



Rhode Island Department of
Labor and Training



2007
Temporary
Disability Insurance
Progress Report

Director's Message

May 2008

Dear Governor Donald L. Carcieri,

The year 2007 has premiered many initiatives in training and job creation that make sure Rhode Island workers are prepared for the jobs of today and tomorrow. Equally important to developing a highly qualified workforce, however, are programs that keep our workforce strong and contributing. One of these is the Temporary Disability Insurance (TDI) program, which benefits both workers and employers by providing short-term disability benefit payments that create a safety net when illness or injury occurs outside the workplace.

Statistics show that about one third of American workers are not covered by any short-term disability program. For these workers and their families, an unexpected illness or injury can often lead to a number of undesirable outcomes: ill workers' accruing large debt, stressed family members' taking on extra jobs, and employees' returning to work before they are recovered in order to avoid financial crisis.

In Rhode Island, the story is different. An often unheralded program, TDI is the hero when people need one the most. The many thankful notes and phone calls we receive from TDI customers who wish to express their gratitude and appreciation reaffirms the importance of our services.

This feedback does more than motivate the TDI staff; it also points out areas for continued improvement. As a result, TDI has undergone a dramatic transformation over the past three years, producing positive results in customer service and program efficiency.

The *2007 TDI Progress Report* details this transformation and its measurable outcomes. Some of the highlights include:

- New Medical Duration Advisory (MDA) guidelines now serve as valuable standards for internal staff, physicians offices and the Board of Review.
- The new Claims Management Unit has impacted 34 percent of investigated claims, with outcomes such as denial or reduction of claims when warranted, more timely return to work and more timely closure of claims.
- The CMU and the Medical Unit staff have collaborated to streamline the TDI claims process.
- TDI has introduced an electronic payment card option, a paperless system that makes TDI payments more efficient and secure.
- The Partial Return to Work Program saved an estimated \$715,000 to the TDI system in 2007.
- Partial Return to Work surveys highlight the value of the program to employees and employers, and offer ideas for the future.
- A customer response survey showed a 90 percent positive satisfaction rating for TDI customer services.

I am pleased to introduce the *2007 TDI Progress Report*, a document rich with information and data that has helped TDI measure its progress to date and set continuous improvement goals for 2008.

Sincerely,



Sandra M. Powell, Director
Rhode Island Department of Labor and Training





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TDI in Rhode Island

Short-term disability plans are more important than ever.

Unexpected illness or injury can result in a person's inability to work. The longer the person is out of work, the more likely it is that the work absence will create serious financial problems for the individual and his or her family. The costs of necessary medical treatment can exacerbate these financial problems.

In our society, there are two immediate "safety nets" that are significant when unanticipated illness or injury strikes a worker:

1. the employee's health insurance plan that may pay for medical costs, and
2. the employee's short term disability plan that may replace a portion of a disabled worker's lost income.

According to a 2006 MetLife study, there is a 45 percent chance that a 40 year old today will become disabled for 90 days or more before age 65. The same study showed that short-term disability is not well understood. Only 27 percent of survey respondents selected disability insurance as a "most valued benefit." Health

care was most valued at 80 percent, and vacation was second at 64 percent. One in 10 respondents did not know whether they had disability insurance. In short, disability insurance is a somewhat invisible benefit and a low priority for today's workers.

In the past, employers offered informal pay-continuation arrangements to disabled employees—especially salaried employees. Now more formal options are sometimes offered as part of the employee benefits package. Today about 39 percent of workers are in a short-term disability program with their private employers. Thirty-three percent of workers have no short-term disability coverage.

For workers without temporary disability coverage, an accident or extended illness can be devastating, and lost income often takes months or years to recover. Studies have documented that in states that do not have universal TDI programs, low income workers tend to return to work before they are physically recovered in order to avoid financial crisis.

Temporary Disability Insurance

RI Temporary Disability Insurance a National Model

“I was devastated when I was told that I had lung cancer....Thank you TDI for being there for me.”

In 1942, Rhode Island was the first state to enact a mandatory TDI program. Four other states (California, Hawaii, New Jersey, New York) and Puerto Rico followed suit. In Rhode Island, approximately 47,000 TDI claims are made annually, and virtually all private employment workers, from low-income to high-income earners, are covered. On average, TDI payments make up 60 percent of a worker's income. These payments reduce the need for families to incur prohibitive debt or take on extra jobs. They also enable workers to recover sufficiently before returning to work.

Many customers mention the peace of mind that comes from knowing that TDI is there when illness or injury strikes and they are unable to work.

Here is a quote from one of TDI's customers:

“I was devastated when I was told that I had lung cancer and immediately felt much consumed with how I was going to continue to pay for my mortgage and maintain my household while going through this tragic experience. I checked with my employer to see if they had any type of short-term disability, and they reminded me that I have been paying into the TDI program; therefore, I should apply. My employer gave me the number to call for an application, and for 30 weeks I had enough income coming in from TDI which allowed me to focus on my treatments. Today, I am back to work. Thank you, TDI, for being there for me.”

TDI Benefits Rhode Island Employers

Employers experience many benefits due to the Rhode Island TDI program:

- Since TDI is fully paid by employees, Rhode Island companies do not need to fund short-term disability insurance as part of their benefits package.
- TDI gives employers the assurance that payments will support the recovery and good health of their employees, and will help prevent employees from returning before they are able to perform the work.
- For companies locating in Rhode Island, the TDI program represents an added attraction as a solid, well-run program that covers virtually all private sector employees.
- The Partial Return to Work component of TDI, which allows people to collect TDI and return to work on a partial basis, allows the employee to recuperate while transitioning back to his or her full-time position.
- The newly established Claims Management Unit (CMU) has been instrumental in examining claims to identify any unnecessary or prolonged disability durations. The CMU works with a person's medical provider to confirm the need for continued absence from work. These proactive measures give employers the assurance that employees will be able to return to work in a timely manner.

TDI REVIEW

TDI Task Force Recommendations

The TDI Task Force is charged with exploring strategies to enhance effectiveness and efficiency.

In 2004, the RI Department of Labor and Training commissioned a task force to review the TDI Program, which had not undergone a thorough review for many years. The Task Force was given the charge to study the strengths and weaknesses of the current TDI system, to explore opportunities for improvement and to make recommendations for enhancing the efficiency and effectiveness of the program.

After a year of intensive research, analysis and discussion, the department published *The Temporary Disability Insurance 2005 Task Force Report*. This report included six recommendations aimed at improving the efficiency and effectiveness of the TDI system for its key stakeholders—employees, employers and the medical community.

Task Force Recommendations:

1. Publicize through the TDI web site the medical duration guidelines used by TDI for Qualifying Healthcare Providers to provide more consistency in the certification process.
2. Offer a Partial Return to Work option through proposed legislation that would modify current TDI regulations.
3. Implement a Claims Management system that would investigate and resolve situations where there may be abuse of TDI benefits.
4. Improve access to a specialty physician network to reduce the turn-around time for an Impartial Exam.
5. Develop an education / communications plan to improve information and outreach to key groups.
6. Implement a TDI fraud program that will work with the fraud units of UI and WC.

TDI PROJECTS AND GOALS 2006-2007

During 2005 - 2006, the administration and staff of TDI implemented the task force recommendations and published *The Temporary Disability Insurance Progress Report* in the fall of 2006. The progress report presented the changes and progress in all areas and laid out enhanced goals for the following year:

1. Improve information and communications.
 - Continue to integrate the MDA guidelines into the TDI process and systems.
 - Streamline the flow of information through the creation of new user-friendly forms.
 - Implement a telephone option for reporting hours for Partial Return to Work claimants.
 - Develop and promote the Return to Work program as a model component of TDI that benefits employees, employers, the medical community and the TDI system.
 - Work with our Information Technology Department to implement interconnected computer programs that collect vital information for quantitative reporting.
2. Continue to develop the new Claims Management Unit.
 - Create uniform criteria for CMU referral system.
 - Track positive impact of CMU.
3. Educate key groups.
 - Educate employers about TDI and the competitive advantages that TDI brings to RI businesses.
 - Establish educational, credit-bearing programming for Qualified Healthcare Providers and Impartial Examiners in partnership with the Department of Health.
 - Ensure that Impartial Examiners and Board of Review are well-educated and equipped with necessary records to make informed decisions.

PROGRESS AND RESULTS

MDA Guidelines in Action

Accessing the Medical Disability Advisory guidelines online helped TDI staff target questionable cases.

The Medical Disability Advisory (MDA) guidelines report gives an account of the research and actions that TDI has undertaken since its last progress report to achieve its 2006-2007 projects and goals, and to further the recommendations of the Task Force.

One of the most important projects for 2006-2007 was to integrate the MDA guidelines into the TDI process and systems. Although staff had used a limited, written version of the MDA in the past, the newly purchased system provided the full MDA guidelines online, with ready access to descriptive medical information for over 5,000 illnesses and injuries.

Initially, staff members were skeptical. Most were not medical professionals and they had never had to deal with such an extensive reference. While processing an average of 1,000 claims per week, they wondered whether having the full MDA guidelines would help or hinder their process.

During the trial month of using the MDA software, the change was sometimes overwhelming for the staff and proved to be more time-consuming than the previous process. However, after the trial month was over, there was a

hiatus on using the new software while it was under consideration by TDI. During this period, staff members missed many of its helpful features, such as information on the type of work that a person could do after certain injuries or illnesses, and duration tables that provided minimum, optimum and maximum recovery periods depending on the particular case, rather than the old system that just had one duration.

After the MDA guidelines were officially adopted and put into full effect, the staff quickly adapted and began flagging cases that appeared to be out of the norm for duration or diagnosis. They referred all of these cases to the new Claims Management Unit (CMU). The CMU nurses would typically send out a Request for Information letter to the Qualified Healthcare Provider (QHP) office. Then they would follow up as necessary until the diagnosis was clear and the projected time out of work was justified. This new intervention was a successful way to target questionable cases and refer them to the CMU before they went too far, and it enabled the staff to focus on the volume of more straightforward claims.

CMU and Medical Unit Team Up to Streamline Claims Process

The Claims Management Unit (CMU) works closely with the Medical Unit to discuss and troubleshoot the implementation of the TDI changes, and the two units have developed a positive relationship that has blended many aspects of their work. Typical of this relationship, as the staff became more comfortable with the MDA guidelines and the new referral system, the two groups identified a way to improve how they processed questionable claims.

Instead of sending all questionable claims to the CMU with a separate form, now the staff used

their increased knowledge of the MDA guidelines and verbiage to complete the Request for Clinical Documentation (see *Appendix A*) and fax it to the Qualified Healthcare Provider (QHP). The QHP would then fill in needed information and fax it to the CMU.

This seemingly simple improvement has produced several results:

1. Two redundant forms have been combined, creating a more streamlined process.
2. By faxing the form directly to the QHP, staff has reduced the time to certify a questionable claim.
3. Written documentation from the QHP has prevented misinterpretation and carries more weight than CMU notes in the event that a case goes to the Board of Review.

In short, the new process has saved time and money for everyone, and has improved the quality of the final product.

PROGRESS AND RESULTS

Electronic Payment Card Introduced

On July 18, 2007 the Rhode Island Department of Labor and Training (DLT) began the implementation of the Electronic Payment Card for TDI benefit payments. Prior to this, DLT had successfully implemented the Electronic Payment Card for Unemployment Insurance (UI) benefit payments on April 1, 2007.



The Electronic Payment Card replaces the paper check method of benefit payments previously used in the UI and TDI programs. It is one way that the state is using technology to improve services and save taxpayers' dollars at the same time. The RI Department of Labor and Training has projected a savings of \$500,000 annually from reduced costs of printing, supplies, operations and administering the paper check method of benefit payments.

By the end of September 2007, the EPC had been fully implemented and customers now had a secure, cost-effective and efficient method of benefit payments.

Rhode Island customers benefit from the Electronic Payment Card in several ways:

- Convenient and flexible 24/7 availability of funds
- No check cashing fees
- No waiting time for deposits to clear
- Use as payment method in all venues that accept VISA
- Greater protection against identity theft
- No lost or stolen checks

Customers also have the choice of Direct Deposit if they do not want an Electronic Payment Card. An informational flyer explaining the benefit payment options is sent with all applications. (See *Appendix B*)

Medical Tourism

The following procedure has been developed for claimants receiving medical care and treatment outside the United States:

1. A copy of the medical record(s) documenting the assessment, diagnosis, and treatment is required from the overseas licensed Qualified Healthcare Provider (QHP).
2. All medical records are sent to the RI Department of Labor and Training, Temporary Disability Unit. This is required in order to process the claim's disability duration.
3. If after 28 days the department does not receive medical certification from the overseas Qualified Healthcare Provider, the claim is denied and the customer is notified.
4. Upon careful review of the medical records, the disability durations are determined in accordance with the MDA guidelines.

TDI Fraud Program

The RI Department of Labor and Training informs customers who apply for TDI benefits that any misrepresentation or any failure to disclose information is considered fraud, and that criminal convictions for TDI fraud are aggressively pursued. When a TDI staff member receives an anonymous tip or observes a claim that appears to be fraudulent, the claim is referred to the UI/TDI Fraud Unit. The investigators in the Fraud Unit then conduct in-depth field investigations into the alleged fraudulent activities.

These investigations have produced results. For example, two cases were referred to the RI State Police for criminal prosecution. The first case was referred to the RI State Police in December 2006 for an overpayment of \$3,235, and the second was referred in March 2007 for an overpayment totaling \$5,610. TDI encourages any individual who suspects fraud to contact the RI Department of Labor and Training Fraud Unit at 401-462-8419.

Claim Form Redesign

In the 2006 Progress Report, TDI staff had noted several problems with current disability claim forms. Staff identified that the forms had superfluous or redundant information, and some needed additional information fields. Staff also noted that duplicate forms were sometimes mailed or faxed from medical offices, causing confusion and extending the time of the approval process. A goal for 2006 was to pilot a new medical certification with a sample of key constituents from the medical community. The RI Department of Labor and Training piloted the medical certification form with 50 Qualified Healthcare Providers. Although the pilot project provided varying feedback, it also provided useful information to assist in producing an improved, more user-friendly and effective form. As a result, the form is currently being revised and formatted with the assistance of the DLT marketing department. The completion and implementation of the updated medical certification form will be a 2008 goal.

PROGRESS AND RESULTS

Listening to Customers: TDI Surveys

Overall satisfaction ratings for courtesy, efficiency and service reached 90 percent.

TDI surveys a small sample of its customers each month with the Customer Response Survey (see *Appendix C*). In selecting the sample, TDI uses criteria such as geographies, gender and stage of the TDI process to obtain a cross-section of customers each time the survey is conducted.

This survey covers the key aspects of the TDI customer experience and asks respondents to rate each service area as “Excellent,” “Good,” “Fair,” or “Poor.” The accompanying bar charts show the results for the “Excellent” and “Good” responses. The combined total of “Excellent” and “Good”

responses are also shown as “Total Positive Satisfaction.”

Customer Service Ratings

Analysis of responses for the September 2006 through August 2007 shows a high level of satisfaction by TDI customers. The highest ratings were for customer service as shown on the Customer Service Ratings chart.

Most notably, overall satisfaction rating was 90 percent or higher in all three categories, with a very high “Excellent” rating of over 60 percent.

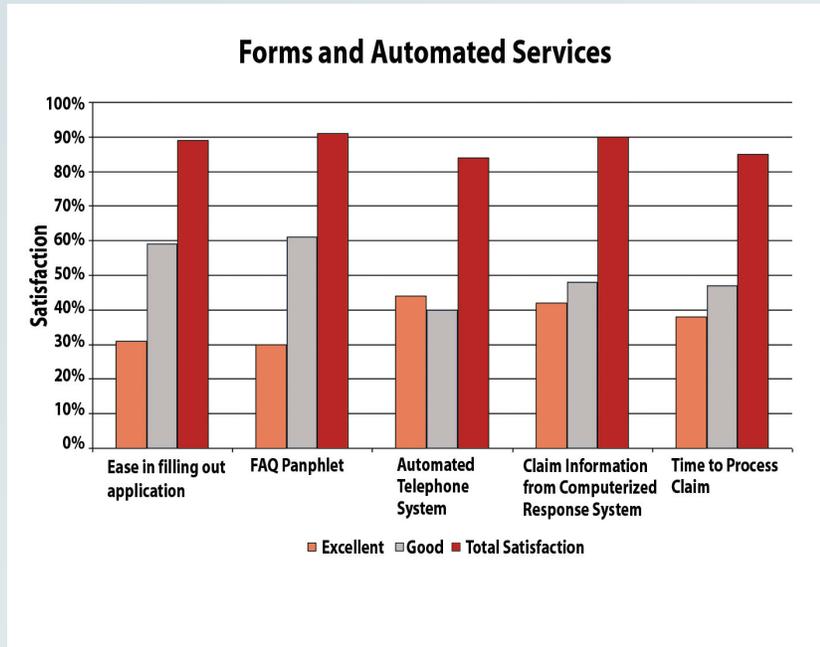


Forms, Automated Services and Claims Process Ratings

The ratings for TDI Forms and Automated Services were also very favorable. Though the “Excellent” ratings were lower when compared with the Customer Service ratings, the overall satisfaction scoring was between 84 percent and 91 percent. In the comment section, some customers expressed that they had difficulties with the automated phone system, particularly when they needed to reach a TDI representative.

At this time, the technology at TDI makes it possible for a claimant to file their claim online and to obtain follow-up information using the TDI automated systems. Internet filing is a more efficient process for TDI and the customer, and the usage continues to grow. Last year about 40 percent of TDI customers filed their claim using the Internet.

Over the coming year, TDI will use the survey results to improve the automated systems and reduce the wait time for customer service. If TDI forms and automated systems can continue to be improved, there may be less dependence on



personalized phone services and a shorter wait when personalized service is needed.

The comment section of the survey supported the quantitative findings. Of 70 comments, 47 fell into three categories:

- Twenty-one compliments to TDI for excellent service or a good experience
- Thirteen comments referring to long waits or difficulty getting to speak with a TDI agent

- Thirteen comments regarding difficulties or suggestions for automated phone system or on-line services

TDI plans to streamline the Customer Response Survey process next year so that it is easier for staff to administer the survey. They also plan to increase the sample size to make month-to-month and demographic comparisons more relevant.

CLAIMS MANAGEMENT

Claims Investigation and Tracking

Warning signs for inappropriate use include high frequency claimants, high frequency certifiers and unclear diagnosis.

In 2006, the Claims Management Unit (CMU) investigated over 400 cases that were referred to them by the staff. This initial investigative process gathered extensive data that has enabled the CMU to identify the warning signs that might indicate inappropriate use of TDI.

Some of these signs are unclear diagnoses, grossly extended durations, high frequency claimants, high frequency certifiers, certain geographies, seasonal influence, certain industries or sub-sectors, and companies where TDI usage and/or duration are far outside of the norm. During 2007, these warning signs served to identify claims that merited investigation.

In addition, the implementation of the MDA guidelines has provided a common standard for TDI staff when working on these claims. The staff has become more involved with the MDA, and is helping to ensure that the diagnosis for each claim is clear and in keeping with the number of weeks certified. A chart reflecting common disabilities and their MDA duration, along with new routing procedures, is being developed so that staff will have a reference tool at their fingertips for even faster service.

The following examples show how the CMU investigation process is working to get answers when the documentation is unclear:

- A case was sent to the CMU by staff for a patient who had been out of work for 28 weeks with a diagnosis of “finger pain.” Upon investigation, the CMU determined that the diagnosis was actually a serious infection that had developed from a human bite. In a similar case, an extremely long duration for “abdominal pain” was referred to the CMU. Upon investigation it turned out to be pneumonia. In both of these cases, the intervention of the CMU was instrumental in justifying the duration for claimants whose QHPs had assigned an inappropriate diagnosis. These two claims were continued.
- In the case of a two-week disability request for bronchitis, staff observed that the patient had been seen by two QHPs—one who had authorized no time and one who had authorized two weeks. The CMU investigation showed that the first QHP had examined the

patient and determined no time out of work was needed. The second physician had granted the two-week disability based on a telephone conversation with the patient. Therefore, the claim was denied.

- A patient diagnosed with a back problem (lumbar dysfunction) had been out of work beyond the duration allowed by the MDA guidelines. Upon reviewing the clinical notes for this case, the CMU determined that there were insufficient objective findings to support continued benefits. The patient was referred to an Impartial Examiner who agreed that there were no objective findings that would prevent the claimant from performing her regular customary work. Further extension of the claim was denied.

TDI Medical Consultant Documentation

There are times when the CMU needs to obtain the advice, expertise or intervention of the TDI Medical Consultant on a particular case. Cases referred to the Medical Consultant are often complicated. They require detailed documentation of the reason for the referral, the follow-up and the eventual recommendation of the Medical Consultant. In the past, this process has been largely conducted verbally, and documented by the CMU after the discussions have taken place.

To simplify and improve this specialized process, TDI prepared a new form, The TDI Medical Advisor Referral Form, which is completed by the Medical Consultant (See *Appendix D*).

This form documents:

1. The reason for the referral.
2. The dates that a medical consultant attempted to contact a QHP.
3. The date of actual contact and the questions discussed along with the information gathered.
4. The medical consultant's recommendation to either continue to pay benefits, set up impartial examination or deny benefits

This written documentation completed directly by the Medical Consultant lends greater credibility in resolving difficult claims. Particularly in the event that a case moves to the Board of Review, the documented investigation and recommendations of the consultant become critical deciding factors.

CLAIMS MANAGEMENT

Improving the Board of Review Process

CMU nurses now regularly attend Board of Review hearings to introduce a medical perspective and to offer supporting facts.

When a customer disagrees with TDI's decision on the payment of benefits, the customer has the right to appeal the decision to the Board of Review (BOR). The Board, which is an impartial entity, will hear all facts presented by the customer and TDI staff under sworn testimony and will then render a decision.

During the 2005 review of TDI, the Task Force was concerned that when cases went to the BOR they were rarely decided in favor of the recommendation from TDI. More often than not, the BOR would defer to the recommendation of the QHP. The Task Force noted several reasons for this:

1. the absence of TDI representatives at the BOR hearing;
2. the tendency of the BOR to favor medical opinion over findings of the claims process; and
3. poor or missing medical documentation.

When the CMU was established, TDI set a new goal to insure that the Board of Review was knowledgeable about TDI guidelines and process, and was equipped with the necessary documentation to make informed decisions. The CMU nurses introduced a medical perspective and an ability to present the facts supporting TDI's decision in cases that came before the BOR. Over the past year, they have regularly attended BOR hearings and have become active participants.

For the past year, the nurses from the CMU have reported that, "TDI's presence at the Board of Review has been welcomed by the Referees and the Board of Review. They encourage our presence at all hearings. The CMU has had a positive impact at the hearings, interpreting the medical documentation about illnesses and recuperation times."

Outcome of Claims Investigation

The proactive approach of the CMU, working with the Medical Unit, has built on the findings and results they achieved in 2006. Between September 2006 and August 2007, the CMU followed up on 527 problematic cases which were referred to them.

A representative sample of 376 cases listed below is compared with a similar number from the

prior year. The data shows that in its second year of operation, the CMU's proactive approach again produced proven outcomes. The Outcome of Claims Investigation table highlights the predominant outcomes as:

1. cases closed
2. claims denied or reduced, and
3. full-time return to work.

The increased use of the MDA guidelines and closer follow-up of questionable claims with QHPs has contributed to the number of claims either reduced in weeks or denied. The CMU nurses have noted that QHPs are looking more to the MDA guidelines when determining durations, and that they have sent information about the MDA to 88 QHPs over the past year.

The improved response of QHPs is also evident on the table in the area of "No Response from QHP," where the number of "no response" cases diminished from five percent in 2006 to zero percent in 2007. Other positive outcomes are the percentage increases in the number of closed cases and the number of claimants returning to work full time. These outcomes have produced results by reducing costs and returning employees to the workforce in a more timely way.

**OUTCOME OF CLAIMS INVESTIGATION
COMPARISON OF 2006 AND 2007**

	August 31, 2006		August 31, 2007	
	Total Cases	Percent of Cases	Total Cases	Percent of Cases
Closed	215	54%	218	58%
Closed and QHP Education	17	4%	3	1%
Claims Denied			40	8%
Reduced Weeks			8	3%
No Response from QHP	19	5%	0	0%
QHP Education & Referral	3	1%	1	0%
QHP Education	13	3%	5	1%
Resource Referral	16	4%	2	1%
Return to Work Full Time	85	21%	98	29%
Return to Work Part Time	4	1%	0	0%
Not specified	28	7%	1	0%
TOTAL	400	100%	376	100%

CLAIMS MANAGEMENT

Impact on Cost Savings

With the help of CMU, nearly one half of problem cases now return to full-time work.

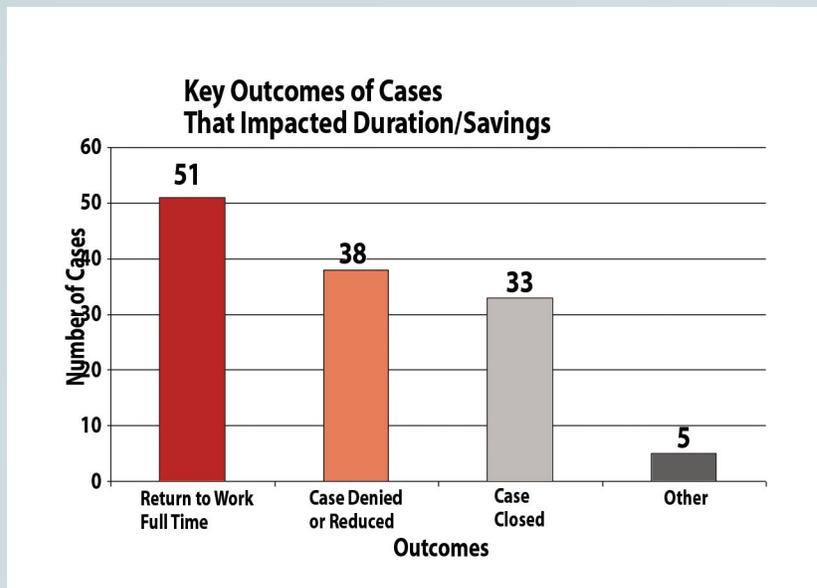
The CMU did a final breakdown of the 127 claims rated as “Yes” on the next table and looked at the related outcomes. As the chart shows, nearly one half of the impact cases resulted in claimants returning to full-time work. These cases represent significant cost savings to the TDI system which would not be realized without the CMU process.

The second greatest impact area was for cases that were either shortened in weeks allowed or denied. In the third area, some of the closed cases also resulted in durations that were shorter than if the

claim had continued to linger. The CMU nurses are becoming more skilled at tracking these results so that more detailed cost savings can be calculated.

In its first full year of operation, the CMU was successful in developing interventions that got to the bottom of problem cases and that yielded measurable outcomes. Although less than 700 claims of the 50,000 claims were referred to the CMU in 2007, this investigative process has proved to be a valuable addition to the TDI process and team, and it has elevated TDI’s effectiveness and their leadership role in the following areas:

- Educating customers on proper use of the system.
- Educating QHPs on MDA guidelines.
- Educating the Board of Review with documentation and guidelines on specific cases.
- Building personalized, positive relationships with customers and QHPs.
- Solving problems in a professional and timely way.
- Supporting the Medical Unit in its job to process and pay claims properly.
- Setting high standards for TDI that are clearly communicated and followed.



Impact of Interventions

The CMU employs several interventions in its search to understand and resolve problematic claims. The staff also assesses the impact of these interventions. The table to the right depicts those interventions that the CMU nurses have found to be most effective in resolving problematic cases and achieving positive outcomes.

Review of the CMU outcome and intervention narratives shows a rich and varied array of case resolution strategies. In many cases, a telephone call to the QHP identifies an erroneous or unclear diagnosis. Corrections often result in a shorter duration than the original diagnosis or even a denial. In other cases, when the maximum duration for an illness or injury is questioned by the CMU, there is very often a more timely return to work. Using the MDA guidelines, the CMU is also able to show that the amount of time allowed for the illness or injury is not always appropriate or necessary for the particular diagnosis. In these cases, the claim may be denied; the QHP may reduce the number of weeks or give an “able date” for the person to return to work. Sometimes, an impartial exam is scheduled, and the claimant either does not

MAJOR OUTCOMES ACHIEVED BY CMU INTERVENTIONS		
Interventions	Frequency 2007	Major Outcomes Achieved and Number of Cases
Medical Record Review	162	Case closed - 94 Claim denied or reduced - 26 Full-time return to work - 41
Telephone call to QHP	98	Case closed - 51 Claim denied or reduced - 14 Full-time return to work - 26
Request for Information-Sent to QHP	46	Case closed - 30 Claim denied or reduced - 5 Full-time return to work - 12
Telephone call to QHP and Customer	34	Case closed - 21 Claim denied or reduced - 0 Full-time return to work - 10
Impartial Exam	26	Case closed - 15 Claim denied or reduced - 3 Full-time return to work - 6

show or just decides to return to work instead.

Thanks to detailed notes on each specific case they investigated, the CMU nurses have been able to identify whether their interventions have had an impact on the duration of the claim. The CMU Impact on Duration of Claim table breaks down the CMU’s assessment of their impact on duration as “Yes,” “No” or “Don’t Know.”

Most notably, the “Yes” cases—those where the CMU has had a measurable impact on reducing duration—have increased from 27 percent to 34 percent of the total.

Also, as the CMU has refined its ability to define impact, the total number of cases assessed as “Don’t Know” has fallen significantly, from 38 percent of cases in 2006 to 27 percent in 2007.

CMU IMPACT ON DURATION OF CLAIM COMPARISON OF 2006 AND 2007				
	August 31, 2006		August 31, 2007	
	Total Cases	Percent of Cases	Total Cases	Percent of Cases
Yes	110	27%	127	34%
No	140	35%	147	39%
Don’t Know	151	38%	102	27%
TOTAL	401	100%	376	100%

PARTIAL RETURN TO WORK

Partial Return to Work Program

The Partial Return to Work program saves money as it transitions employees back into the workplace.

The Partial Return to Work (PRTW) program became effective on January 1, 2006. The goals of the program were:

1. to allow employees to transition back to work by working reduced hours, and
2. to realize savings to the Temporary Disability Insurance program.

TDI has been successful with these goals, and at the same time, the PRTW program has provided many benefits to customers and employees. Benefit examples are:

- Allowing an individual collecting TDI to return to work on a partial basis (reduced hours) without entirely ending their TDI benefits. TDI provides partial payments based on the amount of wages earned.
- Facilitating transition for individuals to return to their normal working hours while continuing their recuperation.
- Allowing certain individuals to maintain their health benefits

at work, when normally they would be terminated from coverage.

- Allowing certain individuals to keep their jobs, when normally their employer would not be able to keep their position open.
- Enabling claimants with chronic illnesses, such as cancer, to create a work schedule that allows them to continue to receive treatment while still being able to work part time.
- Providing an opportunity for individuals to raise their spirits by getting back among colleagues while recuperating.
- Reducing boredom and depression for individuals.
- Reducing the need for employers to hire temporary workers or pay overtime to existing employees.

(See *Appendix E* for a copy of the Return to Work informational brochure.)

2007 Partial Return to Work Survey

The targeted benefits of this program were tested through the 2007 PRTW Customer Survey (see *Appendix F*) and the 2007 Employer PRTW Survey (see *Appendix G*). The Customer Survey was mailed to 274 TDI customers who had used the PRTW option during 2007 and to 274 companies that

had one or more employees using the program. The return rates on these surveys were 39 percent and 33 percent respectively. The 2007 results were compared with the prior year where possible.

The 2007 Partial Return to Work (PRTW) Survey Results Benefits table below highlights the key

benefits selected by customers and employers. As the chart shows, the most valued benefits for both groups were:

1. “a way to ease back into work” and
2. “the ability to “get back to work sooner.”

2007 PARTIAL RETURN TO WORK (PRTW) SURVEY RESULTS - BENEFITS

Benefits of PRTW Program	Customer Rating 2007	Customer Rating 2006	Employer Rating 2007	Employer Rating 2006
1. A way to ease back into work	28%	37%	31%	34%
2. Get back to work sooner	18%	23%	34%	28%
3. Reduced boredom/depression	14%	14%	n/a	n/a
4. Raised spirits	13%	13%	n/a	n/a
5. Enabled me to keep my job	13%	n/a	n/a	n/a
6. Enabled me to keep my health benefits	7%	n/a	n/a	n/a
7. Employee on TDI for a shorter time	n/a	n/a	16%	n/a
8. Allow company to meet deadlines	n/a	n/a	26%	n/a
9. Reduce overtime / hire temps	n/a	n/a	28%	n/a
10. Prevent distrib. of work; help morale	n/a	n/a	30%	n/a
Note: n/a = Item not on survey				

Customer Feedback

In the customer satisfaction section of the survey (see *Appendix H*), customers rated their interactions with TDI in the mid-to-high 80 percent range. In the Comments section, customers offered positive compliments about the program and raised several issues. The most mentioned comment areas follow:

- Thankfulness for the program and good customer service (15)
- Issues with payments or eligibility standards (9)
- Issues with process, forms, and reaching someone to solve problems (7)
- Earned less than expected (5)
- Did not know about it (4)

Because this is a new program, some customer confusion and dif-

ficulties are to be expected. TDI will continue to educate customers about the program in 2008.

Employer Feedback

The Employer Survey (see *Appendix I*) contained some new questions for 2007. In the preceding table, three of these new questions—#8, #9, and #10—tested possible benefits of the PRTW program for employers. On average, about 27 percent of respondents perceived benefits relating to meeting deadlines, reducing overtime or reducing the need to hire temps, or reducing the need to farm the work out to another employee. It is encouraging to see that employers see tangible benefits from the return of skilled and valued employees to the workforce, and that the PRTW program

is having a positive impact for companies.

The 2007 Employer Survey also tested employer communications regarding the PRTW Program. As the following table shows, only 40 percent of employers said they felt they had enough information to be properly informed about the PRTW program. As to how they learned an employee was returning on a partial basis, employers were evenly split between the QHP and the employee as their main sources of notification.

These questions and the employer responses have helped to clarify specific educational and communications needs that TDI will address in the coming year.

The other new area of questioning related to possible problems with or misuse of the PRTW

2007 PARTIAL RETURN TO WORK (PRTW) EMPLOYER SURVEY RESULTS					
Communications			Problems / Misuse		
Our records indicate an employee from your company has participated in the TDI PRTW Program. Do you feel you have been properly informed on the program?	Rating 2007	Rating 2006	Has your company experienced any issues with the PRTW program?	Rating 2007	Rating 2006
Yes	40%	n/a	Yes	2%	n/a
No	40%	n/a	No	72%	n/a
Not Sure	20%	n/a	Not Sure	26%	n/a
TOTAL	100%	n/a	TOTAL	100%	n/a
How are you notified that your employee is released to return to work at reduced hours?	Rating 2007	Rating 2006	Has your company experienced any situations with the PRTW program that might represent misuse?	Rating 2007	Rating 2006
By the employee	48%	n/a	Yes	1%	n/a
By the medical certification from the doctor	39%	n/a	No	77%	n/a
By the doctor's office	11%	n/a	Not Sure	22%	n/a
By the TDI unit	3%	n/a	TOTAL	100%	n/a
TOTAL	100%	n/a			

program. The number of employers who identified any specific problem was small at two percent; those who said that their company had experienced a situation that might represent misuse was only one percent. On average, 75 percent reported no problems at all, and about 25 percent said they were “Not Sure.”

The relatively high percentage of “Not Sure” responses points to the fact that the PRTW program is still fairly new, and there is a need to have good lines of communications with employers in order to insure that they have the proper information and to address any problems or concerns.

In the comment section, employers focused their feedback on a few key areas. The most mentioned areas are as follows:

- A number of respondents indicated lack of awareness of the program.
- Several indicated lack of awareness that anyone in the company had used it.
- There were many requests for more communication from TDI to employers. Specific ideas included an easier way to reach TDI or a representative, a dedicated line for employers and employer notification of an employee’s work hours.
- There were many thoughtful questions and requests on behalf of employees concerning payment issues, paperwork suggestions and issues regarding the time allotment for PRTW.

TDI is already addressing some of these concerns. When employers indicate a need for additional Partial Return to Work information, TDI mails the Partial Return to Work brochure along with a telephone number to call in the event that additional questions

arise. TDI has also held educational sessions for employers in 2007; these are outlined in the Education section of this report. In the coming year, TDI will use the results of the Employer Survey to develop 2008 goals for the PRTW program.

Customer Feedback

The following customer quotes validate the survey feedback and attest to the value of this program:

“If there was no Partial Return to Work Program, I would have been out an additional four weeks. It enabled me to return sooner and get back to some normality.”

“I was very pleased with the program and the fast response I received. Whoever thought up the program must have a very concerned team. It helped all around. It not only helped me, but also my employer. I would have had to have been out of work much longer. TDI must have a great team of advisers. This program is great!”

“I was able to return to work part time due to the therapy that was needed for my injury, but was still being compensated from TDI. I could not afford to only live on half of my salary without help from TDI.”

“I was not ready to return to full-time days. I would have had to take a few more weeks and used more TDI funds.”

“It allowed me to work every other day so that my injury didn’t hurt too much. One day of rest allows me to work with less pain.”

“It’s a very good idea because it gave me the incentive to return to work sooner, since I could work a reduced schedule.”

PARTIAL RETURN TO WORK

The Partial Return to Work program saves money as it transitions employees back into the workplace.

Cost Savings of PRTW

In addition to the value that customers and employers express for the Partial Return to Work Program, the TDI system realizes cost savings when claimants get back into the work force sooner. The following chart summarizes Partial Return to Work usage for 2006 and 2007, along with a hypothetical comparison between the actual payments made to claimants versus the payments that would have been made if the claimants had re-

mained out of work full time and had been paid full benefits.

As the chart shows, in 2007 TDI paid \$477,923 to customers using the Partial Return to Work Program. If those same customers had remained out of work and collected their full benefit amount, the cost would have been \$1,194,102. Using this comparison, the savings to the TDI system are \$716,179 for 2007.

PARTIAL RETURN TO WORK USAGE 2006 AND 2007 COST SAVINGS ESTIMATE		
	2006 1/1/06 - 8/31/06	2007 9/1/06 - 8/31/07
Number of customers utilizing PRTW program	321	702
Total number of payments	1,145	2,934
Total partial dollars paid	\$199,244	\$477,923
Total dollars paid if customer collected full WBA	\$459,766	\$1,194,102
Hypothetical savings to system	\$260,522	\$716,179
Note: Data for 2006 is less than a full year as the PRTW program started on 1/1/06.		

Growth and Challenges of PRTW Program

Since its implementation, the PRTW program has progressed successfully with over 1,000 TDI customers using the partial return option. At the start, a decision was made to limit the processing of partial claims to a small team of staff members who would act as troubleshooters for this new option. Being a new program, this has been a work-in-progress and a learning experience for everyone involved. Though the majority of the claims were straightforward and clear-cut, about 10 percent proved to be problematic and required more research and case management.

Over time, the partial claims team has been able to identify and isolate “red flag” issues and follow up on them in order to clarify problems or identify possible program abuse:

- The claimant’s work schedule as allowed by the QHP is not what the claimant is actually working.
- Hours vary widely from week to week.
- The claimant decreases their partial schedule to a level that is below their benefit rate, enabling them to collect partial payments.
- The claim for TDI benefits appears to be a UI claim.
- The claimant misreports their earnings or hours worked.
- The QHP informs TDI that the claimant can return to reduced hours, but the claimant chooses to quit their current full-time position and work part-time.

Procedures and guidelines have been developed to guide claimants and QHPs in ways that can avoid unnecessary confusion or possible program abuse. TDI has also initiated customized, written decisions for claimants whose claims were denied. The establishment of these procedures is enabling TDI to open up the review of PRTW claims to more staff.

Another area that requires attention is the “eight-week rule” that requires a review of the partial claim in any case where the person has not transitioned back to their regular work schedule after collecting eight weeks of partial payments. In these cases, more clinical documentation is often needed from the QHP to continue the claim, which can cause payment delays. The partial claims team is working on this.

Due in large part to the proactive approach of TDI staff, the Partial Return to Work program has been an initial success. Overall satisfaction levels from the Customer and Employer surveys show that TDI continues to be responsive and professional in making this program a continuing success.

EDUCATION/COMMUNICATION

Over time, TDI has improved its outreach to its customers, the medical community and employers.

Outreach as a Priority

Over the past year, the Temporary Disability Insurance Program has placed increasing emphasis on outreach initiatives and communications to its most important groups: customers, the medical community, employers

and TDI staff. These efforts are focused on educating groups about the new programs that TDI has put in place during 2007, as well as helping people to make the best use of TDI programs and benefits.

Customer Education

The TDI staff has conducted presentations to various community organizations to ensure that people become aware of the TDI program operations, so that they can use this valuable benefit when needed. The presentations also cover TDI procedures, rules and regulations. Organizations that have benefited from TDI presentations include:

- The Latino Workforce Development Conference
- Rhode Island Homeless Connect Project
- Fuerza Laboral-Power of Workers Community Center

In addition, TDI has created a new brochure called “Benefit Rights and Frequently Asked Questions,” which consolidates information about all TDI programs into one publication. This brochure is an improvement over the various one-page flyers produced for each program in the past. The brochure is written in simple, clear language and provides all the basic information in one place, so that customers can better understand the programs and how to use them properly.

Presentations and the Medical Community

As part of TDI's outreach to the medical community, TDI managers and the registered nurses take turns conducting program presentations to office staff from various medical facilities, hospitals and doctors' offices. Representatives of medical offices are also invited to attend Workers' Compensation Workshops. After the Workers' Compensation session, TDI conducts a presentation explaining TDI processes and procedures and the proper completion of the TDI forms. Most importantly, medical office staff attendees learn how to facilitate the process to ensure that customers receive their TDI benefits in a timely and accurate way. They also learn to how to prevent program misuse and or fraud.

Upon the request of a medical office staff member or QHP, a CMU nurse may conduct an on-site training geared toward their specific needs. This presentation also provides an opportunity to educate and raise awareness about Medical Duration Guidelines, as well as to answer specific questions.

These sessions also provide valuable feedback to TDI. For example, the medical community has given feedback that has helped to identify problems with the current disability claim form. The Medical Forms Redesign Project is using this feedback as its team members update and improve the claim forms.

QHP Information Sharing

Since the CMU was established, TDI has had more opportunities to educate the physicians and other Qualified Health Providers (QHP) who communicate with the unit regarding the patient's diagnosis and duration for each illness or injury. Last year, a specific brochure was developed for QHPs introducing the CMU and the adoption of the MDA guidelines, while outlining the QHPs' important role.

During 2007, this relationship has grown. TDI registered nurses conduct regular outreach to various doctors' offices and hospitals to provide program information as well as to answer any questions the QHPs may have. As always, TDI seeks pertinent feedback that can help improve the TDI program and better serve its internal and external customers. This direct outreach has improved communications with the QHPs and their staff.

EDUCATION/COMMUNICATION

TDI staff members participate in ongoing training in areas such as customer service and claims processing.

Employer Communications

Recognizing the employers' need for more information, TDI has participated in the RI Department of Labor and Training (DLT) Employer Series Workshops. These workshops have been extended to the broad employer community, inviting them to become more informed about DLT programs, such as the TDI Program. During these workshops, knowledgeable TDI staff members present information on the TDI programs, including procedures and the employer's role in this process. Employers are given

an opportunity to ask questions and raise concerns and they are provided with on-the-spot answers by knowledgeable staff.

TDI also participates in various business expos, with the most recent being the "We Mean Business" Expo. At these events, TDI has a table with program information, brochures and flyers on all TDI programs and initiatives. Most importantly, knowledgeable TDI staff members are present and ready to answer any questions employers may have.

TDI Staff Training

Staff development and training is a continuous goal for TDI. This initiative is mainly accomplished through TDI's planned training program. Staff members are trained and cross-trained on an ongoing basis within departments in the following areas:

- Processing Internet claims
- Processing paper claim applications
- Customer service
- Partial return to work process
- Claim updates
- Processing medical forms.

In addition, a call monitoring

system has been implemented to oversee customer service calls and provide staff with feedback. This feedback serves as a training tool to help staff members ensure that their customer service is characterized by accurate information as well as efficient and courteous performance. This has also served as a formal means of providing positive feedback to staff members who demonstrate excellent customer service skills, as well as an interactive way to identify the best ways to handle customer issues and concerns.

Moving Forward: Goals for 2008

Looking back at 2007, the TDI unit has achieved many goals and made significant progress. TDI has successfully introduced and implemented new programs and features that make the unit more efficient and user-friendly for customers. Surveys of customers and employers have given TDI valuable feedback and ideas to become more responsive to customer needs. The unit's growing outreach and educational efforts are serving to strengthen TDI's relationships with key constituents and to open new channels of communication.

As TDI looks ahead to 2008, the successes and lessons of the past year form a foundation for setting future goals and initiatives. Several of these have been mentioned in the body of this Progress Report. A summary of the 2008 goals is as follows:

- Complete the Medical Form Redesign project forms to
 - 1) eliminate redundant information.
 - 2) add needed information fields
 - 3) eliminate duplicate forms from medical offices.
 - 4) streamline the claims process.
- Reduce wait times to speak to a TDI representative for customers and employers.
- Increase employer awareness and understanding of the Partial Return to Work program and the role of the employer through proactive efforts and presentations and through improved communication channels.
- Accelerate communications and understanding of the PRTW program, rules, procedures and processes for customers who are returning to work on a partial basis.
- Focus on finding solutions to streamline the PRTW program and process, including the eight-week limitation requirement, in order to provide more seamless and timely service delivery.
- Continue to streamline TDI's automated and on-line systems in order to encourage greater use and reduce the volume of calls to customer service.
- Expand outreach and education to more QHPs and medical office staff to increase the use of the MDA guidelines in the medical community, reduce unnecessary paperwork and streamline the claims process.
- Streamline the Customer Response Survey to make it easier for staff to implement. Increase the sample size to make month-to-month and demographic comparisons more relevant.

Appendix A

Rhode Island Department of Labor and Training
Temporary Disability Insurance Division
Case Management Unit
P.O. Box 20100 Cranston, RI 02920-0941
Fax: (401) 462-8809

REQUEST FOR SUPPORTING CLINICAL DOCUMENTATION

DATE:

YOUR INITIALS

CLAIMANT'S NAME:

CLAIMANT'S OCCUPATION:

DOB:

SS# XXX-XX-

QHP: QHP's Name+Medical Code

Based on diagnosis of _____, claimant has been certified by your office a total of _____ weeks.
Claim currently paid thru _____.

Most recent exam

Our guidelines for this diagnosis recommend disability this number of weeks _____.

Please provide clinical documentation to support the weeks you have certified. Indicate any limitations:

We have included a copy of your latest certification form and request you fax or mail clinical documentation and any other supporting documentation for review to our Case Management Unit-Fax# (401) 462-8809. For mailing, see address above. Additional payments will not be made to claimant pending receipt and review of information requested. Please be sure to include claimant's name, date of birth and last 4 digits of SS# on all documentation faxed.

**Rhode Island Department of Labor and Training
 Temporary Disability Insurance
 P.O. Box 20070
 Cranston, RI 02920-0941**

**Important Information About
 Temporary Disability Insurance Benefit Payments**

**Please Select your Preferred Method of
 Benefit Payment(s).**

The Rhode Island Department of Labor and Training- Temporary Disability Insurance (TDI) has eliminated the payment of TDI benefits by paper checks. Customers will have two options to receive benefits. The options are to receive benefits either by DIRECT DEPOSIT or by an ELECTRONIC PAYMENT CARD (EPC).

For the Direct Deposit Option:

If you select to enroll in the Direct Deposit option you must **complete** and **mail** the Direct Deposit form that is enclosed **with your application** to this address:

Temporary Disability Insurance
 PO Box 200070
 Cranston, RI 02920-0941

(If you need a duplicate Direct Deposit form you may download it from our Website at www.dlt.ri.gov/tdi OR call Temporary Disability Insurance at 401-462-8420.

For the Electronic Payment Card Option:

- 1.** If you do **not** choose Direct Deposit you do **not** need to take any action. You will be automatically pre-enrolled and your Electronic Payment Card will be mailed to you automatically.
- 2.** If you were previously provided with an Electronic Payment Card from the Unemployment Insurance Program please use the same card for TDI. If you lost or misplaced the card, please contact Chase at 1-866-847-8586 to order a duplicate card.
- 3.** Once you receive your card, activate it by calling 1-866-847-8586 and learn to use the card by reading the instructions and information in the welcome packet.
- 4.** When you activate your card be sure to establish your access code number and wait for the prompt for you to also establish your card's pin number.
- 5.** Your card will arrive in a plain white envelope; please do not confuse it with junk mail.

If you have questions concerning this process, please contact the Temporary Disability Insurance Unit at 401-462-8420 or visit www.dlt.ri.gov/tdi.

TDI Customer Service Questionnaire

1. How did you file your TDI claim?
Internet Hard Copy (Paper)
2. How would you rate the ease in filling out the TDI Application?
Poor Fair Good Excellent
3. The average TDI claim takes about three weeks from the receipt of application to payment. Given this, do you feel your claim was handled in a fair amount of time?
Poor Fair Good Excellent
4. How would you rate the informational Frequently Asked Questions (FAQ) pamphlet provided with your TDI Application?
Poor Fair Good Excellent
5. How would you rate TDI's Automated Telephone Menu System?
Poor Fair Good Excellent Not Applicable
6. Were you satisfied with the information you received on your claim from our computerized response system?
Poor Fair Good Excellent Not Applicable
7. If you spoke to an agent, how would you rate their courteousness?
Poor Fair Good Excellent Not Applicable
8. If you spoke to an agent, how would you rate their efficiency?
Poor Fair Good Excellent Not Applicable
9. If you spoke to an agent, what is your overall rating of the claims representative's service to you?
Poor Fair Good Excellent Not Applicable
10. What is your overall rating of your customer experience with TDI?
Poor Fair Good Excellent

Do you have any suggestions on how TDI can improve its service to you?

**RHODE ISLAND DEPARTMENT OF LABOR & TRAINING
Temporary Disability Insurance Division
TDI Medical Advisor Referral**

Date

Claimant Name

Last 4 SS#

DX:

1st w/e Paid

Last week paid

Name+ telephone # of certifying QHP

Reason referred to TDI Medical advisor

TDI MEDICAL ADVISOR'S REPORT

Attempts to contact dates:

Actual Contact date:

Name of QHP contacted:

REPORT:

MEDICAL ADVISOR'S RECOMMENDATION:

Rhode Island
Department of Labor and Training

Temporary Disability Insurance



Partial Return to Work Program

For information, call the
Temporary Disability Insurance Unit
at (401) 462-8420 or
visit www.dltf.ri.gov/tdi

What is the TDI Partial Return to Work Program?

The Temporary Disability Insurance Partial Return to Work Program allows an individual collecting TDI to return to work on a partial basis (reduced hours) without entirely ending their TDI benefits. This program facilitates transition for individuals to return to their normal working hours while continuing their recuperation.

How does the TDI Partial Return to Work Program work?

If your Qualified Healthcare Provider (QHP) determines that you are able to return to work at reduced hours (less than your normal hours) and your employer has work available for you, you may be eligible to collect partial payments. You are eligible to collect a partial TDI payment for any week, beginning on or after January 1, 2006, in which you have earnings of less than your weekly benefit rate. You must be totally unable to work due to disability for at least seven consecutive days before you are eligible to receive partial benefits.

When TDI is notified by you or your Qualified Healthcare Provider of a partial return to work, you will receive a partial earnings statement to report your reduced hours/wages. TDI will be checking with your employer on wages reported. If wages are under-reported, you will be responsible for any overpayments in the future.

How long can I collect partial payments?

Partial payments are available for a short term basis to allow an individual to transition back to their customary work schedule; therefore, a standard of eight weeks is allowed under this benefit. Partial payments may be extended,

as needed, when clearly supported by medical documentation that is provided by a QHP and subject to TDI review and approval. If you choose to continue to work reduced hours after you recover, you are not eligible for partial benefits.

If I return to partial employment and my employer continues to pay me either salary, sick or vacation pay for a portion of that week, what money is used to calculate my partial benefits?

Salary, sick, vacation pay and the actual hours worked are used to calculate the partial benefits. However, holiday pay (must be a State holiday) is not considered when calculating partial benefits. Do not report holiday pay.

If I'm receiving partial benefits and earn in excess of the benefit rate, how is my claim processed for the week of excess earnings?



There is no interruption in the claim. Your claim will reflect that no benefits were paid for the week. You are not entitled to benefits for the week because your earnings were greater than your weekly benefit rate. Continue to report your partial earnings each week until you are able to return to your customary work schedule.

Rhode Island Department of Labor and Training
 Temporary Disability Insurance Division
 P.O. Box 20070 Cranston, RI 02920-0941

PARTIAL RETURN TO WORK PROGRAM SURVEY

As a Rhode Island employee who has used the TDI Partial Return to Work (PRTW) Program in 2007, we would like your help in assessing this new program. The purpose of the survey is to test awareness of the Partial Return to Work Program (PRTW), its features, ease of use, and to find out how we may improve the program going forward. This survey should take no more than two minutes to complete. A return envelope is enclosed for your convenience.

IMPORTANT: Your individual answers and comments will be kept totally confidential. The total responses from all surveys will be tallied together, and will be used to understand how the program is working for our customers and where we may make needed improvements.

1. How did you hear about the Partial Return to Work Program?

Check all that apply:

- through written information from TDI
- on the TDI website
- through my physician's office
- through my workplace
- other, (please specify) _____

2. How has the Partial Return to Work Program helped you?

Check all that apply:

- enabled me to get back to work sooner
- enabled me to keep my health benefits
- enabled me to keep my job
- provided a way to ease back into work after my illness/injury
- reduced the boredom/depression of not being able to work
- raised my spirits to be back with my friends and colleagues at work
- other (please specify) _____
- has not really helped me (please explain why) _____

Below are some of the features of the Partial Return to Work Program. Please <u>circle the number</u> that best describes your experience.	Completely Agree	Somewhat Agree	Do Not Agree	Don't Know/ Not Sure	N/A Does Not apply
Overall, the Partial Return to Work Program has worked well for me.	1	2	3	4	5
The forms were clear and easy to complete.	1	2	3	4	5
TDI staff answered my questions or concerns fully and courteously.	1	2	3	4	5

4. What other comments do you have that will help us to understand how the Partial Return to Work Program has worked for you and how we can improve it. (Use reverse side if necessary)

Please return this survey in the enclosed envelope to:

RI Dept. of Labor & Training, TDI Unit, P.O. Box 20070, Cranston, RI 02920-0941
 by October 12, 2007

Thank you for helping us improve the TDI Partial Return to Work Program.

Rhode Island Department of Labor and Training
Temporary Disability Insurance Division
P.O. Box 20070 Cranston, RI 02920-0941

EMPLOYER- Partial Return to Work Program Survey

Introduction

The Partial Return to Work Program (PRTW) was initiated in January 1, 2006. The PRTW program allows an individual collecting Temporary Disability Insurance (TDI) to return to work at reduced hours and receive partial TDI benefits. This program facilitates the transition for individuals to return to their normal working hours while continuing with their recuperation.

To ensure quality service and continuous improvement with this program, we need your input. Please provide your views/opinions on the following 10 questions and return this form to TDI in the self-addressed envelope by: October 12, 2007.

Thank you for assisting us in evaluating the Partial Return to Work Program.

Survey Questions

1. Our records indicate an employee(s) of your company has participated in the TDI Partial Return to Work Program. Do you feel you have been properly informed on the program?

Yes No Not Sure

If no, would you like to receive information on this program? Yes No

2. How did your company hear about the Partial Return to Work Program?

(check all that apply)

Written information from TDI

TDI website

Meeting or workshop

Specify: _____

Medical or health care provider

Media

Professional organizations

Employees

Other, (please list) _____

Appendix H

TDI Partial Return to Work Customer Survey 2007 Customer Survey Results Compared to Comparable 2006 Results

1. How did you hear about the Partial Return to Work program?	2007	2006
Through written information from TDI	34%	60%*
On the TDI website	20%	
Through the media	n/a	0%
Through my physician's office	13%	16%
Through my workplace	23%	14%
Other	10%	9%
TOTAL	100%	99%
2. How has the Partial Return to Work program helped you?		
Enabled me to get back to work sooner	18%	23%
Enabled me to keep my health benefit	7%	n/a
Enabled me to keep my job	13%	n/a
Provided a way to ease back into work after my illness/injury	28%	37%
Reduced the boredom/depression of not being able to work	14%	14%
Raised my spirits to be back with my friends and colleagues at work	13%	15%
Other	3%	5%
Has not really helped me	4%	5%
TOTAL	100%	100%
3A Overall, the Partial Return to Work Program has worked well for me.		
Completely Agree	64%	60%
Somewhat Agree	19%	20%
Do Not Agree	9%	11%
Don't Know/Not Sure	1%	4%
N/A Does Not Apply	7%	5%
TOTAL	100%	100%
3B The forms were clear and easy to complete.		
Completely Agree	60%	55%
Somewhat Agree	27%	31%
Do Not Agree	6%	8%
Don't Know/Not Sure	1%	1%
N/A Does Not Apply	7%	5%
TOTAL	100%	100%
3C TDI answered my questions or concerns fully and courteously.		
Completely Agree	69%	60%
Somewhat Agree	15%	21%
Do Not Agree	6%	12%
Don't Know/Not Sure	0%	0%
N/A Does Not Apply	10%	7%
TOTAL	100%	100%
Notes:		
<i>(1) Respondents were allowed to check more than one response on Questions 1 and 2. Totals were calculated based on 100% of the responses to each question.</i>		
<i>(2)* = In 2006, the survey choice was "Through information from TDI". Therefore, the 2006 data is compared with the two relevant choices from the 2007 survey.</i>		

TDI Partial Return to Work Survey 2007 Employer Survey Results Compared to 2006 Results

Our records indicate that an employee from your company has participated in the TDI PRTW program. Do you feel that you have been properly informed about the program?	2007	2006	Has your company experienced any issues with the PRTW program?	2007	2006
Yes	40%	n/a	Yes	2%	n/a
No	40%	n/a	No	72%	n/a
Not Sure	20%	n/a	Not Sure	26%	n/a
TOTAL	100%		TOTAL	100%	
How did your company hear about the PRTW program?			Has your company experienced any situations with the PRTW program that might represent misuse?		
Written information from TDI	22%	46%	Yes	1%	n/a
TDI web site	18%	n/a	No	77%	n/a
Meeting/workshop	5%	n/a	Not Sure	22%	n/a
Health care provider	6%	4%	TOTAL	100%	
Media	4%	4%	TDI answered my questions or concerns fully and courteously.		
Professional organization	1%	5%	Yes	53%	48%
Own company	n/a	3%	No	5%	3%
Employees	25%	13%	Not Sure	20%	16%
I have not heard of it	n/a	23%	n/a	22%	33%
Other	18%	4%	TOTAL	100%	100%
TOTAL	100%	100%	How are you usually notified that an employee has been medically released to work reduced hours?		
How has the PRTW program helped your employees?			Employee	48%	n/a
Enabled employees to return to work sooner	34%	28%	Medical certification from doctor	38%	n/a
Enabled employee to be on TDI for a shorter time	16%	n/a	Doctor's office	11%	n/a
Provided way to ease back into work after injury	31%	34%	TDI Unit	3%	n/a
Reduced overtime and/or need to hire temporary workers	11%	n/a	Other	0%	n/a
Had no impact on our employees	7%	n/a	TOTAL	100%	
Other	1%	n/a	NOTE: An 'n/a' response indicates that a comparable option was not available.		
TOTAL	100%				
How would you say the PRTW program has helped your company?					
Allowed company to meet deadlines	26%	n/a			
Reduced overtime and/or need to hire temporary workers	28%	13%			
Prevented more work distributed to other workers; helped morale	30%	n/a			
Had no impact on our company	16%	n/a			
Has not really helped our company	n/a	17%			
Other	1%	8%			
TOTAL	100%				

Rhode Island Department of Labor and Training

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Governor Donald L. Carcieri • Director Sandra M. Powell

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Auxiliary aids and service are available upon request to individuals with disabilities.

