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**WORKERS’ COMPENSATION**

**CLAIMS MANUAL**

**Revision Date: January 5, 2018**

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**Executive Summary**

This manual is intended to provide detailed processes and procedures for handling WMATA Workers’ Compensation claims. WMATA’s primary goal is to reduce the costs associated with employee on-the-job injuries; primarily costs associated with extended claim duration. The TPA must investigate the nature of the incident, determine whether the alleged injury or occupational disease is covered under the applicable workers’ compensation law, and if so, ensure that the injured employees are provided with the workers’ compensation benefits to which they are entitled. Employees' claims must be administered in a fair and cost-effective manner in accordance with the statutory requirements of the jurisdiction that governs the claim and in accordance with industry best practices and WMATA specifications. The TPA will be expected to utilize WMATA programs to manage costs such as transitional duty to return WMATA employees to pre-injury positions, where possible.

# Claims Philosophy

WMATA believes in handling all claims promptly and fairly, treating each injured employee with concern, compassion and understanding and in accordance with the law of the jurisdiction of the claim. WMATA will use all available resources to administer legitimate claims as well as to investigate and resist fraudulent and questionable claims.

# Claim Intake and Reporting

WMATA supervisors are accountable for reporting WC claims directly to TPA’s Intake Center. When the claim is reported, the intake center will complete a comprehensive interview with the WMATA supervisor in order to generate a First Report of Injury (FROI). All claims will be assigned a claim number the same day of receipt.

**Acknowledgments:** TPA will generate and distribute acknowledgement of the claim the same date of receipt to WMATA Workers Compensation Manager and Specialists via email. Acknowledgment notice will be mailed to the injured worker the same day. The acknowledgment notice will include the claim number and adjuster name and contact information.

**Indexing:** TPA will index all Workers’ Compensation indemnity claims upon receipt of loss notice. All open claims will be re-indexed at six (6) month intervals until the case is closed.

**Claim Coding:** All claims are to be created using the proper WMATA Cost Center/Office Code and Building Code, as well as accurate Injury Type and Cause Codes and enter into the claim system within (24) hours of receipt of the claim. Corrections are to be made within 30 days. Accurate claim coding is essential to WMATA’s internal management reports. Questions regarding proper coding should be directed to the Workers’ Compensation Office.

# Investigation

TPA is expected to investigate each claim to determine compensability under the applicable Worker’s Compensation statutes and document relevant findings clearly in the claim file. WMATA expects investigations will include consideration of severity of injury, potential extent of disability, questions of eligibility for compensation, evaluation of the potential for fraud (fraud triggers), verification that the accident or injury occurred on the job and opportunities for recovery. Key requirements include:

**3-Point Contact**: Ensure that quality three-point 24-hour contact is completed on each lost time claim, or that reasonable attempts to complete the three-point 24-hour requirement is documented in each file. Unsuccessful attempts to contact the parties by phone shall be followed by a letter to the claimant. Three-point contact includes:

**Employee**- to verify description of incident, body part(s) impacted, and that the incident arose out of and in the course of employment, medical/disability status with names of medical provider, and prior medical and claim history.

**Employer/Supervisor**- to verify description of accident, job title, description of duties, history of employment, injury disability status, return to work possibilities and any other pertinent information.

**Healthcare Provider**- to establish history of injury as presented and correlate to how the employee described the injury, diagnosis, prognosis, and to confirm that work status is addressed so that employee can return to work as quickly as medically possible.

Witnesses must be timely identified, with preservation of contact information and statements in the claim file.

Outside professional services such as surveillance, vocational rehabilitation, and experts to assist in the investigation and adjustment of claims are subject to WMATA’s approval to incur the expenses. Payment will be made by the TPA and recorded as an allocated loss adjustment expense.

**Catastrophic injuries** will be defined for this program as an injury resulting in death, dismemberment, multiple traumas, or mental incapacity. The TPA shall collaborate with WMATA’s Workers’ Compensation Office to arrange on-site investigation of catastrophic cases within twenty-four (24) hours of the occurrence.

TPA must evaluate, advise and recommend to WMATA Workers’ Compensation Specialist claimant eligibility for placement in “Section 124” of the WMATA labor agreement with local 689, and Section 16L of the WMATA labor agreement with local 922

**Denials:** All denials must be reviewed with WMATA’s WC Claims Department prior to communication to claimants, medical professionals, or other parties.

**Coverage Determination:** Each claim should be reviewed upon receipt for determination of any relevant coverage issues. Questionable coverage issues should be reported promptly to the Account Manager for consultation with WMATA‘s Workers’ Compensation Manager and/or WMATA WC attorneys in the Office of General Counsel (COUN). Coverage evaluation must address other available coverages under which a claimant may seek benefits.

**Fraud:** Workers’ Compensation System abuse and fraud can significantly inflate WC program costs. There are many forms which abuse and fraud can manifest, ranging from artificially extending WC benefits received to falsifying a WC claim to receive unwarranted benefits. WMATA is self-insured for WC.

**Communication:** Communication is critical to the detection and prevention of WC fraud and abuse. WMATA operations staff is encouraged to report suspected fraud and abuse to TPA, COUN and WMATA WC staff. Supervisors and other operations personnel have proven valuable in identifying potential WC claim abuse and fraud.

This section is outlines protocols to identify and curtail WC claim fraud and abuse.

TPA and WMATA WC staff are jointly responsible for providing ongoing WMATA operations supervisors and management training and training materials specific to identifying, investigating and preventing WC claim abuse and fraud. Training Programs are at the discretion of the WC Manager with input from the TPA, Staff, COUN, Operations and the Director of Risk Management.

**Abuse/Fraud Triggers:** TPA and WMATA staff shall maintain and update Abuse/Fraud “Warning Signs”, also referred to as Fraud triggers. Examples include, but are not limited to:

* The employee’s description of the accident is vague, changes, is contradictory, or does not support the injury
* Employee refuses to cooperate with the accident investigation
* Late reported claims
* Employee has contacted an attorney before reporting an injury
* Employee has a history of multiple WC claims (frequent flyer)
* Injury happens just before a holiday/ vacation.
  + Especially a holiday in which that employee is scheduled to work
* Injury happens right after a holiday/ vacation
* Employee is being, or about to be disciplined, or being considered for discipline
* Talk, and/or rumors from other employees
  + Problems with daycare
  + Working a second job

**Surveillance:** The primary purpose for the use of Surveillance is to determine the legitimacy of any element of the filed claim. The intent is to:

1. Develop information for use in litigated claims
2. Serve as a deterrent.

A surveillance plan must be documented in the file and should clearly identify goals, duration, and anticipated outcomes. Use of social media in surveillance has been valuable and should be considered.

## Activity / Alive and Well Checks:

1. The Claims Administrator must perform annual Alive and Well Checks which will consist of a face-to-face visit with beneficiaries in death cases and claimants in permanent total disability cases.
2. The TPA must notify WMATA when activity checks indicate potential fraud, including any suspicious behavior.
3. A digital photograph of the claimant should be obtained from WMATA's Workers’ Compensation Specialist.

## Recorded Statements: TPA adjusters will take recorded statements from the claimant, claimant’s supervisor, and all witnesses for the following:

* All Lost Time Claims
* Suspicious or un-witnessed injuries
* Injured workers with a history of multiple claims
* Motor vehicle accidents
* Claims with multiple injured workers
* Catastrophic claims
* Death claims
* Head injuries
* Back, shoulder, and knee injuries
* Burns
* Amputations
* Heart Attacks
* Psychological and stress claims
* Claims involving subrogation potential
* Claims involving pre-existing conditions
* Claims involving questionable compensability

All recorded statements shall include a description of the accident, witnesses, treating physician and previous injuries, relevant information about the employee and their job duties, and any other relevant information.

**Coordination with Other Benefit Programs:** Each claim should be reviewed to ensure that the claim meets all criteria for compensability, including an appropriate jurisdiction assignment and whether the injury arose in the course of employment. The review must include a determination as to whether the claimant is eligible to receive benefits under any other coverage (i.e.: injured workers who are eligible for PIP benefits). Evaluate potential coordination of concurrent or conflicting laws or benefits such as ADA, FMLA, LTD, PTO, Sick Leave, Leave Bank, wage continuation, etc. Refer claimants to benefits/retirement office with human resources issues.

### Should questions of compensability arise, the claims adjuster shall identify a clear plan of action (POA) to investigate compensability of the claim. The investigation should proceed with a final determination being made within fourteen (14) days of notification of the claim. If a determination of compensability cannot be made within fourteen (14) days, a clear rationale for the inability must be documented in the case history. Where applicable, any state law requiring a determination of compensability prior to the fourteen (14) day period will take precedence over this requirement and will be documented in the claim history. All proper and timely filings must be completed with all appropriate jurisdictions. Any claims involving suspected fraudulent activities or questionable actions are to be reported to the Workers’ Compensation Office and COUN.

### Benefit Administration:

For lost time claims, TPA shall verify an employee’s wages from WMATA for purposes of accurately calculating the applicable average weekly wage and compensation rate per statutory guidelines.

**Wage Statement and Verification**

Immediately upon receipt of a new claim, the TPA will send a wage statement to WMATA to confirm the last 52 weeks of the injured workers’ earnings. Upon receipt of the wage statement, the claim representative will calculate the appropriate Temporary Total Disability (TTD) rate in accordance with jurisdictional provisions.

All indemnity benefits will be issued on a bi-weekly schedule, unless the state statute requires a more frequent payment cycle.

The TPA shall pay indemnity benefits in accordance with jurisdictional requirements and documented evidence of continued disability. Documentation regarding disability should be current in order to validate issuance of disability benefits. Any deviation must be clearly documented and WMATA must be advised. Penalties assessed for a late payment and any subsequent attorneys’ fees must be reimbursed by the TPA to WMATA immediately.

The TPA shall notify the WMATA Workers’ Compensation Office when an injured worker is released to modified or full duty. This notification must be made the same day as the release.

The TPA must review and pay Medical bills to comply with the appropriate jurisdictional statute and within thirty (30) days of receipt. A letter of explanation of benefits will be provided to the medical provider or injured worker explaining the reason for any delay in payment, including denial or request for additional information to resolve questionable invoices.

The TPA shall document any overpayment immediately with specifics being given in writing to WMATA’s Workers’ Compensation Manager. Any overpayment resulting from the TPA’s mismanagement or negligence will be the TPA’s responsibility.

Any overpayments, duplicate payments or incorrectly calculated payments due to the TPA's error that cannot be recovered within 90 days will be refunded to WMATA by TPA.

**Medical Management**

Case management services (both telephonic and field) should be available to ensure that appropriate treatment plans are established and followed. The aforementioned services can be provided either directly through the TPA or through contractual arrangements with third party vendors/networks.

**Nurse Triage**

TPA is to include capabilities and services related to nurse triage as they may apply to and benefit WMATA

**Telephonic Case Management/Field Case Management (TCM/FCM)**

The Nurse Case Management Supervisor shall assign a Telephonic Nurse Case Manager (TCM) to cases that meet WMATA’s specific criteria for early intervention.

The Nurse Case Management Supervisor shall ensure that TCM is involved in medical coordination and determination of medical necessity and denial of medical care based on the appropriateness of medical services with required tracking and follow up.

The Nurse Case Management Supervisor shall ensure that TCM reports include action plans and are provided at 30 day intervals or sooner if there is a significant case development.

The Nurse Case Management Supervisor shall ensure that all TCM’s are Registered Nurses (RN) and licensed in Maryland, District of Columbia, or Virginia with experience in a variety of acute care, clinical setting, and rehabilitation and case management settings.

TPA will post an anticipated treatment plan in the claim activity notes on each file in which a nurse case manager is assigned.

TPA will ensure that all filings required by applicable jurisdiction are made timely.

The Nurse Case Management Supervisor shall consider and make recommendations to WMATA regarding assignment of services on each case.

The Nurse Case Manager shall document written WMATA approval via claim activity notes for all recommended services prior to scheduling.

**Independent Medical Examinations (IMEs)**

The TPA must:

* schedule/coordinate independent medical examination(s)
* Schedule timely “Fitness for Duty” evaluations as delineated in the WCCM.
* Ensure that each request for an IME and “Fitness for Duty” evaluation details the reason(s) for the examination, and the opinions that are being sought.
* obtain a Utilization Review in DC cases where the Independent Medical Examination (IME) physician determines that the requested treatment is not reasonable or necessary.
* Provide WMATA with a monthly report delineating the number of IMEs performed the preceding month, year to date, cost of IMEs, and vendors/Doctors used for each IME.

**Medical Bill Review & Cost Containment**

TPA is expected to manage reasonableness, causal relationship, conformity to the appropriate fee schedule and/or established Preferred Provider Organization (PPO) agreements and Utilization Review guidelines. TPA shall satisfy the following minimum requirements:

* + - Review all bills in a timely manner for compliance with applicable fee schedules and reduce or discount accordingly.
    - Identify and correct all duplicate billings.
    - Deny charges for all items not required for injury described.
    - Identify all unauthorized charges to insure billing does not exceed parameters of injured worker’s treatment plan.
    - Handle all provider inquiries regarding bill reductions.
    - Ensure all bill reviews, payments with adjustment advice, notices of rejection and/or denial of liability are issued within mandated timeframes.
    - Provide quarterly report explaining savings/discounts achieved on behalf of WMATA.
    - Provide access to an outcomes-based medical network.
    - Provide a pharmacy management program which includes opioid management.

Pharmacy Benefit Management (PBM) programs assure that the injured worker is 1) receiving proper pharmaceutical prescriptions 2) eliminates out of pocket expenditure for the injured worker 3) reduces program prescription costs 4) assists in early identification of problematic claims, and 5) promotes the use of mail order prescription services when appropriate.

* + - Provide Medical Specialty Services for prospective and retrospective review.

**Financial Controls (Reserves & Settlements)**

**Reserves**

Initial reserves should be posted within 5 business days of receipt of the claim. Reserves are to be reviewed at day 30 and subsequently a minimum of every 90 days unless conditions change supporting an immediate adjustment. All cases should be reserved to ultimate exposure as soon as sufficient information has been received to justify the proposed reserve positions. Considerations for reserve positions include:

1. Nature of work – light to heavy
2. Effectiveness of the return to work program
3. Severity of the injury
4. Jurisdiction
5. Compensation rate
6. Expected time of disability
7. Prior injuries
8. Age
9. Co-morbidities
10. Prior workers’ compensation claim history

The Account Manager and the Workers’ Compensation Office of WMATA must be notified via e-mail of any initial or subsequent reserve change recommendation of $100,000 or more, and must be approved by WMATA before TPA posts reserves in the claim system. This approval should be clearly documented in the claim notes.

A reserve worksheet and justification must be provided and approved by WMATA posted clearly and timely in the claim file.

Assigning a reserve value on claims in litigation shall be at the direction of COUN in coordination with the WMATA Workers’ Compensation Office. WC Claims Manager will be copied.

**Settlement**

TPA has authority to settle claims up to $25,000 without pre-authorization from WMATA. Settlements above $25,000 require prior authorization from WMATA.

WMATA Office of General Counsel (COUN) handles all settlement paperwork.

In order to obtain settlement authority, a **Settlement Evaluation Form** must be completed by the Claims Adjuster and sent to the Workers’ Compensation Office for review and approval. Structured settlements should be pro-actively pursued where it is cost effective to do so.

**As a condition of settlement, claimants must resign their position from WMATA.**

The TPA must proactively review all qualified claims for potential settlement and make settlement recommendations in writing to WMATA’s Workers Compensation Manager, including but not limited to proposed settlement range, a cost benefit analysis, and settlement negotiation strategy.

When a file is in litigation, settlement authority lies within COUN. All settlement discussions, including requests for demands, shall emanate from COUN unless the Claims Adjuster has been given explicit authority by COUN to request a demand or make an offer.

**Structured Settlements (Integrated or Stand-Alone):** The TPA shall act as the WMATA structured settlement agent of record and shall work with COUN to perform the structured settlement services.

**Medicare Set-Asides (MSA):** It is expected that TPA will provide resources, technology and assistance to help WMATA evaluate MSA options and comply with reporting provisions from the Centers for Medicare/Medicaid Services (CMS). TPA should include recommendation regarding need for Medicare Set-aside proposal submission and approval, Social Security and Medicare status determination, Medicare conditional payment claim identification, recommendation for frequency and amount of periodic payments when structured settlement is utilized, projection of Medicare allowable costs, completion of Medicare proposal, submission of proposal to Medicare, and follow-up with Medicare and negotiation until approval is obtained.

TPA’s Medicare Set-aside services staff under this Contract must be a Medicare Set-aside Certified Consultant (MSCC) in good standing.

**Defense and Litigation Management**

If a Workers’ Compensation file is in litigation, file activities including resolutions are directed by COUN. All direction on the file will be provided by COUN, except that a file shall continue to be adjusted in the normal course by the adjuster. A file shall be designated in litigation whenever the following triggering events occur:

* District of Columbia - Upon the issuance of a notice of informal conference or upon the application for a formal hearing;
* Maryland - Upon a notice of filing of issues by any party
* Virginia - Upon the filing of a claim for benefits or application for hearing by any party.

A file shall also be designated in litigation whenever benefits, being paid pursuant to a compensation order or award, are terminated without a mutual agreement by the parties. In the District of Columbia and Virginia, benefits being paid pursuant to an order may not be terminated unless instructed by COUN, following the filing of an Application for Formal Hearing in DC and an Employer’s Application in Virginia. Litigated claims are managed exclusively by COUN with the assistance of WMATA’s Workers’ Compensation Department.

Whenever one of the above events occurs, the TPA will forward to COUN the appropriate Attorney referral form within 1 business day of notice of the triggering event. The date that the file is forwarded to COUN shall be documented in TPA claim system. The Attorney Referral Form is a form that identifies the claim including all pertinent details about present and past payment of benefits, past claims, present contested issue, and potential claims for a credit, overpayment of lien. Upon receipt of the Attorney Referral Form, COUN will advise and continuously update both TPA and WC Specialist as to status of the litigated claim. COUN is responsible for providing and documenting direction to the TPA, and WC specialists, on finding resolution to these issues.

If a claim has additional issues to be managed/ resolved upon the conclusion of litigation, Office of General Counsel shall retain its authority in order to bring the matter to a swifter and more complete resolution.

If COUN gives instructions to the Claims Adjuster concerning the direction of a file in litigation, the adjuster shall document the directions given by COUN in the TPA claims system in order to facilitate claim resolution. If COUN’s directions are received by e-mail, the adjuster shall paste the e-mail into the claim system file.

It is established that a litigated claim is directed by COUN; however, the Workers’ Compensation Office expects the Claims Adjuster to offer suggestions and propose strategies for file resolution when the case is transitioned to COUN as well as during the litigation process.

**Reserving and Settlement of Litigated Files**

* Reserving claims in litigation shall be at the discretion of the WMATA Workers Compensation Department. Requests for reserve increases of $100,000 or higher will be approved by the Workers’ Compensation Office.
* COUN has exclusive authority to settle workers’ compensation claims in litigation, however the attorney assigned to the claim is responsible for seeking counsel and input from the WC claims manager in such matters.
* COUN is responsible for seeking recovery of litigated claims, however they must coordinate with Third Party claims when there is the opportunity for both WC and Third Party claim recovery.
* Settlement authority in excess of $200,000 per claim must be received from the Director of Risk Management.

**File Management**

**Supervision Expectations**

TPA Claim Supervisors will be pro-actively involved in the supervision and management of WMATA claims. Supervisors are required to review all files at setup, then, no later than fourteen (14) days, and 60 days thereafter unless circumstances of the file warrant supervisor involvement sooner, or extension. Supervisors should review medical-only claims if open longer than six (6) months. Supervisors should review cases with material triggers, including physician’s PPD ratings, significant reserve changes, legal representation, and consideration of assigned surveillance, subrogation, fraud triggers and referral to Special Investigation resources. Supervisory direction should be clearly documented in the claim file. The claim file will reflect supervisory guidance by direct memorandum or file entries in the case history.

**Re-Opening / Closure of Claim Files**

The TPA shall reopen, reconstruct or reestablish case files including the processing and adjudication of claims involving recurrences of disability.

The TPA shall conduct regular reviews of all reopened Workers’ Compensation indemnity files and promptly close all reopened files as permitted by state regulation. TPA shall produce a Closure Ratio Report monthly to Track Inventory and rolling 12 month progress on closing claims. All indemnity reopened files without substantive activity will be reviewed for closure at six-month intervals.

**Large Loss Reporting Requirements**

A formal narrative status report will be provided to WMATA on all claims with an incurred value of $100,000 or more. These reports will be communicated to WMATA at 90 day intervals.

Claims involving the following are to be reported regardless of reserve positions:

• Fatalities

• Brain injuries resulting in impairment of physical functions

• Spinal injuries resulting in partial or total paralysis

• Amputation or permanent loss of use of upper or lower extremities

• All other injuries resulting in disability of 1year or more

• Severe burn injuries

• Loss of sight of one or both eyes or sensory loss

• Major scarring

• Injuries with significant psychoneurotic involvement

## Conversion/Re-classification of Claims

Medical only claims will be immediately converted to indemnity claims if there is any question relative to validity or as soon as verification of lost time is obtained. An explanation of the claim conversion will be documented in the claim notes at the time that the conversion occurs.

Closed files will be immediately re-opened upon notification that additional activity has taken place. All pertinent information will be documented in TPA Claim System.

## File Retention

TPA will maintain closed files for a period to conform to all applicable statutory requirements and contract terms.

## Claims Closure

TPA is to conduct regular reviews of all open Workers’ Compensation indemnity files and promptly close all files as permitted by state regulation. All indemnity files without substantive activity will be considered for closure at six-month intervals, at a minimum. At the time of claims closure, the WMATA claims contact will receive notification of said closure in a monthly report.

**Recovery/Subrogation/Second Injury Fund**

TPA will immediately evaluate and monitor all cases for potential recovery/subrogation and/or Second Injury Fund recoveries. The adjuster will discuss all potential subrogation cases with the WC Office or WMATA Office of the General Counsel (litigated claims). Should the WMATA Claims Department desire not to pursue recovery/subrogation, the adjuster will contact the TPA Account Manager and Workers Compensation Manager regarding this decision and document the claim file accordingly.

The claims adjuster will document recovery/subrogation activities in the claim history, send lien letters and updated lien letters. Liens will not be compromised without approval of the Workers’ Compensation Office or COUN in litigated claims.

Identify all Second Injury Fund claims and recover all available reimbursements. The TPA must make requests for reimbursements related to District of Columbia Second Injury Fund cases. Copies of these requests must be provided to WMATA's Workers' Compensation Office.

**Recovery Accounting**

* All Recovery Checks should be made payable to WMATA
* Subrogation/Recovery checks are to be recorded and included in the Monthly Detail Loss Summary Reports.
* Subrogation and Recovery checks are to be sent directly to WMATA Workers Compensation Manager to be deposited to the WMATA General Fund by TRES.
* In the event TPA receives a check payable to TPA, the check should be endorsed to TPA and deposited into the escrow account.
* TPA will scan each subrogation/recovery check and forward a copy electronically to WMATA’s WC Manager for review and filing.

**Subrogation checks are not to be made out to any member of the Workers Compensation Office.**

**Return to Work / Transitional Duty Program**

Return to Work/Light Duty is critical to the success of WMATA’s WC Program and cost containment. For this program to be successful, multiple WMATA departments/vendors need to communicate and coordinate activities.

All TPA adjusters and Early Intervention Nurses are responsible to pro-actively work with treating physicians to determine employee capabilities, as well as to obtain objective work restrictions and educate the treating physicians about WMATA’s return to work programs. The TPA is responsible for coordination with the WMATA return to work staff, nurse case managers, IME physicians, WMATA WC specialists and all other appropriate entities. TPA is responsible for notifying WC staff immediately (same day) upon receipt of a release. Additionally, when an employee is released to any form of duty (light duty or full duty) it is the TPA’s responsibility to immediately (same day) notify the claimant, or their attorney, of their release.

**Vocational Rehabilitation**

TPA shall evaluate, and when appropriate, recommend a vocational rehabilitation services plan to WMATA WC Specialists.

The TPA shall submit a request to WMATA and obtain written approval for all recommended rehabilitation services prior to the assignment.

Case file documentation shall include but not be limited to the determination of the need for/appropriateness of vocational rehabilitation services, the recommended vocational rehabilitation services plan including amendments, correspondence, plan management, vocational rehabilitation costs and results.

The TPA shall actively manage and direct the rehabilitation process as required by all jurisdictions and as approved by WMATA.

The vocational and rehabilitation counselors shall utilize WMATA’s ADA process and internal job search, under the direction of the WC Claims Department.

The TPA shall ensure that all vocational rehabilitation counselors utilized for this contract are licensed and certified in the jurisdiction where they are performing vocational services.

TPA will provide WMATA monthly reports delineating the claimants receiving Vocational Rehabilitation Services, the vendor used for these services, cost of the services to date for each claimant and expected future costs for these services, status of claimant’s services and results of the Vocational Rehabilitation Services. WMATA may request periodic meetings with the assigned vendors to review vocational rehabilitation strategies.

**Transitional Duty**

TPA is responsible for working with WMATA WC and Workforce Availability Office to aggressively expedite the placement of qualified claimants in WMATA’s Transitional Duty Program.

TPA shall communicate availability of accommodation and document these efforts in the file notes to inform treating physician(s) of the employer’s ability to accommodate varying levels of restrictions.

TPA shall review restrictions received from physicians to ensure that they clearly detail functional limitations that can be applied broadly and do not limit WMATA to restrictions such as “desk work only”.

TPA shall communicate transitional duty work restrictions received to both WMATA WC and Workforce Availability Office within 24 hours of receiving the same. TPA will monitor and proactively report on compliance with a monthly exception report.

TPA shall document in the case file the workability of the employee at least every 30 days and actively seek work restrictions from either the Treating Physician, Independent Medical Examiner or by way of a Functional Capability Evaluation until the same is secured.

The TPA shall accurately track employee work status, modified duty, return to work dates, etc. and produce a report upon request.

**Performance Audits / Quality Control**

## WMATA’s Workers’ Compensation Office will facilitate periodic audits of the TPA’s performance. WMATA may use an outside auditor for this purpose. WMATA will give TPA at least 10 business days notification prior to conducting an audit. A report on the audit findings will be issued no later than sixty (60) days.

## The TPA’s Account Manager will prepare a corrective action plan (CAP) designed to correct deficiencies and comply with reasonable recommendations resulting from an audit or review. The CAP should be submitted to WMATA’s Workers’ Compensation Manager within 15 days of receipt of the written audit findings and should include dates for the correction of each deficiency.

**Loss Funding / Financial Administration**

The Office of Treasurer manages the TPA escrow account. The Office of Treasurer shall coordinate funding methods with the TPA and wire funds to the TPA Account for the payment of Workers’ Compensation Cash Calls.

**Subrogation/Second Injury Fund recoveries are also deposited in this account**.

WMATA will utilize a TPA escrow account for claim payments. When TPA is required to issue a payment in the amount of $20,000 or above in payment of a claim, a Special Funding Request must be sent via email to the parties noted in the “Send To” field of the Special Funding Request Form.

The WMATA Workers’ Compensation Manager will review the request, and forward approval via email to the Treasurer, whose office will then wire the requested funds.

**Key Contacts**

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**Table of Reports**

