Questions/Analysis

1. Definition of a clean claim? A claim that requires no claim rep involvement from intake to close. Need to create depth here.
   * + Does no diary note mean a clean claim?
     + Monetary threshold
2. What are all the reasons/events that can trigger someone to look at a claim today? (Nicole)
   1. Certify medical records – today all but PT & Chiro classified records are verified in a WCIS screen. This verification sends the medical records to the IW portal.
      1. AMI indicated they can add a process to identify discrepancies in patient name (but maybe only if files are sent together – they would not keep records of previous files)
      2. Wanted: breakdown of number and types of medical records received on clean claims in past year
   2. Authorize treatment
   3. Receive a call from IW or PH and need to document (see question 3 below)
      1. Challenge: CRs do not always document calls received on clean claims because they may not be aware that they can keep a claim classified as clean even if the call is documented.
      2. Nicole & Catie are working to pull all the phone calls that happen on clean and med only claims within the first two weeks to try to identify the most common reasons people are calling.
   4. Authorize or review a bill
3. Why would an IW or PH who have a clean claim call? (Nicole)
   1. Policyholder:
      1. Had prior claim(s) that was more severe and received contact – this sets a precedent for the same level of communication even if the claim is clean. When they don’t receive the expected communication, they call to find out what’s going on.
      2. Let claim rep know about return to work information.
      3. Let claim rep know that the IW hasn’t missed any time.
   2. Injured worker:
      1. Received a bill
      2. Desires more information about how the process works
      3. Wants to know if a treatment is authorized
      4. Wants to know how they will get paid if they missed a day of work
4. What isn’t categorized correctly today?
5. What are the triggers that cause a clean claim to move to another type today? (Nicole, Suzanna Kelley & Amy Carlino)
   1. Claim rep documents something and pop up asks if the claim rep wants to move it to another type of claim.
      1. Is every interaction with a clean claim documented? If not, why? CR’s are supposed to document every interaction in the notepad. Some likely are not (if someone is calling to verify information, billing address, etc. those may not be documented)
      2. Follow-up question: who would be calling to verify information?
      3. What causes the need for documentation?
         1. Phone calls from a provider for treatment authorization (type of authorization could include PT, diagnostic studies, referrals to other providers, durable medical equipment, etc.
         2. ), then authorizing it.
         3. Surgery authorization request (from DP or PH)
         4. PH calls states they cannot accommodate the IW’s work restrictions which will result in loss time for IW
         5. IW calls expressing concerns about claim, being paid (loss time) or wanting information on surgical claim
      4. What causes the claim to elevate to another type of claim during documentation?
         1. Anything that would cause additional work on the claim such as Surgery authorization, loss-time, attorney representation, notification that the claim was reported to the DOWC
      5. How is the information received
         1. Phone call from IW, PH, DP
         2. Fax from PH, DP (almost always authorization requests)
         3. Medical Records Review- CR sees something in records that are concerning, and requires further investigation
         4. A repetitive motion diagnosis, recommendation for surgery, an impairment rating, etc.
         5. Email from PH
   2. CR sends EDI to DOWC
      1. What would cause you to send the EDI to the DWOC?
         1. Triggers required by the DWOC; loss time required, an impairment rating required
         2. IW can file EDI. On a clean claim this typically happens when they get an attorney as the attorney recommends that IW do this as a part of their legal strategy.
   3. IW retains an attorney
      1. When an IW retains an attorney, the attorney has the IW complete a Worker’s Claim for Compensation (similar to a FROI) that is filed with the DOWC to obtain a WC#, and then the attorney files an Entry of Appearance; they will often file these at the same time, and then we receive a copy.  The DOWC also sends a notification letter when they receive a worker’s claim notifying us that we need to file a position statement.
   4. Surgery request is received
      1. Who is notified of the surgery request? CR
      2. How is the person notified of the surgery request?
         1. Sometimes either the PH or IW notifying the CR. They went to the doctor, and found out they are going to have surgery.
         2. Majority of the time it is an authorization request via fax/phone call asking for authorization from DP.
      3. What is the approval process for surgery requests? CR has early intervention call w/IW & DP and can consult MCM’s to approve/deny request.
      4. Do all surgery requests need to be approved? If so, by who? Yes, by CR
      5. If a surgery is request is the claim automatically moved to another type of claim? 95-99% of the time yes.
   5. Anticipated impairment
      1. What is anticipated impairment?
         1. When the Provider completes the M164 they have to state if they anticipate or do not anticipate impairment.
      2. Who anticipates impairment?
         1. The Provider
      3. In what instances have you anticipated there would be an impairment?
         1. Reviewing Medical Records and seeing the type of injuries stated such as; back strains, anything with surgery, ACL tear, Rotator Cuff tears, and
   6. Claim becomes lost time
      1. How do you know when a clean claim turns to lost time?
         1. Get some type of notification (email/phone call) from PH or IW.
         2. IW may say that I am missing work, am I going to get paid?
         3. PH said they were accommodating but cannot longer do so, and have taken the IW off of work.
         4. Medical Review- Provider notes that IW has been placed on medical leave, and should not return to work
   7. Claim was incorrectly coded on the FROI.
      1. How do you find out that it was incorrectly coded?
         1. Reviewing the medical records and uncovering the injury is more severe than medical only/not-result in loss time.
         2. Identified on 60 day notice
         3. A call from a PH or IW which would trigger us to look at the claim.
      2. What is the cause of the error?
         1. Data entry error in the FROI done by CXP team or PH.
   8. Identifying potential fraud
      1. Reviewing medical records and injuries do not line up with the FROI
      2. PH calls and reports potential fraud/concern about the claim
6. How do we identify those claims that truly have never been touched?
7. Are there other roles within the organization that would touch a clean claim, such as legal?
   1. MCM’s currently piloting with DIVB on reviewing new claims at 40 days to see if additional research should be done for early intervention on the claim.
      1. Examples: Repetitive motion, or prior injury that could complicate their reported injury
   2. CXP role completing the FROI
8. Do you ever have a hunch about a clean claim needing to be elevated to another type of claim?
9. Yes, not a specific trigger but a just a feeling after reviewing medical claims, on the 60 day review you can tell if it is a clean claim or not.
   1. Example: Low-back injury or maybe they had a couple months of therapy with no improvement and are getting referred to a specialist and then get injections.
10. Reviewing the medical records, and seeing that a claim is being treated conservatively with PT, and you can tell the lack of improvement is going to lead to surgery.
    1. Example of when you had a hunch: Reviewing the Doctor’s notes IW says PT isn’t working, and they are having increased pain.  The IW was referred for an MRI, which may come back with a tear.  Anything where the IW’s pain is increasing/injury not showing improvement will most likely elevate to another type of claim.