WORK COMP

Back to the Basics

Julie McGuffee, Work Comp Supervisor ACCO

WHAT IS WORK COMP?

- What is a work comp injury?
  - An incident and/or illness that occurs in the course and scope of employment
    - Examples: Slip and Falls, Motor Vehicle Accidents, Lacerations, Sprains/Strains, Foreign Body to the Eye (s), struck against/by object(s), etc.
- What to do if an injury happens?
  - Employee – immediately tell a superior (supervisor, Foreman, Commissioner, Safety Coordinator)
  - Employer – document the injury and direct the employee to medical care, if needed
    - Document: when, where, how, any witnesses
    - Video surveillance
    - Statements
    - Pictures of accident scene
- Complete the CC Form 2 and forward to the insurance carrier as soon as possible.

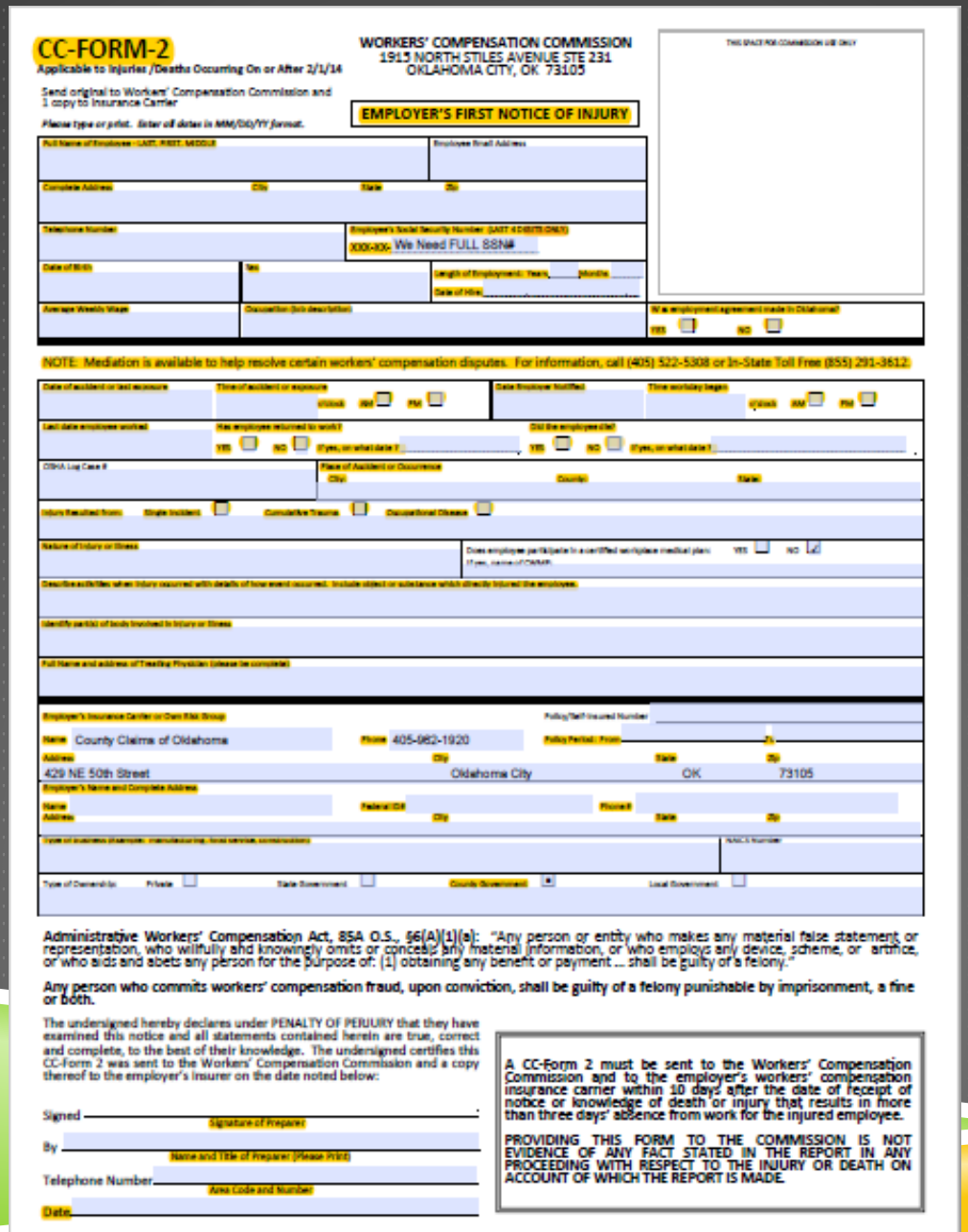
TIMELY REPORTING

- PLEASE do not delay in reporting a work related injury to your insurance carrier.
  - Guidelines: Per Title 85A (also listed on the CC Form 2), an injury must be reported to the Commission within 10 days after the date of receipt of notice or knowledge of injury or death.
  - IMPORTANT: The Commission is only accepting the latest updated version of the Form 2, which was revised 4/18/18, when reporting a new claim. Please make sure you are submitting ONLY that version to our office.
- Please encourage your employees to report a work related injury or illness to you as soon as possible.
- If they do not plan to seek medical treatment, should the incident still be reported to the insurance carrier?
  - YES!!!! Please make sure to report any and all new injury or illness.
  - By statute, if an employee does not report an injury within 30 days, the burden of proof is on them. This could result in a denial of the injury/claim.

CC FORM 2

- Please see Exhibit A!
- The EMPLOYER completes the Employers First Notice of Injury. Again, the latest version will say "Revised 4/18/18" in the bottom right corner. (Please shred any prior version, the Oklahoma Work Comp Commission does not accept them).
  - Please complete the entire Form 2.
  - Please submit the full SSN.
  - Please make sure to populate County Claims of Oklahoma as the Employer's Insurance Carrier and populate the Employer's Name and Complete Address

CC-FORM-2 (EXHIBIT A)



CC-FORM-2

Applicable to Injuries /Deaths Occurring On or After 2/1/14

WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES AVENUE STE 231
OKLAHOMA CITY, OK 73105

Send original to Workers' Compensation Commission and 1 copy to Insurance Carrier

Please type or print. Enter all dates in MM/DD/YY format.

EMPLOYER'S FIRST NOTICE OF INJURY

THIS SPACE FOR COMMISSION USE ONLY

Full Name of Employee – LAST, FIRST, MIDDLE | Employee Email Address

Complete Address | City | State | Zip

Telephone Number | Employee's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX- We Need FULL SSN#

Date of Birth | Sex | Length of Employment: Years, Months | Date of Hire

Average Weekly Wage | Occupation (Job description) | Was employment agreement made in Oklahoma? YES NO

NOTE: Mediation is available to help resolve certain workers' compensation disputes. For information, call (405) 522-5308 or In-State Toll Free (855) 291-3612.

Date of Accident or last exposure | Time of Accident or exposure o'clock AM PM | Date Employer Notified | Time workday began o'clock AM PM

Last date employee worked | Has employee returned to work? YES NO If yes, on what date? | Did the employee die? YES NO If yes, on what date?

OSHA Log Case # | Place of Accident or Occurrence: City, County, State

Injury Resulted from: Single Incident, Cumulative Trauma, Occupational Disease

Nature of Injury or Illness | Does employee participate in a certified workplace medical plan: YES NO If yes, name of CMWP:

Describe activities when injury occurred with details of how event occurred. Include object or substance which directly injured the employee.

Identify part(s) of body involved in injury or illness

Full Name and address of Treating Physician (please be complete)

Employer's Insurance Carrier or Own Risk Group | Policy/Self-Insured Number

Name: County Claims of Oklahoma | Phone: 405-962-1920 | Policy Period: From To

Address: 429 NE 50th Street | City: Oklahoma City | State: OK | Zip: 73105

Employer's Name and Complete Address

Name | Federal ID# | Phone #

Address | City | State | Zip

Type of business of employer, manufacturing, hotel, schools, construction | NAICS Number

Type of Ownership: Private, State Government, County Government, Local Government

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment ... shall be guilty of a felony."

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

The undersigned hereby declares under PENALTY OF PERJURY that they have examined this notice and all statements contained herein are true, correct and complete, to the best of their knowledge. The undersigned certifies this CC-Form 2 was sent to the Workers' Compensation Commission and a copy thereof to the employer's insurer on the date noted below:

Signed _____ Signature of Preparer

By _____ Name and Title of Preparer (Please Print)

Telephone Number _____ Area Code and Number

Date _____

A CC-Form 2 must be sent to the Workers' Compensation Commission and to the employer's workers' compensation insurance carrier within 10 days after the date of receipt of notice or knowledge of death or injury that results in more than three days' absence from work for the injured employee.

PROVIDING THIS FORM TO THE COMMISSION IS NOT EVIDENCE OF ANY FACT STATED IN THE REPORT IN ANY PROCEEDING WITH RESPECT TO THE INJURY OR DEATH ON ACCOUNT OF WHICH THE REPORT IS MADE.

INITIAL MEDICAL TREATMENT

- Is it the responsibility of the employer to provide an injured employee with reasonable and necessary medical care?
- Yes!
- The employer can select the treating physician.
  - Urgent Care, a Local Physician/Provider who accepts work comp, Hospital, etc.
  - Exception: An emergency exists or when an employer fails to provide care within 5 days after actual notice, then the employee is allowed to seek treatment of their choice.

WORK COMP VS. GROUP HEALTH

- When an employee goes to the doctor for medical care in relation to a work comp claim, what do they tell the medical provider? More specifically, what do they list as the insurance carrier?
  - Let them know to advise the medical staff they were injured on the job.
  - They can ask them to please call their employer for the work comp insurance information.
  - If they have our billing information, please provide it:
    County Claims of Oklahoma 429 NE 50th Oklahoma City, Ok 73105
- Let them know they should NOT to give out their group health information.
  - If they did, please tell their claims adjuster immediately so it can be fixed.

WHAT'S NEXT? WORK STATUS

- After the injured worker is evaluated, he or she should call or come by to update his or her medical and work status.
  - Return to work full duty
  - Off work (TTD or temporary total disabled)
    - Work Comp TTD benefits will initiate after the 3-day statutory waiting period.
    - TTD rate is calculated at 70% of average weekly wage (AWW)
    - The employee needs to report to the employer after each visit their work status update until they are able to return to work.
  - Light duty restrictions
    - Can the employer accommodate? If yes, GREAT! If the employer is unable to accommodate, then workers' compensation benefits will cover the lost time until there is a full duty release.

WORK STATUS CONTINUED….

- COMMUNICATION: Please make sure to check on your employees, keep in touch, check on them, etc.
- COMMUNICATION: Please make sure you are keeping in contact with the claims adjuster in relation to lost time/payroll to assure appropriate benefits are being paid.

AUTHORIZING REFERRALS?

- After initial medical treatment, what does the employee do if there's a referral?
  - Types of referrals:
    - Diagnostic study (MRI, CT scan, etc.)
    - Specialist, orthopedic, neuro specialist, eye doctor, etc.
    - Physical therapy, wound care
    - Durable Medical Equipment (splint, crutches, walker, etc.)
- Please let your claims adjuster know if a referral has been made. They can help expedite the authorization and processing of the referral needed.

THE WORK COMP CLAIM JOURNEY

- An injured work will continue:
  - Follow up appointments
  - Any physical therapy, or other therapy as recommended
  - Seeking a full duty work release, if appropriate
  - End goal of reaching MMI Status (maximum medical improvement) or discharge from care

BENEFITS OF WORK COMP

- Provides disability and rehabilitation benefits while unable to work
- Provides the appropriate medical treatment
  - Physician, Hospital, Diagnostics, Physical Therapy, Medications, etc.
- Provides permanent disability benefits, if appropriate
- Provides fatality benefits for dependent(s) where a work-related death occurred

ROLE OF INSURANCE CARRIER

- Receipt of CC Form 2
- Start Initial Investigation
- Confirm Compensability
  - Is injured person is your actual employee?
  - Did the employee suffer a work injury or disease?
  - Did the injury or disease arise out of and/or in the course and scope of employment?
  - Investigate any red flags
    - If there are any red flags, please let us know and let us investigate.
    - The insurance carrier will determine if a claim is accepted or denied

INSURANCE CARRIER CONTINUED…

- Manage medical care and treatment
  - Set up appointments, provide authorizations, process medical bills, etc.
- Issue off work benefits
- Assign Nurse Case Management, if needed
- Handle the settlement of the claim, if appropriate

CONCLUSION AND RECAP

- Early reporting is key
- Please do not give our group health insurance info
- Let the insurance carrier be the investigator and determine compensability
- Referrals/Authorizations
- Obtain a return-to-work release after each follow up
- Communicate, communicate, communicate

QUESTIONS!!