

# Master Planner

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# The Examiner Challenge

Thursday, February 27, 2020  
2:00 – 3:15 pm

*Lynn Cavalcanti, Sr. VP Operations*  
*Tracy Copeland-Calhoun, Claims Manager*





## Lets Talk Caseloads

- CSAC EIA- 2013 caseload standards, target load of 150 but not to exceed 165. adjusted with indemnity 1 to 1, and Future Medical/ Medical Only 2 to 1 and has not changed since 2013 resolution.
- LAWCX – caseload may not exceed 175 indemnity claims which includes future medical claims. The future medical desk may not exceed 200 open claims. This requirement has not changed since 2012

# Caseload Considerations

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- *New Incoming Claims*
  - *Volume per month*
  - *Delayed inventory*
  - *Litigated inventory*
- *Program Requirements*
  - *ADR/Carve Out Program*
  - *Client Meetings / Reviews / Trainings*
  - *Medical Provider Network*
  - *Shorter examiner file review timelines*



## Lets Talk Examiner Activities

- *Throughout this presentation we will discuss timelines that affect how the Examiner must prioritize their day*
- *Each activity is allotted an average time to complete*
- *Think about your program and your individual requirements as we go through this presentation*



# Critical Timelines

- Denial Decisions
- Newly report injuries
- Pharmacy Requests
- Request for Authorization (RFA)
- Excess Reporting
- MPN – Provider Change Requests
- Notice of QME/AME
- Bill Payments / Objections
- Notice of permanent work restrictions
- Benefit Notices
- Indemnity Benefits
- MMI/ P&S Status
- CMS Liens
- Independent Bill Review
- Independent Medical Review
- WCAB notifications



# New Claims: First 14 days of Accepted Indemnity File

- 24 hours- Three Point Contact Employer, Doctor, Injured Worker (3 times)
- Authorize Treatment
- Make referrals to DME vendor, physical therapy, MRI
- Determine compensability
- Establish Reserves
- Develop Plan of Action
- Set follow up diaries
- Send initial contact letter with mileage forms and general information regarding their claim (Sorry you are injured)
- Set up payment(s) for time off work
- Send benefit notice letter within 14 days of Employer Date of Knowledge
- Determine if Nurse Case Management is warranted
- Third Party involved for recovery



## New Claims: First 14 days of Delayed File

- The same steps as an accepted file
- File is set on a faster diary review cycle
- Obtain Field Investigator and follow for appointments and timely report
- Obtain authorization forms to order medical records, personnel files, police reports or other records as required for individual file
- Communicate decision to client and strategize
- Call injured worker to discuss decision (accept, deny, conditional denial)
- Send out benefit notice letter

THE  
*Art*  
OF RISK

 **parma**  
public agency risk management association  
46th Conference & Expo

# File Documentation



- New claim review / reserves / contacts
- 45-day File Update
- 90-day Plan of Action Review
- Calls / Inquiry from Injured Worker & Client
- Utilization Review Requests
- Incoming Medical Reports
- Disability Benefits: Temporary or Permanent
- Work Restrictions
- Subrogation
- Pharmacy
- File Balancing
- Benefit Notices
- Bill Payment Information
- Claim Status Updates (90 Days)

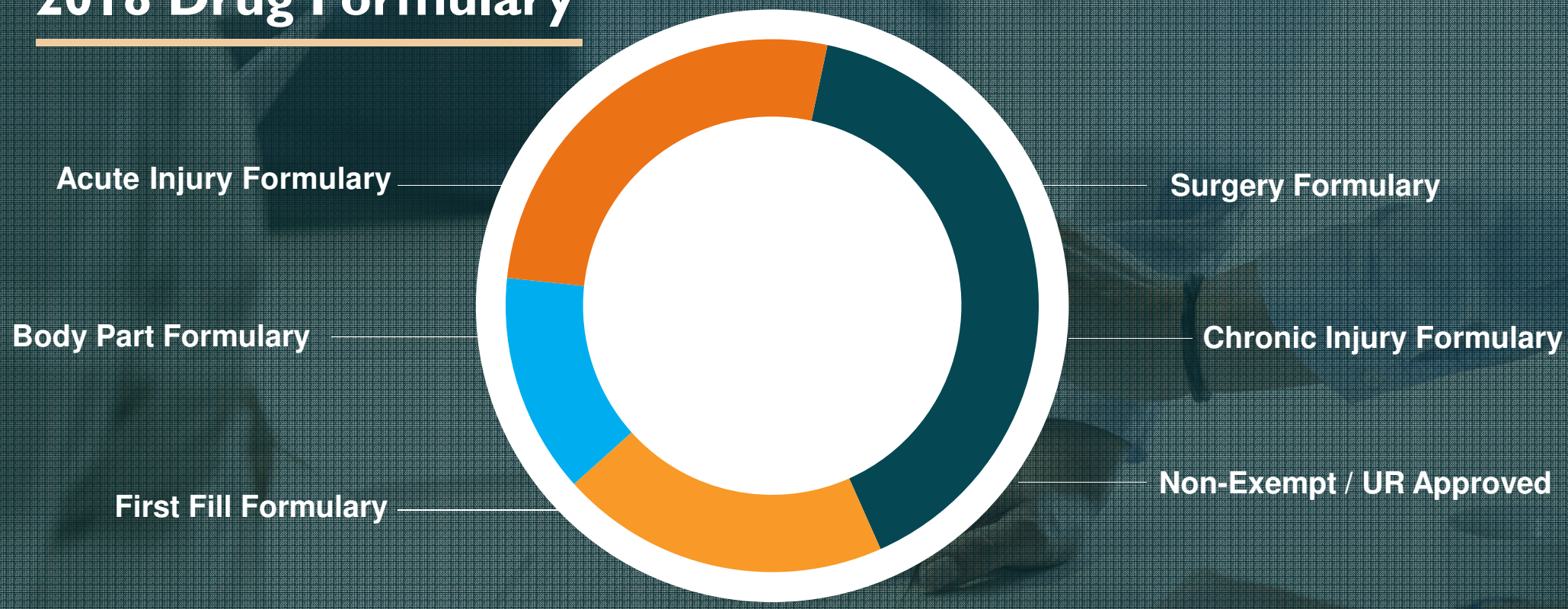


# Lets Talk Utilization Review



- ✓ • Prospective or concurrent decision must be made within 5 working days from receipt of the information reasonably necessary to make the determination but no longer than 14 days from the date the treating doctor recommended treatment.
  - 24 hours to refer to Utilization Review Organization
  - Or communicate authorization to requesting provider within 5 working days of receipt
- Real World Experience
  - Doctor tells injured worker they need MRI
  - Injured worker's timeline starts at that appointment
    - Doctor takes 7-days to submit MRI Request
    - If Utilization Review is required – add up to 5 days
    - MRI approved – 3 days to refer to facility
    - Injured Worker's availability – 5 day window
  - Average lag time is 20 days from when injured worker believed they should have MRI

# 2018 Drug Formulary



# What Else?



## Best Practices

- Return calls and emails within 24 hours
- Vacation buddies coverage
- Financial Issues / Check voiding - reissuing
- 30 hours of training required within a 2 year period
- Labor Code or Case law Research
- Discussions of difficult files with supervisor, client, defense attorney
- File Balancing

## Case Law Changes

- Claims handling changes frequently for apportionment, claims acceptance for presumptions, valid liens, UR timelines, what is ex-parte communication, based on new decisions
  - Apportionment for Benson v. WCAB 2009
  - New PTSD Presumption
  - Results in revised panel or AME requests, additional record requests



# Work per 8 Hour Day

| Item  | Average Received Per Day | Time                   | Start Time 8:00 a.m. |
|---|--------------------------|------------------------|----------------------|
| Request for Authorizations- Faxed, call,                      | 6 RFAs                   | 7 minutes = 42 minutes | 8:42 a.m.            |
| MMI (P&S Reports)   | .5                       | 30 minutes             | 09:02 a.m.           |
| Awards  | .5                       | 20 minutes             | 09:22 a.m.           |
| Work Status & Medical Reports                                 | 22                       | 3 minutes = 66 minutes | 10:28 p.m.           |
| Bills & Liens   | 25 Fee Bills, 1 Lien     | 3 minutes = 78 minutes | 11:46 p.m.           |
| Legal- Reports, & Hearing Notices                             | 1                        | 12 min                 | 12:00 p.m.           |
| Plan of Action, 45 day review with Reserves<br>(1 hour lunch) | 5                        | 2 hours                | 3:00 p.m.            |
| New Claim   | 1                        | 20 minutes             | 3: 20 p.m.           |
| Supervisor Recommendations / Return Calls                     | 10                       | 1 hour +               | 4:30 p.m.            |
| Client Communication  | 1                        | 30 minutes             | 5:00 p.m.            |



## Regulation Changes

- Voc Rehab eliminated 01/01/2004 (CCR 9792.6 repealed) and creation of SJDB
- 1/1/04 creation of Utilization Review LC 5307.27
- 24 Therapy Cap / 24 chiro and 24 PT 4604.5(d) 1/1/04
- Lien filing fees mandated 01/01/2004 4903.05, Reg 10250
- LC 4603.2 reduces bill payment timelines from 60 days to 35 days (private)
- Requires bill objections within 30 days of receipt
- Return to Work Regulations: new forms i.e. Offer of Work Letters effective 01/01/2005
- Medicare 05/01/2004 reporting all WCMSA proposal to CMS for review
- Medicare electronic reporting 111 MSP 2007
- Medicare Set Aside 07/01/2009 MMSEA Act of 2007
- EAMS and OCR Filing effective 08/25/2008 (New Forms)
- SB863
  - PD schedule 1997 : Changed
  - PD changed effective 1/1/13. 15% +/- eliminated. Rating formula change
  - RTW forms rules changed when to send the return to work letters 1/1/2013
  - Independent Medical Review 2013
  - Independent Bill Review 2013
  - UR changes DOI 1/1/2013 and all DOI 07/01/2013 regarding deferrals, RFA,
- Medical Panel Network 2013 new regulations regarding objecting to the treatment outside of MPN. Effective 1/1/14 rules to evaluate the quality of the providers in the MPN and AD given power to investigate complaints and audit. 2015
- Pharmacy Formulary AB 1124 effective 1/1/2018
- Benefit notice changes 2009 and 2016
- Medicare Conditional Liens 2017
- E-Bills 2013
- Lien Statute Lien activation fees starting 11/19/2013 & 2017
- MTUS regulations adopted 06/15/2007
- MTUS re-organized 2009 and Chronic Pain and Post-Surgical guidelines adopted December 2014.

## Utilization Review Efficiencies

- Examiner Authorization Protocols
- Designated Urgent Care Protocols
  - Phone in RFA
  - Examiner AX via Phone
- Prior Authorization Programs
- Efficient UR Referral Portal
  - Demographics uploaded
  - 1 page / screen input
  - Examiner AX / Letters

## Technology

- Electronic communications / processing
  - Bill Review
  - Utilization Review
  - Auxiliary Vendor Referrals
  - Pharmacy Benefit Management
- Access to Claim Information
  - For injured workers?
  - Medical providers?
- Automation of Examiner Tasks
  - Notepad activities
  - Triggers for events

## Injured Worker's Participation

- Part of Initial Packet include
  - First Fill Drug Card
  - Designated Vendor script form for
    - Physical Therapy
    - Diagnostics
    - Chiropractic Treatment
    - Durable Medical Equipment

# Questions?

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## Presenter Contact Information

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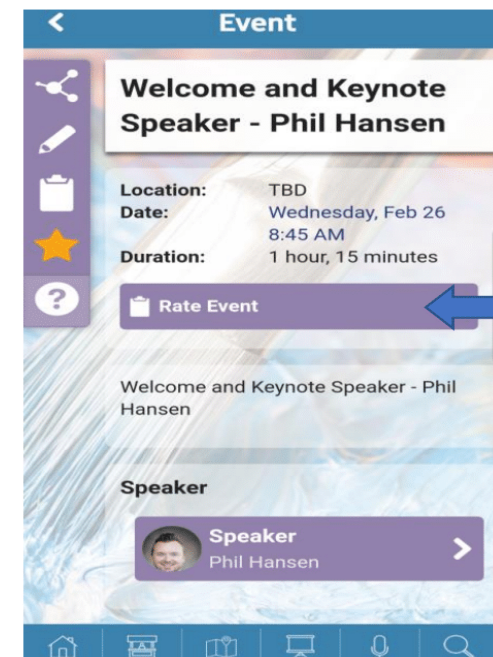
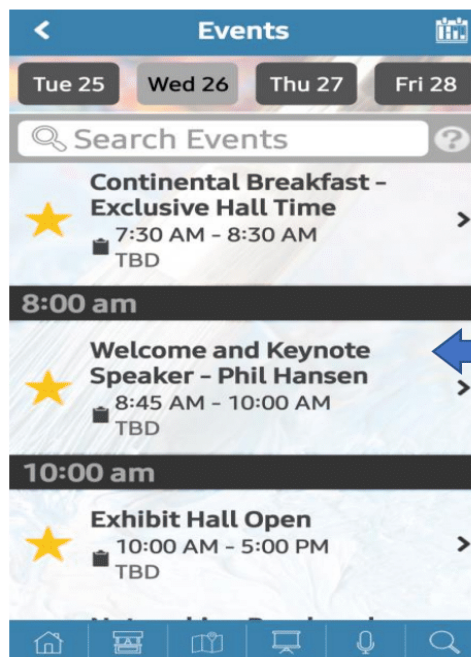
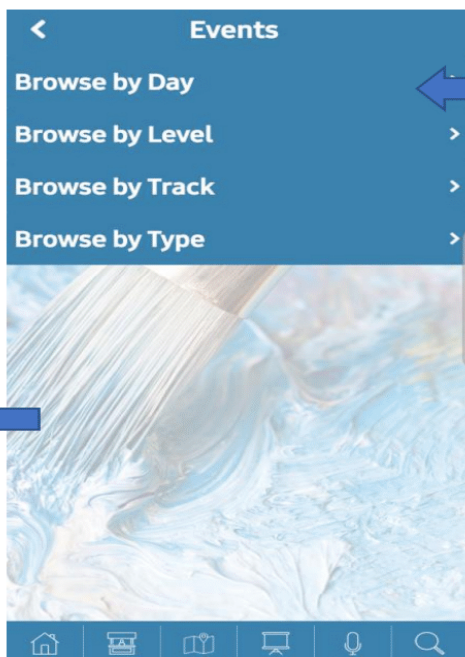
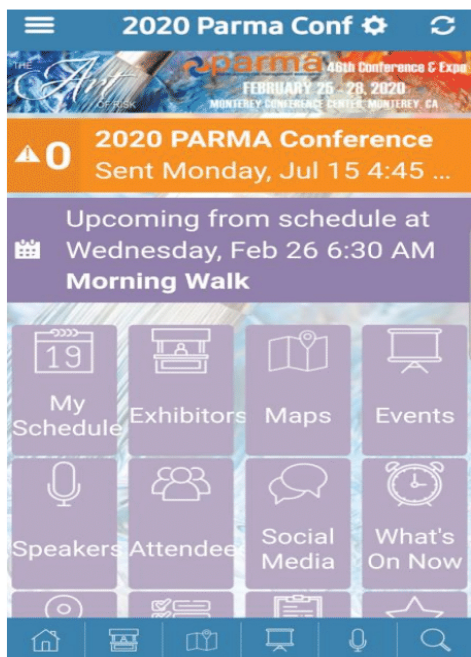






# NEW THIS YEAR – Surveys on the App

Find the App, Click on Events, Click on Browse by Day, Click on the Specific Session, Click on Rate Event. See Below for Screen Shots.



**THANK YOU!**

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