

July – August 2009 Member–Member Canvass: Voice of the User

CEU Special Bulletin

Date: 02/09/09

Breaking the Silence Committee:
Sandra Wright, Chris Lundquist, Carole Diaz,
Jose Peroni, Renee Leung, Cheryl Reimer &
Toni Murray



Special Bulletin: Voice of the User

The primary tenet for CMS was it would form the blueprint for a reduction to claimant costs, workflow improvements and system efficiencies. Well, CMS was launched on May 11, 2009, and since then the number of systemic barriers affecting the work has grown exponentially.

At first we wondered if the problems were simply glitches. Now, four months later, members are still experiencing problems with everything from claims initiation to CMS generated payment and privacy errors. This bulletin outlines feedback from the July/August one-one member canvass and gives you a general overview of some of the steps the CEU has taken to ensure management hears your voices.

Countless membership concerns dampen workplace culture

The “Breaking the Silence Committee” lead a whirlwind of activities aimed at tapping into the members’ collective psyche concerning CMS-related issues. When team assistants couldn’t access information, we went to management. When complaints were rising and members felt threatened, we went to management. When members couldn’t get any work done because the system was freezing, we went to management. When IT staff expressed concerns about the viability of the system, we went to management.

Management responded to some of our concerns but the gap between users and management is growing. Looking back, the employer changed the access to information for team assistants, albeit for a brief period, and implemented numerous roving teams to address things like, multiple claims and tasks and payment problems. They also hired more staff including service expeditors and extended the terms for other temporary workers. Despite all of these positive changes, the reports from the floor about working conditions remain grim.

We are heartened by your willingness to speak out. Everyone is working hard to identify system problems affecting customer service. But now a shadow lurks over our relationship with the Board. During the July/August one-one member canvas, management took the position the union was being disruptive and, in some cases, asked us to leave the department.

This approach to labour relations is both unnecessary and counter-productive because the June one-one and lunch meetings proved to be a highly effective means of gaining information about how the system was impeding the work. The union shared that information with management in regular meetings and fixes were put into place.

We thought this approach to problem-solving was a very positive step by both Parties. But now, management says they do not want stewards to meet with members about CMS. Prior to CMS our members took pride in their work. They achieved a high level of customer service to

the workers, health care providers and employers. Now many people are saying they can not meet those standards.

Numerous signs lead us to believe the system is broken. In fact, we have little reason for optimism when we learn about some of the claims issues arising with CMS. Consider the following scenario.

An EO receives a "portal" F7 report from an employer saying the worker did not seek medical attention until well after the date of injury, and unknown to the EO, the information is false because it was generated by CMS and not the employer.

The time spent unraveling this fact pattern is enormous, not to mention frustrating. It is also possible to miss this type of error. And that could have very serious consequences for the injured worker. This is but one example of how systemic issues buried within CMS are contributing to poor customer service and eroding everyone's confidence in CMS.

Timely, accurate information is essential to making good entitlement decisions. But when the system generates a date that may or may not be correct, then that creates a problem for decision makers at every level.

The Board is aware of these problems, in large part because we alerted them to your struggles, and some fixes are in place. Other long-term fixes will also help but no one knows how long they will take to develop and implement, nor do we know the financial cost for these fixes.

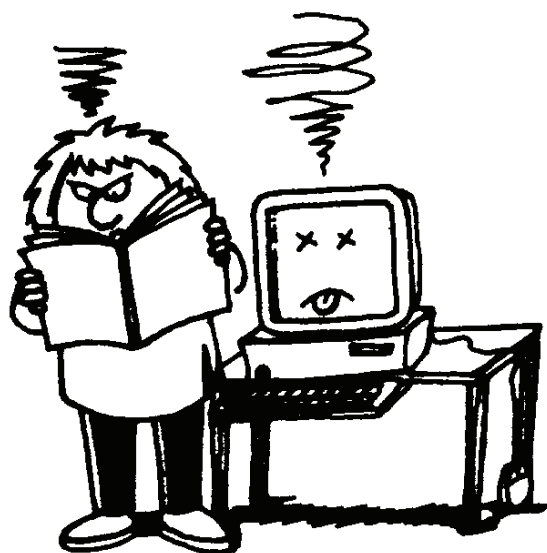
Claims issues

In early July, we reported management's viewpoint that things were getting better. We also told you we were not sure that was true. To find out, we held impromptu discussions with you to ensure we had up-to-date information.

During July and August, committee members visited or called members and stewards around the province to get information about your working conditions.

Many people expressed frustration about the STAR system saying it was too time consuming to report issues and, even when they did, they did not know if it was being acted on or when it might be. At the time of writing this bulletin, the number of STAR reports is greater than 10,000.

Members also reported frustration about their inability to access time off work, due to workload demands and an inability to take vacation or ETO time. Countless others reported



fatigue, increased usage of sick time and increased management pressure to perform tasks and answer phone calls. When many are struggling to keep up, all of this added pressure creates a negative feedback loop where obvious solutions do more harm than good; leading toward a downward spiral in working conditions and morale.

Management recently directed EOs to reduce the pending files. Members were pushed to reduce the usual claims investigation aspect of their work and were told to “just get it done”. This resulted in a rush of new claims for case managers. We fear this directive will create problems down the road, and it may result in some difficult long-term claims.

We also see the potential for a huge relief of cost project when the Board eventually faces the process of reconciling emergency payments made to stakeholders. All of these quick fixes create moral dilemmas for people doing the work, and the union also worries managers will use delays in claims processing to raise work performance issues with employees.

Sold a bill of goods?

You cannot help but be frustrated when you look back at all the promises management made about this “wonderful” CMS product. Especially when you compare it with the reality on the floor since May 11th. The Board continues to tell us things are getting better, and will get even better over time. They say they are aware of all the product issues and fixes or re-designs will come. When? And how long do they expect you, the members, to continue to work in the environment you described so eloquently during the one-one member canvas.

The Board made a business decision and put this new system into place. With all of the service disruptions and delays, they need to staff this system properly and take responsibility for the daily difficulties you face. That is the only way to ensure the workload given to members can be done in a normal work day. Workload must be reasonable and fair so stakeholders can get the level of customer service we can all be proud of.

An outline of the issues CEU members identified during the July and August one-one member canvas follows. Scroll down to see what people from different areas are saying.





Clinical Services/Psychologist/Head Office Claims Unit/ Special Care Services Areas Member Feedback

- High volume of incoming calls from care providers who have not been paid due to CMS
- Not trained to deal with unpleasant incoming calls
- Need more access to the claim information in order to help the clients
- Cumbersome system – entitling one prosthetic requires many steps and we need to entitle each component following further numerous steps
- Inconsistency in work procedures, such as section 30 payments
- Need more training, one to one coaching would be the best method but group session would be also helpful
- Not intuitive, difficult to find information on files, slowing process, training lacking in application, form letters do not load correctly

Claims Area Member Feedback

Case Managers

- Task management is the big issue
- Making payments very time consuming now – team assistants did before
- Validating invoices (supplies and detailed items) too much time required
- Cannot manage caseload (client service) due to process requirements of system
- Only able to work on phone list not the task list (not pro-active)
- Want team assistants given authority to certify payments and payment officers to have authority validate invoices
- Providers calling to inquire about lack of payments
- Cannot pay wage loss on re-openings
- Too much time spent navigating between screens, reviewing and completing tasks and not enough time on actual customer service
- Difficult to get the overall picture of the claim and how it is being managed

- No logical sequence of events on the file so you can not back-track claim history
- Lack of knowledge and preparation for claim owners regarding numerous tasks that don't actually help in disability management
- Spend more time as an accountant than disability manager
- Tasks or actions now require 30-60 minutes to review, entitle and complete
- Slow system even going between screens
- Wellness: going home miserable and fatigued, doing too much overtime
- Considering shortening vacation due to fear of greater mess upon return
- Need training on under and overpayment issues (liabilities), milestones/sandbox, templates — things inside the system and training should not be done by an area manager because they don't actually do the job and can't answer questions
- WES manual cumbersome to search and inadequate with missing steps
- Health and family life is compromised
- Sleeping a lot more than usual on the weekends — loss of energy
- Not emotionally available to friends and family
- Tired and frustrated
- Feeling very overwhelmed by the multitude of changes including payments
- Unable to deliver full service due to system errors relating to claims, invoices, payments, provider issues, employer questions, lack of training and plain embarrassment about CMS
- Why aren't we getting information from management about future plans for the system, how long the current problems will last and what the employer plans to do to make things better

Entitlement Officers

- Married name and professional names are being given out to callers (privacy issue)
- Problems with the return to work calendar, adding events and making changes to the calendar and payments
- Problem understanding the liability/underpayment task processes
- Difficult to make income loss payments
- Need more training to offset problems with payments and calendars
- Loosing sleep and very stressed — don't enjoy work anymore
- Assignments change weekly so it's difficult to manage
- Difficult to get help if there's a problem
- CMS automation does not support WES current business model for routing claims up one claim owner level (Entitle and Route)

Nurse Advisors

- Job aides out of date – need refresher training

- Using service plans very confusing (used to entitle hand therapy and OT etc.)
- Difficult to find historical information on closed tasks
- CMS has no chronological log detailing the claim history
- Need dual monitors — nothing is easily accessible on the system
- Need vendor lists for medical equipment
- No homecare for designated areas
- Need specific full job scope training — not general system information

Team Assistants

- Clients are abusive and angry calling in about lack of payments
- CMS slow and takes five times longer, very time consuming
- Find it necessary to print paper copy to manage work
- Difficult to find things on the system and time consuming
- High stress, fatigue and collapsing when home after work
- Issues raised to managers with no response – voice-mail boxes are full
- “I use to love my job and now I hate it”
- Many TAs away on stress and coverage is not available – not getting better
- Unable to edit tasks due to limited authority
- Spend too much time looking for correct information for task management and not enough time actually doing the work — need more training
- Lengthy delays in reimbursing workers attending rehab
- Forced to do unauthorized work arounds – add providers to get medical
- Lack knowledge about health care streams — what is authorized and not on claims automatically
- Need training about support needed for VR, service plans, rtw and mrtw — entering and approving items in these streams without training
- Finding privacy problems where worker information is on the wrong client file
- Bulk paid accounts and work schedules are being sent to claim files that clearly identify a multitude of client names and claim numbers but they are scanned to the wrong files
- Easily stressed and not able to do as much as I used to do at home
- Dreaming about CMS service plans and other work issues
- Worried about co-workers off on sick leave
- Unhealthy workplace where a work/life balance no longer exists

Vocational Rehabilitation Consultants

- No authority to provide payment for any services
- Unable to provide supports – ergo chair or computer to start return to work plan
- Customer service suffering due to time required to serve the system
- Wellness issues such as the frustration with lack of training and ability to provide

service and benefits

- Increase in sick time
- Inquiries about payouts and early retirement options

Occupational Disease Services Area Member Feedback

Case Managers

- Payments too complicated to process and do not go out as processed
- CMS creates unnecessary lost productivity
- System too slow especially invoice validation tasks
- Too much time on data entry and no time to speak with clients
- Too many steps and key strokes for individual tasks
- Has to work overtime to keep up – hate CMS
- Wellness: very exhausting
- Just navigating CMS is frustrating (i.e. closing a document closes claim)
- Frustrating in that opening a caseload or a file causing time out failure
- CMS causing wrist problems requiring alternate hand for mousing
- Most of day is now dedicated to healthcare invoice validation
- Chief Apologist to workers and employers
- Health care validation very time consuming – now a clerk not CM
- Unable to open desk due to large volume, delays and timing out
- Takes longer to file documents in the claim
- Law & policy now gone by the wayside
- Colleagues more helpful than entering issue into STAR
- Lost motivation – will not be stepping up to mentor
- Duplication of claims – unable to return calls
- Unable to confirm that what we do in CMS is being processed correctly by CMS this includes cheques produced for wrong amounts
- Fatigue by the end of the day and feeling beat
- Documents frequently being indexed wrongly by external contractor and we spend our time correcting the errors

Office Assistant III

- Hate CMS as it is so slow and screen freezes
- Callers are rude and are harassing (they see the claim on portal)
- Need to print more as info on several screens
- Need training on everything – task management, notification issues
- Wellness: stressed out, more keyboarding, upper back hurting

- Need to work overtime
- Do not have a second monitor

Disability Awards Area Member Feedback

Disability Awards Officers

- Task management is onerous – CMS makes it more difficult to manage the caseload and it will not allow task subject lines to be edited
- CMS not allocating or assigning new referrals properly
- Some desks getting much more than others
- Converted claims require base-lining – originally told this would take 3 days but still waiting on many claims so unable to process pensions
- CMS did not convert long term wage rates properly – unable to process pensions
- Productivity down and overtime taking a toll
- Privacy issue: garnishment order attached to wrong worker claim
- There's no adequate bring forward list
- CMS makes it difficult to manage my desk and files so I'm working on hard copy printouts and keeping the paper copies in date order to be able to manage files
- Some files trickling back from base-lining have to be sent back due errors
- Need more training if task or desk management improves
- Privacy issue: Wrong documents scanned to claims
- Work overtime during the week and not able to keep up without overtime
- Have to pay emergency payments to workers but have received no training in how to recover the funds
- Wellness issue: no energy at the end of the day, wearing and need naps, feel demoralized, can only be reactive not proactive, staff off due to stress
- CMS does not create a calculation sheet for the pension so the worker no longer receives a calculation sheet. This results in more phone calls from workers asking how their pension was calculated. Officer has to spend more time on explanations and referring matters to Actuary
- Takes more time to find documents; they're not indexed with correct document type e.g. a medical examination for pension purposes was indexed as "10-week rate review"

CADA (Case Managers in Disability Awards)

- Searching for information and documents in CMS is very time consuming – need new search functions to find information in the file
- Creating documents is maddening as cut and paste features do not work well in CMS and there are font problems and formatting problems

- CMS screen freezes, closed out claim without notice – took most of the day to do a straight forward decision and previously could do four of these decisions in the same period of time
- Wellness issue: blood pressure increase by the end of each day, ranting and raving at home about CMS, frustrations have become the main topic of conversations, hate coming to work, grit my teeth every morning, too tired to do anything after work, family dynamics upset
- CMS fix messages contradict each other on a go forward basis – told it is now fixed and then it is not
- Workers call more frequently asking when they will get a pension
- WES procedures manual is missing steps in procedures
- System is inelegant and the Board should be ashamed and embarrassed
- Will need additional training when system finally allows us to be able to process pensions
- Not able to do a major portion of the work (only negative decisions) as the system will not yet support processing most pension awards, especially loss of earning pensions
- Working overtime every week and on weekends
- Privacy issue: healthcare payments for numerous workers visible on individual claims
- Working on paper outside of CMS due to problems with system
- Letters in CMS library are frequently wrong and/or contain wrong information requiring modification and waste of time
- Documents are not being properly indexed in CMS by the outside contractor
- There is no area to retrieve chronological information about a claim – searching for information within the claim is very time consuming
- We used to receive a “Form 22” document from the claim owner which provided important information that we need to delineate which permanent conditions are accepted and other information – this no longer exists
- CMS generated referrals to Disability Awards that do not contain all the information we need – ICD9 codes are inadequate. It is sometimes unclear what permanent conditions are accepted so we have to spend much more time trying to find information on the file

Disability Awards Assistants

- CMS is very slow – try to answer workers’ questions while on phone, but it takes too long to retrieve information in CMS
- Workers call asking about the status of their claim, and we’re not able to answer their questions because we did not receive sufficient information about CMS procedures – what is base-lining?
- Privacy issue: permanent functional impairment (i.e. pension) examinations are being

scanned onto the wrong worker's file

Computation Clerks

- Base-lining claims is taking too long
- CMS conversion problems with wrong wage rate, missing amounts
- Reality of using CMS is not matching the story we were told before May 11
- Feels like we're not accomplishing anything
- Entering data, but unable to confirm results
- Wellness: less job satisfaction; feels uncomfortable
- CMS produces no calculation sheet for pension (unlike former pension system), so unable to check outcome
- CMS is not properly terminating pensions, so now have to manually process
- Training: unsure whether Business Analyst will be available to answer our questions in future
- Privacy issue: FMEP notice of attachments were on wrong worker's claim
- Procedures seem to change constantly

Fatalities and Sensitive Claims Area Member Feedback

- System is terrible
- Extremely inefficient and slow
- Invoice validation tasks are time-consuming
- CMS auto-generates letters on fatal claims that are inappropriate and insensitive to surviving families – CMS auto-generates letters addressed to dead workers so have to go in and try to remove the auto-generated letters
- Tired of responding to calls and letters asking about delays caused by CMS
- Frustrated with receiving e-mails about CMS "fixes" that turn out to be wrong, and then receive e-mails contradicting the previous communications
- Working with this system is exhausting
- CMS has significantly impacted customer service – there is no service
- CMS is not issuing payments, or issues the wrong amounts – before CMS, we could pay the funeral expenses to the family immediately, but now those expenses are not being paid and are tied up in a queue
- There are too many codes now for VR payments and expenses
- Cancer patients who are on significant medications have to complete forms and insert codes from a confusing list of numerous codes. If the worker selects the wrong code from the confusing list, the payment will be rejected. There should be fewer codes so that there is less confusion and less rejection of invoices

- Even when the worker provides the filled-in form with receipts for several items, only some of the items are being paid, and the other items are waiting in a queue
- Payments are being rejected because there was no code in CMS for a particular service – makes us all look incompetent
- CMS does not allow you to retroactively enter the start date of disablement for a disease so payments cannot be issued for the proper period of time
- Unable to tell workers or widows when they will receive payments
- Used to be able to authorize personal care allowances for dying workers, but now CMS has taken away authority
- The system is so slow it takes much longer to create and document memos
- CMS has turned what used to be a simple task into a complex one
- Care Homes require money on the first of the month (similar to paying rent to a landlord on the first of the month), but CMS only allows payments on the last day of the month creating problems for everyone
- Productivity is down significantly – can only do 15% of my job now
- CMS is routing fatal claims to the Area Offices and to the wrong officers
- Training: need updated training on invoice validation and task management

Hearing Loss Area Member Feedback

Audiologist Advisors

- Unable to do any of my work as an audiologist as the Hearing Claims Officers have been inundated with thousands of invoice validation task, and therefore unable to refer any files to audiologists
- Trying to help remove invoice validation tasks and file documents, which are not normally our responsibilities, just to help out but CMS is not allowing us to process most of the invoice validation tasks because there isn't a specific employer attached to claim
- Extremely frustrating

Hearing Claims Officers

- Need more staff
- On May 11 CMS created 30,000 tasks for just two Hearing Claims Officers
- Two more people have joined dept, but are in training – desks were crashing as too many tasks/claims
- Increased phone calls from workers and providers asking about payments
- Most of the tasks are invoice validation tasks; many are coded improperly
- Spending time trying to put out fires rather than adjudicating claims – squeaky wheels are dealt with first

- Desks are unmanageable – CMS will only shows 500 tasks but desk has more
- Printing documents from files in order to deal with claims – too time consuming to find documents in CMS
- Getting kicked out of CMS system 18 times per day and screens are timing out
- There is no ICD9 coding for hearing loss – have to add on templates but no templates exist for hearing loss

Review Division Area Member Feedback

Assistants

- Try to process a disclosure request but CMS is very slow
- Searching documents takes a long time, as does sending tasks back and forth

Intake Officers

- CMS has no chronological view of the file so it's hard to figure out what has happened on a claim
- Privacy issue: some pages of a document are filed on the wrong worker's claim and this has happened several times
- CMS is not consolidating files properly – we have to open and review many more files to provide one disclosure

Client Services Representative Area Member Feedback

Teleclaim

- Unstable system – loss of data (T6 information disappears)
- System glitches – where there are two claims within 45 days of each other key form automatically goes to first claim
- Distribution of work queue is inequitable

Kelowna CSRs (these members are doing the base-lining)

- Not the job I applied for and have been doing for the past 10 years. I used to love my job; now I am looking for a new job. I have increased stress frustration – grumpy and low tolerance for noise. It takes all my energy
- It is very frustrating
- Lack of support. Not the job I applied for, not worth the stress
- Not enough training. Feel it is higher duty work
- Was a very steep learning curve. Feel like I need to relearn everything after coming back from holidays and dealing with all the CMS fixes
- Right now I have to say I feel very inadequate. It is hard to be a 30 + year employee with this organization and feel so helpless/hopeless in what I am doing

- I like it, but think it is higher duty work and we need more support

IAU

- Desk management training needed
- Unstable system
- Big concern with CMS making auto adjudications (wrong decisions made on claims) with claim officers names - some of these are out-of-scope decisions normally made by CM
- Too many clicks to do what we use to do in 1 or 2 steps now take 15 clicks
- Too many tasks
- Distribution of work (new claims) not evenly distributed
- Why isn't management walking the floors
- Disconnect of business process between officers, CSR doing different process than EOs and CMs
- Need more full time resources

Assessments Area Member Feedback

Assessments - Claims Analysts

- Ergonomic concerns, corporate ergonomist has been consulted but no claims filed, ongoing issue
- Process based training didn't happen and it needed to, as a result we are now redefining job processes and that has an impact on the job and job satisfaction
- Claim duplication
- Excessive clicking/navigating
- Round robin assignments don't make sense for our area
- System enhancements requested but no idea how they are prioritized, so no idea if and when a solution will be implemented
- No synchronization between workflow and CMS

Payment Services - Payment Services Clerks

- Six weeks training in the old days and now none in some cases
- Specialized teams in the past and now not structured that way
- Matrix of skills completed but then no training happened
- More hand-offs, too many people touching items
- ELAN is useless – we're paying for a service that isn't happening and then we do it ourselves but we still pay them
- Systems/processes do not allow us to execute work efficiently and effectively – tasks that use to be quick and easy are now lengthy and convoluted and no longer fit the

standard so data mining analysis would be affected by the lack of standards

- Customers perceive staff don't know their jobs – demoralizing
- Staff suggestions and experience are not listened to

Front End Area Member Feedback

Call Enquiry Centre

- Constantly dealing with angry callers – every other call worker is angry vs. previous average of 1 angry caller per day
- More job specific training needed– how to review or look up payment information
- Feeling stressed – dealing with high call volumes/dealing with difficult calls, overwhelmed, taking the brunt of all stresses
- Unstable system, hard to navigate
- Use to take pride in work, now have sense of “don't care”

CRT Operators

- Employment contracts are up for Sept 11/2009 – may be extended to Sept 30 or perhaps even Dec 31 but nobody knows so it's frustrating to not know how long I'll be working
- Use to be more information for temps now it's stopped
- No department meetings
- They have gathered their STAR tickets and prioritized, but unsure of if and when solutions will be found or implemented
- Ergonomic concerns but no claims filed
- Doing the best we can given the uncertainty with the temp situation

Provider Referrals - Registration Representatives

- System freezing – work lost, excessive overtime
- Privacy issues via disclosures – addresses are frequently incomplete or incorrect
- Process was completely lacking and supervisors have gone to great lengths to fix this, an example of this is the cross functional interactions between Provider Referrals and SDL
- Training can't keep up with needs so we are doing our own but not getting any recognition for it
- Ergonomic concerns but no claims filed yet

Call Inquiry Centre Area Member Feedback

Complaints Area - Intake Clerk

- Number of calls per day up astronomically

- Difficult to get calls transferred internally
- Processes are being put into place to deal with acute/crisis situation
- Spend a lot of time on the phone with external complainants

ISD Area Member Feedback

RC1 – 1st floor

- Initially impacted part of legacy team conversion, however now not impacted
- Being retrained
- Not impacted do not use CMS
- No OT, not needed
- Some stresses in the beginning during role out. Expected OT, worked through it no stresses now

RC2

- Feeling repressed
- Fear of talking
- Hard to get contact internal claim officers to discuss work tickets
- Not impacted directly but indirectly if they are not CMS issues/projects everything is put on hold until CMS is done
- Felt like Nemo in a tank full of piranhas
- OT cap is on and now it isn't and it varies area to area

RC1 4th floor

- Concerns about Security form system as CMS is not compatible with 2007 Microsoft
- A lot of system upgrades delayed due to resources going to CMS or CMS is not compatible with patches, upgrades
- Not affected by CMS on other projects, slow. No stress
- On call, was part of team outer core of CMS. Adjust work schedule to allow to do system upgrades etc
- Some stresses are different, not directly impacted by CMS. Stress is server system increases calls to support, however not really stresses. Employees forgetting how to do things in training
- Had some impact but not stresses, unlike the front end staff that are feeling the full brunt of the stress
- Feel sorry for the users, as a coder or tester the stress was getting the work done on time
- Stress is trying to figure out the problem, can I solve it? I use to be able to in e-file world; now I don't know
- Stress is dealing with angry frustrated employees and employers. You can't give them

solid answers as to when there will be a fix to a problem. We use to be able to give an answer but now we don't even know. It's hard to deliver that message

Purchasing Area

- Big impact went from paper to electronic format
- Big stress other members being rude (member on member)
- Having to work on queues, this is new to the job
- The jobs are different from what they use to be
- Trying to learn a new system in an environment with Healthcare Providers and internal staff

Accounting

- Staff are under pressure to issue payments for officers on time (12 noon deadline)
- Fear of speaking out
- Staff have heavier workload because co-workers are doing CMS type work so more work for them to do — indirectly impacted by CMS