

# Appendix 8: Survey Instruments

## 1 EMPLOYER SURVEY

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Preload:

- INSURED = 1 if insured, =0 if self insured
- RETRO = 1 if insured under retrospective rating program, = 0 if not in retro rated program
- MULTIPLE\_CLAIMS = 1 if more than one active claim in reference period, = 0 otherwise
- LT\_14 = 1 if at least one worker was off work for >14 days in reference period, = 0 otherwise
- IME = 1 if firm had at least one claim with an IME exam, = 0 otherwise
- SAW = 1 if firm had at least one claim receiving Stay-at-Work funding, = 0 otherwise.

Who we are:

Hello, I'm \_\_\_\_\_ of QMR, a research company. We are calling on behalf of a bi-partisan committee of the Washington Legislature that is overseeing the performance of the Department of Labor and Industries (L&I) and its workers' compensation claims management operations. You should have received a letter regarding this telephone interview. The Joint Legislative Audit and Review Committee (JLARC) is seeking employers' opinions to enhance its review.

This study is meant to review how well the Department of Labor and Industries is addressing the needs of employers who have workers' compensation claims. Your firm was randomly selected to be surveyed because you had at least one occupational injury claim of more than \$5,000 between 2011 and 2013.

S1. This survey asks about your overall impressions of and satisfaction with L&I's handling of workers' compensation claims and does not ask about specific claims or technical issues. Would you be able to answer those questions for us?

Yes	1	[GO TO S3]
No	2	[ASK S2]

S2. ["NO" IN S1] Can you direct me to the person in the firm you think would be most familiar with workers' compensation claims and L&I?

S3. [WHEN SPEAKING WITH CORRECT PERSON] Is this a good time to speak with me?

Yes	1	[GO TO 1]
No	2	[SCHEDULE CALLBACK]

Some firms handle their own claims and work directly with the Department of Labor and Industries when there are any questions. Other firms contract with a third party administrator (TPA) to handle their workers' compensation claims and most issues with L&I.

1. Are workers' compensation claims handled by your firm or through a third party administrator?

Firm	1
TPA	2
Both (VOL.)	3

Focusing on all claims that were active during the period 2011 through 2013, I'd like to ask you some questions about how well L&I has responded to your needs and how well L&I handled your claims.

2. Thinking about the period between 2011 and 2013, how do you feel about your overall experience with the L&I claims process? Would you say you are:
- |                       |   |
|-----------------------|---|
| Very satisfied        | 1 |
| Somewhat satisfied    | 2 |
| Somewhat dissatisfied | 3 |
| Very dissatisfied     | 4 |
| Not sure (VOL.)       | 8 |
| Refused (VOL.)        | 9 |
3. How satisfied are you with the process by which L&I determines whether to accept a worker's claim as occupationally related? Are you:
- |                       |   |
|-----------------------|---|
| Very satisfied        | 1 |
| Somewhat satisfied    | 2 |
| Somewhat dissatisfied | 3 |
| Very dissatisfied     | 4 |
| Not sure (VOL.)       | 8 |
| Refused (VOL.)        | 9 |
4. How well did L&I clearly explain the decision[s] to accept or deny your [claim/claims]? Were the explanations generally:
- |                 |   |
|-----------------|---|
| Very clear      | 1 |
| Clear           | 2 |
| Unclear         | 3 |
| Very unclear    | 4 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |
5. How well do you feel L&I kept you informed about status of your claim[s]? Would you say:
- |                 |   |
|-----------------|---|
| Very well       | 1 |
| Well            | 2 |
| Poorly          | 3 |
| Very poorly     | 4 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |
6. Did **you** contact L&I directly, by phone, email or letter regarding [your claim/one or more of your claims] between 2011 and 2013?
- |                           |   |              |
|---------------------------|---|--------------|
| Yes                       | 1 |              |
| No                        | 2 | [SKIP TO 10] |
| No, but my TPA did (VOL.) | 3 | [SKIP TO 10] |
| Not sure (VOL.)           | 8 | [SKIP TO 10] |
| Refused (VOL.)            | 9 | [SKIP TO 10] |

7. How clear was it who to contact when you needed to reach L&I about a claim? Was it:
- |                 |   |
|-----------------|---|
| Very clear      | 1 |
| Clear           | 2 |
| Unclear         | 3 |
| Very unclear    | 4 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |
8. How do you feel about the length of time you were given to discuss the issue or issues when you needed to contact L&I? Would you say it was:
- |   |   |
|---|---|
| Always sufficient time                  | 1 |
| Usually sufficient time, but not always | 2 |
| Often not sufficient time, or           | 3 |
| You were unable to get direct contact   | 4 |
| Not sure (VOL.)                         | 8 |
| Refused (VOL.)                          | 9 |
9. How timely was L&I in responding to your query or queries about your claim[s]? Was L&I:
- |                   |   |
|-------------------|---|
| Very timely       | 1 |
| Timely            | 2 |
| Not timely enough | 3 |
| Not timely at all | 4 |
| Not sure (VOL.)   | 8 |
| Refused (VOL.)    | 9 |
10. [ASK EVERYONE] Have you ever used L&I's on-line Claims Account System (also known as ORCA) to track the progress of one or more of your claims?
- |                 |                |
|-----------------|----------------|
| Yes             | 1              |
| No              | 2 [SKIP TO 12] |
| Not sure (VOL.) | 8 [SKIP TO 12] |
| Refused (VOL.)  | 9 [SKIP TO 12] |
11. [IF "YES" IN 10] When you used the Claims Account System to look at one of your L&I claims, how easy was it to find the information you needed? Would you say it was:
- |  |   |
|--|---|
| Very easy                                | 1 |
| Easy                                     | 2 |
| Difficult                                | 3 |
| Very difficult, or                       | 4 |
| I couldn't find the information I needed | 5 |
| Not sure (VOL.)                          | 8 |
| Refused (VOL.)                           | 9 |

12. [ASK EVERYONE] During the handling of your claim[s] did L&I contact you early enough and keep you well enough informed that you could make decisions about how to handle your claim(s)? Would you say you were kept informed:
- |                            |   |
|----------------------------|---|
| All or nearly all the time | 1 |
| Usually                    | 2 |
| Only sometimes             | 3 |
| Rarely                     | 4 |
| Never                      | 5 |
| Not sure (VOL.)            | 8 |
| Refused (VOL.)             | 9 |

Both workers and employers can file protests with L&I about actions on claims. I'd like to ask you about your experience with L&I involving these protests. (I will call these protests "disputes").

13. Are you familiar with at least one claim that involved a dispute resolved by L&I?
- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 |              |
| No              | 2 | [SKIP TO 21] |
| Not sure (VOL.) | 8 | [SKIP TO 21] |
| Refused (VOL.)  | 9 | [SKIP TO 21] |

14. How would you rate L&I on the timeliness of resolving the dispute[s]? Would you say L&I was:
- |                       |   |
|-----------------------|---|
| Very timely           | 1 |
| Timely                | 2 |
| Not timely enough     | 3 |
| Not responsive at all | 4 |
| Not sure (VOL.)       | 8 |
| Refused (VOL.)        | 9 |

15. Thinking of the decision[s] made in response to the protest[s], how did you feel about the explanation[s] L&I provided on the [decision/decisions]? [Was it/Werethey]
- |                 |   |
|-----------------|---|
| Very clear      | 1 |
| Clear           | 2 |
| Unclear         | 3 |
| Very unclear    | 4 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |

16. How clear was L&I about your options if you disagreed with a decision?

Very clear	1
Clear	2
Unclear	3
Very unclear	4
Didn't disagree with any decisions (VOL.)	5
Not sure (VOL.)	8
Refused (VOL.)	9

17. In thinking about the process used when you had a disagreement with L&I over [a claim/claims], did you believe you had sufficient information in order to present your arguments?

Yes	1
No	2
Not sure (VOL.)	8
Refused (VOL.)	9

18. And, in thinking about the process when you had a disagreement with L&I over a claim decision or decisions, did you believe you had sufficient opportunity to present your arguments?

Yes	1
No	2
Not sure (VOL.)	8
Refused (VOL.)	9

19. How satisfied were you overall with the dispute process at L&I? Would you say you were:

Very satisfied	1
Somewhat satisfied	2
Somewhat dissatisfied	3
Very dissatisfied	4
Not sure (VOL.)	8
Refused (VOL.)	9

20. And how satisfied were you with the final decision[s] on the protest[s] at L&I? Were you generally :

Very satisfied	1
Somewhat satisfied	2
Somewhat dissatisfied	3
Very dissatisfied	4
Not sure (VOL.)	8
Refused (VOL.)	9

21. [ASK EVERYONE] Workers and employers can appeal a decision by L&I to the Board of Industrial Insurance Appeals, "The Board." We'd like to ask you about any appeals to the Board that involved your firm. If your firm had a claim involving an appeal, do you believe you had sufficient opportunity to present your arguments?

- Yes 1
- No 2
- Did not have any appeals (VOL.) 3 [SKIP TO 24]
- Not sure (VOL.) 8 [SKIP TO 24]
- Refused (VOL.) 9 [SKIP TO 24]

22. How satisfied were you overall with the appeal process at the Board? Would you say you were:

- Very satisfied 1
- Somewhat satisfied 2
- Somewhat dissatisfied 3
- Very dissatisfied 4
- Not sure (VOL.) 8
- Refused (VOL.) 9

23. And how satisfied were you with the final decision[s] of the appeal[s] to the Board? Were you:

- Very satisfied 1
- Somewhat satisfied 2
- Somewhat dissatisfied 3
- Very dissatisfied 4
- Not sure (VOL.) 8
- Refused (VOL.) 9

24. [IF INSURED=1 – ALL OTHERS SKIP TO 32] When an occupational injury occurs that causes a worker to need time off to recover, L&I should assist employers **and** workers in getting the worker back to work as soon as medically possible. Sometimes this involves modifying work to fit any work restrictions. For any claims active between 2011 and 2013, did L&I contact you offering assistance in getting an injured worker back to work?

- Yes 1
- No 2
- My TPA would have handled that (VOL.) 3
- Not sure (VOL.) 8
- Refused 9

25. [IF INSURED=1 AND SAW=1 – ALL OTHERS SKIP TO 28] L&I has a program called "Stay at Work" that will pay part of an employee's wage and for many changes required for light duty to keep an employee on the job while the worker recovers from a work injury. Our records indicate that for at least one of your claims you received Stay-at-work funding from L&I, is that correct?

- Yes 1
- No 2 [SKIP TO 30]

My TPA would have handled that (VOL.)	3	[SKIP TO 30]
Not sure (VOL.)	8	[SKIP TO 30]
Refused (VOL.)	9	[SKIP TO 30]

26. [IF “YES” IN 25 – ALL OTHERS IN SERIES SKIP TO 30] How would you describe the process of getting reimbursed by the Stay-at-Work program? Would you say it was:

Very easy	1	[SKIP TO 30]
Somewhat easy	2	[SKIP TO 30]
Somewhat difficult	3	
Very difficult	4	
Not sure (VOL.)	8	[SKIP TO 30]
Refused (VOL.)	9	[SKIP TO 30]

27. [IF “SOMEWHAT DIFFICULT” OR “VERY DIFFICULT IN 26 – ALL OTHERS IN SERIES SKIP TO 30] What makes it difficult to get reimbursed by the SAW program? (PROBE FOR SPECIFICS)

28. [IF INSURED=1 AND SAW=0 – ALL OTHERS SKIP TO 30]L&I has a program called "Stay at Work" (or “SAW”) that will pay part of an employee's wage and for many changes to job duties while an employee recovers from a work injury. This program is meant to keep workers on the job during recovery. Are you aware of the Stay at Work program?

Yes	1	
No	2	[SKIP TO 30]
Not sure (VOL.)	8	[SKIP TO 30]
Refused (VOL.)	9	[SKIP TO 30]

29. [IF “YES” IN 28 – ALL OTHERS SKIP TO 30] How did you find out about the Stay at Work program?

L&I	1
TPA	2
Other (SPECIFY)	3
Not sure (VOL.)	8
Refused (VOL.)	9

30. [IF LT\_14=1 – ALL OTHERS SKIP TO 32]When an injured worker is off work for more than two weeks, L&I often has a return-to-work specialist contact the employer and discuss ways to return the employee to work as soon as possible. Between 2011 and 2013, your firm had at least one claim where the worker was off work for more than two weeks. Did a Return to Work specialist from L&I contact you when your worker was out of work for more than two weeks? This specialist would be different than the claims manager usually handling claims.

Yes	1	
No	2	[SKIP TO 32]
Have never heard of an Early Return to Work specialist	3	[SKIP TO 32]
Not sure (VOL.)	8	[SKIP TO 32]



31. How would you describe the assistance given by the L&I Return-to-Work Specialist in getting the injured worker back to work? Would you say L&I's actions were:

- |  |   |
|--|---|
| Very helpful                           | 1 |
| Somewhat helpful                       | 2 |
| Not very helpful                       | 3 |
| Not helpful at all, or                 | 4 |
| I didn't receive any assistance (VOL.) | 5 |
| Not sure (VOL.)                        | 8 |
| Refused (VOL.)                         | 9 |

32. [ASK EVERYONE] Overall and thinking about all of the claims you had between 2011 and 2013, how would you rate L&I's actions in terms of getting your injured worker[s] back to work as soon as possible? Would you say L&I's actions were:

- |  |   |
|--|---|
| Very helpful                           | 1 |
| Somewhat helpful                       | 2 |
| Not very helpful                       | 3 |
| Not helpful at all, or                 | 4 |
| I didn't receive any assistance (VOL.) | 5 |
| Not sure (VOL.)                        | 8 |
| Refused (VOL.)                         | 9 |

33. How often did you offer to modify an injured workers job to enable him/her to come back to work sooner?

- |                                    |   |
|------------------------------------|---|
| Most or all of the time            | 1 |
| Often                              | 2 |
| Sometimes                          | 3 |
| Infrequently                       | 4 |
| Almost never or haven't had to yet | 5 |
| Not sure (VOL.)                    | 8 |
| Refused (VOL.)                     | 9 |

34. Which of the following persons or agencies have assisted you with identifying appropriate modifications to enable the worker[s] to return? [CHECK ALL THAT APPLY]

- |  |   |
|--|---|
| Attending physician  | 1 |
| TPA  | 2 |
| Vocational Rehabilitation specialist   | 3 |
| L&I specialist (other than the claims manager or Vocational Rehabilitation specialist) | 4 |
| Other (SPECIFY)  | 5 |
| Not sure (VOL.)  | 8 |
| Refused (VOL.)   | 9 |

35. Sometimes employers keep workers "on salary" while they are off work with an occupational disability. This can help workers return to work more quickly. Have you kept workers on salary (KOS) while they were temporarily off work for an injury? KOS means paying the employee the same wages and medical benefits.

- Yes 1
- No 2 [SKIP TO 37]
- Not sure (VOL.) 8 [SKIP TO 37]
- Refused (VOL.) 9 [SKIP TO 37]

36. About how often do you keep injured workers on salary (KOS)?

- Most or all of the time 1
- Often 2
- Sometimes 3
- Infrequently 4
- Never 5
- Not sure (VOL.) 8
- Refused (VOL.) 9

37. [IF INSURED=1 – ALL OTHERS SKIP TO 38] Has anyone from L&I ever talked to you about the advantages of keeping a worker on salary instead of temporary disability?

- Yes 1
- No 2
- Not sure (VOL.) 8
- Refused (VOL.) 9

38. [ASK EVERYONE] Overall, how would you rate the medical treatment that your injured worker[s] [has/have] received for their occupational conditions? Would you say it was:

- Excellent 1
- Pretty good 2
- Fair 3
- Poor 4
- Very poor 5
- Not sure (VOL.) 8
- Refused (VOL.) 9

39. Do you feel your injured worker /injured workers, on average received too much medical treatment, about the right amount of medical treatment, or too little medical treatment?

- Too much 1
- About the right amount 2
- Too little 3
- Not sure (VOL.) 8
- Refused (VOL.) 9

40. How would you rate the [worker's/workers'] attending physician[s] in terms of assisting in returning the worker to work as soon as medically appropriate? [Was the doctor/Were the doctors]:

- Always helpful 1
- Usually helpful 2
- Not usually helpful 3
- Not helpful at all 4
- It varied (VOL.) 5
- Not sure (VOL.) 8
- Refused (VOL.) 9

41. How satisfied are you with the way L&I handles claim closures?

- Very satisfied 1
- Somewhat satisfied 2
- Somewhat dissatisfied 3
- Very dissatisfied 4
- Not sure (VOL.) 8
- Refused (VOL.) 9

42. [ASK IF IME=1OR INSURED=0 – ALL OTHERS SKIP TO 45] Your firm had at least one claim that involved an evaluation by an Independent Medical Examiner (IME). I would like to ask you about how well the IME process worked in resolving issues for your firm and its workers. Would you say the process was:

- Very clear 1
- Clear 2
- Unclear 3
- Very unclear 4
- Did not have a claim with IME evaluation (VOL.) 5 [SKIP TO 45]
- Not sure (VOL.) 8 [SKIP TO 45]
- Refused (VOL.) 9 [SKIP TO 45]

43. Do you feel the IME process was completed in a timely manner? Would you say it was completed:

- Very timely 1
- Timely 2
- Not timely enough 3
- Not responsive at all 4
- Not sure (VOL.) 8
- Refused (VOL.) 9

44. Do you feel that the IME process resulted in fair evaluations?

- |                  |   |
|------------------|---|
| Very fair        | 1 |
| Generally fair   | 2 |
| Generally unfair | 3 |
| Very unfair      | 4 |
| Not sure (VOL.)  | 8 |
| Refused (VOL.)   | 9 |

45. [ASK EVERYONE] Which of the following best describes your role within your firm?

- |                   |   |
|-------------------|---|
| Human resources   | 1 |
| Workplace safety  | 2 |
| Senior management | 3 |
| Other (SPECIFY)   | 4 |
| Not sure (VOL.)   | 8 |
| Refused (VOL.)    | 9 |

46. What is your exact job title? (PROBE FOR SPECIFICS)

Thank you for completing this survey. Your answers will help to improve the L&I process for all Washington employers.

## 2 WORKER SURVEY

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Preload:

CLAIM DENIED = 1 if claim denied, = 0 otherwise.

IME = 1 if ever had an IME exam, = 0 otherwise

PPD = 1 if any PPD paid, = 0 otherwise

WORKER\_PROTEST = 1 if any protest ever filed protest, = 0 otherwise.

AWA = 1 if worker ever had an "Ability to Work Assessment", = 0 otherwise

VR = 1 if worker had any VR services, = 0 otherwise.

Condition needs to be defined as "Injury" or "Illness"

ANY\_LT = 1 if electronic record indicates any TD paid or KOS, = 0 otherwise.

BIIA = 1 if appeal filed with BIIA

Insured = 1 if employer insured through SF, = 0 if self-insured

INTERVIEWER INTRODUCTION: [WHEN SPEAKING WITH PERSON LISTED ON SAMPLE] Hello, this is NAME with QMR, a research company. We are calling on behalf of a bi-partisan committee of the Washington Legislature that is measuring the performance of the Department of Labor and Industries (L&I) and its workers' compensation claims management operations. You should have received a letter regarding this telephone interview. The Joint Legislative Audit and Review Committee (JLARC) is seeking injured workers' opinions to as a part of this review.

This study is meant to review how well the Department of Labor and Industries is addressing the needs of employees who have filed workers' compensation claims. You were randomly selected to be surveyed because you filed a claim with L&I between 2011 and 2013.

Your answers will be completely confidential. Your responses will be pooled with the answers of all other workers and only summary data will be reported. Your answers will not have any effect on your claim or eligibility for benefits.

Accept Deny section

1. According to the state of Washington's records, you filed a workers' compensation claim with the state for a work related injury or illness on [Date of injury]. Is that correct?

Yes	1	SKIP TO 3
No	2	[ASK 2]
Not sure (VOL.)	8	[ASK 2]
Refused (VOL.)	9	[ASK 2]

2. [IF NOT CORRECT] Is there another person in your household named [PERSON LISTED ON SAMPLE]?

Yes	1	[ASK TO SPEAK WITH CORRECT PERSON]
No	2	[THANK/TERMINATE]
Not sure (VOL.)	8	[THANK/TERMINATE]
Refused (VOL.)	9	[THANK/TERMINATE]

3. [IF CLAIM DENIED=1 – ALL OTHERS SKIP TO 4] The records indicate your claim was denied and you never received benefits for this injury or illness. Is that correct?

Yes	1	
No	2	[recode DENIED = 0]
Not sure (VOL.)	8	
Refused (VOL.)	9	

4. [ASK EVERYONE] How would you rate Labor & Industries' (L&I's) decision to [Accept/Deny] your claim? In terms of timeliness of the decision, was it:

Very fast	1
Fast	2
Slow	3
Very slow	4
Not sure (VOL.)	8
Refused (VOL.)	9

5. [IF CLAIM\_DENIED =1– ALL OTHERS SKIP TO 9]How would you rate L&I's decision to deny your claim in terms of clearly describing the reasons for the denial? Was it:

Very clear	1
Clear	2
Unclear	3
Very unclear	4
Not sure (VOL.)	8
Refused (VOL.)	9

6. How would you rate L&I for clearly explaining your options if you disagreed with the decision to deny your claim? Was it

Very clear	1
Clear	2
Unclear	3
Very unclear	4
Not sure (VOL.)	8
Refused (VOL.)	9

Question eliminated but number stays.

Question eliminated but number stays.

9. [ASK EVERYONE] During your claim, did you need to contact L&I directly to get information about your claim, an explanation about your benefits or some other issue?

- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 | [ASK 10]     |
| No              | 2 | [SKIP TO 13] |
| Not sure (VOL.) | 8 | [SKIP TO 13] |
| Refused (VOL.)  | 9 | [SKIP TO 13] |

10. [IF "YES" IN 9 – ALL OTHERS SKIP TO 13] Did you ever feel you needed to have a face-to-face meeting with your claims manager or someone else at L&I?

- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 | [ASK 11]     |
| No              | 2 | [SKIP TO 12] |
| Not sure (VOL.) | 8 | [SKIP TO 12] |
| Refused (VOL.)  | 9 | [SKIP TO 12] |

11. Were you given sufficient opportunity to meet face-to-face with someone at L&I?

- |                 |   |
|-----------------|---|
| Yes             | 1 |
| No              | 2 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |

12. [IF "YES" IN 9 – ALL OTHERS SKIP TO 13] When you contacted L&I, how often were you treated with respect? Would you say:

- |                 |   |
|-----------------|---|
| Always          | 1 |
| Usually         | 2 |
| Not very often  | 3 |
| Never           | 4 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |

13. [ASK EVERYONE] Have you ever used L&I's Claims Account System to access information on your claim directly from the internet?

- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 | [ASK 14]     |
| No              | 2 | [SKIP TO 15] |
| Not sure (VOL.) | 8 | [SKIP TO 15] |
| Refused (VOL.)  | 9 | [SKIP TO 15] |

14. [IF "YES" IN 13 – ALL OTHERS SKIP TO 15] When you used the Claims Account System to access your claim, how easy was it to find the information you needed? Was it:

- |  |   |
|--|---|
| Very easy                              | 1 |
| Easy                                   | 2 |
| Difficult                              | 3 |
| Very difficult                         | 4 |
| Couldn't find the information I needed | 5 |
| Not sure (VOL.)                        | 8 |
| Refused (VOL.)                         | 9 |

15. [ALL DENIED=1 SKIP TO 21] We would like to ask you some questions about the medical treatment you received for your injury or illness. Thinking about the medical provider that handled most of your treatment for this injury or illness, was the provider:

- |  |   |              |
|--|---|--------------|
| Your usual provider?                       | 1 | [SKIP TO 17] |
| Chosen by you, but not your usual provider | 2 | [SKIP TO 17] |
| Selected for you by your employer?         | 3 | [SKIP TO 17] |
| Selected for you by L&I?                   | 4 | [SKIP TO 17] |
| Chosen some other way?                     | 5 | [ASK 16]     |
| Not sure (VOL.)                            | 8 | [SKIP TO 17] |
| Refused (VOL.)                             | 9 | [SKIP TO 17] |

16. [IF "CHOSEN SOME OTHER WAY" IN Q15] How was the doctor selected? [PROBE FOR SPECIFICS]

- |                 |    |
|-----------------|----|
| Not sure (VOL.) | 98 |
| Refused (VOL.)  | 99 |

17. [ASK EVERYONE IN SERIES] How easy was it to find the doctor mostly responsible for treating your work related injury? Was it

- |                    |   |
|--------------------|---|
| Very easy          | 1 |
| Somewhat easy      | 2 |
| Somewhat difficult | 3 |
| Very difficult     | 4 |
| Not sure (VOL.)    | 8 |
| Refused (VOL.)     | 9 |



18. [ASK IF INSURED = 0 – ALL OTHERS SKIP TO 20]Did your employer make it clear how to obtain medical treatment for your injury or illness?

Very clear	1
Clear	2
Unclear	3
Very unclear	4
Not sure (VOL.)	8
Refused (VOL.)	9

19. Did you need to contact L&I for assistance obtaining medical care?

Yes	1
No	2
Not sure (VOL.)	8
Refused (VOL.)	9

20. [ASK EVERYONE] Overall, did you feel the medical treatment you received for your injury or illness was:

Excellent	1
Pretty good	2
Fair	3
Poor	4
Very poor	5
Not sure (VOL.)	8
Refused (VOL.)	9

21. [ASK IF ANY\_LT=0; OR DENIED = 1– ALL OTHERS SKIP TO 23]Did you miss more than 3 days of work due to this injury or illness?

Yes	1	[ASK 22]
No	2	[SKIP TO 23]
Not sure (VOL.)	8	[SKIP TO 23]
Refused (VOL.)	9	[SKIP TO 23]

22. [IF “YES” IN 21 – ALL OTHERS IN SERIES SKIP TO 23] About how many weeks were you out of work because of this injury or illness?

___ Weeks	
Not sure (VOL.)	888
Refused (VOL.)	999

23. [ASK EVERYONE IN SERIES] Sometimes an employer will pay workers full salary for some of the time they are off work due to injury. This is called "Kept on Salary". Did your employer pay your full salary for at least part of the time you were off work due to your injury?

- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 | [ASK 24]     |
| No              | 2 | [SKIP TO 25] |
| Not sure (VOL.) | 8 | [SKIP TO 25] |
| Refused (VOL.)  | 9 | [SKIP TO 25] |

24. [IF "YES" IN 23 – ALL OTHERS IN SERIES SKIP TO 25] About how many **weeks** did your employer "keep you on full salary" when you were off work or unable to work full time?

- \_\_\_\_ Weeks
- |                 |     |
|-----------------|-----|
| Not sure (VOL.) | 888 |
| Refused (VOL.)  | 999 |

25. Have you returned to work since your injury or illness?

- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 |              |
| No              | 2 | [SKIP TO 30] |
| Not sure (VOL.) | 8 | [SKIP TO 30] |
| Refused (VOL.)  | 9 | [SKIP TO 30] |

26. When you first returned to work after your injury, did you return to the same employer or another employer?

- |                   |   |              |
|-------------------|---|--------------|
| The same employer | 1 |              |
| Another employer  | 2 |              |
| Not sure (VOL.)   | 8 | [SKIP TO 38] |
| Refused (VOL.)    | 9 | [SKIP TO 38] |

27. Did the employer make any modifications to your job to make it easier for you to return to work?

- |                 |   |   |
|-----------------|---|---|
| Yes             | 1 | [ASK 28]  |
| No              | 2 | [if Q26 = 2, go to Q29, if Q26 = 1 go to Q38]         |
| Not sure (VOL.) | 8 | [SKIP if Q26 = 2, go to Q29, if Q26 = 1 go to Q38]    |
| Refused (VOL.)  | 9 | [SKIP TO if Q26 = 2, go to Q29, if Q26 = 1 go to Q38] |

28. [IF "YES" IN 27 – ALL OTHERS SKIP AS DIRECTED IN 27] Were these modifications to your usual job or a different job altogether?

- |                            |   |               |
|----------------------------|---|---------------|
| Modifications to usual job | 1 | [Skip to Q38] |
| Different job altogether   | 2 | [Skip to Q38] |
| Not sure (VOL.)            | 8 | [Skip to Q38] |
| Refused (VOL.)             | 9 | [Skip to Q38] |

29. [IF "ANOTHER EMPLOYER" IN Q26– ALL OTHERS SKIP TO 38] Why didn't you return to the same employer? [DO NOT READ LIST; PROBE FOR SPECIFICS]

No job available when able to return to work	1	[Skip to Q38]
No job available that fit my work restrictions	2	[Skip to Q38]
Wanted to work for a different employer	3	[Skip to Q38]
No longer wanted to work for that employer	4	[Skip to Q38]
Wanted a different job ( not because of my injury)	5	[Skip to Q38]
Wanted a different job because of the limitations caused by my injury	6	[Skip to Q38]
Other _____	7	[Skip to Q38]
Not sure (VOL.)	98	[Skip to Q38]
Refused (VOL.)	99	[Skip to Q38]

**ALL SKIP TO Q38**

30. [IF "NO" IN 25–] Why haven't you returned to work? Is it because of your injury or some other reason?

Injury	1	[SKIP TO 32]
Some other reason	2	[ASK 31]
Not sure (VOL.)	8	[SKIP TO 32]
Refused (VOL.)	9	[SKIP TO 32]

31. What is the reason you have not returned to work? [PROBE FOR SPECIFICS]

Not sure (VOL.)	98
Refused (VOL.)	99

32. Do you feel you could return today to the same job you had when you were injured?

Yes	1	[SKIP TO 36]
No	2	[ASK 33]
Not sure (VOL.)	8	[SKIP TO 34]
Refused (VOL.)	9	[SKIP TO 34]

33. [IF "NO" IN 32] Could you return to that job if it was modified?

Yes	1
No	2
Not sure (VOL.)	8
Refused (VOL.)	9

34. Do you feel there is another job with that employer you could do today if it was available?

- Yes 1
- No 2
- Not sure (VOL.) 8
- Refused (VOL.) 9

35. Has your employer ever discussed with you a modification to your job or an alternate job that would allow you to return to work?

- Yes 1
- No 2
- Not sure (VOL.) 8
- Refused (VOL.) 9

36. Can you think of any services or assistance would help you return to work in the near future?

- Yes 1 [ASK 37]
- No 2 [SKIP TO 38]
- Not sure (VOL.) 8 [SKIP TO 38]
- Refused (VOL.) 9 [SKIP TO 38]

37. What specific services would help you return to work in the near future?

- Not sure (VOL.) 98
- Refused (VOL.) 99

38. [ASK EVERYONE WITH CLAIM\_DENIED=0AND (ANY\_LT =1 OR Q21= YES)]Workers often receive assistance in making decisions about when to return-to-work as soon as possible and what temporary and permanent restrictions may be necessary to avoid re-injury. Did any of the following assist your efforts to return to work: [CHECK ALL THAT APPLY]

- Treating physician 1
- Claims manager 2
- L&I Early Return to work specialist 3
- Vocational rehabilitation specialist 4
- Your employer 5
- Other (specify)\_\_\_\_\_ 6
- Not sure (VOL.) 8
- Refused (VOL.) 9

**PROGRAMMING NOTE: THE 38a-38c SERIES IS ASKED FOR EACH ENTITY ASSISTING IN THEIR EFFORTS TO RETURN TO WORK**

38-1\_a. Overall, how helpful was [38-1]

Very helpful	1
Somewhat helpful	2
Not very helpful	3
Not at all helpful	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-1\_b. Were the services of [38-1] given at the right time?

Yes, right time	1
No, I should have received the assistance sooner	2
No, I wasn't ready/I needed the assistance later when I was more fully recovered	3
Not sure (VOL.)	8
Refused (VOL.)	9

38-1c. How clearly did [38-1] explain what steps you would need to take to return to work? Would you say:

Very clearly	1
Somewhat clearly	2
Not very clearly	3
Not at all clearly	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-2\_a. Overall, how helpful was [38-2]

Very helpful	1
Somewhat helpful	2
Not very helpful	3
Not at all helpful	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-2\_b. Were the services of [38-2] given at the right time?

Yes, right time	1
No, I should have received the assistance sooner	2
No, I wasn't ready/I needed the assistance later when I was more fully recovered	3
Not sure (VOL.)	8
Refused (VOL.)	9

38-2c. How clearly did [38-2] explain what steps you would need to take to return to work? Would you say:

Very clearly	1
Somewhat clearly	2
Not very clearly	3
Not at all clearly	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-3a. Overall, how helpful was [38-3]

Very helpful	1
Somewhat helpful	2
Not very helpful	3
Not at all helpful	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-3\_b. Were the services of [38-3] given at the right time?

Yes, right time	1
No, I should have received the assistance sooner	2
No, I wasn't ready/I needed the assistance later when I was more fully recovered	3
Not sure (VOL.)	8
Refused (VOL.)	9

38-3c. How clearly did [38-3] explain what steps you would need to take to return to work? Would you say:

Very clearly	1
Somewhat clearly	2
Not very clearly	3
Not at all clearly	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-4\_a. Overall, how helpful was [38-4]

Very helpful	1
Somewhat helpful	2
Not very helpful	3
Not at all helpful	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-4\_b. Were the services of [38-4] given at the right time?

Yes, right time	1
No, I should have received the assistance sooner	2
No, I wasn't ready/I needed the assistance later when I was more fully recovered	3
Not sure (VOL.)	8
Refused (VOL.)	9

38-4c. How clearly did [38-4] explain what steps you would need to take to return to work? Would you say:

Very clearly	1
Somewhat clearly	2
Not very clearly	3
Not at all clearly	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-5\_a. Overall, how helpful was [38-5]

Very helpful	1
Somewhat helpful	2
Not very helpful	3
Not at all helpful	4
Not sure (VOL.)	8
Refused (VOL.)	9

38-5\_b. Were the services of [38-5] given at the right time?

Yes, right time	1
No, I should have received the assistance sooner	2
No, I wasn't ready/I needed the assistance later when I was more fully recovered	3
Not sure (VOL.)	8
Refused (VOL.)	9

38-5c. How clearly did [38-5] explain what steps you would need to take to return to work? Would you say:

Very clearly	1
Somewhat clearly	2
Not very clearly	3
Not at all clearly	4
Not sure (VOL.)	8
Refused (VOL.)	9

39. [ASK IF AWA=1; ALL OTHERS SKIP TO 41] You received an assessment of your ability to work. This assessment would have involved talking to a private counselor about your work history, education and specific skills. How would you rate the development of the Ability to Work Assessment in assisting your efforts to return to work? Was it

- Very helpful 1
- Somewhat helpful 2
- Not very helpful 3
- Not helpful at all 4
- Not sure (VOL.) 8
- Refused (VOL.) 9

40. [ASK IF VR=1 – ALL OTHERS SKIP TO TEXT BEFORE 41] Our records indicate that you have received the services of a Vocational Rehabilitation Counselor. How would you rate the help of the Vocational Rehabilitation counselor in assisting your efforts to return to work? Was it:

- Very helpful 1
- Somewhat helpful 2
- Not very helpful 3
- Not helpful at all 4
- Not sure (VOL.) 8
- Refused (VOL.) 9

**TEXT TO READ TO EVERYONE:**

Most injured workers recover fully from their injury. However some workers, even when they have recovered have some remaining permanent physical limitations that affect their work or daily life. An example of this may be your doctor telling you that you can no longer lift more than 25 pounds as a regular task.

41. Do you have any remaining impairment from your injury that affects your work or daily life? [IF NECESSARY: Impairments can be more difficulty lifting heavy objects or restrictions on sitting or standing for long periods.]

- Yes 1 [ASK 42]
- No 2 [SKIP TO 43]
- Not sure (VOL.) 8 [SKIP TO 43]
- Refused (VOL.) 9 [SKIP TO 43]

42. [IF “YES” IN 41– ALL OTHERS SKIP TO 43] How much does your remaining impairment affect your work or daily life? Would you say:

- Almost no effect 1
- Small effect (I only notice is occasionally) 2
- Moderate effect 3
- Major effect (It affects me nearly every day) 4
- Not sure (VOL.) 8
- Refused (VOL.) 9



43. [ASK IF INSURED=0 – ALL OTHERS SKIP TO 45] We would like to know if during your claim, the Claims Manager handling your case had you visit a specialist, called an Independent Medical Evaluator or IME, to resolve medical treatment questions or the level of permanent partial disability. This doctor would be different than your regular provider. Were you evaluated by an Independent Medical Evaluator?

- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 | [ASK 44]     |
| No              | 2 | [SKIP TO 47] |
| Not sure (VOL.) | 8 | [SKIP TO 47] |
| Refused (VOL.)  | 9 | [SKIP TO 47] |

44. [IF “YES” IN 43 – ALL OTHERS IN SERIES SKIP TO 47] How well did the Claims Manager handling your case explain the IME process to you? Would you say it was:

- |                 |   |            |
|-----------------|---|------------|
| Very clear      | 1 | [Go to 46] |
| Clear           | 2 | [Go to 46] |
| Unclear         | 3 | [Go to 46] |
| Very unclear    | 4 | [Go to 46] |
| Not sure (VOL.) | 8 | [Go to 46] |
| Refused (VOL.)  | 9 | [Go to 46] |

45. [ASK IF INSURED = 1 AND IME=1 – ALL OTHERS SKIP TO 48] Our records indicate that you had an evaluation done by an Independent Medical Evaluator (IME) to resolve medical treatment questions or the level of permanent partial disability. How well did the Claims Manager handling your case explain the IME process to you? Would you say it was:

- |                 |   |
|-----------------|---|
| Very clear      | 1 |
| Clear           | 2 |
| Unclear         | 3 |
| Very unclear    | 4 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |

46. Do you think you IME evaluation fairly reported the true extent of the physical effects of your injury?

- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 | [SKIP TO 48] |
| No              | 2 | [SKIP TO 48] |
| Not sure (VOL.) | 8 | [SKIP TO 48] |
| Refused (VOL.)  | 9 | [SKIP TO 48] |

47. [ASK IF (INSURED = 1 AND PPD=1 AND IME=0) OR (INSURED = 0 AND PPD = 1 AND Q43 = "NO") ] Sometimes your treating doctor will evaluate you for any permanent impairment. If so, the doctor would have given you a report, near the end of treatment, describing any permanent impairment. Did your doctor give you a report describing any permanent impairment?

- Yes 1
- No 2
- Not sure (VOL.) 8
- Refused (VOL.) 9

TEXT TO READ TO WORKER\_PROTEST=1 – ALL OTHERS SKIP TO 56

Injured workers sometimes disagree with decisions made by the employer or L&I. When there is a disagreement, parties have the option to file a protest with L&I and request a resolution of the disagreement. Our records indicate that you or your employer filed a protest with L&I. We would like to ask you some question about how well that process worked.

48. [IF WORKER\_PROTEST=1 – ALL OTHERS SKIP TO 56] How well did L&I explain your options when you or your employer disagreed with a decision made on your claim?

Were the explanations generally::

- Very clear 1
- Clear 2
- Unclear 3
- Very unclear 4
- Not sure (VOL.) 8
- Refused (VOL.) 9

49. L&I supplies written information to explain your options when you disagree with an important decision about your claim. Did you find the written materials:

- Very useful 1
- Somewhat useful 2
- Not very useful 3
- Not useful at all 4
- Not sure (VOL.) 8
- Refused (VOL.) 9

Question eliminated but number stays.

51. How quickly did L&I resolve the disagreements?

Very quickly	1
Quickly	2
Slowly	3
Very slowly	4
Not sure (VOL.)	8
Refused (VOL.)	9

52. When L&I made a decision on a protest, did you feel they explained the decision and reasons for the decision in language that was clear and easy to understand?

Yes	1
No	2
Not sure (VOL.)	8
Refused (VOL.)	9

53. In thinking about the process used when there was a protest to L&I, did you believe you had sufficient opportunity to present your arguments?

Yes	1
No	2
Not sure (VOL.)	8
Refused (VOL.)	9

54. How satisfied were you overall with the protest process? Would you say you were:

Very satisfied	1
Somewhat satisfied	2
Somewhat dissatisfied	3
Very dissatisfied	4
Not sure (VOL.)	8
Refused (VOL.)	9

55. And how satisfied were you with the final decision of the protest? Were you:

Very satisfied	1
Somewhat satisfied	2
Somewhat dissatisfied	3
Very dissatisfied	4
Not sure (VOL.)	8
Refused (VOL.)	9

56. [ASK IF BIIA=1 – ALL OTHERS SKIP TO 59] Our records indicate that either you or your employer appealed a decision by L&I to the Board of Appeals. In thinking about the process used to appeal the decision to the Board of Appeals, did you believe you had sufficient opportunity to present your arguments?

Yes	1
No	2
Not sure (VOL.)	8
Refused (VOL.)	9

57. How satisfied were you overall with the appeal process? Would you say you were:

Very satisfied	1
Somewhat satisfied	2
Somewhat dissatisfied	3
Very dissatisfied	4
Not sure (VOL.)	8
Refused (VOL.)	9

58. And how satisfied were you with the final decision on the appeal? Were you:

Very satisfied	1
Somewhat satisfied	2
Somewhat dissatisfied	3
Very dissatisfied	4
Not sure (VOL.)	8
Refused (VOL.)	9

59. [ASK EVERYONE] Now we would like to ask you a few questions about you and the kind of work you did at the time you were injured. About how long had you done that same type of work you were doing when injured, including for other employers?

Less than 1 year	1
1 to 2 years	2
3 to 4 years	3
5 or more years	4
Not sure (VOL.)	8
Refused (VOL.)	9

60. About how many people worked for your employer at the location where you worked?

Less than 10	1
10 to 49	2
50 to 99	3
100 to 249	4
250 or more	5
Not sure (VOL.)	8
Refused (VOL.)	9

61. What was the highest level of education you achieved?
- |                       |   |
|-----------------------|---|
| Less than high school | 1 |
| High school or GED    | 2 |
| Some college          | 3 |
| Associate Degree      | 4 |
| Bachelor's Degree     | 5 |
| Post-graduate degree  | 6 |
| Not sure (VOL.)       | 8 |
| Refused (VOL.)        | 9 |
62. How would you describe your health before you were injured
- |                 |   |
|-----------------|---|
| Excellent       | 1 |
| Very good       | 2 |
| Fair            | 3 |
| Poor            | 4 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |
63. Do you have other health issues, besides your work injury or illness that made it more difficult for you to return to work due to your occupational condition?
- |                 |   |
|-----------------|---|
| Yes             | 1 |
| No              | 2 |
| Not sure (VOL.) | 8 |
| Refused (VOL.)  | 9 |
64. Did you hire an attorney to assist you with your workers' compensation claim?
- |                 |   |              |
|-----------------|---|--------------|
| Yes             | 1 | [SKIP TO 66] |
| No              | 2 | [ASK 65]     |
| Not sure (VOL.) | 8 | [ASK 65]     |
| Refused (VOL.)  | 9 | [ASK 65]     |
65. Did you discuss your case with an attorney, but not ultimately hire one?
- |                 |   |                   |
|-----------------|---|-------------------|
| Yes             | 1 | [ASK 66]          |
| No              | 2 | [SKIP TO CLOSING] |
| Not sure (VOL.) | 8 | [SKIP TO CLOSING] |
| Refused (VOL.)  | 9 | [SKIP TO CLOSING] |
66. What issue or issues caused you to speak with an attorney about your case? [PROBE FOR SPECIFICS]
- |                 |    |
|-----------------|----|
| Not sure (VOL.) | 98 |
| Refused (VOL.)  | 99 |

Thank you for completing this survey. Your answers will help to improve the L&I process for all Washington workers.

# Workers' Compensation Claims Best Practices

## Making Initial Contact

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### Page description:

These questions are designed to evaluate making initial contact in a claim. In answering the questions, assume that the accident report is complete. Assume also that the claims adjuster is presented with correct employer and claimant contact information. Please provide any comments in question 3.

1. In your opinion what time intervals would represent “best practice” goal for the claims adjuster (or nurse case manager) to make actual voice contact with the **injured claimant**? (0 = less than 1 business day to make actual contact; 21 = 21 or more business days to make actual contact)

Number of <b>Days</b> for Lost Time Claims	<input type="range"/>
Number of <b>Days</b> for Medical Only Claims	<input type="range"/>

2. In your opinion what time intervals would represent “best practice” goal for the claims adjuster (or nurse case manager) to make actual voice contact with the **employer of injury**? (0 = less than 1 business day to make actual contact; 21 = 21 or more business days to make actual contact)

Number of <b>Days</b> for Lost Time Claims	<input type="range"/>
Number of <b>Days</b> for Medical Only Claims	<input type="range"/>

3. Do you have any additional information or comments about initial contact?

## Claims communications

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### Page description:

The following questions are designed to evaluate best practices regarding communications regarding various aspects of a claim.

4. What standard would be considered “best practice” for the adjuster to return most phone calls from the injured worker or employer of injury?

- Within 4 hours
- Within 1 business day
- Within 2 business days
- Within 3 business days
- No firm limits should apply
- Other  \*

5. On average, how many days have elapsed from the date of injury to the first report of injury being available to the adjuster? (1 = first report available within 1 day of injury; 10 = first report typically available 10 or more days after injury)

Number of **days**



6. Any comments or additional information regarding communications best practices?

## Compensability decisions

### **Page description:**

The following questions are designed to evaluate best practices regarding investigations and compensability.

7. On average, how long (from the date of receipt of the accident report) does it take for an adjuster to communicate with the claimant that the claim is **denied**?

- Less than 7 days
- Between 7 and 10 days
- Between 10 and 14 days
- Between 14 and 20 days
- Between 20 and 30 days
- Other  \*



8. On average, how long (from the date of receipt of the accident report) does it take for an adjuster to communicate with the claimant that the claim is **accepted**?

- Less than 7 days
- Between 7 and 10 days
- Between 10 and 14 days
- Between 14 and 20 days
- Between 20 and 30 days
- Not common practice to issue acceptance decision
- Other  \*

9. This question assesses the need for an adjuster to independently confirm the compensability of a claim, through witness statements, medical consults concerning causation, and the like, regardless of whether the employer raises a protest. With what regularity should the adjuster independently confirm compensability of the reported injury? For this question, assume that "independent confirmation" would involve inquiry beyond the accident report, such as phone calls, emails, statements, etc.

- Confirmation always required, 90% or more of lost-time claims
- Confirmation required 75% of the time
- Confirmation required 50% of the time
- Confirmation required only when the report of injury suggests a need
- Confirmation required only when the employer protests compensability
- Whether confirmation needed depends on the degree and quality of work-up of the injury that is provided to the adjuster
- Other  \*

10. Any additional information or comments regarding investigation and compensability?

### **Making Contact with the Treating Physician**

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**Page description:**

The following question is designed to evaluate how you would rate the effort a good claims adjuster (or in some cases an occupational nurse) should put into speaking to a treating physician about certain aspects of the claim.

11. How much effort should the adjuster take in making contact with the physician in the following circumstances:

	Should make utmost effort	Relatively high priority to make contact	Sometimes useful to make contact	Monitor and intervene only when necessary
When first medical report from treating physician is vague about the diagnosis, severity of injury, or whether further treatment is needed	<input type="radio"/> Should make utmost effort	<input type="radio"/> Relatively high priority to make contact	<input type="radio"/> Sometimes useful to make contact	<input type="radio"/> Monitor and intervene only when necessary
When first medical report from treating physician is vague, or open-ended, about restrictions or orders, without much explanation, e.g., "No work for X weeks"	<input type="radio"/> Should make utmost effort	<input type="radio"/> Relatively high priority to make contact	<input type="radio"/> Sometimes useful to make contact	<input type="radio"/> Monitor and intervene only when necessary
When ongoing physical medicine treatment is expected to exceed your guidelines, without documentation of functional improvement or pain relief	<input type="radio"/> Should make utmost effort	<input type="radio"/> Relatively high priority to make contact	<input type="radio"/> Sometimes useful to make contact	<input type="radio"/> Monitor and intervene only when necessary
When a prescription for opioids to manage pain is given for a common strain or sprain of a limb	<input type="radio"/> Should make utmost effort	<input type="radio"/> Relatively high priority to make contact	<input type="radio"/> Sometimes useful to make contact	<input type="radio"/> Monitor and intervene only when necessary
When, after initial treatment, the treating physician's follow-up reports contain an expanded diagnosis of injury conditions, e.g., knee injury expanded to hip	<input type="radio"/> Should make utmost effort	<input type="radio"/> Relatively high priority to make contact	<input type="radio"/> Sometimes useful to make contact	<input type="radio"/> Monitor and intervene only when necessary
When treatment appears to deviate in the duration of treatment from treatment guidelines (official or internal)	<input type="radio"/> Should make utmost effort	<input type="radio"/> Relatively high priority to make contact	<input type="radio"/> Sometimes useful to make contact	<input type="radio"/> Monitor and intervene only when necessary

## Getting help from occupational nurse or medical consultants

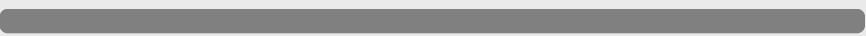
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### Page description:

The following questions are designed to evaluate the use of occupational nurses/medical consultants in managing claims.

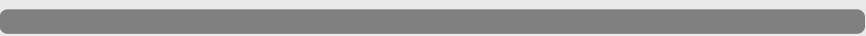
12. How often would you expect a lost time claim to require review or consultation between the adjuster and a nurse/medical consultant? (0=consult never required; 50=consult required in 50% of cases; 100=consult always required)

**Percentage of**  
lost-time claims  
where  
nurse/medical  
consult required



13. Given your answer to the previous question, what would you consider the optimal ratio of adjusters to nurse/medical consultants? (1 = 1 nurse consultant on staff for each adjuster; 5 = 1 nurse consultant for every 5 adjusters; 10 = 1 nurse consultant for every 10 or more adjusters)

**Number of**  
**adjusters** per  
nurse consultant



14. Do you have any comments about the use of occupational nurse/medical consultants in handling claims?

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**Return to work**

**Page description:**

The following questions are designed to evaluate strategies used by claims adjusters in returning an injured worker back to work.

15. How frequently would an adjuster (or nurse case manager) interact with an **employer** on strategies for returning the injured worker to the job within the physician's duty limitations? (For this question, assume that lost time payments are about to begin)

- Infrequently (less than 25% of lost-time claims involve such interactions with the employer)
- Sometime (between 25 and 50% of lost-time claims)
- Often (between 50 and 75% of lost-time claims)
- Very often (more than 75% of lost-time claims)

16. How important is it for non-compensable medical conditions that are encountered in physician reports to be expressly segregated from the claim?

- Very important segregate non-compensable medical conditions
- Somewhat important
- Limited value
- Not generally important to segregate non-compensable medical conditions
- Other  \*

17. As an estimate, in what percentage of lost-time claims, with disability over 60 days, is an IME needed by the adjuster to confirm or challenge the treating physician on the following issues. (0% = IME never needed; 50% = IME needed half of the time to confirm or challenge the treating physician; 100% = IME needed in every case on the particular issue)

% where IME needed re <i>ability to return to work</i>	<input type="text"/>
% where IME needed re <i>necessity of treatment</i>	<input type="text"/>
% where IME needed re <i>MMI/rating determination</i>	<input type="text"/>

18. Generally speaking, how reliably can an adjuster predict, after 60 days of lost time, that a worker with a moderately severe injury (major sprain to a joint, tendon tear, etc.) will not likely return to work at the employer of injury ?

- Low reliability; highly variable depending on the nature of the injury
- Moderate reliability; unless there are unusual claim characteristics
- Fairly good reliability
- Excellent reliability (nearly every case predicted)
- Other  \*

19. Do you have any comments or additional information regarding claim-manager involvement in return to work issues?

## Vocational retraining and rehabilitation

### Page description:

These questions are designed to evaluate best practices in the use of vocational services.

20. What percentage of lost-time claims usually require the following:

	Less than 5% of lost-time claims	Between 5 and 25% of lost-time claims	Between 25 and 50% of lost-time claims	Between 50 and 75% of lost-time claims	More than 75% of lost-time claims
Vocational evaluation (e.g. job skills assessment; ability to work)	<input type="radio"/> Less than 5% of lost-time claims	<input type="radio"/> Between 5 and 25% of lost-time claims	<input type="radio"/> Between 25 and 50% of lost-time claims	<input type="radio"/> Between 50 and 75% of lost-time claims	<input type="radio"/> More than 75% of lost-time claims
Vocational retraining plan	<input type="radio"/> Less than 5% of lost-time claims	<input type="radio"/> Between 5 and 25% of lost-time claims	<input type="radio"/> Between 25 and 50% of lost-time claims	<input type="radio"/> Between 50 and 75% of lost-time claims	<input type="radio"/> More than 75% of lost-time claims

21. In claims where the adjuster enlists vocational services (counseling or training), how many days from injury would you expect to begin these services?

- Within 1 month of the injury
- Between 1 and 3 months of the injury
- Between 3 and 5 months of the injury
- More than 5 months from the injury
- Other  \*

22. Any comments or other information about the use of vocational services in handling claims?

## Work Management

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### Page description:

23. What would you consider the optimal ratio of first level adjusters to supervisors? (1 = 1 supervisor per front-line adjuster; 5 = 1 supervisor for every 5 front-line adjusters; 15 = 1 supervisor for every 15 front-line adjusters)

**Number of first-level adjusters**  
per supervisor

24. In your opinion, based on **average** adjuster training and experience and assuming average case complexity, what would be a standard caseload per workers' compensation claims adjuster.

Total **number** of  
open cases per  
front-line adjuster

**Number** of open  
lost-time cases  
per front-line  
adjuster

**Number** of open  
medical-only  
cases per front-  
line adjuster



25. Any other information or comments about adjuster workload or supervision?

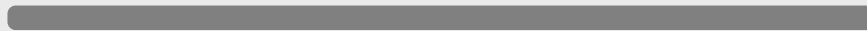
**Background on your professional experience**

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**Page description:**

26. How many years of experience do you have with claims adjudication or supervision of the claim function for workers' compensation?

**Years** of w/c  
adjusting/claims  
supervision  
experience



27. For the majority of your workers' compensation experience, in which of the regions below did you do the majority of your work?

- Northeastern US
- Middle Atlantic US
- Southeastern US
- Central US
- South Central US
- California
- Other Western US
- Canada
- Other  \*

28. In what area is your **most recent** claims experience?

- Private Insurance
- TPA Claims
- Audit
- Other  \*

29. Contact info (optional)

- Name
- Email Address
- Phone Number