

DWC IMR Update
November 5, 2013

The broadcast is now starting. All attendees are in listen only mode.

Blake Travis: Hello everyone and welcome to the DWC IMR Update. My name is Blake Travis and I'm in corporate communications at Maximus. I'd like to give you a couple of quick housekeeping items at the beginning here. We will be taking some questions and providing answers at the end of the webinar, so what you'll want to do is deliver those to us through the chat box on your screen or through the question box on your screen and then we will parse those and review them at the end. The slides and the recording of the webinar will be available afterwards on the website and any questions about the process you can also use the chat box and I can help you do that.

Today we have a number of presenters. Myself, I will be moderating. We also have from Maximus, Tom Naughton, Vice President of Operations; Lou Shields, Project Director for IMR and IBR; Denise Kunis, Project manager for IMR and IBR; Paul Manchester, who's our medical director; Rob Nydam who's director of the business process architecture. From Micropak we have Carleton Edwards, who's the SVP of systems development there. And then from the California Division of Workers' Compensation, we have Destie Ovepeck, Rupali Das, Katherine Zalewski, and Melissa Hicks.

So at this point I'm going to turn it over to your host, Lou Shields.

Lou Shields: Thanks, Blake, First of all welcome everybody, I'm so glad everybody could attend with us today. Good morning for those of you on the west coast, good afternoon for those who are on the east coast. I know we're actually spanning the United States with this webinar. A couple housekeeping items in addition to what Blake had mentioned. We actually had over 620 people who had registered for the webinar. I think we're over 400 folks that are actually on it now. So we're actually hosting this webinar by popular demand. So the purpose of the webinar is quite simple. We want to talk about and explain the current IMR process, we want to discuss recent changes that we've made to the process, and more importantly for you we want to highlight the interaction between Maximus and you the claims administrators. We also want to talk about outlining our future enhancements, talk about the online application, and getting that up and running on IMR. Blake did mention a Q&A, thank for those who have submitted questions in advance, we had quite a bit of those. I've actually had the pleasure of speaking back and forth with some of you via phone and via email. We will address the questions that were asked in advance, as Blake mentioned earlier, we will be taking questions through the webinar and if we have time at the end, we will get though and answer as many of those as possible. The webinar is scheduled for two hours; I'm not sure if we'll need the entire two hours. Another bullet I'd like to actually mention is a lot of the advance questions, some of those were related to regulation and legislation – the purpose of this meeting today is not to address that. This is not the forum to answer those questions. The DWC has forums set up to address those, so we will not be answering any of those questions today. Okay?

I want to baseline a couple data points here, so that we're all speaking from the same sheet of music. Today we're actually receiving in excess of over 15,000 applications per month. So I know the DWC has been sharing that information, that is a large amount of volume that we are receiving on a monthly basis. That volume is not decreasing, we're actually seeing it go up.

30-35% of all the applications that are currently being submitted do not include a copy of the UR determination, and we need a copy of that UR determination to actually move forward in the process.

Thirdly, a large percentage of the received applications have missing or incomplete data. So you guys think about getting 15,000 applications per month, a lot of those applications are, again, missing data, or are incomplete. We have some applications that we're getting just the signature, we have applications that are coming in with missing state or zip code information. And as we talk though here in a little bit, it's most important that we have that complete information, especially as we're dealing with correspondence through the mail.

A couple of our lessons learned in the volume. The actual volume that we're experiencing is, I'd say, not that it's unprecedented, but it really was not planned for. So the actual volume is five times greater than the planned volume. So again, the DWC has been sharing this information. In July, August, September and October, you can see the numbers. The first couple days in November have actually yielded a high amount of applications that'll probably exceed the 20,000 in October.

We did automate a letter and that letter was a notice to the injured worker, those were for the applications that were being submitted without the UR, we know that's caused a lot of confusion to you all. We apologize. There are a couple of explanations as to why that occurred, and we'll talk about that later on in the presentation.

We also revised the Notice of Assignment letter and at that point realized there was not enough information for you all to identify the case in question, or more importantly, the treatment in dispute for the case in question.

The other revelation is that there can be more than one UR denial per claims number. At the onset of this, we thought that that was a unique identifier. In talking with a lot of you as soon as these letters hit your mailboxes, there was an outpouring of, hey, you guys changed your notice, it's not including enough information. I want to let you know that we heard you, we're making changes and we're going to show you those changes here in a few minutes.

So what actions have we taken already to address the volume? So, from a Maximus perspective on the people side, we've added the project director, which is myself, and our business process architect, which is Rob Nydam. Both Rob and myself come with heavy technology and operations experience. We've added 50 additional staff to the

front end, because, again, think about when the expectation was that we were going to get 4000 applications per month, we knew we had to rush a lot of people to that front-end process to doing the data entry off the mailed-in hardcopy applications. We've added multiple shifts to our mailroom operations, that includes both our fax monitoring and scanning as well as our inbound and outbound mail capabilities. And we've also expanded our medical review panel knowing that once the volume is entered for all of the cases, that that was the next big bulge of cases and where they would be in our process. We're going to speak more to the process here in a few minutes, but again you'll understand it more when we get to that.

In terms of from a process perspective and automation, we did automate our letter generation, again knowing that some of it did cause some confusion, but it was an imperative that we automated these letters from a perspective of the amount of volume that's coming in, there was no way that we could continue to use manual processes for generating those letters. We currently have 65+ people at any point in time working overtime on a continuous basis to add all of the data off of the applications for applications that were already in process. As you guys can imagine that's a pretty cumbersome effort. What we have the right number of people working to get all of the information, actually all of the information, off of the current applications. We continuously monitor and analyze our business processes to look for inefficiencies and automate obviously where it is possible.

In terms of technology, we've doubled our fax lines. We've already doubled them from 23 to 46, and we are in the process of adding additional capacity just because we're not sure that the 46 is going to be enough.

If you guys think about when we send out the notice of assignments and the request for information, right now a lot of you are sending in the information via fax lines. So we're averaging about 300-400 pages per case on some of that alternative documentation. If you think about it, that's what's tying up a lot of these fax lines. So if 46 of you are sending them in simultaneously the 47th one is potentially getting a busy signal or one ring and a drop. And we've also updated our scanning capabilities.

So I'm going to turn it over to Rob Nydam. He's going to walk through the IMR process at a high level. Rob?

Rob Nydam: Thanks, Lou. So taking a look at the emails we've been getting so far and in conversations with the DWC, it's become apparent that there is some confusion over the IMR process. Obviously everyone on this call today understands the regulations out of which IMR came to be, but we're not really sure that everyone understands how those regulations and the processes have been interpreted by Maximus and been put into place in conjunction with the DWC.

So the goal here today with this slide [HIGH-LEVEL IMR WORKFLOW] is we just want to walk through the absolute highest level of the IMR process. And obviously what we have here is a pretty drastic simplification of what we do in the course of processing an

IMR. Each of these boxes you see here embodies within each of those boxes there are multiple steps and sub-processes but again the goal here today is really just to give you that high-level process and especially to highlight those places throughout the process where we think the claims administrators may need to become involved.

So, for Maximus, where IMR begins, obviously, is with receipt of an application. The first thing we do with an application – we're all electronic here at Maximus, so everything gets scanned in, any supporting document received with an application gets scanned in. Right after that we move into creation of a case. How we create our cases, and this actually relates back to some things that Lou mentioned to you, we create our case based solely off of the information provided on the application. We don't go into any analysis of the UR denial at that time, we don't have any other records that we review at that time, we create the case just off of what exists on the application. So obviously that underscores the importance of providing accurate and complete information on the application. If there is anything missing on the application, or for example if we don't have a UR determination provided with the application, then we head off down a different path. And this has actually been in flux in recent weeks and I think that's been in part the cause for the confusion for some of you folks, but we think we've got it ironed out pretty clearly now. So if a case is received where an application where there's any missing data or there's not a UR determination included with it, we send out a notification to the injured worker, and we actually now call it, we'll get to this a little later, we call it the Notice to the Injured Worker. It puts the injured worker on notice for exactly what was missing with the application as it was submitted to Maximus. So if there was a missing signature, for example, they'll get a notice saying what was missing, a signature and more commonly, they submit an application without a copy of the UR denial, it'll provide them with that information and also without some information on how they can submit that to us.

This is key for a few different reasons. First of all, it puts the injured worker on notice, obviously, that they need to submit the documents but they also need to submit the documents within a defined time period. At this time they have, we put them on notice that they have 15 days to provide the document to us after the first letter, the Notice to the injured worker. If after 15 days we still haven't received – if they still haven't cured the defect in the application or haven't submitted the UR denial, we send out a second letter. This is a Final Notice telling the injured worker they have 15 more days to cure the defect in the application as it was submitted or we're going to send the case to the DWC where it will be rendered ineligible for defective application. Fifteen days thereafter, 30 days total, after the first notice went out, if we still haven't received, the information that's required to begin the IMR process then the case will in fact go to the client and will be terminated as ineligible.

But going back to the happy path, assuming that we have an application that is complete and valid and includes all the information we need to begin the process including the UR denial, then the case proceeds to preliminary review. Preliminary review is really nothing more than a quick look at the case to ensure that there are no eligibility issues. Things like an expedited request, we make sure that there is a petition

for certification. We also take a look at timeliness, to make sure that the application was received per the statutory timelines. If Maximus at this preliminary review stage, if we do note any eligibility issues, then we're required to forward it again to the DWC where they perform an eligibility review.

Coming out of the DWC eligibility review, if the DWC finds that the eligibility issues that Maximus presented do not preclude further processing of the case, then it's sent back to us and it moves along through the IMR process. If however the issues we identify will in fact mean that the case is rendered ineligible, then the DWC is in fact the one that sends out that notice.

So let's assume it's one of two happy paths get us to the Notice of Assignment. Either Maximus does not identify any issues that preclude preliminary review or the DWC after reviewing the eligibility issues presented by Maximus finds that those issues aren't going to preclude the IMR process, that's where we get to the Notice of Assignment and this, for the claims administrators, is really the point where action needs to be taken.

Within a day, we send out the – after the favorable finding of the preliminary review – we send out the Notice of Assignment. And the Notice of Assignment does two things. First of all it puts both parties on notice that Maximus has been assigned as the Independent Medical Review Organization, and it also puts you, the claims administrators, on notice that there are certain documents per statute that you are required to submit. As I think everyone on this call knows, that's a 15-day deadline, and I think there's been some confusion about with what we've been sending out in terms of dates, we've had some questions there and we'll address those later, but the idea, in a perfect world, the way this process works is that one day after review, we send those letters out and then you folks have the fifteen days to submit the required documents.

There is actually another letter that goes out if we still haven't received the required documents after 15 days we do a review of everything that was submitted, assuming that everything that was required has been submitted, and we send it out for medical review, it goes through the process. If not, the second notice where we remind the claims administrators, you folks, that there is something that still needs to be submitted. But again, assuming that we have all the required documents, that's really where we get into the true independent medical review process. That's where we send it out to a physician reviewer, an independent medical reviewer, who reviews the facts of the case, will use the clinical record, reviews to determine what authority should apply, makes a decision based on all the information presented, sends that review back to us. We just then review the – all we do at that point is take a look at the review to make sure there are no typos, make sure that the information provided back to us is complete and in a form that we think will be understood by the public. And then we take this information and produce it in a Final Determination Letter.

Again, the goal here was to talk about the high level process and talk about those places where the claims administrators are going to become involved and that really takes us to the next slide here [ACTIONS TAKEN TO ADDRESS LETTERS], which I

think kind of address, I hope, the confusion we've been seeing from the claims administrators. So what we hope this table does is give everyone an idea of exactly what they can expect to see from Maximus throughout the IMR process and especially at those places where action will be required by either of the interested parties. As you can see here on the table, we have a whole series of correspondence that goes out but really there's only one place where action needs to be taken by the claims administrator. There are two letters that – the Notice of Assignment and Request for Information which we discussed on the previous tab – and then that follow up letter, the Second Request for Information, if following the submission from the notice of assignment if there was still something missing. But, other than that, there's nothing that the claims administrator has to do on the part of the IMR process. Once you've submitted your records per statute, then the claims administrators have really met their obligation from a Maximus perspective, as far as IMR process goes.

So this next slide here [New correspondence to injured worker, no action required] highlights what we think has probably caused more confusion than anything else so far. This is the Notice to Injured Worker, previously called Acknowledgment of Request for Independent Medical Review. So initially we've been sending out a copy of this letter to both parties, and we still are, but we think that maybe when we sent it out previously we hadn't been as clear as we could be that this is a notice to the injured worker, and we're hoping that in retitling this Notice to Injured Worker, that will help make it clear for everyone. We're sending a courtesy copy to the claims administrators, just to put you on notice that an IMR request has been made, and that this is in process. There's no action that's needed to be taken by the claims administrators at this time. So, please, if you see these come in, just know that it's a courtesy copy that the injured worker or their representative has requested an IMR but that doesn't mean that you have to do anything at that time.

And I'll also take this as an opportunity to highlight for you, and this goes to something that Lou had just mentioned, you see this table on the letter here, we're hoping that this table will provide you with enough data to identify what case is at issue in IMR, and we obviously are going to be inviting feedback on this table and we want to make sure that this is going to give you everything that you need. If it's not, or if you see things that are missing, that's a place where we want you to come back and let us know, but again our hope is that what's provided there – which is really most of the information that comes off of the application as it pertains to IMR ...

Lou: ... focus on the bottom of the application, the text ...

Rob: Yeah, well, as far as the treatments in dispute, of course, we know that there were some issues, that we weren't providing this information on a previous version of this letter, what we're doing now is taking this information exactly as it appears on the application, so ... And then we're going to talk about this later, for example, if you put on the application "Please see UR denial," that's exactly what's going to display in the box on this table. So obviously, it's going to inure to everyone's benefit if you put a full description of what treatments are still in dispute following the UR process.

So, I'm going to take this as an opportunity to pass off to Grousen Edwards with Micropak who's going to walk us through the online application.

Grousen Edwards: Okay, thanks, Rob. So my name's Grousen and I'm with Micropak. Micropak is the technology firm that supports Maximus in its case management efforts. I invite Rob and Lou to interject at any point in time, during my portion as I'm more the technology expert and a little less the process expert that Rob is. But one of the things we wanted to talk a little bit about is, Maximus uses a back-end technology called Entellitrak. Entellitrak is a widely used case management platform. There's over 200 federal, state, and local organizations that use the platform for human capital and healthcare, case management specifically to workers' compensation, actually there's half a dozen federal agencies that use the platform for their workers' compensation claims.

One of the things that we have seen on a repeatable basis in the case management world is an opportunity and a need to automate and streamline the data entry of a case. And so we have what we call ... we have a module to the entellitrak platform called efile. Maximus has been looking into potentially using this module to streamline some of the processes that we have been talking about in this briefing. As you have heard, there's a lot of effort on your part that goes into getting the data into the application, there's a lot of effort on Maximus's part to also get that data into their case management platform, and then there's a tremendous amount of communication on notices that the claims administrators want to see and hear, checking the status of cases, notifications that the injured worker needs to see and hear, and continuous efforts to supply additional information on an as-needed basis.

So the efile platform or module is a proven and secure environment used exactly for this purpose on a repeatable basis. It's a truly thin client, it's a browser based application so if you adopt the efile module you will, for the online application you won't have to download any software to your local computers, it will all operate over the web, it is secure, it is a credentialed environment, you will have to get registered and credentialed for the environment to submit claims through it. And some of the benefits that I think I see specifically to the claims administrator is it will give you real time submission. Today, claims administrators create the application and a letter that goes to the injured worker in a variety of ways that you all do locally. Some of you have systems, some of you do it through a form letters, and you know pen and paper processes, and so this would allow you to create an application online, real time, generate the application and the associated letter that you would like to go to the injured worker. It also then would populate that same data, real time, into the case management system that Maximus is using to process that case. Potentially this can be extended to the injured workers to also digitally sign these applications, that would be an option for them and provide documentation that they need to provide on an as-needed basis.

But back to the claims administrators, once you are using the efile module, you'll be able to get real-time notifications of the status of a case, so as Rob just mentioned, one

of the milestones is you need to get a Notice of Assignment letter, you could get those notifications via email from the efile module, so that happens in a real time. You would be able to update your documentation in real time.

Lastly, some other areas of improvement. It will obviously reduce the number of errors that are involved when we're retyping information, Maximus is retyping information into the case management platform. It would also reduce the paper and mailing. A small side benefit would reduce the paper production and the mailing costs associated with this process for claims administrators.

So at a high level – we won't go through every step – this is a swim-lane diagram that provides an overview of the entire process and all the organizations it touches from the claims administrators to the injured worker on down to Maximus. For this briefing, we really want to hone in on the claims administrator process and how this would potentially improve that process. So the vision for the folks who opt into the efile module, you would start out with a one-time registration, where you would need to register yourself as a user of this efile module. One of the benefits of that registration process is we would then capture information about you as a user, which some of that information is used in the IMR application, right? Obviously, you have to identify who is submitting this and what your organization is, and so through the efile module we can auto-populate that type of information. You'll have an option where you'll be able to create new IMR applications, you'll fill out ... we actually built a proof of concept for you that I'm going to show you today briefly to illustrate what this might look like. Once you've filled out that information, and completed the application online, there'll be an option to submit it. That will then create a record in the Maximus system, you would then simply print a copy of that application, send it off with your letter to the injured worker, at which point then when Maximus receives that signed application from the injured worker, they will be able to look up this case that you have already put in. At any point in time, you'll be able to come back and check on the status. So if you submitted an IMR application and you're wondering if it even ever made it to the Maximus team, you'll be able to go in and see if they received that signed letter and have started processing and doing their preliminary reviews or if nothing's ever come to it, for example. If Maximus needs additional information from the claims administrator, and the case has been registered through the efile module, they'll be able to request that information from you through the module and you will be able to submit that information back, including any outstanding documents or supporting documentation uploaded to our module.

So that's a high level overview of the benefits and the vision for an online application. Real quick, we want to switch over and show you kind of a proof-of-concept we put together of what this would look like, so I'm going to switch to a web browser. This is kind of a live demonstration of this prototype that we put together. What you're seeing here, we're running in internet explorer on the case management – this is not the production system, this is a copy of their test environment actually, that I took and then modeled this online application. So you will see when we log in a lot of case data, none of it is real, it's all test data that I've been putting in while piloting this. The other point I

want to make is you're going to soon see here an IMR application. The IMR application that I used for this prototype is actually the one such, I think it's considered a draft, it's not for public comment, so it's not the current one, it's actually the one that is out for public comment. So, once you've registered yourself as a user, Maximus will determine where you can get to the site, it may be a link from the DWC website, we'll determine how to best access the online application. For now, from the Maximus site, I actually have a line for the online application.

So once I'm actually a registered user, and I want to start submitting applications, I'll be able to say, okay let's create a new online application. So as you see, here's a new ... a complete version, complete digital version of the application that's out for public comment, as you see, there's a number of required fields, right, so we can start to help enhance the information that's needed on the application. Please note that what you see here as required is not necessarily what Maximus has decided how this will work. Again, this is all just me putting together an example of what this would look like. But real quick, we'll fill one of these out, so we'll say this needs a regular review, we'll actually use, I'm going to use myself as the employee information. We can automate a lot of functions, like we can auto-generate the claim number, it'll meet the schema standards that DWC uses and Maximus used today for this claim number for now on this proof-of-concept, simply typing in a number, you would not most likely type this in. The system would generate it for you. We'll identify the date of injury, small functions can make this a little easier like calendars, so we'll say this happened last month. I'll just start to move through and fill out some of these fields real quick. I'm actually going to focus on the required fields for time's sake, so you don't have to watch me fill out everything. We would go through and fill out the appropriate information, like who's the treating physician, Dr. A.J. Frickman here. His information. Your information, which would actually automatically get populated so, as I said earlier, once we know who you are, we can actually auto-populate the claims administrator information. I'll say that Maximus gets to be the claims administrator today. Lou, you get to be the actual claims administrator. And what is the diagnosis – I'm just going to put down "description goes here." And I think you get the idea of how they would completely fill this out.

You would actually submit this form. I also want to demonstrate – we also have the capabilities that for the injured worker who comes back and needs to, or would like to digitally sign these forms. There's a number of ways we can support digital signature, the most common way is a function where when they register themselves as users they will go through some legalese saying that any time that I say "I agree" in a signature field that's my digital signature. That's a common example we see. So I'm going to go ahead and digitally sign this as that example. And we're going to submit the form.

And so, you can see some validation that actually works here. Give me one second. It actually wants all these data fields ... address ... ah, let's try that again. So we will tie business rules and work flow on what needs to be validated upon submission, what type of email notification happens as this form moves through the process. So remember that the person submitting this was – you can see here now this has all been grayed out so I can't come back and change this form at this point in time. My submission is in the

case management system. Let's make a note that the employee information was Growon Edwards, treating physician was AJ Frickman, the claims administrator was Lou Shields.

We want to make that note because we're actually going to log out now of the online application and log in as a Maximus case worker. So you can see how this will automatically populate the Maximus case system so what would happen is as they ... very good ... as they receive these applications in, then instead of ones that have been filed through the online application, efile, instead of having to manually retype all that information off the application, they will be able to log into the system – it looks like we have a little wait for this – we'll be able to log into the system, we'll be able to run a search on that case and view that case file. Okay. Gotta love ... let's try to log in one more time, so we can look up that case file. So the way that this process will get rounded out is you would log in, Maximus case worker, all of that case data would be populated, they could then ... I must not know my username and password. Last try. Three strikes and you're out. Make sure I'll type all of this right. There we go. Gotta type the username and password correctly. So they will log in, see if we can see if security works, that's the good news, and essentially be able to go and search for that case once they receive that application by any piece of data that's in that case file. Right, so I can say I want to search this IMR, they'll go out and find the IMR for Growston Edwards, so injured worker, put Growston, we'll go out and find Growston's case,

Lou Shields: I think you forgot an "S" when you typed it out, I meant to tell you that. You're Growton Edwards. You can't type and talk at the same time.

Growston Edwards: I sure can't. So here we go. Here's Mr. Edwards's case record here, 12345 that we filled in. Even mistyping that name – so there's Growon. Okay, long story short, you can see we logged in, created an online application, then logged in as a Maximus caseworker, they could retrieve that case once they get that signed application and could start working through and processing this case file. So I think that covers our online application. I'm going to pass this back to Lou.

Lou Shields: Appreciate it. Thanks, Growston. So, we're moving pretty quick. So I just wanted to take a couple of minutes and talk about the implementation of this. Again, I've heard from almost all of you that, you know, this isn't a sales opportunity, you've been asking for this. We talked about the amount of volume that we're seeing. You think about the fact that Rob's process flow, all of this can now be done in minutes, especially when we make the required fields accurate, because again it's speeding up the process of a lot of the missing information that's actually coming in on the applications. So we'll be able to speed up the actual submission of the application tremendously. So in terms of an implementation timeline, and I'm going to kind of refer to this as "the critical path," these are the steps we need to go through to actually make this happen and go live. So as Growson alluded to a little bit earlier, the current application is out there for public comment, when those public comments come back, the application actually goes out for another public comment review, I believe. So, anyhow, that has to be approved before we, Maximus, and Micropak can move forward. As Growson said, we are going to move

forward with doing development as the application is today, but there is going to be some redevelopment work that's required actually to – that we have to wait for to set up final before we can actually move forward. So once the DWC adopts the final application, we – again we're doing the development in parallel as it exists today. We'll have to make any changes that come in as a result of that public comment. Maximus then will complete its systems testing effort. We will perform a user acceptance test and just to give you a little preview, we are going to solicit input from you all to be part of that process. We will make a training video available online in advance of it. We will probably add another webinar or two between now and then to make sure that it's all done and ready and communicated and we all know what's happening before the actual application goes live. Obviously the sooner we can implement this, the better. We do have on here Q1 of next year, we are targeting the January-February time frame, so early in Q1, but I obviously won't be able to commit to a timeline until this critical path is actually accomplished.

[SLIDE]

So, just again a heads-up. We'll be in constant communication with you via webinars in addition to the regular DWC newslines that actually goes out to you on a regular basis as well. Okay.

So, we want to take a couple minutes now and go through kinda the Q&A. So we have addressed some of the questions that were submitted in advance, we're actually going to start answering some of those for you now. And when we get through these next couple slides, what we'll do is we'll go through the questions as they were submitted, from you guys during the actual webinar.

Okay, so first question. **What resources does Maximus have in place to meet current IMR demands?**

As I stated earlier in the process, Maximus has thousands of resources that were available, the good news is that we were able to take resources that were already within Maximus and redeploy them to this front-end process, so we didn't have to go out and hire 50 people from scratch. The 50 people that we added to the front end were already Maximus employees. Obviously in order to get that up and running, those people had to have training done, and we've added them to that front-end process, so I'm focusing on case creation today – that again is where a lot of the issue is. But we've addressed the entire process that Rob reviewed, from case creation all the way to final decision letters. So we've staffed up in every one of those areas to meet the demand volume. So Maximus absolutely has resources and they have been redeployed.

Number two. **How can the Claims Administrators help to make the IMR process more efficient for all involved?**

Again, I've spoken to a lot of you via phone, some over email. The easy things are relatively simple. Make sure that the information that's on the application is accurate. A

lot of the time that we're incurring is going and looking for that missing information, number one, or, number two, when the application is being submitted, if you could actually submit the UR with the insert of the application. So until we get the online application up and running, that would really benefit us if you guys would take a good look at those two components.

The third. **Can Claims Administrators be involved in the devolvement and testing of the online application?**

The answer is yes. What we'd like for you to do, and I have the actual email address later in this presentation, we would like to you to send us your willingness to participate. We will work with the DWC to identify the claims administrators. Unfortunately, we can't work with every single claims administrator but we will identify and start working with those that are selected. So, Rob, I'm going to turn it over to you to talk a little bit about the questions around process and policy.

[SLIDE]

Rob: Thanks, Lou. So, I'll sort of preface this, folks, by reminding everyone that these questions and the answers to them relate to the current process. Some of this is going to change when the online application goes live in a few months here, but for the current process, these are questions relating just to that.

[SLIDE]

The first question here, **what information can the Maximus customer service department provide to inquiring claims administrators?**

The answer to that is our customer service representatives have been trained only to provide information as it relates to the status of an IMR, and by status, we mean things like where in the process is the case. Have we received the application? Yes. Have we completed preliminary review – that would be a status. Has the case been assigned to Maximus formally as the independent medical review organization. Things of that nature.

[SLIDE]

Anything beyond an inquiry about status --

[SLIDE]

-- is really something that we would like folks to start sending to our mail-in database, our email is IMRHelp@maximus.com, and I believe later on in the presentation, we'll provide that email address to everyone. So if it relates to status, please feel free to call our customer service department at the 855 toll-free number, otherwise, any other inquiries, it really would be better if you sent it to the IMR help at Maximus email.

Next question here. **What do Claims Administrators need to provide to Maximus to terminate an IMR if the services in dispute have been authorized or if the underlying case has been litigated to finality?**

The answer here is that we need you folks to send us something in writing, actual proof that the case has been settled, that the case has been completely litigated, that the services have been authorized. And it can't be just a letter stating that, we would actually need, for example, if the case has been settled, we would need a copy of the settlement agreement. If the services in dispute have been authorized, we would need an authorization number or some sort of proof that the services in dispute have been authorized.

The third question here, **what if a Claims Administrator gets a request for records on an IMR, but cannot identify the UR denial at issue?**

This is a perfect example of an inquiry that we would really – you're going to get a much better response if you send it to our IMR help at Maximus.com email. This is something that doesn't relate directly to the status of the case, so this is something that we have different folks who are trained to answer this type of question who are going to be answering through the IMR help email.

Next question. **What if a Claims Administrator receives a request for records near or after the deadline for submission of the requested records?**

I think this question came to us actually in relation to claims administrators receiving requests they thought were too close to the deadline, for example, there'd be a date on the letter that would say March 15, you folks have fifteen days to respond, and you're saying you didn't get it until Day 14. If that's the case, then we would certainly invite you folks to contact us, and again that would be through the email at IMR help at Maximus.com and we'll work with you obviously to ensure that you get the time you need to respond if the error is on Maximus's part. If however we did send out a request for records in a timely manner, if our letter is postmarked at or near the date on the letter, near being within a day, then we feel that we're really going to have to kind of stick to the fifteen-day deadline. But, again, please contact us if you have an inquiry along those lines, and the proper channel through which to do that would be through the email at IMR help.

The final question here. **What can a Claims Administrator do if he/she contends that the records being requested were previously provided to Maximus?**

Again, folks, I know I'm sounding like a bit of a broken record here, but really this is a perfect example of an inquiry that should be sent to the IMR help inbox. If you do feel you already submitted the records, contact us, we'll do an investigation internally and get back to you. We certainly don't want you folks to have to submit records over and over again, in fact it works to everyone's benefit if you don't do that because what

happens is things get confused, we get duplicates, we start entering cases twice, so please do – if you think you've already submitted something to us and we're requesting it from you again, please send an email to us at IMR help.

I'm going to pass it back to Lou to answer some questions that relate specifically to technology concerns for IMR.

[SLIDE]

Lou: Great. Thanks, Rob. Again there's a lot of technology questions that are being submitted, but they're all in the same vein. The first one is, **what if I am unable to submit documents by fax because the Maximus fax line is busy?**

Again, we've doubled the number of lines. We're adding capacity. Hopefully, the frequency of that occurring is lowering. If that's not the case certainly again, as Rob had mentioned, please call us or email us and let us know, number one. Number two is you can submit the documentation to us via the letter form. So you can actually mail it in.

The second question is actually the answer to the first question, which is **Can the Claims Administrator submit digital records?**

The answer is absolutely yes. So we're going to be able to receive those. You can absolutely submit CDs, flash drives, with the online application and any alternative documentation. So I know that there was some confusion when the program initially started that was occurring, when we saw the volume in the bulge, there was a decision made not to do that. We are reinstating that, absolutely, you can be able to send these. If you go back and think about hundreds of you trying to send us faxed documentation of the request for information materials, again, it's hundreds and hundreds of pages. So we absolutely want to streamline that process. We want to make it easier for you, so submitting electronic media is absolutely okay. Please do that, and send it to the appropriate address, just like you currently send it today.

If I can't reach Maximus on the phone what can I do?

Again, I think that's in reference to when we send out those group of letters, when we automated them, it created a lot of confusion, it tied up a lot of those lines. We have plenty of lines available, we've added the customer service representatives – I don't want to say to the _____ in process – but that's where a lot of the questions are coming. As Rob had mentioned a couple times, you know, the purpose of calling in should be to check on the status of the application. If you're actually calling about anything else, we'd prefer you to actually email with us at IMR help at Maximus.com. Again, we're going to actually talk about the – we have the email here on a subsequent slide. That's really it in terms of the technology questions. So, Blake, what we're going to do now is –

[SLIDE]

-- I know that we got a bunch of questions that were submitted in advance. We're actually going to start addressing some of those, so some of us will actually answer those questions. So, the first one.

Rob Nydam: The first question is, **If a change occurs in the request and it is modified or approved, what is the process for the claims adjuster to stop the IMR process?**

And the answer to that is for the Claims Administrator to submit written evidence that in fact the request has been modified or approved, so a phone call under this process would not be acceptable objective evidence to support a termination of the IMR. We would need the submission of written evidence establishing that in fact the service is in dispute has been modified or approved.

Another question here is, **Will you consider keeping any medical records for any amount of time?**

And the answer to that is all of the medical records that we've received are digitized and kept for at least a year if not longer. Generally we keep all records up to seven years is our standard processing for treatment of medical records.

Let's see here. Here's another question. **The injured worker is responsible for providing the peer review report. Who is informed of the delay and/or determination? All parties?**

All parties – that's a question. And the answer is all parties are informed in that instance.

Is the notice to the injured worker also served on the attorney?

The answer is that if it is established that the injured worker is represented by an attorney, then that attorney will be copied on all correspondence associated with the case. [other voice unintelligible] Yeah, but we have to have the information that the injured worker is represented by an attorney in order for us to communicate with the attorney.

Here's another one. **What determines required documents? One months' worth of records, three months' worth of records, six months' worth of records? One year?**

And I believe the answer which is in the statute of regulations is currently one year of medical records and required documents.

If a Claims Administrator does not supply required documentation, would the IMR request be processed just on the UR denial and documentation sent in by the worker?

The answer to that is no. If we simply receive the application and the UR denial and no other records from the Claims Administrator, we will not be processing those IMRs.

When will the efile process be available for use?

The answer to that is we are planning, as Lou indicated, for a first calendar year quarter release of the efile application. Hopefully we can get that out in January or February but it may take a little more time, with all the public comment and approvals that the application needs to go through.

There's a question here. **If the DWC determines that the IMR is not eligible, but a notice was sent, will Maximus bill the employer/carrier?**

Part of the answer to that is when in the process it was determined that the IMR is ineligible. If, for example, more later on in the process the case has already been sent to a physician reviewer and information later comes to our attention that might render the IMR ineligible and that case is presented to the DWC and they find it ineligible, then there will be a bill. But there are circumstances also where if the IMR is determined to be ineligible, if it's prior to those key benchmarks, those key milestones, then they will not be billed. So the answer there is really it depends, sometimes yes, sometimes no.

Lou Shields: I'm going to take the next one, Rob. **Will there be an API to let us connect our EHR to the IMR process?**

So we must have some technical folks on the line. The answer is we're absolutely considering that for a future release. That absolutely would speed up processing and document passing back and forth. It's not available today, but it's absolutely on our list for development. So stay tuned on that.

On the efile module, do we have reregister again? Is it different than the original exchange module?

Rob: So, I'm not sure about the original exchange module. Once you register into the Maximus efile module once for the first time, you will not have to reregister after the initial registration. And I'll actually answer the part about the exchange module. So I know that we've been working with some of you folks to allow submissions through our proprietary Move-it software, that's the exchange module. Entellitrak is actually an entirely different software. Move-it is simply our internal means by which to have a secure file transfer protocol. So once we have the online application up and running and the efile module, that will obviate the need for Move-it going forward. So you folks will be using Entellitrak and the efile feature in place of Move-it.

Voice: Rob, I think you should get 28.

Rob: So we have a question here, **Will the providers have any updates on the process so we will know if the case was finally approved so we can follow up on payment?**

Apparently we're getting this question from a hospital that was not getting any input into the process. So how it currently works is Maximus is only providing copies of all documentation and all correspondence sent out to the interested parties. So if the provider is actually representing the injured worker, in the IMR process, then yes, the provider would be getting copies of all the documentation as an interested party or the representative of an interested party in the IMR. If however the provider is not acting on behalf of the injured worker, then the answer right now is no, we are not actually sending out copies to the treating physicians. We would ask of course if there are any inquiries there on behalf of the provider, really the appropriate place to go is probably to the injured worker or the representative.

So here's a specific question. **Why can't we as applicants' attorneys file documents electronically?**

I think that that is certainly a process we're open to considering and setting forth, as long as the applicants' attorneys understand that they're not filing the application but as far as the supporting documentations to the case, I think that's an option we will definitely look into and see if we can institute that.

And we will, folks, we'll have more information for you as we get closer to the online application. Today's focus was to show you how we work for the Claims Administrator, we'll certainly have a separate informational session to set forth how it's going to work for the injured workers and their representatives, but certainly the features that are available to the Claims Administrator, the ability to submit documents and check case status, we're hoping that those same features will be made available on the injured workers' side as well, including the ability to receive electronic notification.

So I know we're coming down to the end of our time here. We received a lot of questions, a lot of them around the efile module, I'll hit a couple of more on efile, but definitely as we roll this out to the community, there's going to be a lot of opportunity for comment and input. These questions are super helpful. We'll hit a couple more of them on efile before we wrap up. I will say that the questions are great, it definitely helps us know what the community wants to see and is interested in, a couple questions here that I see around efile, **Will a web service for automation of data submission be available?**

Again, as Lou mentioned earlier, there is a potential capability around an API, that API would support a web service. We are considering setting up a standard port data for submission so you could potentially submit directly from your own case management systems to Maximus but those are future phase-ins they will not be in the initial efile application.

Lou: That's great, Growson. So, I got one here personal. Thank you. **How can we get in touch with Lou regarding IBR? IMR seems to be getting a lot of attention because of the numbers of applications, but IBR especially the online form is struggling.**

You guys have my email address. It was in the newswire. I'm not so sure I want to give out my phone number yet, but certainly email me. We'll get it in the hands of the right parties. You can contact me. I told you that we've been exchanging emails late at night, almost 24 by 7.

Voice: And of course we also have just like with IMR, we have an IBR help at Maximus.com email. We invite you folks to send any of your comments or questions to that email address. We have people that are regularly checking that inbox.

I see another question here that I think is a really, really excellent question. **Is this a mandatory process for Claims Administrator?**

The answer is there will absolutely – it is not going to be mandatory for Claims Administrator to use the online application. It's going to be an option and we hope you folks will avail yourselves of the technology. We think it benefits everyone involved, but certainly it's not going to be made mandatory.

Here's another question. **Do we receive applications directly from the UR organization?**

The answer to that question is no. The way Maximus receives applications is from the injured worker or the injured worker's representative. The Claims Administrator fills out the application, then it's incumbent upon the injured worker or representative to sign it and send it in to Maximus, but we never receive the applications directly from the UR organization. I will clarify here, on the online application we will be receiving the data that the claims administrator puts into the application, we'll be holding on to that data. But we won't actually be doing anything with it until or if we receive confirmation from the injured worker or their representative in the form of a request for IMR, a signed request.

I see a question here that's around security. **Is there a security issue if anybody can look up an IMR?**

Just to clarify that, the IMR look-up of applications won't be open to anybody. Basically the people who will have access to an IMR submission is the person who submitted it. In the initial phase, it'll be the person who submitted it, and the Maximus claims processors, who have authorized access to that as well.

I see another good question here. **Can the employee designate the attorney to sign the digital IMR?**

We're still in the process right now of investigating exactly how that's going to work on the online application. We certainly – the answer I can give you folks right now is there will absolutely be a means by which attorneys or any representative actually can complete the IMR application on behalf of the injured worker, and again as we get closer to the point where we're going to release the online application, we're going to be sure that that information is available to everyone involved, so you know how that's going to work exactly.

Okay, so another question. **Can anyone on the applicant's side be involved in the development and testing of the application? They are the ones filling the application not the Claims Administrator.**

The answer is yes. Actually we talked about involving you guys in development and testing of the online app. It's actually going to be a user – community user group. We absolutely will include those folks in development and testing of it. Good question, and one that absolutely should have thought of in advance, so thank you.

I see a question here that actually I think we should address really quickly. I know there have been some complaints. We understand obviously that for any given injured worker there can be multiple requests for IMR so I see a question here, **Is it true that with each submission, each request for IMR, we have to resubmit the entire medical file?**

The answer, unfortunately for Claims Administrator we understand, is yes and that's because the records, as we receive them, it's actually more of a security, HIPPA and PHI concern for us, those records are specific to the application itself, as part of the actual case file. So we can't actually – we don't store the medical records in such a way that they're linked to the injured worker, they're linked to the request for IMR and the underlying claim.

I see another question here. **Do we need to send medical records by certified mail or some other proof of service?**

The answer to that question is no you do not. Certainly if you get closer – we will put this out there, there have been questions about deadlines for submission of records – as you get closer to the deadline, we'd probably recommend that you folks avail yourselves of those services and use an expedited delivery service which will probably come with some of those services. But it's not required.

Lou: Okay, I'm just kind of browsing down through some more questions.

Rob: I see a question here, **Maximus is no longer postmarking correspondence, thus it is impossible to dispute the receipt date of letters. How would a Claims Administrator adjust this?**

First and foremost, if anyone ever receives a letter from Maximus that's not postmarked, again, please email us at the IMR help inbox and we'll address those concerns immediately. But certainly it's not a Maximus policy to not postmark correspondence as a general rule. That's just part of our process, any outgoing mail is postmarked. So we're hoping that those are the rare exceptions, and again when those occur, please contact us.

Lou: Okay, what about 55. Documents via email.

[QUESTION NEVER READ.]

Rob: So, documents via email. The answer to that question is really going to have to be no and it's not because we don't want to or it's not convenient for people, the answer really comes down to security. Email as a means of communication is great in a lot of ways but it's not the most secure form of communication. So what we're trying to do is open up every other possible channel for you to send us records, whether it's through our secure FTP Move-it, or eventually when we have the efile module with entellitrak through the online process, but for the time being we're going to ask that you folks please use one of two channels. Either send it by mail, or fax it to us.

Lou: There's one here and I want to address it in advance, so it says, **What is the turnaround time for questions sent to the email address?**

Now that we're making it public, it was public, but now that we're affirming it here? I'm assuming we're going to get flooded. So what I will tell you is our standard is that within 24 hours and we will do our best, but obviously that will be based on volume but we will do everything in our power to address every email in 24 hours. But again I'm assuming it's flooding up now.

OK. I'm seeing a lot of repeat questions.

Rob: Okay, I do see a question here – it's more of a statement. **Twenty thousand applications per month, average of 300 pages per application, equals, well, a lot of pages. Six million pages per month. Is this doable?**

If you had asked us that a couple of months, we might have had a little bit different answer. The answer now is absolutely. We are scaling up our operations across the board, as Lou discussed with you folks earlier. We've done this before in other places with even higher volumes than this believe it or not, so this is something that we have the capability to manage, it's just a matter of scaling up our operations right now to meet this increased demand.

Voice: I see one here, it's a common question I hear actually, and a very good question. **Does MX have a cap on the number of users who can register to efile?**

So by design, the efile module has no cap. It's a customer service public email facing – customer basing interface so we would never want someone to try to register or log in and not have access. To put it in some scale, some of our larger, worker comp specific actually, for example, we are entellitrak and efile modules used by TSA to process all TSA workers' compensation claims. You can imagine what the number of TSA agents and field personnel, they see a lot of claims. We have a DOD implementation as well, that has upwards of 10,000 concurrent users. So it definitely—there is no limit to scalability, it's not a problem, it's been proven and we see time and time again.

Rob: There's another question here. We talked earlier about the exchange portal which is also known as Move-it, which is our proprietary product, to allow for secure transfer of documents. There's a question here related to that. **Will Move-it no longer be available or in effect in the future?**

The answer to that right now is we would like for folks to transition over to using the online efile process available through entellitrak, we think it's actually going to be a more efficient process for everyone involved. We're probably not going to say at this time that Move-it will strictly be unavailable upon release of the efile module, but at this point in time, again, we would like to encourage folks to move over technology and I would probably expect that over time we would like to phase out the use of Move-it and replace it entirely with the efile module. But again that's going to occur over time. We're not going to at the moment we release the efile module, we're not going to shut down Move-it. It'll be a gradual process.

Lou: Okay, here's an easy one. **Is there a cost for efile online?**

Absolutely not. Just like any other web-based application that's available, there's no cost to you for submitting applications online.

Okay, we're getting down ... getting down to the last couple questions. How about number 75?

Rob: So there's another question here related to Move-it. **Is it worth pursuing the Move-it option for claims administrators who are currently only using paper fax or is it better to wait for efile?**

The answer is it really comes down to a matter of preference for the claims administrators. Move-it is an option that we make available to you folks. If you'd like to start using it now, you're certainly welcome to. You can contact us through the IMR help or in the case of IBR, IBR help inbox, and we're happy to help you get set up there. But if you want to start submitting digital records now and submit them in a secure form, yeah, we can use Move-it.

Voice: Rob, but in terms of is it better to wait ...

Rob: Is it better to wait? Yeah ...

Voice: I mean the internet's going to have some benefits that Move-it doesn't.

Rob: Right. So yeah, that's why I was saying earlier, we would certainly – we would recommend that when efile does become available, we just think that across the board there are so many advantages to claims administrators using the efile module over Move-it. In the interim folks if would like to use Move-it will use it as an option, but again I really can't foresee a circumstance where someone would prefer to use Move-it over the efile module. There are just so many more features available, and conveniences available, for the claims administrators through the efile module.

Lou: One of the last couple questions here. **How long will it take Maximus to get through the backlog?**

The answer to that question is Q1. But we talked about kind of the process – that's dependent on us getting the missing URs, getting the alternative documentation, and again, if you think about how long that process may take – then you have a 45-day window on the backend, once all that material is received for the actual IMR process itself, to take place. Even if we had it all today, the best case scenario would be forty-five days from today, again depending on turnaround times with getting all that submitted documentation.

Voice: Please share also what we're doing to address the incoming volume, the letters we're sending out on a daily basis, obviously the staff we've added. I would also indicate that we've enhanced our physician panel by several hundred physicians. We are in position right now to process 15,000 cases a month. The strong issue is the front end getting everything and all the information together, we're absolutely prepared to close those cases timely that are coming in with the appropriate documentation and that are complete case files.

Rob: Just to give you folks a perfect example of how we're scaling up to deal with this volume, you know we started out with some pretty good scanners, some very high quality high technology scanners that we were using to handle the volume we were expecting to receive and now, realizing the volume that were receiving now, we've upgraded our technology across the board, we have some new scanners that, going to the question earlier about the volume of paper coming in, three months ago with the technology we had in place with the volumes we were expecting, six million pages a month would have been difficult to handle. Now that we've scaled up that technology that's something that's very manageable.

I see another question here. **If the IMR application is received after the deadline, how is it handled?** The IMR application gets handled initially the same way any other application would, the case gets created, if there's something missing, there's a missing signature or a missing UR denial, letters would go out requesting that those defects be cured, as per normal. The difference would be if this case gets to preliminary review and

it's discovered that the application was filed after the statutory deadline, then the IMR is referred to the Division of Workers' Compensation for an eligibility determination.

So I see a question here. **I know that Maximus stated they will do an investigation if the records were sent but not received, how can we show proof that we sent it and will we be fined?**

How can you show proof that you sent it? If you sent it us, depends on the means by which you sent it. If you sent it by mail or by fed ex or something like that, obviously there are tracking procedures available there. If you sent it by fax, hopefully you folks are saving the fax confirmation pages. But really I think what we were thinking of in terms of doing an investigation is we're probably not even going to ask you to submit proof right away. We'll do a quick investigation on our own – if you send us something saying we already submitted the records, we got more notices from Maximus saying that we didn't send it – we're still going to do an investigation.

Lou: Okay, Grock, take something to you.

Voice: Okay so this just came in. Is the log in to submit for an efile tied to the company or to the individual. It is tied to the individual. People ... individuals will be credentialed at an individual level. Also there is just – while we're on the subject of credentialing and security – there's a lot of backend security that is tied to efile so it has audit logs of all actions taken in the system by what user. The self-registration process has a lot of security wrapped into it to ensure that people who are registering themselves are who they say they are, and so we will be able to monitor and keep audit logs at a user level.

Voice: So I see a question here regarding the field for disputed UR decision on the application. Should the claims administrator answer all the items in the UR review even though the injured worker may only be disputing one of the several denied items. The answer is yes, please enter on the application all of the items that are still in dispute following the UR determination. It will then be incumbent on the injured worker to provide any clarification as to which of those items they would like to be pursued through IMR.

Voices: Yes, 82.

Well, 70 I wanted to answer.

Which one?

70

Is there a cost for efile online? And the answer to that is no cost to efilng online and in fact there's potential that claims administrators could see significant cost savings by utilizing efile online.

Voice: Okay. I think we have time for one more, and then I got a couple other slides to kind of wrap up. I see a question here. Is there a plan to send a copy of the IMR application that we receive – claims administrators need to see the application especially since the letter tells claims administrators how to address disputes.

At this point in time we are not sending out a copy of the application. This actually relates back to the table we showed you folks earlier that we're providing – and by the way that table that we're providing with all the case data, that's going to be provided on all correspondence that we're going to send out. So we're hoping that because all that information is pulled from the data provided on the application that will meet the needs of the claims administrators in terms of identifying the underlying UR denial and the issues that are still in dispute in IMR. Again, we're going to be inviting your commentary on that. We're hoping that meets the needs. It's something we're releasing that's new, in fact just within the past couple of weeks, we started sending letters out with this information, but we expect that there's still going to be some dialogue there as we work through and ensure that you folks get the information you need to do your part in this process.

Lou: That's a good point, Rob. I want to make sure, so, the additional – the changes to the correspondence, we started sending those back out again as of last Friday, some of you may have seen them, you're pretty close from a mail perspective, and have already opened those up. But you guys will start seeing those coming through this week, that goes for the letters for the missing UR in addition to the notice of assignment letters. You should start receiving those in your mailrooms shortly.

[Wrap-Up slide]

So just a couple things in terms of a wrap-up. So, you know, tips for ensuring a smooth IMR process until we can get an online application up and running. Again, we've talked numerous times here about accurate information submitted on the application is critical, including the treatment in dispute. We are seeing a lot of duplicates that are being sent in, some of you guys are sending it in via mail, some of you are faxing, and some of you are faxing multiple times. We are receiving them. So we do have a process upfront, but as you guys can imagine, it's tying up more bandwidth on the frontend when you're continuously sending it in over and over and over again.

Actually, the third bullet is what I mentioned a little bit earlier, again what you enter in that free text form on the application for treatment in dispute, if you say "see UR Denial" on the application that's what's going to be on all the correspondence and that's not going to be to your benefit when we're sending letters back to figure out what treatment is in dispute.

I just want to comment here, folks, real quick. That's not because we're trying to be obstructionist. If we had the time with the volume we're seeing to have folks on the frontend of the process abstract from the UR denial letters those treatments in dispute, we would certainly do so, but with the volumes that we're seeing it's really just not

feasible to do that, especially because that is technical information that is required to be submitted on the application. We really do need to see that on the application wherever possible.

Voice: And, Rob, I think more importantly, you know, in the position of the IMR organization it's certainly not our position to make a judgment as to what the dispute is at issue and it's really incumbent upon the parties to the dispute to provide the accurate information as to what dispute we should be reviewing to ensure that everything is accurate and that we're all on the same page.

Lou: Great. So again we referenced this throughout the presentation but again, any questions that are not status related, we'd like you to send them to the address here and that was asked on several questions as well. Here it is IMRhelp@maximus.com. I do expect we're going to get a flood of email in there, but that's okay. We'll get to it, we promise you. So, please, if it's not status-related, please do not call the 800-number, although I think some of you maybe will, but again, let's get into the routine of actually sending it to the appropriate email address.

Blake mentioned this at the very beginning, for those of you that have come on after the beginning started, we are going to be posting this presentation, we are going to be posting in addition to this presentation the actual voice recording of it as well, number 2. Number 3 is that all of the questions that were asked in advance and through this webinar will be posted with questions and answers as well.

So this is only the first of many webinars as we talked about. We promise to communicate with you in advance. That usergroup that we talked about earlier will be pulled in. Again, if you're interested in participating, we'd love to have you onboard, if you can actually send us your desire to participate in that, to the address here on file, at IMRhelp@maximus.com, again, I know I said that a couple times, but that is the way to get to all of us. And again, most of you have my personal email address as well, so if you have any issues -- you're not getting any correspondence or you're not hearing back through that channel, you can certainly email me as well.

So, Blake, we appreciate the time today with everybody I think this is going to kind of wrap it up for us today, but we look forward to working and partnering with you as we move forward on this journey. So, thanks for today.

Voice: Great. Thanks, Lou.

Lou: Thank you.