

OPERATOR: The broadcast is now starting, all attendees are in listen only mode.

BLAKE TRAVIS: Hello everyone and welcome to the today's MAXIMUS webinar, my name is Blake Travis and I'm in Corporate Communications at MAXIMUS. The webinar today is our DWC IMR Update or the Injured Worker or Applicant Attorney. A couple of housekeeping items early, we'll have some Q & A at the end, you can pose your questions into the questions tab on the little toolbar to the right of your screen or you can type it into the chat box, and the slides and recording will be posted pretty soon after on the DWC IMR website.

Now the presenters today from MAXIMUS Federal Services, will be Tom Naughton, Senior Vice President of Operations, Lou Shields, Project Director of IMR and IBR, Rob Nydam, Director of Business Process Architecture, and our presenters from the California Division of Workers' compensation (DWC), are Destic Overpeck who's Acting Administrative Director, Rupali Das, MD, MPH, who's the Executive Medical Director, Katherine Zalewski who's the DIR Chief Counsel, George Parisotto who's the DWC Acting Chief Counsel, Mary Jean Crisostomo who's the Medical Unit manager, for IMR, and Melissa Hicks who's the medical Unit Manager for IBR. So at this point I'm going to turn it over to Lou.

LOU SHIELDS: OK, thanks Blake. Purpose of the webinar today, the main focus is for the Injured Worker, and the applicant attorney, so what we'll do; we'll go over a quick current status. We'd like to explain the current IMR process, we'd like to explain some future changes that are coming to the IMR process, and as Blake stated we'll open it up for Q & A towards the end. I will mention at this point that we did ask for questions in advance. We only received one question. We think that question will be answered as part of the webinar today, but what we'll do at the end, is we'll stop for about 5 minutes, we'll gather the questions that you've asked Blake during the webinar, and we'll gather those together and we'll come back online and answer those questions afterward.

A couple other house cleaning items, we did hold a webinar in early November, specifically for the claims administrators and the adjusters. That meeting and its information was also posted on the DWC IMR website. As Blake stated we will do the same thing again after this, but it is good reference materials for those of you that may not be aware that it's out there, these will be posted. Not only the presentation itself, but also the recorded version of this webinar as well.

So in terms of the current status, so the volume that we're seeing coming in for IMR of appeals is five times greater than what the plan volume was. So we're seeing roughly, around 20,000 applications that are coming in for a request on a monthly basis. Approximately 33% of those applications that we're receiving are duplicates. Meaning that folks are sending this in multiple times. We're getting them multiple times in the mail. We're getting folks that are sending them through the mail and through fax. And when they are sending in alternative documentation, they are also sending in the application again. What we'd like to ask you, and we'll reiterate this at the end, is please do not continue to send the application in more than once. If you do not get a rejection we received it, if it was sent in the mail and you don't get returned mail, we received it. 20% of those unique applications we are receiving do not include a copy of the UR determination. And that's a pretty big deal. We cannot process the appeal, without the UR determination. Last but not least, we're still receiving applications, with missing or incomplete data. Missing signatures, missing addresses, missing components of an address, what we think and what we find out is going on is the Injured Worker or the applicant attorney, is printing a copy of the application themselves offline, writing them, writing on them and submitting them. You should be receiving the application directly from your claims administrator, or your adjuster, and that's the application that you guys should be forwarding to us for processing. So those again are just some base lining items. We want to talk a little about the current IMR process flow. I like to turn that over to Rob Nydam, who's our director of our process automation, and business process, so Rob would you like to walk us through this?

ROB NYDAM: Sure Lou. Hi Folks, so, on this slide what we're going to do what you see is this picture here with all these boxes, what we'd like to do is show you from the highest level, how we believe the IMR process, how we have implemented the IMR process at MAXIMUS. And so I'm just going to give you just a brief overview of what you're seeing here. And then I'm going to go through it with you. So each of those boxes that you see, for us, those are actual events or steps in the process, that's how we look at the process and from left to right really that's how the process goes, in sequence as we process an IMR. In red below those boxes, what you're seeing there, and we're going to get to more of this later, but those are the different documents that relate to those different steps in the process. We'll get to exactly what those documents are later in the presentation here, but we just wanted to give you a heads up here as we go through the process, so you get an idea of exactly when in the process you're going to see these different documents. So with no further ado, I

think we go ahead and we're going to run through the process briefly here again at the highest level there are details plenty of details that are not reflected in this picture. This is a drastic simplification but i think it will give you a basic picture of how we process an IMR. So the first box there where it says at received I think it's safe to say this really is the most critical step in the processing of an IMR. Because without a complete, signed, valid application for IMR there is no IMR. We create a case after we receive a complete IMR and right now we've received and created a total of 65,000 roughly 65,000 Independent Medical Review requests. And if you see the box right below where it say create case there roughly 13 to 14 thousand or about 20% as Lou eluded to, 20% of the unique applications that we've received there is some kind of defect, whether it's a missing signature or we don't have a copy of the UR determination so when those defects come to our attention, the process stops. We can't proceed any further with conducting the Independent Medical Review, what we do is we're going to be sending you a series of correspondence and that's what's in the red below those two boxes. The Notice to Injured Worker, the Second Notice to Injured Worker and then finally, you'll receive from the DWC the ineligibility determination. We'll get more into the details as to what those different documents mean but again I just want to make sure you understand where those documents come into play in the process and really with a defective application where there's something missing or invalid on the application when we receive it, it's important to understand the time frame, that there are going to be 30 days until your right to pursue an Independent Medical Review terminates, and that terminates with the third document listed there, the DWC ineligibility determination.

Let's go back up to the top row there, let's assume that we receive a complete and valid application, we've created a case in our system, and now the case is ready to proceed on what's called a preliminary review. What preliminary review is, it's a very basic review of the application and the UR determination to ensure that certain criteria and certain rules are met to ensure the application itself at the request is eligible for Independent Medical Review. And what we do at MAXIMUS, we do a very cursory review, and if we identify any eligibility issues, things that could prevent us from processing this Independent Medical Review, we send those issues for consideration by the DWC. So some of you out there may be wondering where your cases are, some of the cases, a small percentage of the cases end up going to the DWC, but a few cases do end up going there for consideration by the DWC. And coming out of that, the case could either go one of two ways.

It's either the DWC looks to the case and determines the case is ineligible in which case you'll receive a one of the ineligible determinations or they look at the issues that we presented for consideration and the DWC will say after review we think this case is eligible, in which case we proceed to the fourth box there on the top row, the Notice of Assignment. And this is key, because the Notice of Assignment is what starts the clock really for the Independent Medical Review. Everything to the left of Notice of Assignment, is really is the pre-assignment, we call it the pre-assignment work, it's not really the Independent Medical Review, its procedural steps that we have to go through in order to get to the place where we do what you folks are really asking us to do as the Injured Workers, which is to perform the medical review itself.

Once we get to the Notice of Assignment stage, that's really when we get into the Independent Medical Review, the substantive review of the case. And it's key because that's when the 45 day clock for the Independent Medical Review begins. So when you receive the Notice of Assignment in the mail, and you see the date on the letter, it should be 45 days from the date on that letter, that you can expect to receive a final determination on the Independent Medical Review. And just a couple quick notes on the Notice of Assignment, cause based on some phone calls we've been receiving, at MAXIMUS, it sounds like theirs been some confusion. So the Notice of Assignment, it's actually a Notice of Assignment and Request for Information, it serves two different purposes. The first is to provide both the Injured Workers and the claims adjusters notice that the case has been assigned to MAXIMUS as the Independent Medical Review organization. That's just letting you know that we have the case and we'll be assigning it to a physician for review, and you can expect to receive a decision letter within 45 days, just basically giving you an overview of where we're at in processing the IMR and what to expect.

The second component to the Notices of Assignment is the request for information. And it's important for Injured Workers to note and our document which we'll show you later, does reflect this, by law and by regulation it's the obligation of the claims adjusters to submit certain documents its written right into the labor code in California that the claims administrator has to submit a series of documents as part of the Independent Medical Review process. Injured workers and their representatives have the option to submit any documents that they feel need to be reviewed as part of the IMR process. So a couple key points there. First of all there on our notice of assignment we do make sure to put the claims administrators on notice that they are to comply

with their obligation to send in records could result in the DWC assessing an administrative penalty. There are no penalties that can be assessed to Injured Workers because there is no obligation. You have the option to submit records, but there is no obligation and therefore there would be no fines.

So after we send out the Notice of Assignment we wait for the records to come in both from Injured Workers and claims administrators after the amount of time for document submission ends, that's when we send the case out for review by a physician. What's key there is to understand that when we send a case to a physician, we do an analysis first. We don't just send it out to any ole doctor. We do an analysis of your individual case as the Injured Worker. We look at the facts for the case, we look at the treating physicians, we look at the services being requested and we actually do a specialty matching to ensure that your that the physician reviewing the case is the best qualified physician for your case as the Injured Worker in that particular circumstance. So our physician does their review, sends their review back to us, we use that review, we take the review, we put it into a final determination letter, and that's what you're going to see in the mail at the end of the IMR process is the final determination letter.

MAXIMUS we send those out they're going to include our physician reviewer's assessment of the case, their review and their conclusions based on the treatments in dispute that were presented for review at IMR. There's only one other type of document that you can receive that will effectively end the IMR process from the MAXIMUS side so if it's not a final determination, the other thing you might get is a termination. A termination is very different from a final determination, so a final determination is something that we send out where we have done a complete review of the case, we've sent it to a physician reviewer and we've really made a decision of the substance of the case and we've made a medical necessity decision our physician has reviewed your case, they've reviewed all the medical records and we've made a final determination based on all that information. What a termination is, is the very limited circumstances if we receive, for example, something from the claims administrator, that said you know after thinking about it, we've decided to go ahead and approve this case. In that circumstance we would terminate that case because there is no need to proceed with IMR there's nothing in dispute. We'll talk more about what that document is in the next couple slides here and that's pretty much it folks. As i noted in the beginning here there are more details to this process obviously this is the simplest possible view, but that really is from start to finish that is the basics of IMR process.

So the slide you should be seeing we put together for your folks a table here, as I noted before there has been some confusion when you receive documents in the mail from MAXIMUS Federal Services or even from the claims administrators it sounds like there's been some confusion on where you have to take action and where you don't have to take action. So were hoping that this chart this table will help to clear some of that up. So I'm just going to walk through each of the documents here and explain exactly where you as the Injured Worker may be obliged to take some action and explain what that action would be. So the first row there, the application for Independent Medical Review, that's one where both the adjuster or the claims administrator, from our perspective those terms are used interchangeably, look at the application is something where both the adjuster and the Injured Worker required to take some action. For the adjuster, as far as the application is concerned, most of the work will be performed by the adjuster as far as the application goes it's incumbent on the adjuster to fill out the application and send it with a copy of the UR determination to you the Injured Worker. So when you receive a UR determination you should expect to see along with that a copy of the application, the completed application, for Independent Medical Review. If you receive an UR determination without one, without a copy, a completed copy of the application for Independent Medical Review, you should contact the DWC. When you receive that UR determination with the application, if after reviewing the UR determination you decide you'd like to pursue Independent Medical Review, all you have to do is review the information on the application for accuracy. If there is something inaccurate, for the time being what we're doing is we're just asking folks to make a note. As long as you write legibility, you can do it in pen, make a note next to whatever information you feel is inaccurate, sign the application, include a copy of your UR determination and send it into MAXIMUS on the address on the application, you can also fax them to us. So as long as we receive a completed and valid application that includes a copy of the UR determination from you folks, we are ready to proceed with the Independent Medical Review. When we don't that's where those next three documents which we'll talk about that where those come into play. So the Notice to Injured Worker as we have noted in the previous slide, when you receive a Notice to Injured worker, the reason you're getting that is because we've reviewed your application and we've found that there was something that was missing. For example if you send us a completed application and everything is signed and perfect but you don't include a copy of the UR determination, we can't proceed with the IMR and we are going to have to send you a Notice to Injured worker.

So when you receive a Notice to Injured Worker you're going to have to take action. Whatever we note on that letter on the Notice to Injured Worker, pay close attention because you're going to have to get us whatever we say is missing. So if we tell you for example, that we received your application but were missing a copy of the UR determination, we need you to send us in a copy of that document as soon as possible. And the Notice to Injured Worker does ask that you send that in within 15 days. If 15 days have lapsed and we still haven't received a copy of the missing information that we noted on the Notice to Injured Worker, we're going to be sending out a Second Notice of Injured Worker and that the third row there of the table. The Second Notice to Injured Worker says basically the same thing as the first Notice to Injured Worker with the difference being on the Second Notice to Injured Worker we make sure to let you know that we gave you 15 days to send in what was missing on the application after our review, we still haven't received the missing information, so if after 15 more days we still don't receive the information we need in order to process your application, we are going to proceed to the DWC for an ineligibility determination. And then if 15 days lapse after that and we still don't receive the info we requested that we need to process the IMR, then what you will receive is an ineligibility determination from the DWC. There's no action required on your part because at that part in time your rights to Independent Medical Review at least for the treatments in dispute that you sought on that IMR application have been terminated. But let's assume that we receive a complete application with a copy of the UR determination so we are going to call it the happy path we have everything we need in order to proceed with an Independent Medical Review in that circumstance after you send us the complete and valid application, the first document that you're going to receive from us is the Notice of assignment and request for information. I talked a little bit about that on the previous slide, but I'm going to say again because it sounds like there's been some confusion. When you receive the Notice of Assignment and Request for Information as an Injured Worker there is no requirement that you do anything. If you feel comfortable that the adjuster is going to submit all the documents that are required for your Independent Medical Review, there's no further action that's required other than to send in the signed and completed application with UR determination. You do of course as we noted earlier you have the option of submitting any records you feel should be reviewed as part of the process. And we'll also note at this time that with the Notice of assignment you should as the Injured worker, you should expect to receive from the adjuster from the claims administrator when they submit documents to us for review

as we send earlier they are obligated to send certain documents by law. You should as the Injured Worker or as an attorney for the Injured Worker you should receive a list of documents that are sent to us that are produced to us as the Independent Medical Review organization. And if you don't receive such a list we would probably recommend you contact the DWC because that's, you have a right to receive a list of those documents, all the documents that are served to MAXIMUS. So much like with a Notice to Injured Worker with the Notice of Assignment if there's a certain amount of time we don't receive the documents requested we send out a second request, and that's what the Second Request for Information is. This one is really key because for the Injured workers there's no obligation again that you do anything. I think it's important that you take note were going to send you a courtesy copy of this document so that you know that the claims administrator, the adjustor, still has not provided the documents that they are obligated to provide or at least we haven't received the documents that they are obligated to provide by law. If you have any questions at that stage those questions would be best directed to the DWC and we'll work with the DWC to help resolve any questions, but again, the key there is when you see that Second Request for Information we aren't asking or demanding you provide more information or documents that's really for the adjuster or claims administrator to remind them that they need to send those documents that they are required to provide. So assuming we receive from the claims administrator all the documents that we need, all the medical records, to do an Independent Medical Review, to send this case out to a physician reviewer and have them review the case and make a decision on the issues that were presented for dispute that's when you're going to receive within 45 days of the Notice of Assignment the Final Determination Letter. And again the final determination is our, it's the decision that we send out based on our complete review of the case. And again as we explained earlier that the difference between the last items on that list, the termination is what you'll get if there's been something that ends the case before we get to the final determination phase.

So I think what might be most helpful now, we've explained what all these documents are, what we'd like to do is actually show you an example of each of these documents, and then just kind of walk thru them briefly, highlight a couple key points and then the idea being here that you really get to actually see everything that we hope you're going to be seeing as part of the IMR process.

So as we've stated several times here the IMR process starts and frankly can't start in any other way except if we receive a complete and valid copy of the application for Independent Medical Review. Again this document is completely filled out here and we did this for a reason, because when you receive this as the Injured Worker, this is basically, this is basically how it should look. All the information should be filled out, you still have to do verification on the information presented on the application to ensure everything's correct and if something's not, it is your responsibility to make that correction on the application before you send it to us. But for the most part other than validating information on the application the only thing you the Injured Worker should need to do on this physical document is sign at the bottom. That's the extent of your obligation. And I think at this point it's also important to make the clarification here. You shouldn't be filling this out by yourself. If you send us an application that you fill out by yourself that wasn't provided by the claims administrator. That's likely to cause more problems, and will probably frustrate your ability to pursue IMR. More than if you wait until you get the complete application from the claims administrator. So for example if you receive with your UR determination a copy of the application for Independent Medical Review and you feel a great deal of the information that was reflected on that completed application was wrong, you're better off making corrections on that document or contacting the DWC about the things that are wrong than sending in a copy on your own and completing your own copy and sending it in. We've discovered that tends to just cause more problems than it solves. And along the same lines if you haven't received a copy of your UR determination, so if there's no UR determination you're not going to have grounds to pursue Independent Medical Review. There needs to be a denial from the UR level from the claims administrator before we can take on the Independent Medical Review. But again as far as the application itself goes assuming that there has been a UR determination that you received this completed application from the claims administrator really the thing to keep in mind on this physical document, you just need to sign it. That's the absolute most important thing you need to do on this application because if you send us an unsigned application that's going to trigger that whole process where we have to send you the notices and you if fail to send in a signed application after that your application will be declared ineligible and you'll lose your right to IMR. So it's really important that you sign your application. And again also when you send in the application and even though the current application doesn't say it as clearly as it will very soon, with the proposed new application, which you folks will be seeing in the next few months,

but for right now, you just need to know and be aware of the fact that when you send in an application for Independent Medical Review you need to submit a copy of the UR determination. Otherwise, again, we can't begin the IMR process.

That segways nicely into the Notice to Injured Worker which we've been discussing. And so if we've receive and in this example we're sending you the example here is a letter we would send if we received an application without a copy of the UR determination and by far that is the most popular reason why the process gets stopped at the beginning, at the application stage, is because we receive an application without a complete copy of the UR determination. So if and when that happens the application without a complete copy of the UR determination, this is the letter you can expect to receive in the mail, and what you need to do, to proceed with the IMR process, you need to as this document we hope clearly states, you need to send us a copy of that document as soon as you can. So 15 days go by however and we still haven't received a copy of the UR determination what we're going to do is were going to send out the Second Notice to Injured Worker and that's the document you see here, the Second Notice to Injured Worker really doesn't say a whole heck of a lot different than what is said on the Notice to Injured Worker other than the key difference being you get 15 more days at this point and if after those 15 days we still don't have a copy of the UR determination, as in this case it's the UR determination that missing, we put you on notice that the Division of Workers' Compensation might be declaring your IMR application ineligible for review.

Which brings us to the next document which you will be receiving, this document comes to you from the Division of Workers' Compensation. So if we've gone through the process of sending you a Notice to Injured Worker and a Second Notice to Injured Worker informing you of something that was missing on the application for Independent Medical Review that we received from you, so you've had those 30 days and we still haven't received the information we need to begin the IMR process, then you're going to receive this document from the Division of Workers' Compensation. And this is the determination that denies your application as ineligible for Independent Medical Review. It's a two page document, it's signed by the administrative director of the DWC and this is an important document it effectively terminates your right to IMR; at least to pursue review of the disputes that you were seeking for this IMR.

So the next document is the Notice of Assignment and Request for Information. Again this is the document that you will see that you'll receive in 1 of 2 circumstances. Either the application that we received from you in the first place wasn't missing any information, and that's the happiest path, we receive a complete application with a copy of UR determination. Or we received an application that has some form of defect, it was missing some of information or it was missing the UR determination we sent you a Notice to Injured Worker and you complied with what we requested and you sent in the missing information. After we have all the missing information we can begin the IMR process. It's the Notice of Assignment, this document, effectively begins the IMR process. When the case is assigned to MAXIMUS as the Independent Medical Review organization it's when it starts the clock, the 45 day clock for Independent Medical Review, and it also puts both parties on notice, both the Injured Workers and the claims administrators of the need to submit documents. The difference again being that for the claims administrators there is an obligation to submit documents within 15 days and for you the Injured Workers, you have the option to submit documents and you are going to have 20 days to do so from the date that you see on this document. And I do what to take some time on this document and show you the third page of the document. So this third page here which we've had some phone calls about, this list of documents here, so we send this out mostly for the benefit of the claims administrators but also so you folks, as the Injured Workers, so you understand what the claims administrator are required to provide. Again this list of documents, this is for the claims administrator, they are required to provide these documents, you the Injured Worker, you are not required to submit any of these. If you have documents that relate to any of what's listed here please feel free to send them in, but if you scroll to the very bottom of this page here you'll see there's that note about the possibility of penalties. There are not going to be as we stated, there will be no penalties assessed to Injured Workers for failure to submit documents, that only applies for claims administrators.

So we'll move onto the next document here. Again this is the follow up document to the Notice of assignment, this is if after 15 days we still haven't received the documents we need from the claims administrator, the ones that they are required to provide in the document we just showed you. If we still haven't receive those documents we send out this notice, the Second Request for Information, informing the claims administrator that we still haven't received the documents we need and that they are required to submit to us

within 2 business days and we remind them again that if we don't receive the documents that they are obligated to provide the DWC has the right to assess a penalty for failure to comply with the process.

So that brings us to really what we are here about, right, what the purpose of IMR is which is to produce a final determination letter. The final determination letter that tells you the MAXIMUS decision for all the issues in dispute that were presented for review at IMR. This is the document you will be receiving if we are able to get all the way through that process, we have all the medical records, we sent it to our physician reviewer, our physician reviewer sends us back their decision, and we present that decision to you in this letter. Let's quickly scroll through the letter to give you an idea of what it looks like, it gives you a clear statement of the clinical summary of the case, that comes from our physician reviewer, it's going to tell you for each case that was presented for review it's going to give you a description of what our physicians decision rationale was for each of those issues, as well as the authority, right, the rules they cited to in making their decision. And we'll also note the rules that were cited to by the claims administrator. So that information is presented to you in the final determination letter. The only other document that you might receive from MAXIMUS is this document that you're seeing now which is the notice that the Independent Medical Review has been terminated and really there are only a few circumstances in which an IMR might be terminated, and really it only occurs when either the claims administrator has authorized the requested treatments so if something's in dispute and the claims administrator authorizes that service that item or service while the case is at Independent Medical Review than there is no longer any dispute of treatment and there is no longer a need for an Independent Medical Review. So in that circumstance if the claims administrator presents evidence to us that the service in dispute has been authorized or provided, than the Independent Medical Review gets terminated. Another way that the case can be terminated early, if you folks send us a letter if we receive a letter from the Injured Worker or from the applicant attorney representing the Injured Worker, we go ahead and terminate the IMR and you can do that at any time in the process. Another circumstance where a case can be terminated, if a settlement is reached between the claims administrator and the Injured Worker and we receive evidence of a settlement we can terminate the case there. And lastly, and this is the most vague of the reason for termination, a change in circumstance has eliminated the need for IMR. This is an example, if heaven forbid the Injured Worker passes

away in the process of pursuing an Independent Medical Review, there is obviously not a reason for an authorization for a prospective service and in that circumstance we would terminate the IMR.

So that really, those are all the documents folks and we'll be posting this for you to review. Those are all the documents you should expect to see as an interested party in the Independent Medical Review process. I hope that helps provide some clarification because we know there's been some confusion on who's supposed to do what when you receive these different documents, and what we'd like to do now because this is another place, where we've, based on calls that we've received and information that we've received from the community, there sounds like there's been some confusion about expedited requests for Independent Medical Review. And so we're hoping to provide a little clarification here that might help you the Injured Worker community understands what an expedited request is and if you want to make an expedited request, how you go about doing it. So first and foremost to be eligible for an expedited Independent Medical Review, the application for Independent Medical Review, must demonstrate one of the two things that we show you here. It's either that the request was expedited at the UR level, meaning at the prior level of review, the UR determination that was expedited at that level, than we will automatically expedite it, there's no action required on your part. The other way that an IMR can be expedited is if we receive documentation from the retrieving or the requesting physician that certifies that the Injured Worker is in a serious or imminent threat to the health to health, and those circumstances, if we have that certification, we'll go ahead and expedite the case. There's actually a third circumstance. If we receive a request for Independent Medical Review and if we're liking that certification but if there's really obvious evidence that this in an emergency, that there is a serious or imminent threat to health of the Injured Worker, MAXIMUS may at their discretion, expedite the review to help move the case along as fast as possible. And one note we want to make to you folks here, so if it's a true emergency if what we're talking about really is as serious or imminent threat to health we're going to recommend that you ask your doctor to send your medical records as soon as possible, don't wait to receive a notice from us, don't wait until the claims administrator submits their documents. We're going to recommend that you submit those documents as close to the same time as you when you send the application to us.

LOU SHIELDS: Ok rob thanks, I'll take it. So rob did a very good job at explaining the current process. I just want to give you a heads up on future changes coming to the IMR process. Some are actually in flight as we

speak. The DWC does have a new application out, currently out for public comment. We did, we're almost a year into the application with the process we're cleaning some of those up and the intent is obviously there's clear instructions with the application. So, as I said it's currently out for public comment I believe that ends in the next week or so. So those that are interested you can obviously go out and check that out. As Rob stated earlier, we must, we're asking you to submit UR determination with the application. With the new application it's actually requiring it submitted at the time of the application. For the applicant attorneys we've added information there we've added a complete box for your information. How to contact you with your address etc. etc. One of the things we've been working diligently on is an online application. At this point we're expecting the release of that in the spring of 2014. That's going to create a lot of online interaction between you and us. It's going to allow you to sign and submit the form electronically, moving away from having to mail and/or fax documents in. Your ability to submit your documents and supporting docs electronically and it'll also allow you and option for electronic correspondence back and forth, and it will also allow you to actually login into the system and obtain the status of the request. So again were hoping if the Injured Workers are on this call, we hope this is a one-time thing. For some of the applicant attorneys this may be more than a one-time thing, so this may be good for you to get comfortable with the process and the online application and your abilities to actually be able to go in and look at the status without having to call or sit at home and wonder. So those are the future changes that are coming. We will host additional webinars as we get closer to the roll out of that online application. We'll do it in conjunction with the DWC. So we'll do either one of two things, we'll host a webinar or make some training materials available that we'll post on the website for you to use.

So we're going to take a quick three to five minute break here. We do have a list of about lots of questions, I think I see 50, but let us take a quick five minute break here, consolidate those questions, and we'll be back to you with that Q & A session. So Blake we're going to put it on mute here for a couple of seconds.

BLAKE TRAVIS: Sounds good

LOU SHIELDS: Ok thank you.

BLAKE TRAVIS: When we go onto the questions let me remind me that if you have any you can go ahead and type those into the questions box on your tool bar on the right of your screen, and we'll put it into the queue.

LOU SHIELDS: OK Blake we're ready to go. You there?

BLAKE TRAVIS: I'm here.

LOU SHIELDS: If you could email the additional questions, the ones that are coming in, to Rob, Blake that would be helpful.

BLAKE TRAVIS: I will do that

LOU SHIELDS: Folks we did receive quite a few questions. We got about 12 minutes left in the webinar. We'll try and answer as many as we can. We will post the questions and answers even to some of the ones we don't get to today we will post those out on the DWC IMR website.

So the first question is, is there any thought to providing a verification of receipt?

ROB NYDAM: And the answer to that question is absolutely, and the verification of receipt of an application will come in one of two forms. If we receive an incomplete application, if there's something missing on the application that's when you're going to receive the Notice to Injured Worker. And we perform these assessments of applications the same day or the next business day within receipt of the application so you're going to see these documents coming in the mail pretty shortly after we receive the application. So the first one you might see is the Notice to Injured Worker that's what you receive if there's an incomplete application the other document you might see which would serve as a verification of receipt of application is the Notice of Assignment and Request for Information and that's what you'll see when we receive a complete and valid application.

LOU SHIELDS: And when we move to the online application that will be immediately so you'll get an effective correspondence back that says it's been submitted.

The next question is will MAXIMUS also provide a webinar on the IBR process?

ROB NYDAM: And the answer is absolutely, we haven't yet set on a date for that but we definitely want to keep the IBR community as involved and as informed as the IMR community for sure.

LOU SHIELDS: But that'll be in early in Q1.

If the IMR application is missing a signature form the Injured Worker, is that considered a defective application?

ROB NYDAM: The answer to that question is yes, absolutely. We are required to have a signed and complete application in order to proceed with the IMR process, and if we receive an unsigned application that's when you will receive from us one of the Notices for Injured Workers documents that we showed you earlier.

LOU SHIELDS: Next, how do we request information from MAXIMUS about the physician reviewer in order to determine whether any appeal categories have been met? These would be fraud, bias, etc. ROB NYDAM: So it's actually prohibited by law for us to provide that information. Our physician reviewers, part of the agreement to have them do this work is that their identity is kept confidential. But there are safeguards in place that are insured by the DWC, we are required to regular report to them on their credentials to all of our reviewers and they review those scrupulously on a regular basis.

LOU SHIELDS: Are attorneys and Injured Workers required to copy claims administrator on what documents they are submitting in response to the Request for Information?

ROB NYDAM: And the answer to that is yes. Anytime you submit documents to MAXIMUS that there is a requirement that a copy of those documents be served on the other party. The only caveat to that is when the claims administrator because the volume of the documents that they be submitting in response to the Notice of Assignment might be aluminous and the assumption is that you already have those documents from the UR process, they are only required to provide you with a list of the documents that are, that were reviewed as part of the UR process.

LOU SHIELDS: What if the Injured Worker applicant attorney submitted medical records from a non MPM provider?

ROB NYDAM: And the answer there is we are going to review all medical documents that are submitted that relate to the treatments in dispute, every time.

LOU SHIELDS: What would MAXIMUS suggest we do if we get a Notice of Assignment, however, the case and chief resolved by compromise and release and the review is no longer necessary?

ROB NYDAM: So that's a perfect example of a circumstance when you would want to contact MAXIMUS, contact us, whether by email or by phone, and let us know that this has occurred. What we will need eventually, you're going to have to send us proof that this has occurred; that there has been a settlement of a compromise and release, and once we have that we're going to go ahead and terminate the IMR.

LOU SHIELDS: If the claims adjuster administrator don't submit the requested information, or submits it late, who is responsible for prosecuting any penalties, is that the responsibility of the Injured Worker, or applicant attorney to pursue, or will the DWC do it themselves?

ROB NYDAM: So there are a couple parts to that question. The first part there, if it's going to be the responsibility of the DWC, the administrative director of the DWC to assess penalties to first of all determine whether a penalty is in order and then to assess that penalty. MAXIMUS plays no role in that process. And as far as the responsibility to pursue these penalties, if you as the Injured Worker feel that a penalty is appropriate, you can contact the DWC and let them know the circumstances, out of which you feel penalties should be assessed.

LOU SHIELDS: This is a long one so, what happens if the claims administrators does not submit records. In the new proposed regs MAXIMUS can't issue a determination based solely on the UR denial. Are you reaching out to the applicants for records?

ROB NYDAM: So the answer there is, we sort of are, with a Notice of Assignment, we let both parties know that that document is addressed to both parties. It puts the claims administrator on notice that they are required to provide certain documents, but it also gives the Injured Worker to opportunity to submit documents. So, the answer is yes but we're not going to be reaching out to you and demanding production of documents in the way we would with the claims administrator because there's no obligation for you as the Injured Worker to provide those documents.

LOU SHIELDS: When there are multiple UR requests for an Injured Worker do records need to be sent to MAXIMUS every single time there was an UR dispute and request for IMR?

ROB NYDAM: And the answer there is yes. Documents have to be submitted with each request for IMR. So, if you have a new request for IMR and that you had a previous one where you submitted medical records, and they are going to be the same records, you still have to submit the records again for that new request.

LOU SHIELDS: OK, are you accepting IMR applications completed by the treating provider?

ROB NYDAM: We are. The treating provider has the ability to request and expedited IMR on behalf of the Injured Worker, and the treating provider can also be appointed as a representative in any circumstance to represent the Injured Worker.

LOU SHIELDS: If we submit medical records that are not from the PTP for review do these carry the same weight as PTP records?

ROB NYDAM: We're not going to really get in the issue of weighting the records. What we're going to do, our physician reviewers are going to review all the records that are submitted. Our physician reviewer is going to make the assessment of how to rate, weight what records they receive, which records are most relevant to the issues in dispute, but that's not a decision that MAXIMUS that we're going to make, that's the decision of the physician reviewer who has the appropriate credentials and the appropriate experience and education to make that assessment. But there's no, we don't have any criteria to determine which records are most important and which are least important.

LOU SHIELDS: Are adjudicators required to submit the IMR application when they send the UR determination to the Injured Worker, is there a time frame for that?

ROB NYDAM: So adjustors are required to submit the completed IMR application with a copy of the UR determination, so when you as the Injured Worker when you're served a copy of the UR determination, a completed copy of the application should be included with that document. And if again if you don't receive a copy of the completed application with the UR determination, you should contact the DWC.

LOU SHIELDS: We only have time for a couple more, as we need to wrap up so is there a fee to submit an application for IMR, if so who pays?

ROB NYDAM: So there is no upfront fee for an Injured Worker to submit an application for an Independent Medical Review, and the costs for Independent Medical Review are worn by the claims administrators.

LOU SHIELDS: Ok. Are there penalties for duplicate applications?

ROB NYDAM: There are no penalties for duplicate applications.

LOU SHIELDS: It just slows down the process. Alright, as we said, we'll post these questions and the answers to the website. So thank you all for those that submitted questions, we appreciate your feedback.

So real quick, as we wrap up. So again we spent a lot of time talking about the process. We probably too exhaustibly walked through each document at length, but again we felt it was important again as this was addressed this webinar to the Injured Workers and applicant attorneys that we really take the time to walk through the process and walk through each document. Tips for ensuring a smooth IMR process again as we

talked multiple times the application must be complete and accurate, without some of those documents and without accurate information it absolutely slows down the process for us to actually process an Independent Medical Review. So again application must be signed, a copy of a UR determination must be submitted with the application. At the time you're submitting those you can send in the medical records and additional documentation. You can send those in anytime. The earlier we get them the better. Actually speeds up the process, so if we send out a Notice of Assignment and you've sent all those medical records, actually there's probably no action for you to do, so other than we've sent you the information, you've got the documents. Please avoid sending in duplicates, again there is no penalties we don't want to actually have that mess, and then ok we'll keep sending them then. Please don't do that. There are no penalties but it does slow up the upfront process. And make sure that you're clear on the current application as that's a free form text, the treatment and dispute must be entered, if you do enter "see UR denial" that will be what will appear on the documents that you receive from us that we walked through extensively so please be very clear about the treatment in dispute.

Last but not least how to contact us at MAXIMUS. Two ways, real simple. Any questions that are related to the status of an IMR we want you to reach out and call us. This number's posted out on the website, again it'll be on this presentation we put out there, but please reach us at 855-865-8873. Please do not direct questions to that that are not, those questions that are not as related, we'd like you to send us and email, we will get back to you within 24 hours, that's our service level agreement so once you submit a questions to us, we will get back to you within 24 hours.

So, we are right on time within the hour, hopefully this was beneficial and useful to you all, please look forward to these posted documents on the DWC IMR website and we thank you all for attending today, so thank you Blake.

BLAKE TRAVIS: Thank you guys.

LOU SHIELDS: Take Care.