

IME Roundtable Virtual Meeting

May 9, 2024



Announcements

Zoom Meeting Reminders:

- Mute when not speaking to limit background noise
- Raise hand or use chat feature
- Opt out of video if having connection issues
- Meeting Minutes will be posted on L&I Webpage

5/9/24 IME Roundtable Meeting Agenda

Time	Topic	Presenters
9:30AM	Safety Message, Accountability Log Review	Melissa Dunbar, Troy Parks
9:45AM	Program Updates: <ul style="list-style-type: none"> • Complaints YTD • Examiner Pool • Companion Reminder • Addendums 	Troy Parks Tanya Weber
10:15AM	Interpreter Services: <ul style="list-style-type: none"> • Rollout Plan 	Cristy Miller
10:30AM	Break	
10:40AM	IME Recording Impacts: <ul style="list-style-type: none"> • Update • Rulemaking Effective 	Karen Jost Jen Lybbert
10:55AM	Claims and Scheduling Units Trends: <ul style="list-style-type: none"> • Claims / New Lang MEH / Addendum • What Happens After an IME? • Self-Insured • Scheduling 	Nancy Adams LaNae Lien Shannon Rushing
11:10AM-12:00PM	Q&A-Open discussion Round Robin <ul style="list-style-type: none"> • IME Provider Topics – Recorded Exams / Billing • Questions and Comments • Future Topic Suggestions 	All

Safety Topic: Camping Safety – Melissa Dunbar



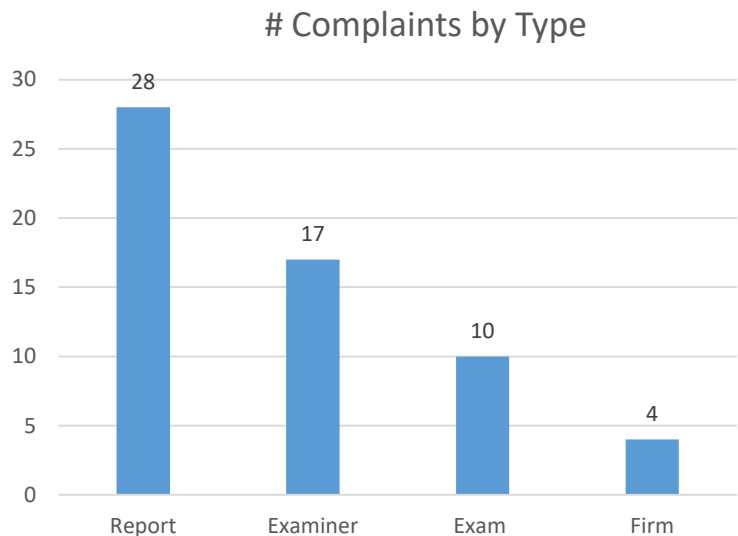
- Prepare safe food and water
- Protect against carbon monoxide poisoning
- Avoid wild animals and protect family pets
- Include safe physical activities
- Avoid bug bites
- Prevent temperature-related illness
- Protect yourself from the sun
- Avoid water-related illness injury
- Be prepared

Accountability: Issue Log added detail posted online with meeting notes

Issue:	Department Updates / Outcomes:
Interpreter scheduling issues	<p><u>9/14/23:</u> RFQQ issued August; deadline for bids 9/25. Success rate for IME interpretations 88% (# completed/total requested less LEP no show and provider cancellations). IME unfulfillment rate average since December 2022 6%.</p> <p>1/11/24: The interpreter scheduling platform will be changing. More information will be shared once the contract has been signed. During the user acceptance testing we are inviting two representatives from two firms to participate. This will take place in mid-February to March. Anyone interested in volunteering please send Cristy an email. 6/17/24 Go Live!</p>
Legislative Bill that allowed recording of IMEs	<p>9/14/23: Discussion on the impacts of workers recording IMEs. See 9/14/23 meeting notes. 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&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>1/11/24: Shared first four months of data. There have been relatively small amount of requests to record. These requests are mainly for psychiatry and hand surgery exams. IMEs with requests to record have a high cancellation rate of around 50%. This is usually due to the denial of co-recording. It is not non co-op when a worker declines to be co-recorded based on the way the legislation is currently written. If a worker does not give the required notice of intent to record, and the doctor agrees to allow recording only if they can co-record but the worker declines, then it can be considered non co-op because the notification process was not followed. Shared timeline for the rulemaking. A public hearing is scheduled for February 6. Week of 5/6/24 listening sessions with Business & IME Firms.</p>
Fee Schedule Analysis / Clarification	<p><u>1/12/23:</u> IME Fee schedule was analyzed and updated in 2022.</p> <ul style="list-style-type: none"> • Fee team to re-evaluate the new IME fee policy in 6 months – analyze results of July changes in February • Testimony fees doubled effective 2023 • Examining reducing administrative burden – firm site visits scheduled <p><u>4/3/23:</u> Updates given at May meeting.</p> <p><u>9/14/23:</u> Fee increases went into effect 7/1/23. IME Telemed Originating Site Fee presentation and page count analysis presented @ RT.</p> <p>1/11/24: Troy presented department analysis of IME reimbursement since the fee updates in 2022. The data reviewed shows that around 77% of files are 400 pages or less. The total dollars paid for IMEs continues to increase while the number of exams goes down. The data analysis supports maintaining the current policy of 400 pages or less being bundled into the exam fee. May 2024-Last full analysis that showed 6% increase in 2023; new analysis will be provided at Sept 2024 roundtable on 9/19/24.</p>

IME Program Updates

2024 IME Complaints YTD

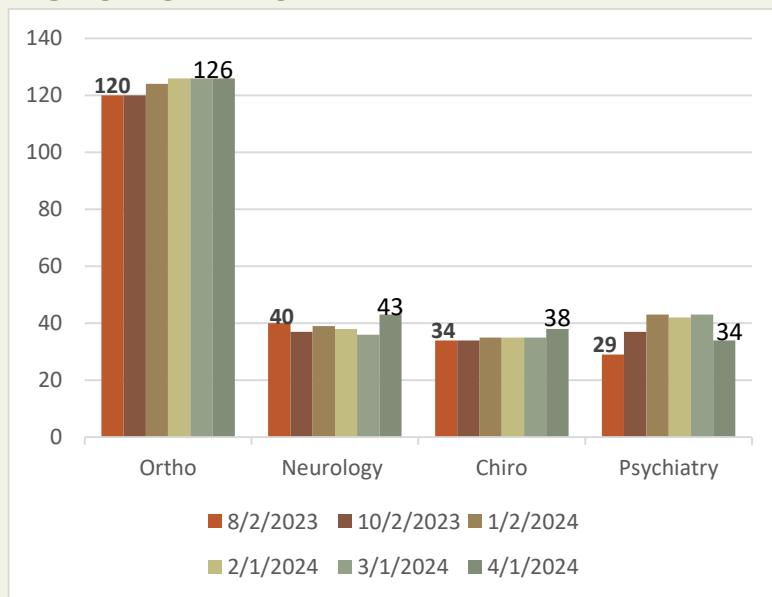


Note: Approx. 14K exams in 2023; complaints comprise <1%

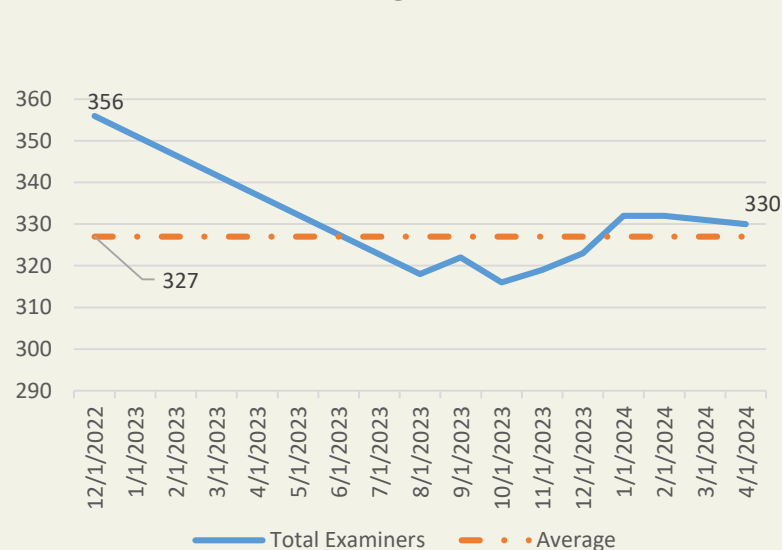
- 61 Complaints
- Top Specialties:
 - Orthopedic Surgeon (35)
 - Neurology (9)
 - Psychiatry (7)
 - Occ Med (2)

IME Examiner Pool

TOP SPECIALTIES

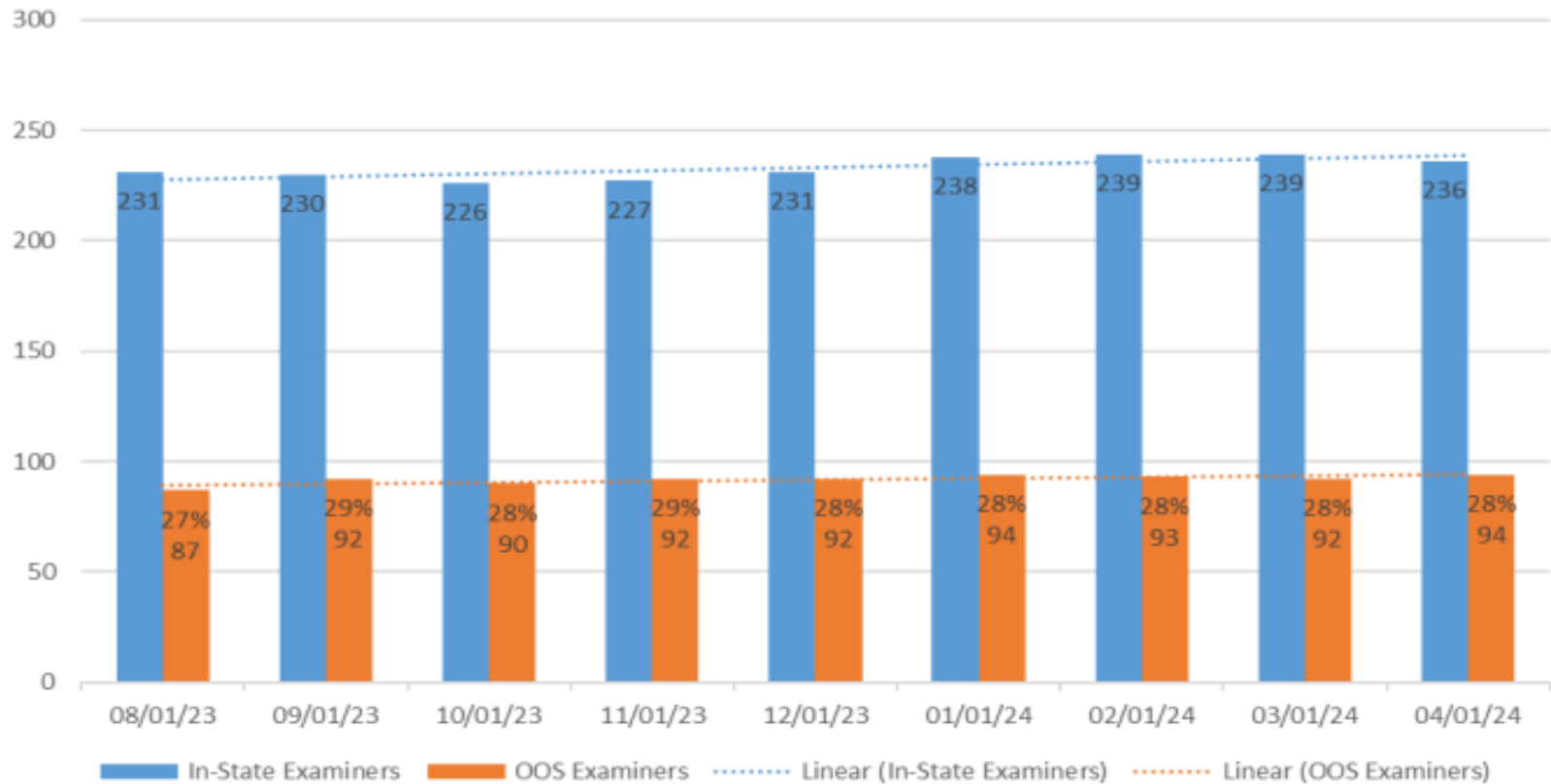


TREND ALL EXAMINERS



Note: Only 182 unique examiners billing SF last 7/1/23-1/31/24

In-State vs Out-of-State Examiners 08/01/23 - 04/01/24



Companion Reminder

- **RCW 51.36.070 (4)(i)**

The worker has the right to have one person, who is at least the age of majority and who is of the worker's choosing, to be present to observe all examinations ordered under this section, RCW [51.32.110](#), or by the board of industrial insurance appeals. The observer must be unobtrusive and not interfere with the examination. The observer may not be the worker's legal representative, an employee of the legal representative, the worker's attending provider, or an employee of the worker's attending provider.

Questions?



IME Report & Addendum Data

Tanya Weber, BSN RN

IME Occupational Nurse Consultant

IME Addendums Report 2020-2023

The overall rate of IME's with an addendum request is about 20%. This table shows that most addendum requests are billable, primarily because the CM is asking a new question after the IME.

	2020	2021	2022	2023
Non-Billable	573	368	368	337
	13.40%	11.80%	11.60%	11.90%
Billable	3,693	2,747	2,809	2,490
	86.60%	88.20%	88.40%	88.10%
Totals	4,266	3,115	3,177	2,827

So What Does this Data Tell Us?

Examiners have been doing what I think is a solid job overall meeting the required elements for an IME. A few ways to decrease the rate of non-billable addendums include:

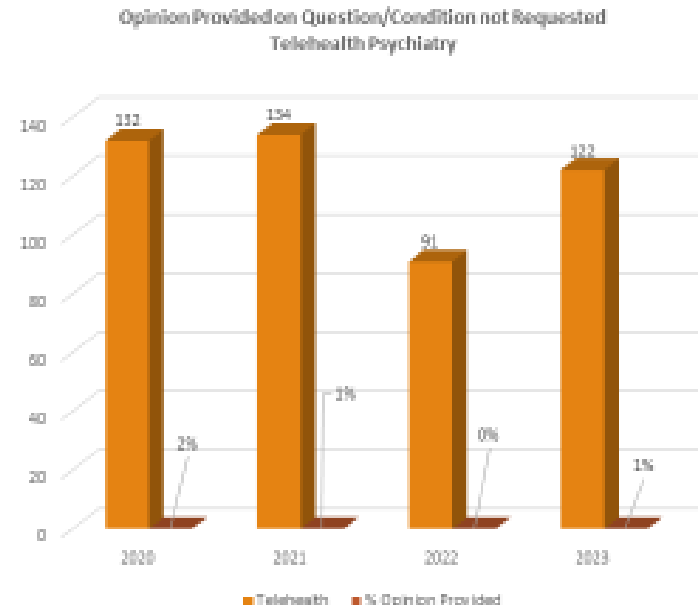
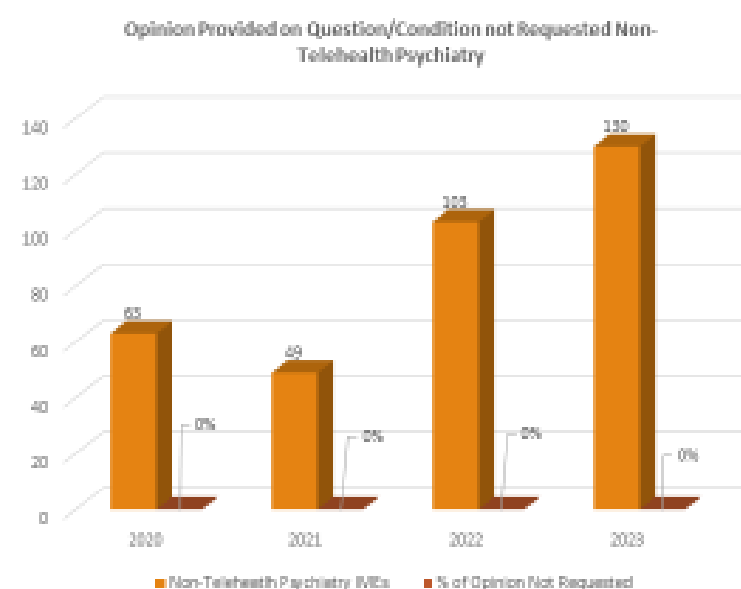
- Making sure questions posed by our Claims Manager are addressed with objective findings to support diagnoses
- **Not** answering questions that are **not** posed by the Claims Manager (which can really disrupt claim progress)
- Ordering non-invasive testing at the time of the IME (which helps move the claim forward faster)

Claim Managers are requesting billable addendums for a myriad of reasons including:

- Having invasive test results that were not available at the time of the original IME
- Not asking all the questions they needed to ask when the original IME referral was made
- Asking the Examiner to review an Attending Provider's response to the IME and determine whether the IME should be amended in any way

Opinion Provided on Question/Condition not Requested

Non-Telehealth Psych vs Telehealth Psych – Corrected Data



Questions?

- *IME trends – are there specific areas you'd like to know more about?*
- Please email ideas to Tanya.Weber@lni.wa.gov.

Interpretation Services – Cristy Miller

SOSi will be providing the following interpretation services:

- **Scheduled and on-demand in-person (IPI)** interpretation services throughout the state of Washington and border zip codes that start with 970, 971, 972, 978 in Oregon and 835 or 838 in Idaho.
- **Scheduled and on-demand over-the-phone (OPI) and video remote (VRI)** interpretation services throughout the state of Washington and any other states within the United States, and **OPI services for out-of-country requests.**

Services Excluded: Sign language interpretation services and IPI services provided by Language Access Providers (LAPs) working strictly out-of-state and outside the border zip codes that start with 970, 971, 972, 978 in Oregon and 835 or 838 in Idaho.

Interpretation Services – WordBridge Features

- ❑ Convenient one-stop-shop for providers to request **telephonic**, **video**, and **in-person** interpretation services
- ❑ SOSi utilizes Zoom to deliver high-quality telephonic and video interpretation services. Providers can call the patient into the Zoom call if the patient is not physically present
- ❑ If a Language Access Provider/interpreter has not been secured in the provider's preferred method of interpretation 48 hours before the appointment, alternative and available methods of interpretation will be offered automatically
- ❑ SOSi takes a proactive approach to ensure that providers have the interpretation services they require in their preferred method

Interpretation Services – WordBridge Rollout

- ❑ SOSi's scheduling system (WordBridge) rollout June 17th
- ❑ Communication Strategy to ensure a smooth transition for providers, self-insured employers and Third Party Administrators, and other impacted stakeholders
- ❑ Training and onboarding of Language Access Providers (LAPs) and providers before rollout
- ❑ Booking of services ahead of the launch

Questions?



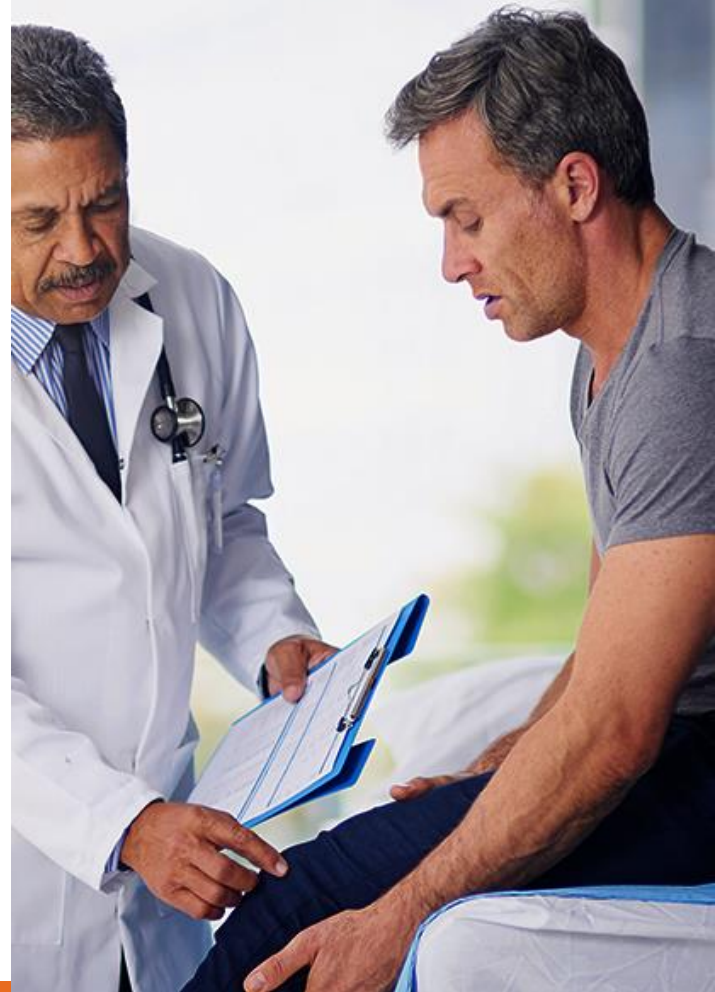
10 Minute Break...



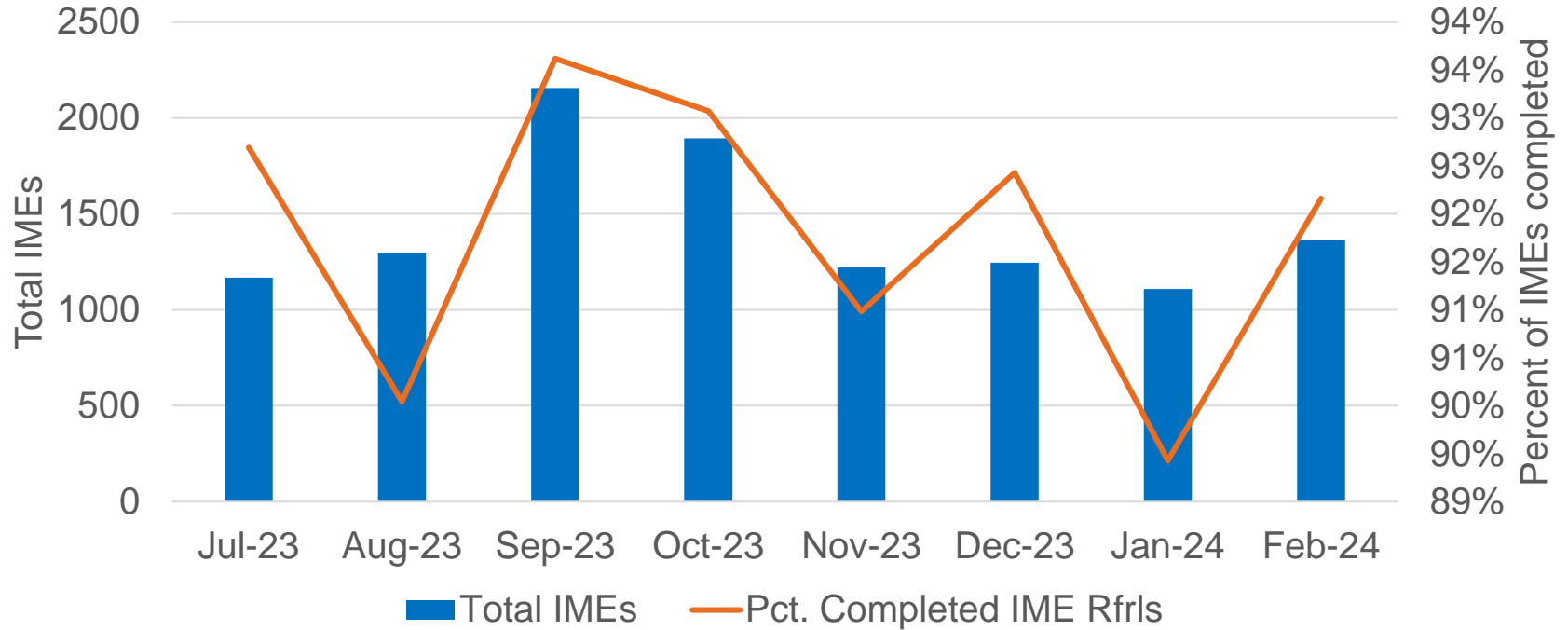
Substitute House Bill 1068

Karen Jost

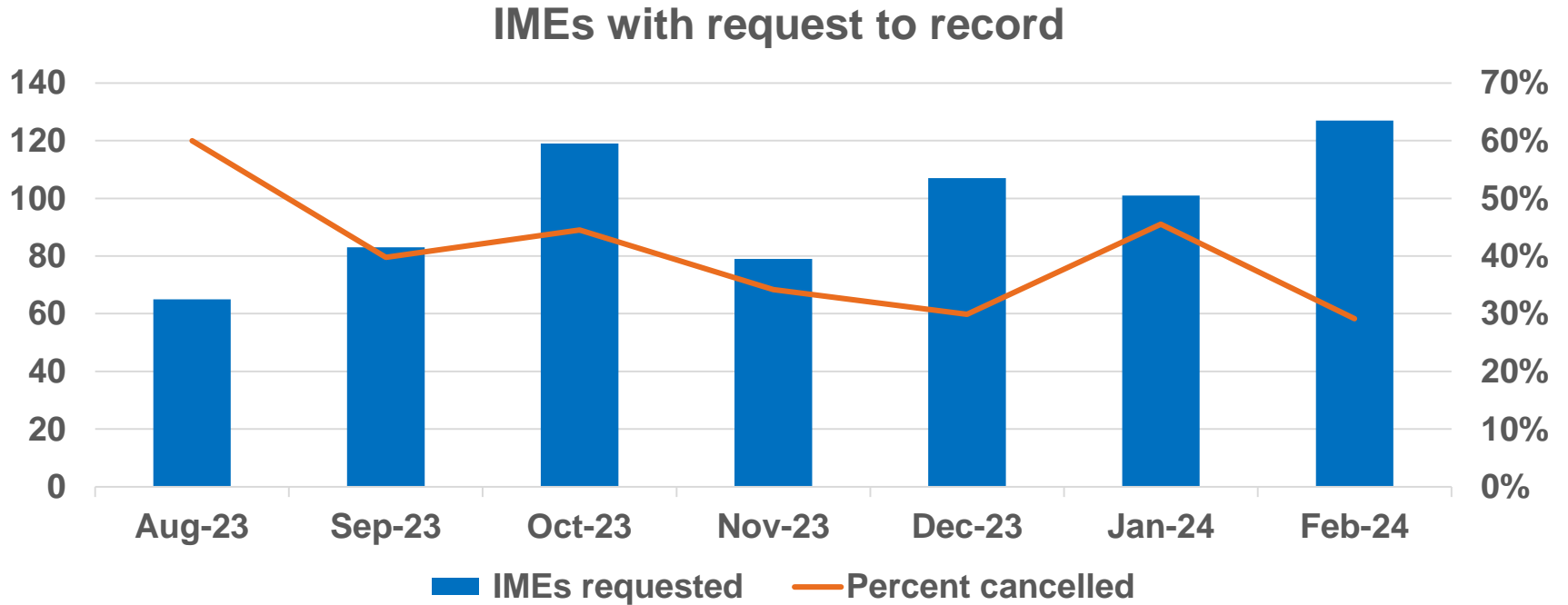
Effective July 23, 2023, giving workers the right to record independent medical examinations (IMEs).



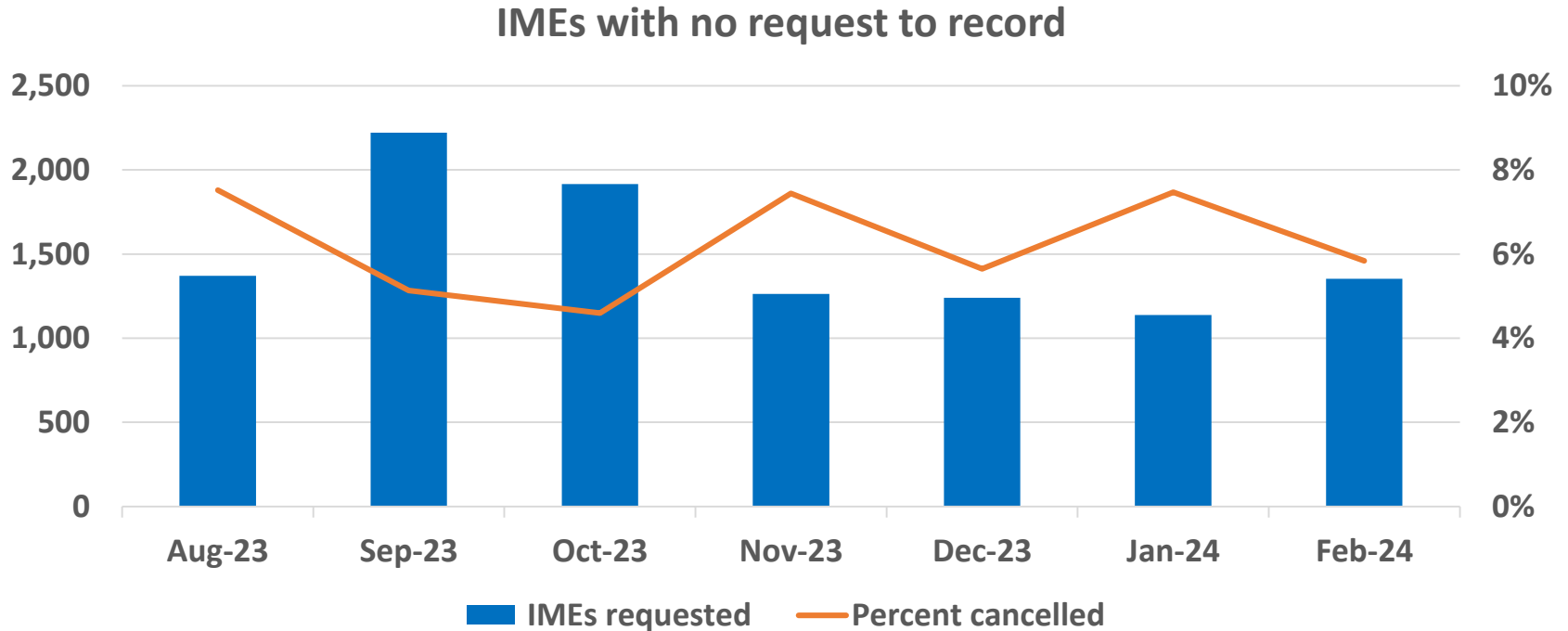
IME completion rate



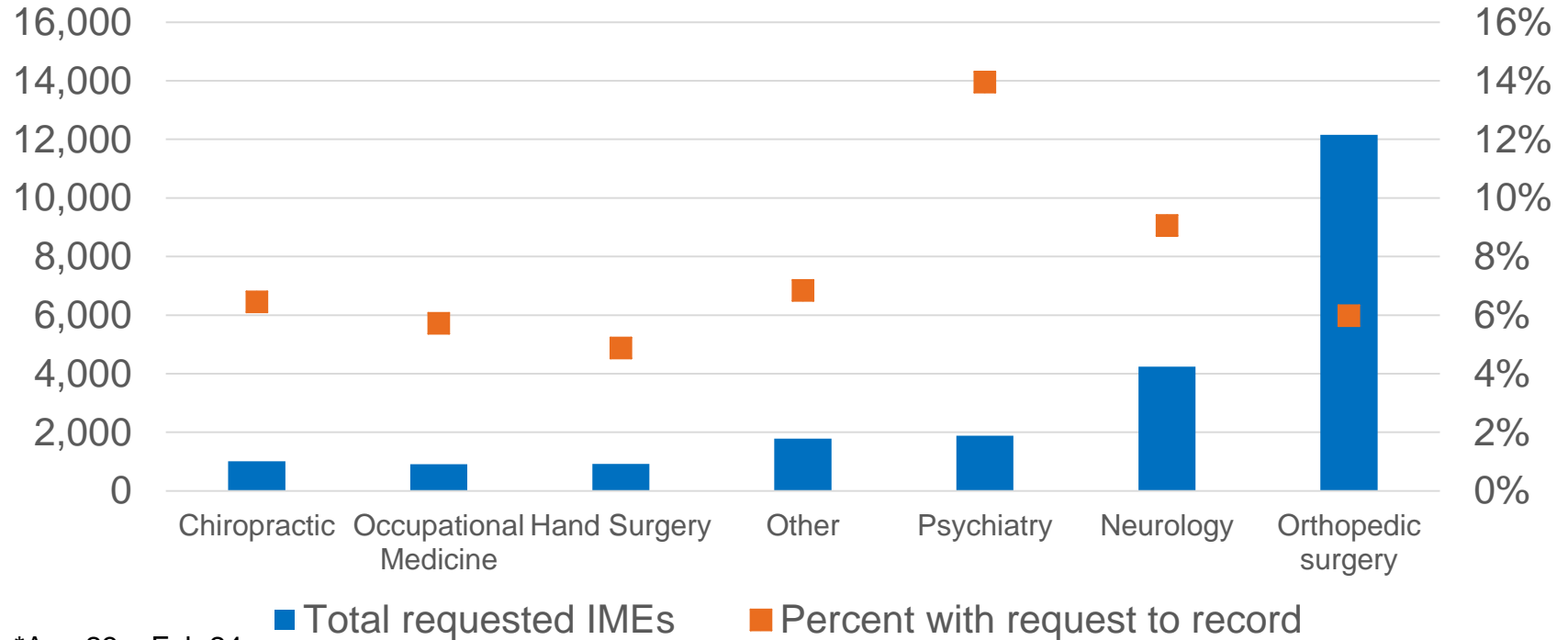
IME Cancellation Rates



IME Cancellation Rates

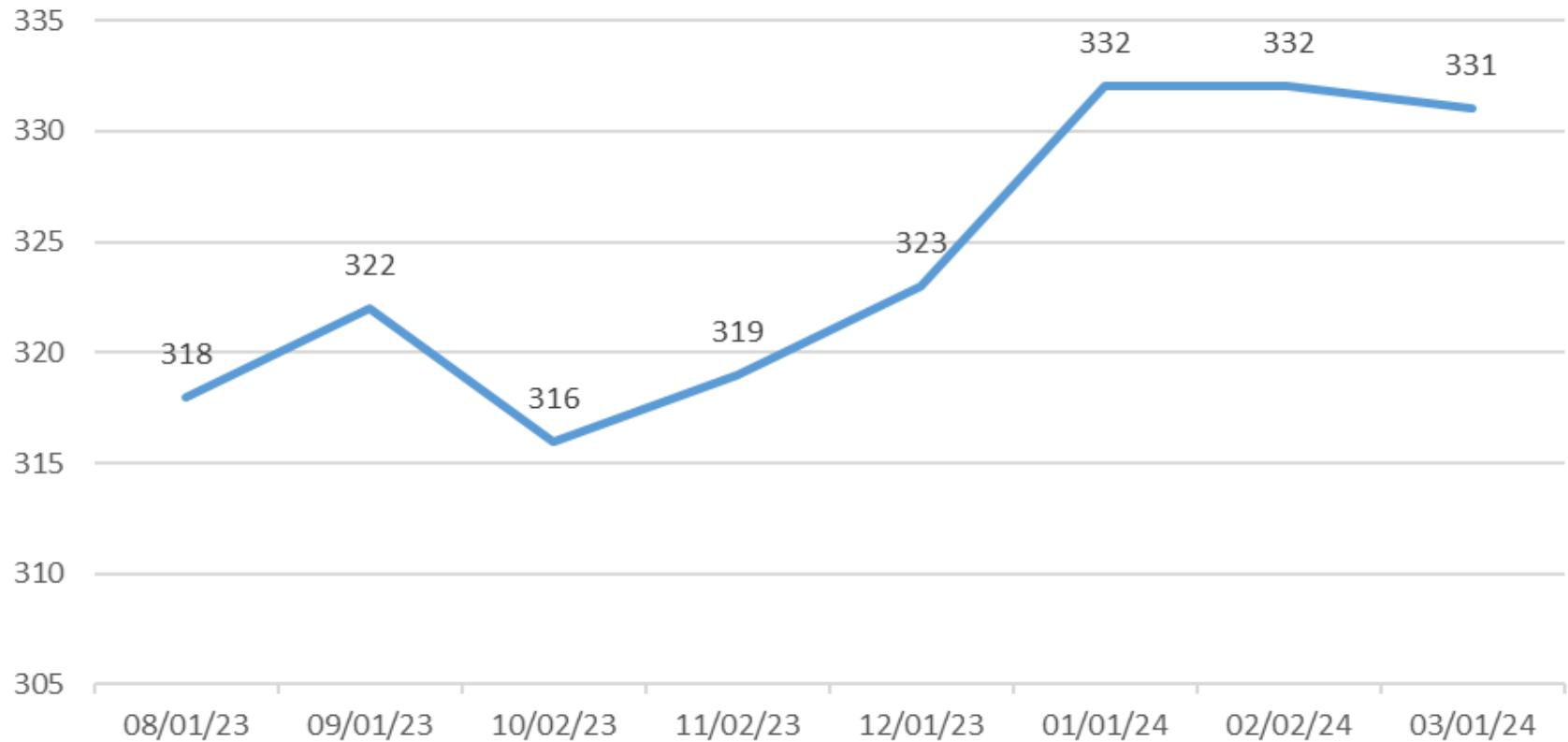


IMEs with request to record by specialty

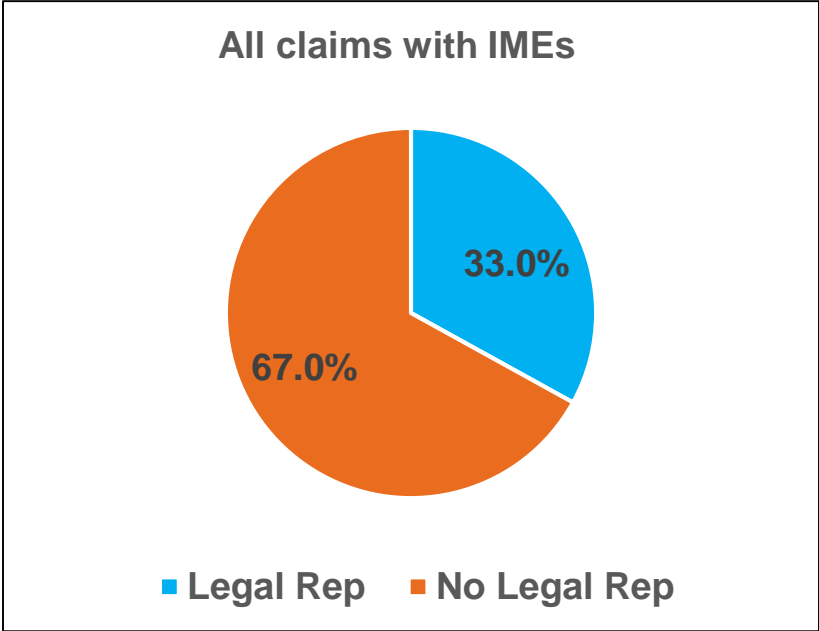
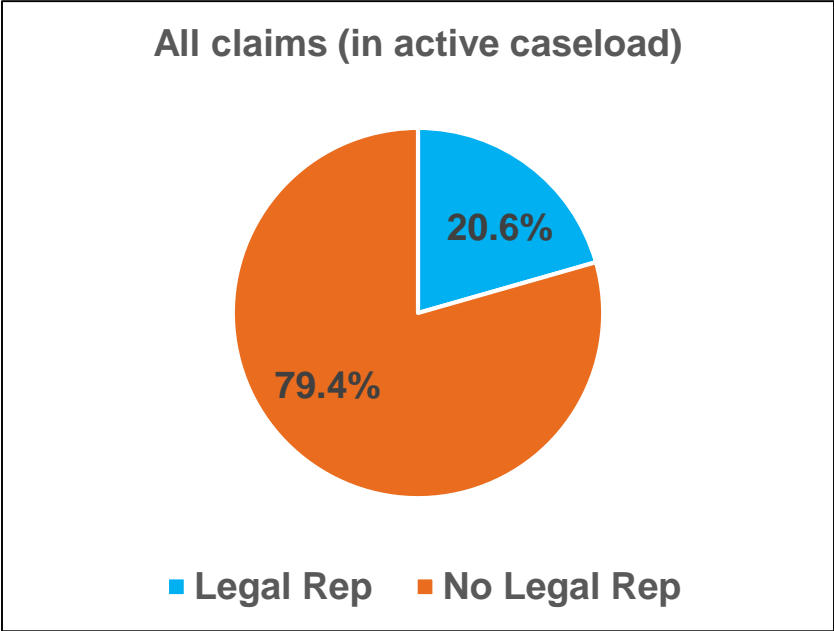


*Aug 23 – Feb 24

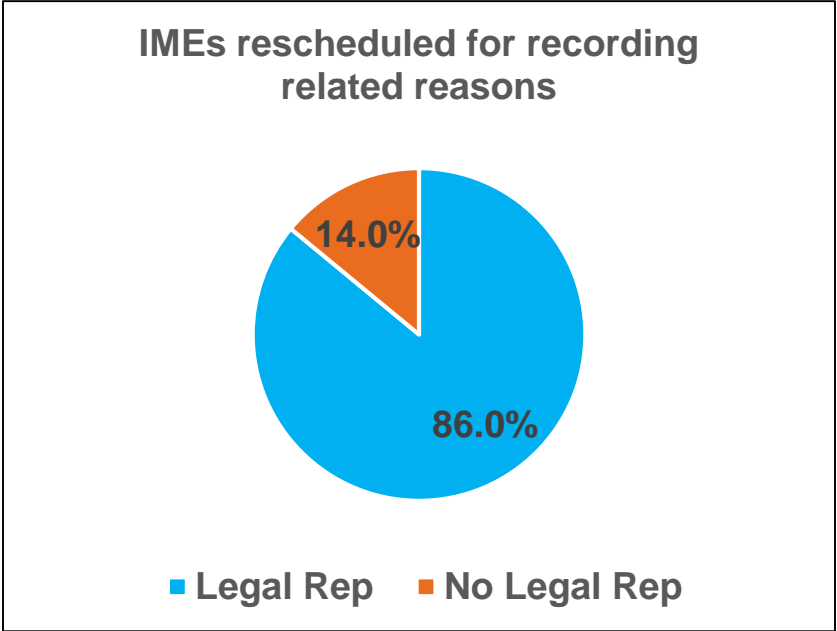
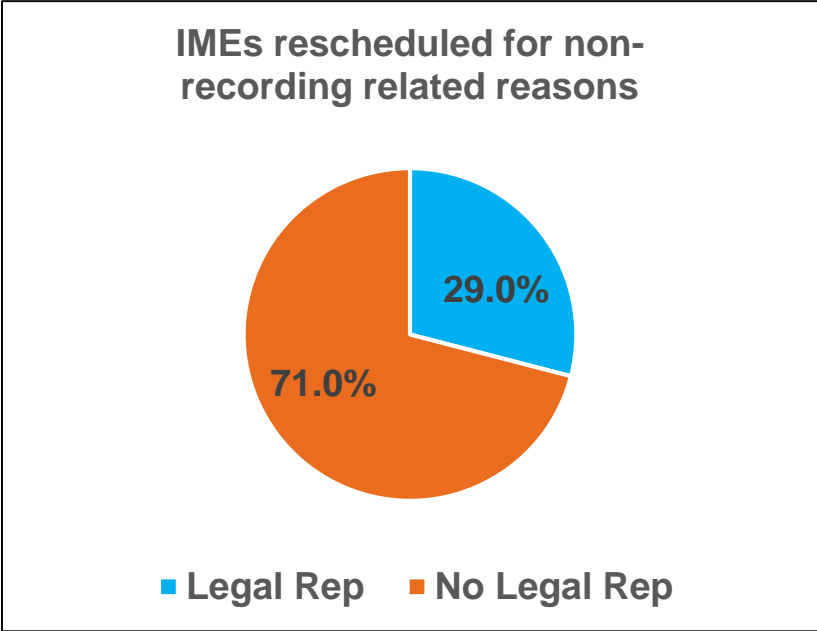
Total Approved Examiners by Month



Legal Representation, Recording, & Rescheduling



Legal Representation, Recording, & Rescheduling

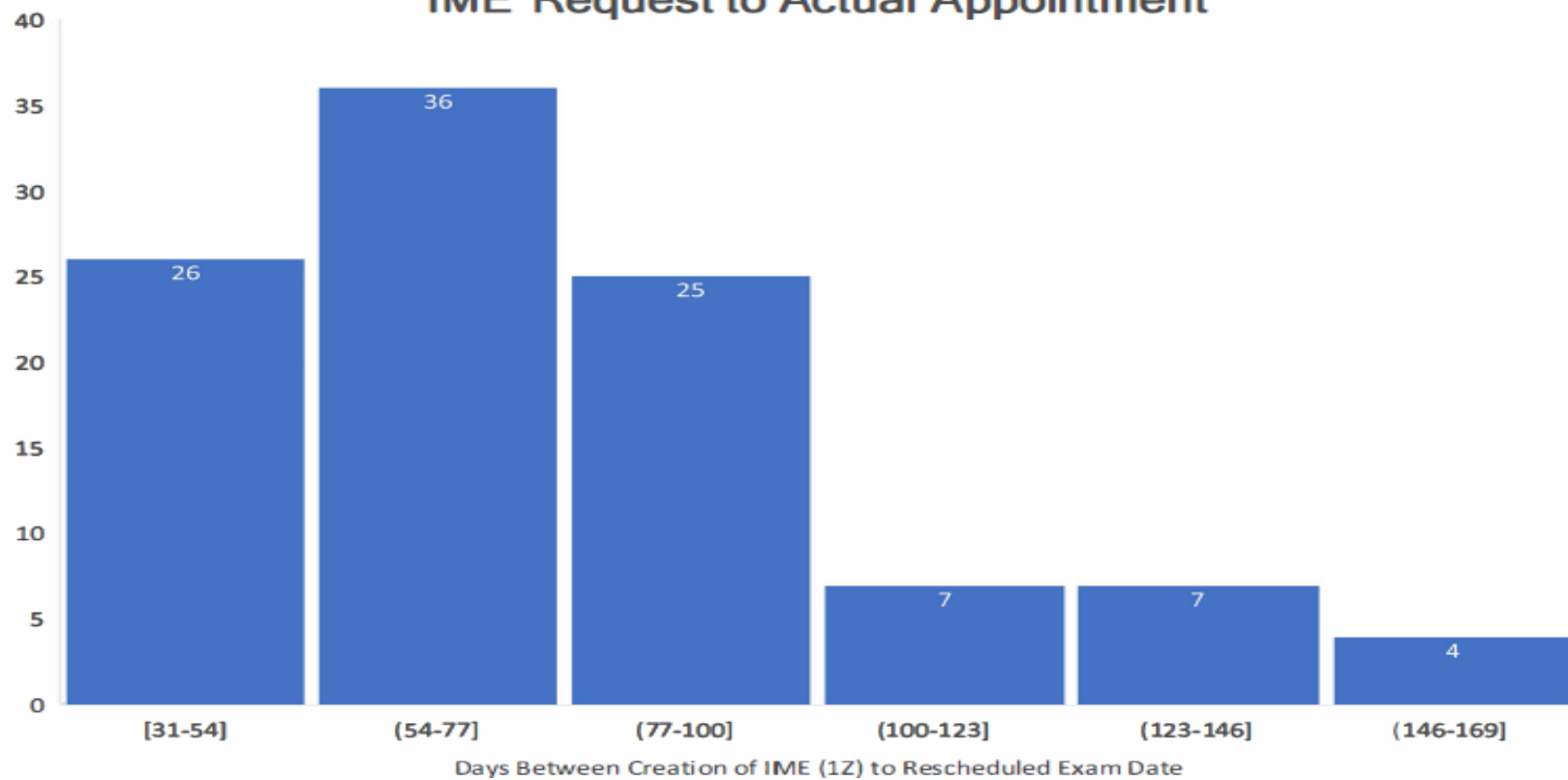


QA manual review

527 IME requests (1/21/22 – 11/28/23)

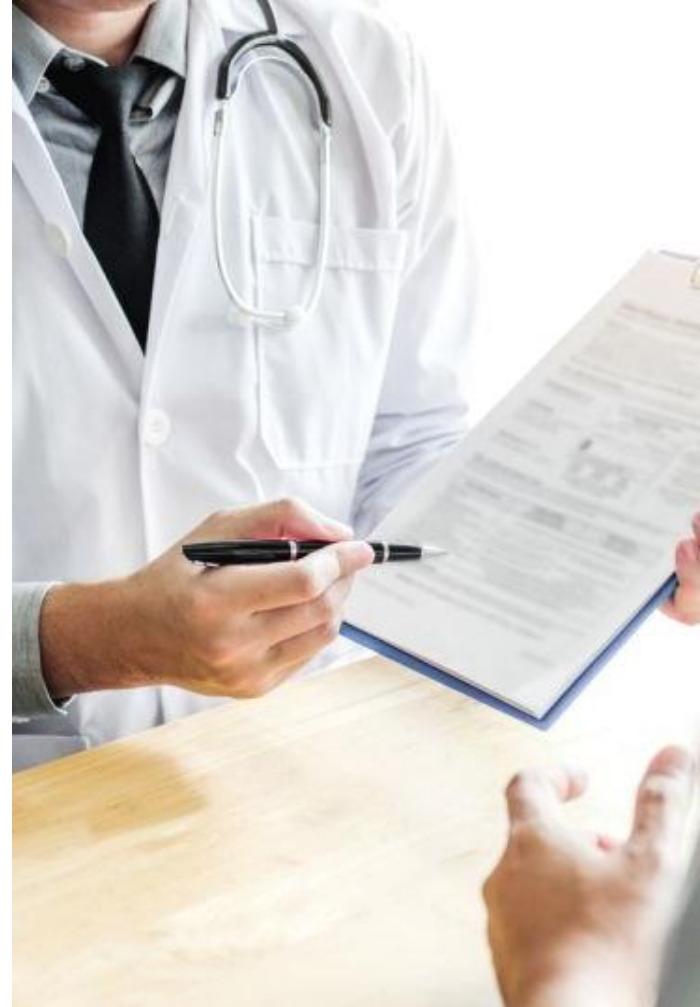
- 194 initiated in 2022 (random selection)
 - 135 (70%) no scheduling issues
 - 34 (17%) rescheduled & not cancelled
 - 4 (2%) rescheduled & then cancelled
 - 21 (11%) cancelled
- 333 initiated in 2023 (claims selected because referral notes included the word “record”)
 - 11 (3%) no scheduling issues
 - 198 (60%) rescheduled & not cancelled
 - 67 (20%) rescheduled & then cancelled
 - *Most common reason for rescheduling: IME provider declining request to record
 - 57 (17%) cancelled

Time Delay on IME Referrals with Requests to Record IME Request to Actual Appointment



Improvement Opportunities (Claims Administration)

- Best Practices for IME panels
- Additional Claim Manager training and improved training/reference materials regarding:
 - Processes when worker doesn't provide proper notice of intent to record
 - Considering non-IME options (i.e. consultations)
 - Importance of having a contingency plan for if IME doesn't occur



Improvements

- Technology enhancement for rescheduled exams
- Letter attachment that provides contact information for workers to notify the panels of intent to record



Questions?



Rulemaking Update – Jen/Suzy

Rules Effective

April 26, 2024

- WAC 296-23-362 – Independent medical examination (IME) – Accompanying person
- WAC 296-23-364 – Definition of notification process required for workers to record independent medical examinations (IME)
- WAC 296-23-366 – Independent medical examination (IME) – Recording notification time frame

Questions?



Claims Department – Nancy Adams

- MEH / New Addendum Language
- What Happens After an IME?
- Claims Questions?

Questions?



Self-Insurance – LaNae Lien

- Self-Insurance Questions?

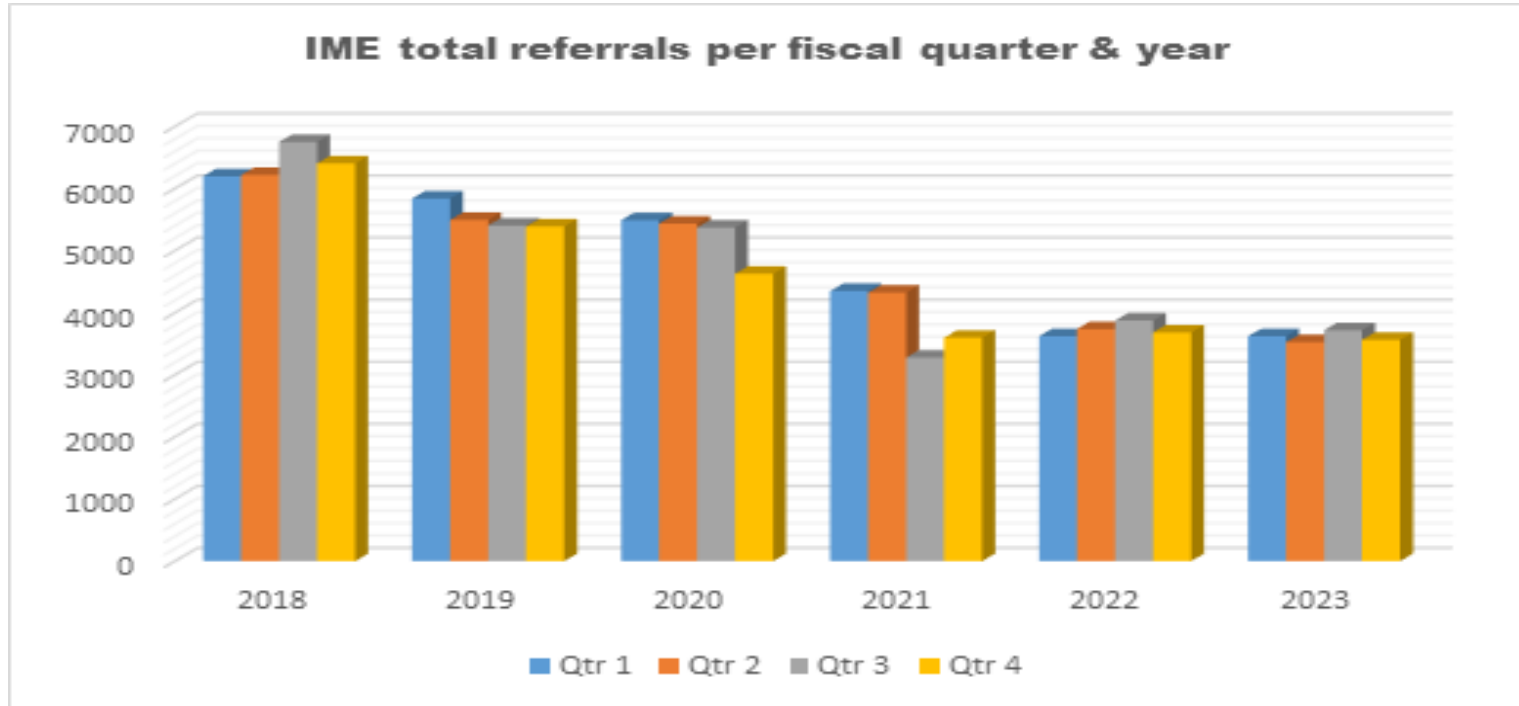
Questions?



IME Scheduling Trends

Shannon Rushing

Referral Trends -Shannon



Referral Trends continued

TOTAL OF SUBMITTED IME REFERRALS PER FISCAL QTR PER YEAR

FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4	TOTALS	AVERAGE PER FISCAL QTR
2018	6199	6222	6752	6409	25582	6396
2019	5842	5497	5407	5392	22138	5535
2020	5493	5439	5375	4629	20936	5234
2021	4352	4326	3777	3699	16154	4039
2022	3623	3739	3878	3684	14924	3731
2023	3626	3527	3719	3565	14437	3609

New Scheduling Feature: Intent to Record Radio Buttons

Worker Intends to Record? Yes No

Worker Allows Panel to Record? Yes No

Worker advised exam might not continue if they record but do not give panel consent to also record? Yes No

Worker Intends to record?	Yes
Worker Allows Panel to Record?	No
Worker advised exam might not continue if they record but do not give panel consent to also record?	No

At the time that the referral is created by the CM, new radio buttons have been added to assist with tracking the worker’s intent to record the IME.

- 1) Worker Intends to Record? This is the default is NO, and does not necessarily mean that the worker will not submit their intent to record the IME. Once the Intent to Record has been submitted or made known to the claims manager, claims processor or scheduler; YES will be chosen.
- 2) Worker Allows Panel to Record? The default to NO. This will be changed to YES only if the panel has received intent to record and will not allow any co-recording. Schedulers can choose this at the time of rescheduling the original appointment.

The last button is for the schedulers or the claims staff to mark if they provided information to the worker about their right to record and that the IME firm may request to record as well. This does not mean that the worker has submitted intent nor declined co-record.

Questions?



Open Discussion – IME Providers

- IME Provider Topics
 - Recorded Exams (Chelsea/ MES)
 - Fees / Billing (Carolyn Logue)
- Questions & Comments
- Future Topic Suggestions
- Next Meetings:
September 19, 2024