

Stay at Work/Return to Work Assistance Program Follow-up Discussion

Jason Swant
SAW/RTW Specialist
Montana Department of Labor and Industry



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Areas for Improvement

Effectiveness of Post Card

75.5% of the survey respondents did not recall receiving the SAW/RTW post card

Program Participation

No Plan 1 or 2 request to the insurer reported to the program

46.2% of survey respondents reported no contact about SAW/RTW from insurer

SAW/RTW Outcome Reporting

80% of requests without a reported outcome are more than 90 days old

Areas for Improvement

Provider Release to Return to Work

61% of survey respondents were not released by their doctor to return to work in any capacity

Evaluation/Survey

Survey measures

Other

3

Post Card Proposed Action

Switch from the Postcard to a Letter:

Letter to include:

Claim Specific Information

At Risk Insurer Name

Claim Number

Contact information for Insurer or TPA

Problem/Solution Statement

Financial effects of being away from work

Protect financial health by returning to work

4

Post Card Proposed Action

Letter to include continued:

Action Steps for Return to Work

Medical Status Form

Work Status:

Full Duty

Modified Duty

Limited Duty

Part time

Not Released

Contact Insurer

Contact the Department of Labor and Industry

5

Program Participation Proposed Action

Direct Mailing to Plan 2 Insurers

Program Requirements

SAW/RTW Policy

Single Point of Contact

Responsibilities

Elect to provide SAW/RTW assistance, or refer to the Department

Within 3 business days, notice the Department if declining to provide SAW/RTW assistance

Within 3 business days, notice the Department of acceptance or denial of claim

SAW/RTW assistance outcome reporting

6

SAW/RTW Outcome Reporting

Calls for SAW/RTW Assistance:

- ~~293~~ 342 Injured Workers Respond
- ~~89~~ 104 Inquiry Only
- ~~204~~ 238 Requests for SAW/RTW assistance
 - 149 Requests with Unknown Outcomes
 - 89 Known Outcomes
 - ~~27~~ 47 RTW
 - ~~5~~ 10 injured workers quit their job
 - ~~2~~ 2 injured workers were seasonal employees
 - ~~11~~ 23 employers determined they could not provide transitional employment
 - ~~1~~ 3 injured worker could not get released to RTW
 - ~~1~~ 4 claim denied

7

SAW/RTW Outcome Reporting

Additional Information:

- Number of post cards mailed
- Results by plan
- unknown outcomes
- Inquiry only calls
- Average days from time of injury to request for assistance
- Average days from time of request for assistance to return to work

8

Provider Release to Return to Work Proposed Action

Increase Provider Education

Medical Status Form

Release:

Full Duty

Modified Duty

Limited Duty

Part time

Not Released

Modified work abilities

9

Evaluation/Survey

Measures:

Have you returned to work since your injury?

If no, why aren't you working?

Do you feel like the assistance you received helped you return to work?

Did the information we provided influence your return to work?

Do you recall receiving the SAW/RTW postcard?

Did you feel like there was a reason not to call?

How did you feel about your finances while on workers' compensation?

Have you used any other Return to Work services?

Has a workers' compensation insurer contacted you about returning to work?

Did your employer contact you about returning to work?

10

Other

Thank you!

