

Advanced Claims Topics





Agenda



- Elements of a Workers' Compensation Claim
- Employer Requirements
- Types of Injuries and Claims
- Workers' Compensation Benefits
- Medical Benefits
- Temporary & Permanent Disability
- Permanent Disability Rating
- Qualified Medical Evaluators
- Return to Work & Modified Duty
- Claim Resolution
- Medicare Set Aside (MSA)
- Keys To Success



Elements of a Workers' Compensation Claim

Compensability
AOE/COE

Preponderance
of evidence
evidentiary burden
of proof on all
issues by all parties

Liberal
Construction
to provide
protection and
benefits of the
injured worker



Employer Requirements



Post the "Notice to Employees" poster

- Who is your Workers' Compensation Insurance carrier
- Where to go to get medical treatment for a work injury

Provide new hires with the **New Employee's Guide to Workers' Compensation** and **Employee's Guide to State Fund's MPN**pamphlets

• It explains their rights and responsibilities

Give the injured employee Workers' Compensation Claim Form-DWC1 and Employee's Guide to State Fund's MPN pamphlet

Within one working day of knowledge of injury



Report The Claim

- ✓ File the Workers' Compensation Claim Form- DWC 1 within one working day of receipt of this form from the employee.
- ✓ File the Employer's Report of Occupational Injury or Illness Form 3067 within 5 days of knowledge of an injury
- Immediately report every case involving a serious injury or illness, or death to **CalOSHA**





Types of Injury

Specific, Cumulative Trauma or Occupational Disease

Aggravation of a Pre-Existing Condition

Catastrophic Injury

Catastrophe

Death





Types of Claims

Specific injury occurs as the result of one incident or exposure which causes disability or need for medical treatment.

- > First Aid
- Non-Disability or Medical Only
- Disability





Workers' Compensation Benefits

Medical Benefits

Temporary Disability (TD)

Permanent Disability (PD)

Supplemental Job Displacement Benefit (SJDB)

Death Benefits



Medical Benefits

California workers' compensation insurance pays for all medical expenses related to the injury which are deemed medically necessary.





How Are Disability Benefits Determined?



Temporary disability benefits - usually 2/3 of average weekly wage.



Permanent disability benefits - based on the level of permanent impairment



Permanent Disability Rating



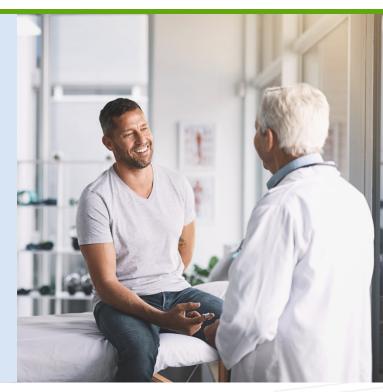
PD Rating Calculation California Dept. of Industrial Relations

- Impairment Number (Injured Body Part)
- Impairment Standard (Whole Person Impairment WPI)
- Functional Earning Capacity
- Occupational Group
- Age Adjustment



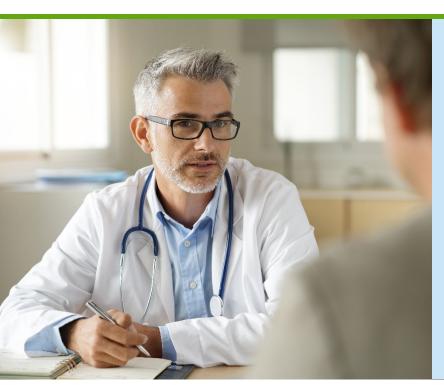
Permanent Disability Apportionment

- Permanent disability apportionment is based on causation.
- A physician makes an apportionment determination by finding what approximate percentage of the permanent disability was caused directly by the current industrial injury.





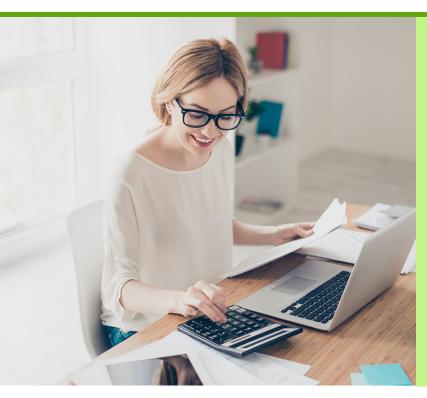
Qualified Medical Evaluators



Qualified medical evaluators (QMEs) are qualified physicians who are certified by the Division of Workers' Compensation - Medical Unit to examine injured workers to evaluate disability and write medical-legal reports.



Return To Work – RTW



A Benefit for All

A plan established by the employer to help reintegrate injured workers back into the workplace.

The goal is to return employees to the workplace as soon as they are medically able.

- Reduced costs
- Quicker recovery
- Better employee relations



Modified Duty



An injured worker may still be able to work.

You may choose to offer **modified work or light duty** within the physical limits given by the primary treating physician.



Claim Resolution

The process of resolving a claim can start with an early resolution settlement, or often when the worker is deemed to have reached **Maximum Medical Improvement.**

A worker may still qualify for medical treatment after the claim is finalized.

- Compromise and release (C&R)
- Stipulation with request for award (STIP)
- Findings and award (F&A)
- Dismissal





Medicare Set Aside - MSA

Medicare Set-Aside is a financial agreement that allocates a portion of the settlement proceeds for future medical expenses.





MSA Included in Settlement

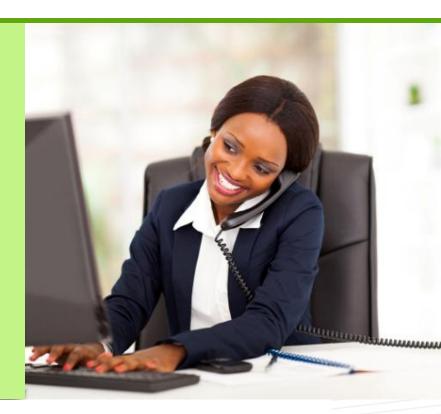


- All Medicare Beneficiaries
- When reasonable of Medicare enrollment within 30 months of settlement exist
- Reasonable expectation is 62.5 years of age or older, or applied for Social Security, or diagnosed with End Stage Renal Failure

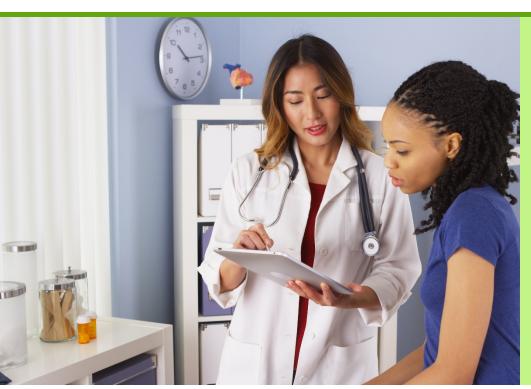


- Update posting requirements to reflect current carrier/MPN information.
- Report all claims timely.
- Communicate and collaborate with your State Fund Claims Specialist.

Required claim documents are available on www.StateFundCA.com.







Direct injured workers to an MPN physician.

- Lowers medical costs
- Provides for medical control throughout life of claim
- ✓ Vetted medical providers
- Evidence based treatment guidelines
- ✓ Benchmarking of outcomes





Communication

- Consistent communication between you and the injured worker throughout the entire life of the claim.
- Communicate with the treating physician for a more successful return to work





Return To Work

Work with your Claims Specialist to return the injured employee to work.

- Keeps claims costs down
- Statistics show it will result in a more complete and faster recovery for the injured worker.



Reporting a Claim to State Fund



Call our toll-free Customer Service Center at (888) 782-8338.

An expert claims representative will assist you with reporting an injury and locating a Medical Provider Network doctor.



OR Log on to **State Fund Online** at <u>statefundca.com</u> and report the claim electronically.



OR

Fax completed claims forms to (800) 371-5905.



Senate Bill 1159 – New Employer COVID-19 Reporting Requirements



SB 1159 created new COVID-19 reporting obligations for employers.

- Effective as of September 17, 2020
- New COVID-19 tracking and reporting requirements for employers with 5 or more employees
- Reporting requirements retroactive to July 6, 2020
- For specified employees, three legal presumptions that COVID-19 is work-related
- Penalty of up to \$10,000 for non-compliance



COVID-19 Claims Excluded



Claims directly arising from a diagnosis of COVID-19 with an accident date on or after December 1, 2019 to be excluded from the experience rating calculations of individual employers.

If an employee receives a positive test or diagnosis for COVID-19 and the exposure may have occurred while at work, please report it right away.



Our Claims Response to COVID-19

- Created dedicated team to handle all COVID-19 claims
- Working closely with our Medical Provider Network (MPN) to ensure timely testing and quality care
- Close collaboration with our legal department to ensure timely investigations and decisions





COVID-19 Resources for Employers



SafeAtWorkCA.com/coronavirus/

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Thank you for choosing State Fund to be your workers' compensation carrier.

Visit us at StateFundCA.com.

Operations Support Center: (888) 782-8338

