.

- IME-related issues have decreased (72 vs. 100), and inquiries continue to be primarily related to claim management, understanding the IME process, or the quality

of the IME. Recent legislation (SB 6440) mandates a collaborative workgroup to address certain elements of the IME process. We expect the L&I IME Steering Committee will inform the workgroup.

Top Ombuds IME priorities:

- Develop IME best practices, including mandatory communication to workers regarding the intent of the IME and what to expect during the exam, and parameters defining the reasonableness and necessity of an IME.
- Reduce variation between self-insured and State Fund IME processes, and include self-insured IMEs in L&I quality improvement initiatives.
- Develop mandatory claim administrator training about the use of IMEs in claim management.
- Gather data related to IMEs, and use the new self-insured medical EDI data to help inform IME priorities.

Other initiatives in 2019/2020

- Self-Insurance identified a solution to eliminate delays in orders when multiple SIEs, TPAs or the State Fund are involved in a claim. The solution involves a combined order to establish the responsible party as soon as possible.
- Self-Insurance adopted new rules requiring all self-insured employers to submit medical information via the Medical Electronic Data Interchange (EDI). This data will be used for benchmarking with other states; informing policy discussions; and establishing training curriculum, audit criteria, penalties, and corrective action for the self-insured community.
- The system for filing self-insured claims is complicated for providers, workers, and employers, and much is done manually without automation. The system modernization initiative that L&I is undertaking may present opportunities for improvement and greater efficiencies, such as an expeditious single pathway to reporting.
- The Ombuds continues to recommend self-insured employers start using the valuable services offered by Centers of Occupational Health and Education (COHEs). COHE health service coordinators help injured workers heal and return to work, and provide support and training for providers. Unfortunately, a pilot project to start this process has been delayed, and we continue to search for opportunities to move this issue forward.
- The Ombuds team continues to experience complaints from injured workers about difficulties finding providers within the L&I Medical Provider Network (MPN). Fortunately, L&I is in the process of moving their provider credentialing data and work processes into the Health Care Authority's ProviderOne system. This new automated system will allow providers to

update their provider information real-time, and we are hopeful the new system will improve L&I's communication with providers.

- The Ombuds team continues to struggle with helping injured workers find approved mental health treatment due to the low number of approved providers. L&I continues a pilot project to expand the number of approved mental health professionals by adding master's-level therapists to treat injured workers, but the number of willing providers has declined. We will continue to assist workers with the current process to access mental health care until a permanent streamlined approach to access master's-level therapists is adopted.

- L&I is temporarily allowing telemedicine, including limited IMEs, to help improve access to care for workers and reduce the risk of the spread of COVID-19. While the use of telemedicine in the workers' compensation system may be complicated, we believe certain treatment modalities are appropriate for telemedicine.

Conclusion

The Ombuds Office is committed to a strong advocacy program for injured workers, including timely and efficient resolution of issues and complaints. This requires continual process improvement to ensure an efficient self-insured workers' compensation system, and cultivating collaborative relationships with stakeholders. Community outreach and claim management process improvements will remain a primary focus in 2020/2021.

A MESSAGE FROM THE OMBUDS

The Office of the Ombuds has accomplished several goals and projects, which are detailed in this year's report. I want to thank the legislature and labor and business communities for their continued support of the Office of the Ombuds for Injured Workers of Self-Insured Employers.

Despite the current pandemic and Governor's COVID-19 Stay Home, Stay Healthy order, the Ombuds team continues to receive new referrals and provide training and support to the self-insured community. The Ombuds Office resolved over 2,756 inquires during this reporting period. Although new inquiries dipped at the outset of the pandemic, new referrals are moving toward pre-pandemic rates.

The Self-Insurance Audit Governance Committee and Rules Review Workgroup continued to make progress. The Self-Insurance audit team completed the first official two-year audit cycle at the end of 2019, is amidst the second two-year audit cycle, and has begun establishing audit result trends. The collaborative Rules Review Workgroup discussions resulted in 13 new rules that went into effect in July 2019, and Self-Insurance continues to enhance related processes.

The legislature passed legislation this year (SB 6440, HB 2409) to address the IME process and other self-insurance processes, and will require L&I to develop new rules and related processes. The Ombuds will join a collaborative advisory workgroup led by L&I that will help inform these new rules and processes, and identify other opportunities for self-insured process improvements.

We are committed to supporting injured workers and expanding community outreach, which are key to maintaining awareness of issues and establishing priorities for the self-insured community. We will remain nimble and flexible as we continue to adapt to the current pandemic environment. Ombuds Office initiatives and projects will concentrate on improving processes and identifying positive solutions and recommendations to improve the Washington workers' compensation system. We look forward to another productive year.

Donna Egeland
Ombuds for Injured Workers of Self-Insured Employers

Introduction

The 2007 Legislature established the Office of the Ombuds for Self-Insured Injured Workers to advocate for injured workers of self-insured employers, identify program deficiencies, and make recommendations for policy and process improvements.

The top priority of the Ombuds Office is to help injured workers and their representatives with questions and concerns about industrial insurance rules and regulations, and quickly resolve complaints. The Ombuds Office team aims to provide a high level of customer service as we help injured workers maneuver through the complexities of the workers' compensation system.

Another goal of the Ombuds Office is to ensure a smooth claim process for injured workers, which includes identifying areas for process improvement and related policy enhancements. Effective collaboration with multiple interested parties is critical, and the team strives to maintain objectivity and positive relationships with all stakeholders, including worker advocates, L&I staff, and the self-insured business community.

This report begins by describing the structure of the Ombuds Office and Self-Insurance in Washington. This is followed by a summary of inquiries and investigation results for July 1, 2019 through June 30, 2020, including statistical analysis of the issues addressed. Subsequent sections go into greater detail about process improvement recommendations and efforts to resolve primary issues.

Office of the Ombuds

The Ombuds program is funded by self-insured employers and governed by Revised Code of Washington (RCW) 51.14.300 through 51.14.400. All information is highly confidential, and injured workers are informed of their rights to confidentiality under RCW 51.14.370.

Governor Inslee appointed the current Ombuds for a six-year term effective March 2, 2015. The Ombuds reports to L&I Director Joel Sacks, but operates independently from the agency. The highly qualified Ombuds Office team consists of the official Ombuds position, an operations and outreach supervisor, two workers' compensation adjudicators, and a program specialist.

Ensuring fair and certain relief on behalf of injured workers is the primary mission of the Ombuds Office, and is in the best interest of all parties involved in the Washington self-insured workers' compensation system. Efficient systems and approaches are key to streamlining processes for injured workers, and are a common goal of the workers' compensation community.

PRIMARY RESPONSIBILITIES OF OMBUDS OFFICE

Investigate and resolve complaints

- We ensure injured workers receive appropriate benefits under Washington industrial insurance rules and regulations. It is important for workers to understand their rights and responsibilities and the investigation process. The top priority of the Ombuds Office is to resolve all complaints as efficiently and quickly as possible, and maintain contact with the worker throughout the investigation process. When a timely resolution is not feasible, the complaint is referred to L&I's Self-Insurance Program for further action.

Provide information and training

- We address questions and concerns about the workers' compensation process. The Ombuds Office team strives to provide excellent customer service and empathy as we help workers understand the complexities of the workers' compensation system and maneuver through the claim process. The team provides training and education, from official training to simply directing an individual claim adjuster to the appropriate regulation, administrative procedure, or claim management tools and resources.

Track complaints and inquiries

- We maintain a comprehensive database of complaints and inquiries, document outcomes, and analyze trends. Ombuds staff uses data analytics to identify systemic issues, as well as potential policy and process improvements.

Recommend policy and process improvements

- We identify solutions and opportunities for potential self-insured program improvements, and provide recommendations. We coordinate with applicable L&I divisions, external stakeholders, workgroups and committees.

Maintain collaborative relationships

- We collaborate with multiple interested parties and cultivate positive relationships with all stakeholders, including worker advocates, L&I staff, and the self-insured business community.

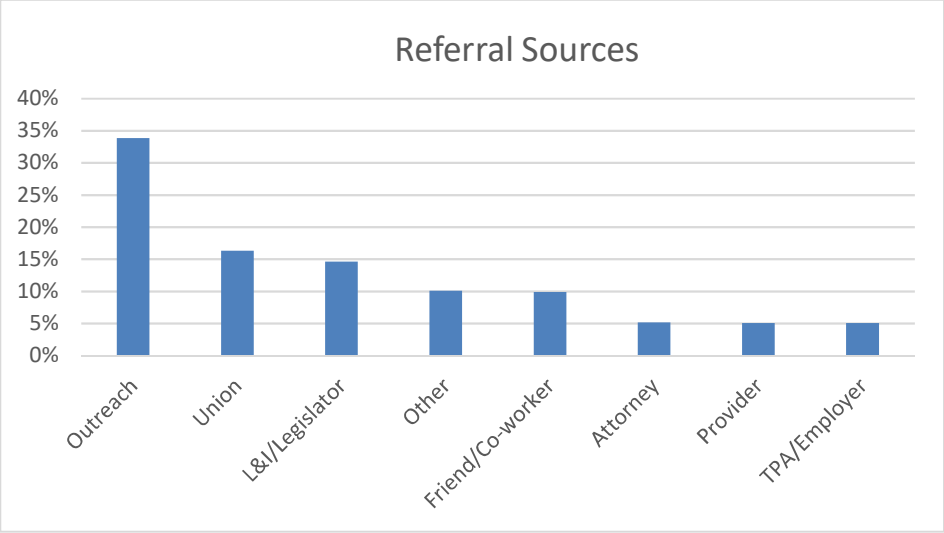
Conduct community outreach

- We participate in community events and provide training and education to constituents. The Ombuds Office team appreciates the opportunity to participate in conferences, meetings, and committees. These forums provide a meaningful way to share information about the Ombuds program, build relationships, gather information, learn more about issues and concerns, and help identify solutions.

Referrals

As shown in Figure 1, community outreach and worker advocates are the major source of referrals to the Ombuds Office. Other sources of referrals include friends, providers, legislators, L&I staff, attorneys, and employers and their representatives.

Figure 1: Referral Source



Source: Self-Insurance Ombuds Database (SIOD)

Injured workers receive *A Guide to Workers' Compensation Benefits for Employees of Self-Insured Businesses*, which includes a reference to the Ombuds program. The Ombuds program brochure is also widely distributed by the Ombuds Office and within the business and labor communities. The Ombuds Office website at www.Lni.wa.gov/Ombuds provides additional information.

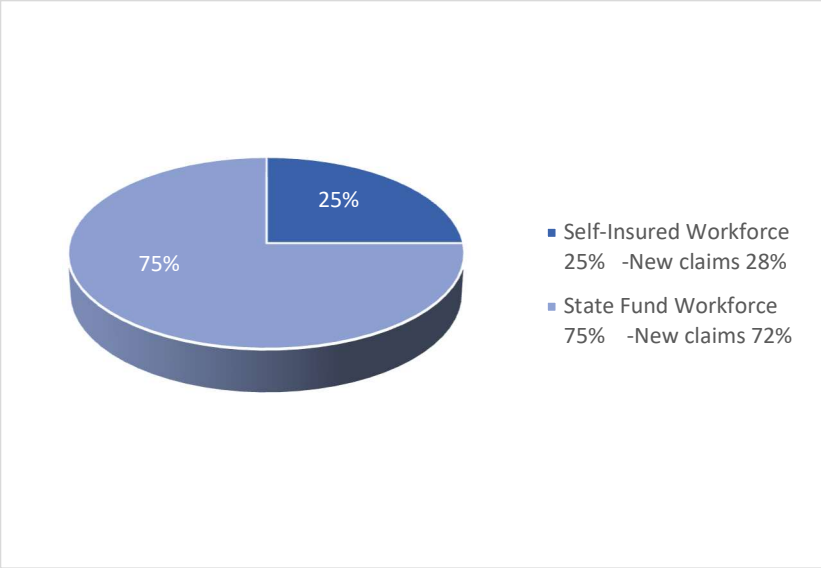
SELF-INSURANCE IN WASHINGTON

Self-insurance is an alternative method of providing workers' compensation coverage for Washington's largest employers. Self-insured employers may choose to self-administer their workers' compensation program or contract with a third-party administrator (TPA) to manage their claim process. L&I has regulatory authority over industrial insurance rules and regulations, and L&I's Self-Insurance Program enforces these regulations for self-insured employers. This includes providing certification services, audits, education and training, and assessing penalties if indicated.

There are currently 350 active self-insured employers in Washington, employing approximately 950,683 workers. Self-insured workers represent 25 percent of Washington's workforce. Self-insured employers reported 43,396 new claims compared to 111,834 new State Fund claims (28 percent of new claims) during FY 2019. More than 93 percent of self-insured employers currently contract with a TPA. There are 66 TPA locations, and 57 percent are located outside of Washington.

Figure 2 shows the proportion of workers covered by self-insured employers, compared to workers covered by State Fund employers in Washington.

Figure 2: Washington's Workforce



Source: L&I Self-Insurance Section

Self-insurance basic requirements

To qualify for self-insurance, businesses must meet certain requirements, including:

- Be in business for at least three years.
- Meet mandatory financial standards and obligations.
- Demonstrate the existence of an established safety program, including an effective accident prevention program.
- Submit a description of an acceptable industrial insurance administration process to L&I.

Standard workers' compensation benefits

All workers are entitled to the same level of benefits provided by Washington industrial regulations, including but not limited to:

- Medical benefits for approved treatment related to a work-related injury or illness.
- Partial wage replacement for lost wages due to a temporary disability resulting from a work-related injury or illness.
- Vocational assistance if the worker qualifies for retraining.
- Permanent partial disability award to compensate for a permanent loss of bodily function.
- Disability pension if the worker is totally, permanently disabled from any gainful employment.
- Death benefits for survivors if a worker dies as the result of a work-related injury or illness.

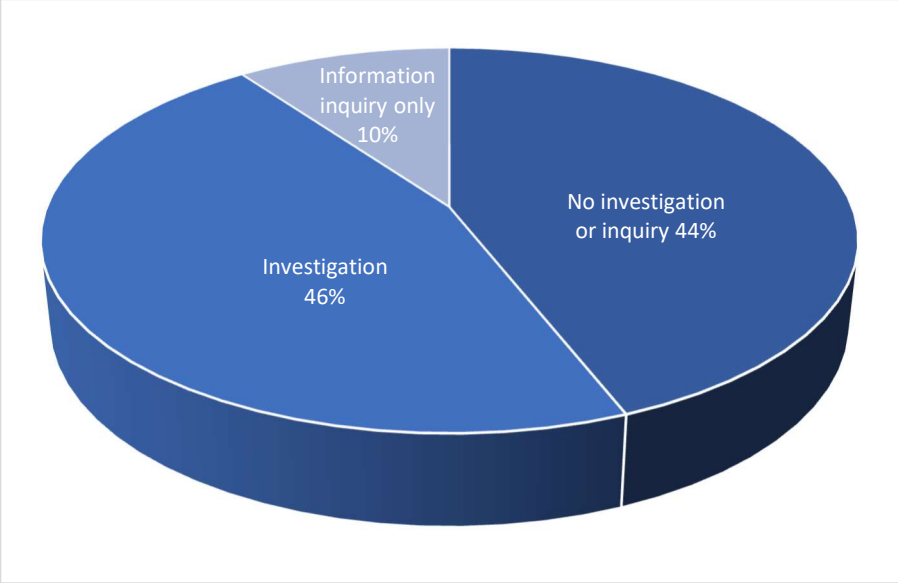
Summary of Activities and Findings

The first priority of the Ombuds Office is to act as an advocate for injured workers of self-insured employers. This involves providing information about industrial insurance and identifying, investigating, and facilitating resolution of issues and complaints from workers and their representatives.[1] The following information is a summary of investigation activities and findings for FY 2019/2020.

INQUIRIES

The Ombuds Office resolved over 2,756 inquiries regarding workers' compensation claims of self-insured employers for the 2019/2020 reporting period as of July 1, 2020. Prior to the COVID-19 pandemic, inquiries were increasing by six percent due to expanded community outreach, and new referrals are returning to pre-pandemic rates (2,756 v. 2,800 last year). Many inquiries were informational in nature and did not warrant an official investigation. However, 1,086 investigations were required. Investigations involved 46 percent of self-insured employers; 44 percent of employers did not encounter any type of inquiry in the Ombuds Office, and 10 percent had information-only inquiries.

Figure 3: Inquiries Proportion by Self-Insured Employers



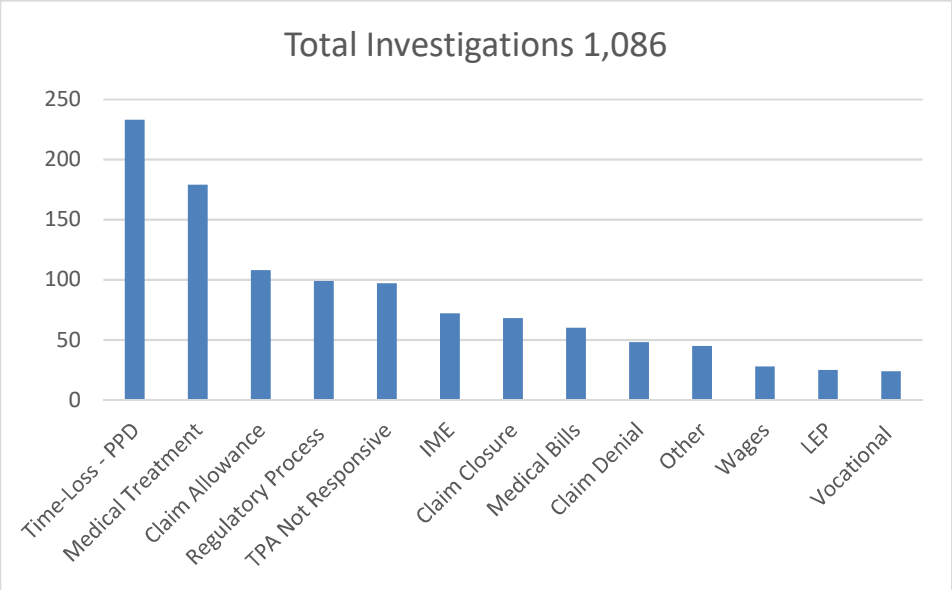
Source: SIOD

[1]RCW 51.14.340

INVESTIGATIONS

The Ombuds Office completed 1,086 investigations during the FY 2019/2020 reporting period. Figure 4 compares the issues involved in these investigations.

Figure 4: Reported Investigation Issues



Source: SIOD

The categories remain fairly consistent with the prior reporting period. The Ombuds Office's new tracking system continues to evolve, and has improved reporting functionality and expanded data hierarchy describing the nature of inquiries.

Points of interest:

- Questions about the timeliness and accuracy of time-loss benefits remain the primary source of complaints. Resolution of benefit delays and accuracy continues to be a top priority for the Ombuds Office, as well as the Self-Insurance Audit Governance Committee. The current Tier 1 audit cycle continues to address these benefit issues for all self-insured employers, and the second full audit cycle (Jan 2020 – Dec 2021) will begin establishing trends.

  The Ombuds believes institution of self-enforcement of late benefit-payment penalties will help reduce late payments, which is a proven solution in other surrounding states (AK, CA, OR).

- The second most common source of inquiries is related to medical treatment issues. Primary issues include understanding what medical treatment is covered under workers' comp, treatment authorization, and medical bill processing.

- Concerns regarding claim status (claim allowance, closure and denial) continue to be a source of inquiries. New rules recommended by the Self-Insurance Rules Review Workgroup

addressed some of these issues by streamlining and modernizing the claim status process and forms.

- The Ombuds Office team provides assistance when a TPA does not respond to an injured worker. The Ombuds outreach team has started meeting with TPAs who have a high volume of no response to injured workers or the Ombuds Office, and continues to expand this outreach.

- We added a new category last year (Regulatory Process) to show when an employer/TPA does not follow regulatory processes that are not reflected in an existing category, such as initial claim reporting via the Self-Insurance Electronic Data Reporting System (SIEDRS), not using new L&I communication templates and forms, and failure to respond to Ombuds Office claim file requests.

- Independent medical exam (IME) investigations decreased (72 v. 100). The new legislatively-mandated IME committee is tasked with addressing the IME process.

- Incorrect wage calculation investigations continue to be an issue, but have decreased (28 v. 35). Current Tier 2 audits continue to address the accuracy of wage calculations.
  New Rules were established in mid-2019 requiring improved communication with injured workers about the wages used to calculate disability benefits. We will continue to monitor the impact of these new communications and Tier 2 audits.

- Loss of earning power (LEP) benefit payment issues have decreased (25 v. 47), likely because L&I established a collaborative workgroup to address LEP guidelines.

RESOLUTION PROFILE

The following describes the methods used to resolve Ombuds Office self-insured workers' compensation investigations. Some investigations involve more than one issue.

Figure 5: Resolution Profile

	FY2020	FY2019	FY2018	FY 2017
Total Number of Investigations	1,086	1,208	1,069	629
Claim Adjudicated Correctly	304	360	258	173
Resolved – SIE / TPA	366	313	292	197
Resolved - L&I Assistance	224	184	186	176
Not in Jurisdiction	125	172	253	83
No worker follow-up	67	179	80	*N/A

*N/A due to no available data

Source: SIOD

In the spirit of quick resolution, the Ombuds Office team attempts to resolve issues directly with the injured worker's employer or a TPA.

If the Ombuds Office team is unable to resolve the issue with the self-insured employer or TPA, the team engages L&I's Self-Insurance Program for assistance in resolving the issue. If necessary, the complaint is referred to the program for further review and action (RCW 51.14.350). Self-Insurance Program staff conducts a thorough review, makes an independent claim determination, and provides the Ombuds Office with a summary of the action taken.

The Ombuds Office team tries to resolve issues with the employer or TPA directly and continues to make progress in this area, resulting in faster resolution and better outcomes for injured workers.

CASE SCENARIOS

The Ombuds Office handles cases involving a wide range of issues, and this report must contain case scenarios summarizing activities of the Ombuds Office (RCW 51.14.400). The case scenarios below describe how we resolved some of the cases we closed during this reporting period.

Time-loss benefit delays

A worker contacted the Ombuds Office because he received a time-loss check that was significantly less than usual and had not received any correspondence from the TPA about the decrease. Our office contacted the TPA and learned that a new claim adjuster had been assigned to the case. The Ombuds Office worked with the new adjuster and identified additional time-loss benefits were due, and the TPA processed payment without further delay.

Another worker contacted the Ombuds Office because she had not received her time-loss payment. The Ombuds assistant contacted the TPA, who indicated they did not have medical certification to pay time-loss benefits. Upon receipt and review of the claim file, we determined the TPA did have medical certification to pay the benefits and the delay in payment of benefits appeared to be unreasonable. The Ombuds Office assisted the worker with requesting a penalty, and L&I determined an unreasonable delay of benefits and assessed a penalty.

A worker reached out to the Ombuds Office after receiving a request for a refund of an overpayment for benefits paid between two claims. The Ombuds Office reviewed the calculations split between the two claims and determined that the higher time-loss rate was not being paid correctly, and as a result, the prior loss of earning power and time-loss payments were incorrect. The Ombuds Office contacted the TPA and upon recalculation of benefits, an adjustment check was issued to the worker instead of collecting an overpayment.

Medical treatment

A worker contacted the Ombuds Office with concerns about a denial of a dental condition under their claim. After review of the claim file, it was found that the dental condition had not been properly addressed. The Ombuds Office worked with the TPA, who scheduled an IME to address causality. The IME supported causal relationship to the injury and all related medical expenses were covered under the claim.

A worker's concerns regarding the denial of an MRI was referred to us by a legislator's office. The Ombuds Office contacted the TPA, who explained that the MRI was for a body part not accepted under the claim. The Ombuds assistant reviewed the file and provided information that the body part in question was included in the initial medical evaluation by the attending provider. The TPA authorized the MRI without further delay.

Claim allowance

A worker contacted the Ombuds Office with concerns about a delay in surgery authorization. The Ombuds Office reached out to the TPA, who shared they had not made a compensability

determination on the claim. Upon review of the claim file, it was determined that the TPA was beyond the 60-day statutory requirement to make a claim determination, and objective medical documentation in the file supported claim allowance and surgery authorization. The Ombuds Office contacted the TPA and recommended claim allowance to no avail. Consequently, the Ombuds Office assisted the worker with requesting L&I intervention, resulting in an allowance order and surgery authorization.

A widow contacted the Ombuds Office due to concerns with delay in a claim determination. After reviewing information in the claim file it was determined the claim met presumption requirements of certain occupational diseases. The TPA was contacted regarding the claim status because the criteria for presumption had been met and the initial interlocutory order was beyond the allotted 180 days. However, the TPA requested an interlocutory extension instead of allowing the claim. L&I intervention was requested and an allowance order was issued, allowing the widow to apply for pension benefits, which were eventually granted.

IME concerns

A worker contacted the Ombuds Office after receiving a phone call from the employer's attorney stating he had an upcoming IME appointment. The worker had not received any appointment information in writing. The Ombuds Office contacted the TPA and discovered the appointment letter had been inadvertently sent to an attorney that no longer represented the worker. Additionally, the IME was scheduled in eastern Washington when the worker lived in western Washington. The Ombuds Office was able to assist with getting the IME re-scheduled at a time and place reasonably convenient for the worker.

Communication concerns

A worker contacted the Ombuds Office with concerns about a medical bill that had been denied. The Ombuds Office contacted the medical provider's office, who said they had attempted to contact the TPA without response. The Ombuds assistant also tried to reach the TPA adjuster several times with no response. Unfortunately, this required escalation to the adjuster's supervisor, resulting in payment of the medical bill.

Claim closure

A worker contacted the Ombuds Office regarding his protest of a department closure order and the need for additional treatment of conditions not yet accepted under the claim. The Ombuds Office contacted the L&I Self-Insurance Program concerning the protest to closure and the self-insured employer's responsibility to address causal relationship of conditions contended prior to closure. This resulted in an order affirming closure. The Ombuds Office assisted the worker with a further protest, escalating adjudication concerns to an L&I Self-Insurance claim consultant. The department reversed claim closure and directed the self-insured employer to accept responsibility based on the Miller v. Dept. of Labor and Industries significant decision.

Claim denial

A worker called the Ombuds Office requesting assistance with the denial of an occupational disease claim. The TPA had submitted a request for denial based solely on an IME report that did not support causality. The Ombuds Office recommended the worker follow up with their treating provider to obtain further objective medical findings in support of claim allowance and submit to the department for review. The department issued an allowance order based on supportive objective medical findings provided by the attending provider.

Wage concerns

An attorney contacted the Ombuds Office requesting that we assist a worker who had concerns with the accuracy of their time-loss benefits and an assessed overpayment. The worker had two jobs at the time of injury and was concerned that the wages for both jobs were not considered. The Ombuds Office reached out to the TPA to review wage calculations and the recent overpayment assessment. It was identified that both jobs had not been taken into account when calculating benefits. The TPA promptly addressed the errors and agreed to an adjustment of the overpayment.

Regulatory process

A worker contacted the Ombuds Office with questions regarding their time-loss benefit calculation and said they had not received any communication about the benefit. It appeared the new required communication template and updated SIF-5A explaining the benefit calculation were not sent to the worker within five days of calculating the worker's wages, per WAC 296-15-425. After a few attempts to contact the TPA claim adjuster with no success, we contacted the supervisor to discuss our concerns. The supervisor promptly sent the SIF-5A with the appropriate template to the worker.

Major Initiatives

The Ombuds Office has been involved in several important projects this past year, including Self-Insurance Program improvements. Significant projects are highlighted in this section.

SELF-INSURANCE AUDIT REFORM

The Self-Insurance Audit Reform project began in 2013, with the goal of developing a new audit process. The new audit process has evolved significantly, and following successful completion of the audit reform pilot project, self-insurance auditors have completed the first official two-year audit cycle. Audit processes are guided by the Self-Insurance Audit Governance Committee, which is led by L&I. The advisory committee consists of representatives from the labor community, self-insured employer community, and the Ombuds Office.

The Self-Insurance audit model is designed to:

- Build an effective, industry-leading audit model that combines performance-based, complaint-based, and issue-based audits.
- Ensure program compliance by self-insurers and representatives, including payment of accurate and timely benefits.
- Detect non-compliers using reliable data, and apply a tiered audit approach to bring them into compliance.
- Communicate clear expectations to self-insurers and provide effective claim management tools, consultation, and training.
- Shorten the prior audit cycle to ensure all self-insured employers and TPAs experience an audit every two years.

The first official two-year audit cycle was completed on schedule in December 2019.

2018/2019 Self-Insurance Compliance Final Audit Summary

The two-year Self-Insurance compliance audit model focused on three areas of priorities identified by the Audit Governance Committee. Following are highlights of the January 2018 - December 2019 Self-Insurance Compliance Final Audit Summary.

Performance-based audits
Performance-based audits consist of three progressive levels of audit using a tier audit approach, with each tier increasing in depth based on audit findings. For example, failure to pass Tier 1 will lead to a Tier 2 audit, and failure to pass a Tier 2 audit will lead to a comprehensive Tier 3 audit. An 80 percent passing threshold is required to pass each tier audit.

- **Tier 1 audits** – Verify time-loss payments are paid timely and in compliance with applicable rules and regulations. A maximum of 10 claims and 50 transactions were evaluated.

    - 229 employers passed Tier 1 and 94 did not pass.
      20 of the 94 employers that did not pass had three or fewer claims reviewed.

    - 30 employers had no time-loss audit eligible claims and were moved to the next audit cycle.

- **Tier 2 audits –** Verify the correct wage was calculated, which is used to determine time-loss benefits. A maximum of 10 claims were evaluated, and employers are allowed up to a five percent variance below the auditor's wage calculation.

    - 45 employers passed Tier 2 and 36 did not pass.
      18 of the 36 that did not pass had three or fewer claims reviewed.

    - 13 employers had no eligible claims and moved to the next audit cycle.

    Top wage accuracy issues involve inclusion of health care benefit contributions and bonuses, and correct use of the representative wage period and multiple rates of pay.

- **Tier 3 audits –** Verify time-loss and loss of earning power payments are paid correctly and in compliance with applicable rules and regulations.

    - 17 employers passed Tier 3 and 17 did not pass.
      Eight of the 17 that did not pass had three or fewer claims reviewed.

    - Two employers had no eligible claims and moved to the next audit cycle.

    Employers that fail the Tier 3 entitlement audit are required to take further action to improve their processes, as follows:

    - Develop a Performance Improvement Plan if they had fewer than five claims available for review.

    - Participate in mandatory training by L&I and a six-month follow-up review if they had five or more claims available for review.

Issue-based audits

Issue-based audits involve using data collected through the new Medical Electronic Data Interchange (EDI) to review the timeliness of medical bill payments. Current EDI reporting trends indicate that approximately 99 percent of self-insured workers' comp medical bills were paid timely within 60 days. This audit review was a pilot audit to evaluate the feasibility of using the newly collected EDI data, and this process is under review for future audits.

Complaint-based audits
Self-Insurance is in the process of at least one complaint-based audit, which involves a concern that an employer is intentionally and repeatedly requiring injured workers to resort to legal proceedings to obtain workers' comp benefits.

Lessons learned and opportunities

- Better communication between auditors and employers/TPAs has resulted in improved understanding of the audit process and audit report, and increased dialogue between auditors and employers.
- Continuing to improve communication to clarify audit scope and requirements will improve audit cycle timelines.
- Tier 3 entitlement audit scope should be updated to accommodate the reduction in wage orders.
- Increased electronic access to employer/TPA systems has decreased onsite audits and helped streamline the audit process. To help continue improving audit durations, we should expand employer/TPA system access training for auditors prior to the start of an audit.

2020/2021 Self-Insurance Compliance Audit Plan

Self-Insurance began the current 2020/2021 two-year audit cycle in January 2020. The Self-Insurance Compliance Audit Plan continues to work toward alignment with Red Book audit standards and maximizing audit resources across the self-insured community. The three areas of audit continue to be performance-based audits, issue-based audits, and complaint-based audits.

Performance-based audits will continue to address timeliness, accuracy, and entitlement to disability benefit payments. Completion of the current second full audit cycle will begin establishing trends, which will help inform future audits and regulatory compliance priorities.

Potential issue-based audit concepts include reviewing document date-stamping procedures and timeliness of claim reporting, and implementing a pilot audit to review 2019 rule changes regarding communication between employers/TPAs and injured workers.

The COVID-19 pandemic is currently delaying some Tier 2 and Tier 3 audits. These audits require a large volume of documentation that is mailed to L&I and reviewed by staff, many of whom continue to telework. Fortunately, Tier 1 audits are processed remotely.

Audit priorities

The Ombuds audit priorities include the following:

- Timeliness and accuracy of time-loss benefits, and establishment of trends.
- Timeliness and efficiency of time-loss claim allowance and claim closure.

- Timeliness and efficiency of medical-only claim allowance and claim closure.

- Timeliness of initial claim reporting by the self-insured employer, including the employers internal claim reporting system (e.g., date stamping, posting notices, claim packets).

- Efficiency of claim reserve practices.

- Accuracy of self-insured employer's quarterly assessment reporting, including payroll data.

- Medical EDI and upcoming claim management EDI data to help identify future issue-based audit concepts, such as IME issues, claim allowance and claim closure notices.

As the new audit model continues to evolve, so should Self-Insurance regulatory enforcement standards. The Ombuds will continue to closely monitor the impact of new legislation and improved audit processes on the current second audit cycle, including:

- Ensuring audit volume is commensurate with the size of employer.
  The Ombuds continues to question the size of Tier 1 timeliness audits for large employers, as the maximum of 10 claims and 50 transactions for large employers seems low. Self-Insurance will evaluate this issue at the end of the current audit cycle to ensure efficient use of audit resources and fairness.

- Ensuring audit resources are adequately allocated, including resources dedicated to issue-based and complaint-based audits.

- Monitoring impact on benefit delays and benefit accuracy based on inquiry and complaint-based data contained in the Self-Insured Ombuds Database, as well as L&I audit results.

- Ensuring Tier 3 audits are in-depth and involve a comprehensive review of self-insured employer workers' compensation systems, including administrative assessments and timely accident reporting.

- Monitoring impact on self-insured employers that repeatedly do not pass at any level of the audit process. The completion of the second audit cycle will begin to establish trends.

- Monitoring evolution of Self-Insurance regulatory enforcement standards for non-compliance and implementation of applicable corrective action. This should be consistent with the L&I goal that non-compliers will experience a different L&I than experienced by those who comply with workers' compensation rules and regulations.

The Ombuds will continue to participate on the Self-Insurance Audit Governance Committee, as the audit process is vital to ensuring compliance and identifying self-insured non-compliance and systemic issues.

SELF-INSURANCE RULE UPDATE

The Self-Insurance Rules Review Workgroup was established in 2017 as part of a collaborative rules modernization effort in follow-up to the Self-Insurance Audit Reform initiative. As the audit reform project evolved, many outdated rules and processes were identified. The workgroup's guiding principles ensure better communication to workers, greater certainty for employers, and reduced re-adjudication and stronger regulation by L&I. The committee is sponsored by L&I and consists of representatives from the labor community, business community, and Ombuds Office.

The workgroup has made significant progress, resulting in 13 rule updates in July 2019. Key rule changes include developing comprehensive training for certified self-insured claim administrators, new purpose-driven claim management forms, and several templates to communicate important claim information to injured workers. Overall, the new rules and processes have been well received, and the Self-Insurance Program continues to reach-out to self-insured stakeholders and make relevant changes to the new rules and processes.

The Ombuds believes the Self-Insurance Rules Review Workgroup provides an important opportunity to continue improving self-insured claim management processes, including shifting the focus of the Self-Insurance Program from re-adjudicating claims to strengthening regulatory enforcement, improving self-insurance rules and processes, and developing electronic data reporting to identify risks and opportunities for improvement.

However, a few important bills that passed during the 2020 legislative session (HB 2409 and SB 6440) will require L&I's attention during the upcoming year, thereby impacting resources that would otherwise be dedicated to the Rules Review Workgroup. We expect L&I's efforts will be geared toward developing and implementing several new rules and processes related to these new legislative changes, some of which should address Ombuds priorities.

The Ombuds will participate on a labor and business advisory workgroup led by L&I. This workgroup will help inform and make recommendations on new rules and processes with regard to HB 2409 (certifying claim administrators, licensing TPAs, aligning penalties with the CPI); identify other opportunities for process improvements (notifications regarding mental health confidentiality (SHB 1909)); and develop IME oversight processes for SIEs/TPAs).

Top Ombuds priorities include the following:

- Continue reducing Self-Insurance Program re-adjudication, which will free up L&I resources to focus on audits, enforcement, dispute resolution, improving claim management processes, education, and electronic data reporting.

  This concept aligns with L&I's goals of making it easier to do business with L&I and focusing enforcement efforts on the bad actors rather than the good ones, which is consistent with many self-insured claim management protocols in other states. Expanded authority must

be accompanied by strong L&I regulation and penalties for failure to deliver timely and accurate benefits, including automatic self-enforcement penalties.

- Enable self-enforcement by self-insured employers and TPAs, including automatic penalties for late payment of time-loss disability benefits, which is a common practice in some surrounding states (Alaska, California and Oregon). Automatic late time-loss payment penalties should decrease benefit payment delays, one of the top sources of complaints to the Ombuds Office.

- Provide mandatory claim adjudicator certification and training, which will be addressed in the new advisory workgroup as a result of new legislation (HB 2409).

- Develop IME best practices in claim management, including parameters defining the necessity and requirements of an IME. New legislation (SB 6440) establishes a collaborative workgroup to address certain elements of the IME process (See following IME section for additional detail).

- Continue to recommend a solution to address delays related to medical-only claim orders, including requiring allowance orders on medical-only claims. The current statute (RCW 51.14.130) requiring timely claim allowance or denial of a claim does not provide an exception for medical-only claims. However, Self-Insurance rules do not require these orders due to limited resources. A potential solution may be to allow self-insured employers to issue more orders in exchange for requiring allowance and denial orders on all claims.

- Implement L&I's newly adopted rules requiring self-insured employers' submission of medical information via the Medical Electronic Data Interchange (EDI), which is an important component of the L&I Self Insurance Risk Analysis System. The new rules establish reporting standards for the accuracy and timeliness of medical data reporting. This data will be used for benchmarking with other states, informing policy discussions in our state, and establishing training curriculum, audit criteria, penalties and corrective actions for the self-insured community.

  We also recommend collection of claim management information via the EDI, including detailed time-loss benefit payments. If this is not feasible, we suggest improving the Self-Insurance Electronic Data Reporting System (SIEDRS) system to collect more detailed claim management information.

- Address wage calculation errors and confusion related to the Washington complex wage calculation, which continues to be an issue in the self-insured community. The Ombuds remains confident there is a reasonable set of calculations that maintains fairness and equity for injured workers and streamlines the administrative process for self-insured employers.

- Continue to recommend an official application to help self-insured injured workers start the structured settlement process when necessary, similar to the State Fund application.

The Ombuds Office will closely monitor new rule changes and continue to participate on the Rules Review Workgroup when it is able to reconvene to continue improving processes, reducing re-adjudication, and strengthening L&I regulation.

INDEPENDENT MEDICAL EXAMS

Independent Medical Exam (IMEs) issues have decreased, but continue to be a source of inquiries from self-insured injured workers (72 v. 100 last year). Complaints continue to be primarily related to claim management or the quality of the IME. Seventy-one percent of Ombuds Office IME complaint investigations are related to the use of IMEs in claim management -- such as poor communication regarding the purpose of the exam, high number of exams on a particular claim, failure to send IME reports to the attending provider, and poor coordination of the exam, including the distance to the exam not meeting statutory guidelines. There has been some progress toward improving the IME process, but there is still work to be done.

Recent legislation (SB 6440) mandates a collaborative workgroup to address certain elements of the IME process, including development of strategies and recommendations for improving the IME process. The workgroup will be led by L&I and consist of representatives from the Senate, House of Representatives, and labor and business communities. L&I must report its findings and recommendations to the legislature by December 11, 2020.

Prior to the passage of this legislation, L&I established an IME Steering Committee to help ensure quality IMEs, prioritize IME improvement initiatives, and ensure adequate allocation of resources. The IME Steering Committee is an internal, cross-divisional collaborative effort that oversees IME improvements to help injured workers heal and return to work and make it easy to do business with L&I. We expect this committee will inform the new legislation advisory committee.

The L&I IME Business and Labor Advisory Committee has been in existence since 2007 and responds to stakeholder concerns and IME quality issues. The advisory team members represent State Fund and self-insured employers, and provide insight on short-term and long-term strategies regarding IME quality.

The Ombuds will continue to provide recommendations to improve the IME process, attend relevant L&I committee meetings (IME Business and Labor Advisory Team, Self-Insurance Rules Review Workgroup, Self-Insurance Audit Governance Committee, self-insured new legislation advisory workgroup,) and monitor progress toward improving the self-insured IME experience and the use of IMEs in claim management, including communication with injured workers.

The following are Ombuds recommendations to improve the IME process:

- Develop IME best practices, including:
    - Mandatory communication to workers regarding the intent of the IME and what to expect during the exam.
    - Parameters defining the reasonableness and necessity of an IME, including when to schedule an IME vs. when to request a second opinion or consultation with the attending physician.
- Reduce variation between self-insured and State Fund IME processes, and include self-insured IMEs in L&I quality improvement initiatives.
- Develop and require training about the use of IMEs in claim management.
- Gather data related to IMEs, and use the new self-insured medical EDI data to help inform IME priorities.

INTERNAL PROCESS CHANGES

The Ombuds Office continually reviews internal processes to ensure excellent customer service and timely resolution of issues and complaints. The following process improvements have increased efficiency and timeliness of investigations.

Community outreach

The Ombuds outreach team continues to focus on expanding community outreach and increasing our presence at conferences and training for the period July 2019 through February 2020. Unfortunately, the 2020 COVID-19 Stay Home, Stay Healthy order cancelled or altered several key conferences this year. We miss the opportunity to set up our Ombuds booth, see old friends, and meet new stakeholders, and look forward to attending these events again soon. In the meantime, we are expanding our outreach on social media platforms and reaching out to individual stakeholders to ensure our outreach materials are easily accessible.

We continue to meet with TPAs to share information about the services of the Ombuds Office, review the TPAs' specific Ombuds Office summary referral data, learn from each other, and identify process improvements to help streamline claim management processes. We are pleased with the positive reception and outcomes that will help improve claim management processes. We continue to use the Ombuds Office's Self-Insured Ombuds Data (SIOD) data analytics to monitor the impact of these training sessions.

We also continue to expand awareness about Ombuds Office services to Spanish-speaking communities with news articles, distribution of the Ombuds Office brochure, and improved internal

language access processes. We are excited about a new bilingual team member who will help us expand our presence at Spanish community events.

Use of TPA systems

The Ombuds team has established access to TPA claim management systems to expedite investigations with one of the largest TPAs in Washington. This is similar to Self-Insurance auditors' access to TPA systems for audit purposes. The access to TPA systems has been positive, saving a significant amount of time in receiving claim documentation compared to fax or US mail. We are in the process of establishing access to another large TPA, and plan to continue expanding this process with other TPAs and self-administered employers.

Claim file requests

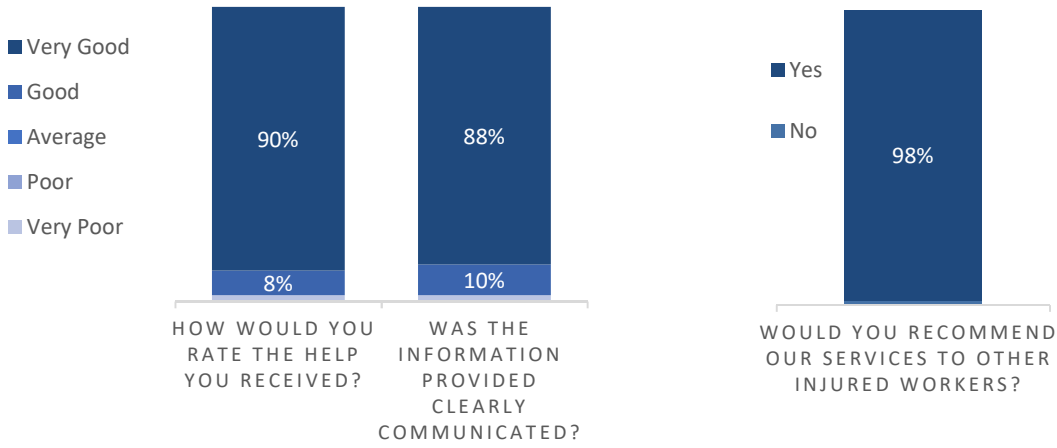
The Ombuds Office has changed our claim file request process citing RCW 51.14.120(1) and WAC 296-15-420(7), which makes it clear that Ombuds Office claim file requests are made on behalf of an injured worker. This new process makes it clear that a penalty will be considered for non-compliance with our claim file requests. This change is necessary to ensure timely response to a claim file request by the Ombuds Office.

Dashboards and checklists

The Ombuds Office has developed several new procedures, including checklists to ensure consistent processes, and updating referral processes to L&I Fraud and Civil Rights departments. We have also created a new dashboard summarizing Ombuds Office activities and outcomes.

Injured worker customer service surveys

The Ombuds Office has updated injured worker customer service surveys and is now sending surveys to injured workers after resolution of their issue(s). We are pleased that the current response rate is 26 percent, and overall the survey results have been positive. Ninety-eight percent of customers said they would recommend our services to other injured workers.



Other Initiatives

The Ombuds Office continues to search for opportunities to improve internal Self-Insurance Program processes and identify enhancements to self-insured systems. The Ombuds Office is confident these initiatives will lead to further positive solutions.

SELF-INSURANCE PROGRAM

The Ombuds continues to meet regularly with L&I's Self-Insurance Program staff and stakeholders to ensure injured worker concerns are resolved in a timely manner, and to identify opportunities for process improvement.

- The Ombuds team has experienced issues with delays in orders when multiple SIEs/TPAs or the State Fund are involved in a claim. For example, a worker filing an occupational disease claim may include multiple employers. The State Fund is not required by statute to make a claim determination within a defined timeframe (self-insured employers are required by statute to issue orders within a defined timeframe), which can impact the self-insured order.

  The Self-Insurance Program identified a solution to eliminate these delays by reinstating combined orders for self-insured and State Fund claims. The intent of these orders is to establish the responsible party as soon as possible, and provide protest rights and processes. The Ombuds Office will monitor the impact of this new process, and inform the Self-Insurance Program if we continue to experience inquiries regarding this issue.

- L&I adopted new rules regarding self-insured employer submission of medical information via the Medical Electronic Data Interchange (EDI), requiring reporting for all self-insured employers by January 1, 2020. This data reporting is an important component of the L&I Self Insurance Risk Analysis System, and will be used for benchmarking with other states, informing policy discussions, and establishing training curriculum, audit criteria, penalties, and corrective action for the self-insured community. Improving claim management data reporting remains a top priority, as well as improving the Self-Insurance Electronic Data Reporting System (SIEDRS).

- The system for filing self-insured claims is complicated for providers, workers, and employers, and much is done manually without automation. The L&I system modernization initiative that L&I is undertaking may present additional opportunities for improvement and greater efficiencies, such as an expeditious single pathway to reporting.

CLAIM ADMINISTRATOR CERTIFICATION

Recent legislation (HB 2409) requires self-insured claim administrators that administer workers' compensation claims to maintain claim administrator certification. L&I will establish requirements for the mandatory certification, and Self-Insurance has established a collaborative workgroup that will help inform new rules regarding the certification and related training. The Ombuds will participate in the workgroup and is optimistic the certification and training will help improve claim management.

CENTERS OF OCCUPATIONAL HEALTH AND EDUCATION

The Ombuds office continues to experience issues related to medical care and return-to-work coordination, which can impact time-loss benefit payments and medical treatment authorization delays. Consequently, the Ombuds continues to recommend that self-insured employers start using the valuable services offered by Centers of Occupational Health and Education (COHEs). COHE health services coordinators have developed sophisticated protocols that help injured workers heal and return to work, and provide support and training for providers.

As reported last year, discussions began with a large COHE and a TPA representing multiple self-insured employers, and a pilot project was to begin by early 2020. Unfortunately, discussions have broken down, primarily due to systemic challenges. We will continue to research willing participants.

MEDICAL PROVIDER OUTREACH

The Ombuds team continues to receive complaints from injured workers about difficulties finding providers within the L&I Medical Provider Network (MPN). A primary issue is that the MPN list of providers is not current, and the provider list is reliant on providers maintaining their provider information.

L&I is in the process of moving their provider credentialing data and work processes into the Health Care Authority's ProviderOne system. This new automated system will allow providers to update their information in real-time. The Ombuds is hopeful the new system will also improve L&I's communication with providers, including reminding provider groups to update their information so the L&I MPN remains current.

EXPAND AVAILABILITY OF APPROVED MENTAL HEALTH PROFESSIONALS

The Ombuds team continues to struggle with helping injured workers find approved mental health treatment due to the low number of approved providers, especially in light of new first responder post-traumatic stress disorder (PTSD) presumption coverage (SB 6214).

L&I is continuing a pilot project to expand availability of approved mental health professionals, to include master's-level therapists to provide behavioral health services focused on recovery and return

to work for workers with a work-related injury or illness. Unfortunately, the volume of willing master's-level therapist participants has declined.

The Ombuds Office will continue to assist injured workers with the current process to access mental health care, which requires referral and oversight from an approved mental health treatment provider (psychiatrist, licensed clinical psychologist, or psychiatric advanced registered nurse practitioner). Ideally, a permanent streamlined approach to access master's-level therapists will be adopted.

TELEHEALTH MEDICINE

L&I is temporarily allowing telemedicine, including limited IMEs, to improve access to care for workers and to reduce the risk of spread of COVID-19. While the use of telemedicine in the workers' compensation system may be complicated, we believe certain treatment modalities are appropriate for telemedicine (e.g., initial treatment, consultation referrals). We will monitor the evolution of telemedicine and related rules, and its feasibility in the Washington workers' compensation system.

Conclusion

Despite the current COVID-19 pandemic, the Ombuds Office remains available to help injured workers of self-insured employers, worker advocates, providers, self-insured employers and their representatives, and any other party involved in the self-insured system. Community outreach remains a top priority for the Ombuds Office and is key to maintaining awareness of issues and establishing priorities for the self-insured community. The Ombuds Office team is dedicated to efficiently resolving issues and complaints, and identifying positive solutions and recommendations to improve the Washington self-insured workers' compensation system.

How to get help

For assistance with a self-insured workers' compensation issue, please contact us:

- Ombuds Confidential Hotline: 888-317-0493
- Ombuds Confidential Secured Email: SIOmbuds@Lni.wa.gov

Let us know your thoughts

The Ombuds Office welcomes feedback and suggestions about this report, as well as any suggestions for improving the self-insured workers' compensation system. Additional information about the Ombuds program can be found at:

- Ombuds Office website: www.Lni.wa.gov/Ombuds

Contact information

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This document is available in alternative formats to accommodate persons with disabilities. Copies of this document can be obtained in alternative formats by calling 1-888-317-0493.