What's Next? The Life Cycle of a Workers' Comp Claim

Or: What to do and When to Do it

Kristin Brusegard and Jim Germain

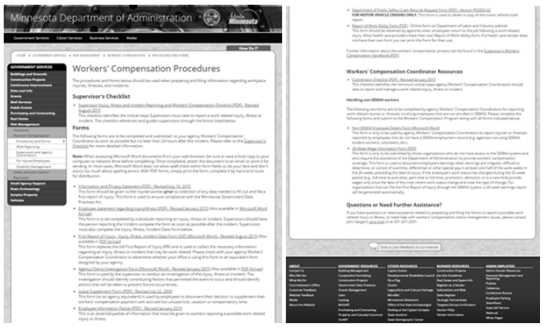
?!

Getting Started

http://mn.gov/admin

Getting Started

Getting Started



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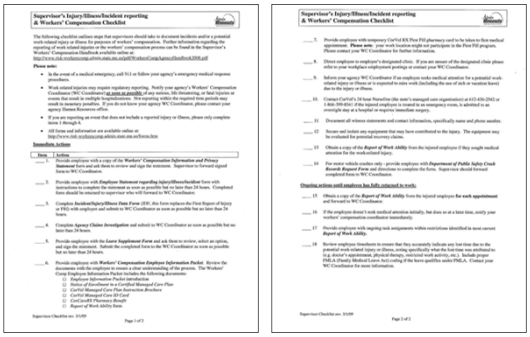
Supervisor's Checklist



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Information and Privacy Statement

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Injury, Illness, Incident Data Form

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First Report of Injury (DLI)

First Report of Injury

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Employee Statement Regarding Injury

Employee statement regarding injury/illness/incident

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Agency Claims Investigation

Agency Claims Investigation

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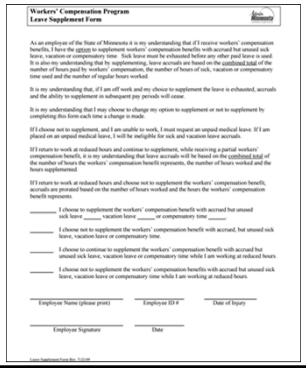
Leave Supplement Form



Workers' Compensation Program
Leave Supplement Form

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Crash Records Request

Crash Records
445 Minnesota St. Ste. 161
St. Paul, MN 55101-5161
Phone: (651) 215-1335
Toll Free: (800) 657-3724
FAX: (651) 282-6812
Web: mndriveinfo.org

DPS CRASH FILE #: _____

CRASH RECORDS REQUEST
(For crashes occurring in Minnesota only)

INSTRUCTIONS:
Complete the crash information section and submit request form to the above address to obtain a copy of police report. Enclose $9.00 fee. The fee covers the search one is required whether or not a crash report is on file in this office. Make checks payable to "Driver and Vehicle Services". Please do not submit requests until twenty working days after the crash date.

Information may be disclosed to requestor, their legal counsel, or a representative of the insurer, only upon signed authorization from a party involved.
Authorized Requester is a person involved with the crash and (driver, passenger, owner of damaged property, owner of vehicle, pedestrian) recorded on the police report, next of kin, surviving spouse or legal representative of the estate.
Disclosure of information on from crash records, except by the highway Traffic Regulation Act, is a misdemeanor.
Hospitals will not be processed without a valid signed authorization.

CRASH INFORMATION: (Please Print)

Driver(s) Name(s): first, middle, last	Date of Birth	Driver License #	License plate number *
1.			
2.			
3.			

* Without the license plate number of the vehicle(s) involved, the report that is being requested may not be located.

Location of Crash (Street or Highway)	City / County	Date of Crash

Were any of the vehicles parked? ☐ Yes ☐ No Were there any fatalities? ☐ Yes ☐ No

Requester hereby authorizes the Department of Public Safety to disclose accident information in accordance with Minnesota Statute, 169.09 subd.13.

Check the appropriate box:
☐ Driver ☐ Owner of Damaged Property
☐ Passenger ☐ Owner of Vehicle
☐ Pedestrian ☐ Next of Kin, Surviving spouse, Legal Representative of the estate Trustee pursuant to M.S. 573.02

Signature of authorized requester

Printed Name

Account #
Customers having pre-paid status

Mail to:

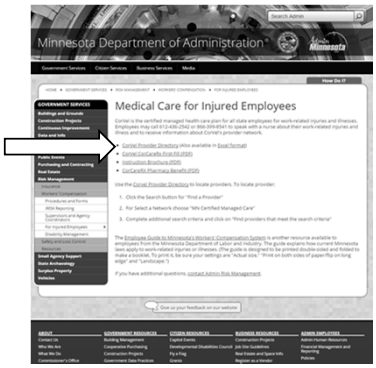
To expedite service enclose a self addressed stamped envelope for the return of your request.

For office use only:
Comments:
Search made-No File Located
Search made-No police report available

PSDR0107

Getting Started

For Injured Employees



Lost Time Injuries

The Process…
…and the Pitfalls

- Claim is reported
- Timely?
  - Penalties for late filing, late payments, late denials
  - Pay/deny decisions
- Accurately?
  - Injury description
  - Body parts claimed vs admitted
- Verify employee address and phone
  - Difficult to contact in the electronic age

Lost Time Injuries

- Inquire/verify re: second employment
  - Another potential for wage loss payment obligations
- Initial medical treatment
  - Managed Care Network and initial bill payment
- Any issues/concerns for the employer
  - What don't we know that you do? Impacts to the claim or decisions
- First Fill Card
  - Payment/process
- Work Ability report
  - What CAN the employee do in their injured state?

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Work Ability Form

Report of Work Ability

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Lost Time Injuries

- Why have an early Return to Work Program?
  - An employee's chance for successfully resuming his or her regular job is maximized if the employee returns to work soon after the injury.
- Implementing an early RTW program:
  - -Communicates to the injured employee that he or she is a valued member of the team and is wanted back at work
  - -Keeps injured employees productive, engaged and connected
  - -Reduces overall WC program costs

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Lost Time Injuries

- Employer issues or concerns with the claim?
  - Impact on claim investigation or handling decisions
  - What don't we know that you do?
- Claims department reviews injury description
  - Verify claims versus medical treatment
- Verify facts/injuries with 3 point contact (employer, employee and medical provider)
  - Verify facts, statements, circumstances
- Who is handling the claim in ADMIN/RMD?
  - Contact the WCC or call 651-201-3000

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Lost Time Injuries

- Any similar prior injuries? Any suspicion of pre-existing conditions?
  - What conditions? How recently was treatment?
  - Temporary or permanent aggravation?
  - Continuation of some prior condition?
- Send authorizations for prior medical records
  - Temporary denial?
- Review current and prior medical notes

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Lost Time Injuries

- Make a compensability decision
  - Accept the claim, deny the claim or accept a portion of the claim.
- Make initial payment
- Monitor ongoing treatment, changes in treatment/restrictions
  - Changes to employer's ability to accommodate?
- Treatment Parameters
  - Limitations/exclusions of care

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Notice of Insurer's Liability Determination

Notice of Insurer's Primary Liability Determination

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Lost Time Injuries

- File NOIPLD within 14 days of the first day of lost time or notice of time loss
  - Late denial penalties
- Monitor the ongoing medical treatment and follow up with NCM(Corvel)
  - Verify treatment is reasonable & necessary for claimed/admitted condition
- Pay any wage loss benefits that may be owed
  - Late payment penalties, upset employees

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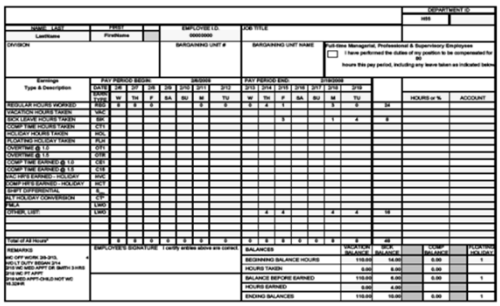
Employee Bi-Weekly Timesheet



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Lost Time Injuries

- Follow up with the NCM, employer and employee regarding treatment, change in restrictions, etc.
  - It's all about managing the information
- Is light duty work available?
  - Light duty task lists and assignments
  - Cost of ongoing wage loss benefits

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Lost Time Injuries

- New information available that may impact the claim
  - Outside activities, effect on liability?
- If there is ongoing lost time, assign a QRC to assist with return to work
  - Employee chosen QRCs
- Obtain a job description, forward with relevant medicals to the QRC
- Work with QRC, employer and employee to
  - identify light duty job opportunities
  - Identifying light duty work, communication with employees

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Notice of Intention to Discontinue Workers' Comp Benefits

Notice of Intention to Discontinue Workers' Compensation Benefits

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Health Care Provider Report

Health Care Provider Report

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Notice of Benefit Payment

Notice of Benefit Payment

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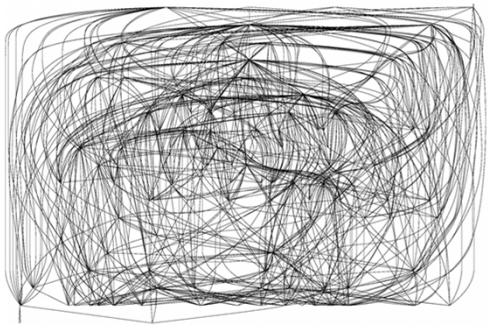

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Medical Only Injuries

The Process…
…and the Pitfalls

- Claim is reported
- Timely?
  - no penalties for late filing, but denials are still filed with DLI
  - Pay/deny decisions
- Accurately?
  - Injury description
  - Body parts claimed vs admitted
- Verify employee address and phone
  - Difficult to contact in the electronic age

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Medical Only Injuries

- Inquire/verify re: second employment
  - Another potential for wage loss payment obligations
- Initial medical treatment
  - Managed Care Network and initial bill payment
- Any issues/concerns for the employer
  - What don't we know that you do? Impacts to the claim or decisions
- First Fill Card
  - Payment/process
- Work Ability report
  - What CAN the employee do in their injured state?

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Work Ability Form

Report of Work Ability

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Medical Only Injuries

- Employer issues or concerns with the claim?
  - Impact on claim investigation or handling decisions
  - What don't we know that you do?
- Claims department reviews injury description
  - Verify claims versus medical treatment
- Verify facts/injuries with 3 point contact (employer, employee and medical provider)
  - Verify facts, statements, circumstances
- Who is handling the claim in ADMIN/RMD?
  - Contact the WCC or call 651-201-3000

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Medical Only Injuries

- Any similar prior injuries? Any suspicion of pre-existing conditions?
  - What conditions? How recently was treatment?
  - Temporary or permanent aggravation?
  - Continuation of some prior condition?
- Send authorizations for prior medical records
  - Temporary denial?
- Review current and prior medical notes

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Medical Only Injuries

- Make a compensability decision
  - Accept the claim, deny the claim or accept a portion of the claim.
- Monitor ongoing treatment, changes in treatment/restrictions
  - Changes to employer's ability to accommodate?
- Treatment Parameters
  - Limitations/exclusions of care

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Notice of Insurer's Liability Determination

Notice of Insurer's Primary Liability Determination

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Medical Only Injuries

- File NOIPLD within 14 days of the first day of lost time or notice of time loss
  - For Medical Only claims, only filed for denials
- Monitor the ongoing medical treatment and follow up with NCM(Corvel)
  - Verify treatment is reasonable & necessary for claimed/admitted condition
- Pay any wage loss benefits that may be owed
  - For medical only claims, only applies to wage loss reimbursements, upset employees

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Medical Only Injuries

- Follow up with the NCM, employer and employee regarding treatment, change in restrictions, etc.
  - Communication is the key
- Is light duty work available?
  - Communication is the key to RTW
  - The longer an employee is off work, the more difficult it is to get them to return
  - Cost of ongoing wage loss benefits

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Medical Only Injuries

- New information available that may impact the claim
  Outside activities, effect on liability?
- If there is ongoing lost time, assign a QRC to assist with return to work
  Employee chosen QRCs
- Obtain a job description, forward with relevant medicals to the QRC
- Work with QRC, employer and employee to
  identify light duty job opportunities
  Identifying light duty work, communication with employees

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Litigation

- Litigation
  Primary Liability
  Medical Request
  Medical Response
  Rehabilitation Request
  Rehabilitation Response
  Claim Petition

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Litigation/Settlement

- Discussions
- Authority
- Stipulation
- Resignation
- Award
- Surveillance??

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Health Care Provider Report

Health Care Provider Report

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Notice of Benefit Payment

Notice of Benefit Payment

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Good Luck!

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Questions

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