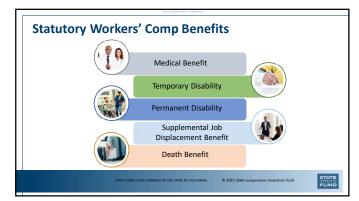


What is Workers Compensation? State-mandated insurance that provides medical benefits and wage replacement for employees who have job-related injuries or illnesses

2

Qualifying for Workers' Compensation California's workers' compensation system is an ELIGIBILITY system. To be eligible for workers' compensation, the injured worker must prove that they are: • An employee • The injury arose out of employment (AOE) • The injury occurred in the course of employment (COE) • Medical causation





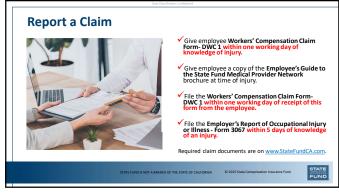
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Medical Provider Network - MPN A Medical Provider Network is an entity or group of health care providers set up by an insurer to treat workers' injury or illness. California regulations: Allow employees to choose a provider within the MPN after their initial visit Provide opportunity for injured workers to seek second and third opinions

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Claim Intake Process



COMPENSABILITY DECISION - the "single most important decision in the life of the claim"

Claim Intake Specialist has 14 days to gather information to make a compensability decision.

- Verify coverage
- Complete initial calls within 48 hours to the Employer, Employee or Applicant Attorney, and Medical Provider
- Obtain medical reports
- Obtain necessary documents

Decision to either ACCEPT, REJECT, or DELAY the claim

13

Claim Intake Process – Accepted Claims

Once accepted:

For Medical Only claims

- Channel the injured worker to a MPN provider if not already done so.
 Transfer claim to Medical Only Specialist

For claims with any lost time

- Start paying Temporary Disability Benefits
- Transfer to Return to Work Specialist



14

Claim Intake Process – Rejected Claims



Once rejected:

- Adjuster will attempt to settle the claim (if appropriate)
- If unable to settle, the claim will be transferred to a Litigation Specialist (settle claim or defend any appealed denials)

Claim Intake Process - Delayed Claims If the Claim Intake Specialist does not have enough information to either accept or reject the claim, the claim will be placed on DELAY.

Provide medical treatment

Further discovery would include:

- Additional phone calls to the Employer, Employee, Medical Provider
- Obtaining medical reports or prior medical history
- · Requesting a formal investigation
- Obtaining employee's deposition



16

Litigated Claims

California workers' compensation claims end up in litigation for several different reasons, such as;

- Injured worker is confused about workers' comp system and seeks representation
- Claim is denied due to:
 Injury determined not arising out of and in the course of employment
 - Lack of medical evidence to substantiate that the injury is work related



17

Medical Only Claims

Non-disability claims in which an injured employee has lost three days or less of work due to the injury



Medical Cost Containment - MPN

The purpose of an **MPN** is to provide timely, appropriate medical care to injured employees.

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



19

Medical Cost Containment – Utilization Review



Utilization Review is a process to review the treatment plan proposed for the injured worker to determine if it is medically necessary and appropriate.

Appropriate medical care improves medical outcomes while containing costs.

20

Medical Cost Containment – Pharmacy Benefits Management

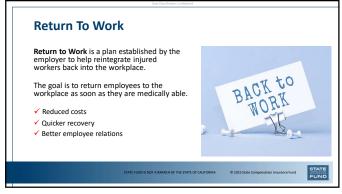
Pharmacy Benefits Management (PBM) manages drug utilization and controls pharmacy spending.

- Opioid therapy issues
- Physician dispensing
- Inappropriate prescribing
- High-cost specialty drugs
- Compounds
- Multiple pharmacy usage
- Signs of fraud, waste and misuse









Modified Duty



An employee may still be able to work after their work-related injury.

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

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Maximum Medical Improvement (MMI)

"... refers to a date from which further recovery or deterioration is not anticipated, although over time there may be some expected change."



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26

Claim Resolution and Closure

Once a worker is deemed **MMI**, the next step in the claims process is resolution and closure.

- Stipulation with Request for Award
- Compromise and Release (C&R)
- Findings and Awards



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