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

Or: What to Do and When to Do it
Kristen Brusegard and Jim Germain
http://mn.gov/admin
Getting Started

Supervisor’s Checklist

- Verify the employee's eligibility according to the Workers’ Compensation Act.
- Ensure that the employee has filled out the Employee’s Claim Form correctly.
- Review the employee’s accident report and medical records for accuracy.
- Confirm that the employee has reported the accident in a timely manner.
- Check with the employee’s supervisor to confirm the accident details.
- Provide the employee with the Workers’ Compensation Handbook for guidance.

Worker’s Compensation Procedures

- Report the accident within 30 days to the Minnesota Department of Administration.
- Complete the Employee’s Claim Form and submit it to the Department within 30 days.
- Cooperate fully with the investigation by providing all necessary information.
- Keep records of medical treatment and follow-up appointments.
- Notify the Department of any changes in the employee’s condition.

Worker’s Compensation Coordinator Resources

- Contact the Workers’ Compensation Coordinator for guidance on the claim process.
- Refer to the Workers’ Compensation Handbook for additional information.
- Access the Department’s website for up-to-date information.

Supervisor’s Supervisor’s Checklist

- Confirm that all required forms are completed and submitted.
- Ensure that the employee is receiving the necessary medical treatment.
- Monitor the employee’s progress and make adjustments as needed.
- Keep all documentation related to the claim organized and accessible.
- Coordinate with the company’s legal department as necessary.

Supervisor’s Supervisor’s Checklist

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Information and Privacy Statement

Workers’ Compensation Program
Department of Administration
Information and Privacy Statement

The Minnesota Government Data Practices Act (GDP Act), Chapter 13, requires that you be informed of the following:

1. The City, your agency, or the Department of Administration collect from you, for the First Report of Work Injury or Work Illness, existing personal and medical information, such as your name, Social Security Number, date of birth, residence address, contact information, and medical history. This information is necessary to determine eligibility for benefits and to enforce the law. The City, your agency, or the Department of Administration may use and disclose this information to:
   - Employers
   - Eligibility you have coverage under another plan
   - Other employees whose health insurance plan was not primary.
   - The City, your agency, or the Department of Administration may also use this information to verify that the City, your agency, or the Department of Administration have the correct contact information on file and to communicate with you.

2. The City, your agency, or the Department of Administration may use and disclose this information for workers’ compensation purposes, including:
   - Health care providers
   - Other workers
   - Employers
   - Eligibility you have coverage under another plan
   - Other employees whose health insurance plan was not primary.
   - The City, your agency, or the Department of Administration may also use this information to verify that the City, your agency, or the Department of Administration have the correct contact information on file and to communicate with you.

3. The City, your agency, or the Department of Administration may use and disclose this information for administrative purposes, including:
   - Employers
   - Eligibility you have coverage under another plan
   - Other employees whose health insurance plan was not primary.
   - The City, your agency, or the Department of Administration may also use this information to verify that the City, your agency, or the Department of Administration have the correct contact information on file and to communicate with you.

4. You may review all of the personal data about you maintained by the Department of Administration in connection with the workers’ compensation process by requesting access to this information. Please refer to the Department of Administration’s Freedom of Information Act (FOIA) to learn how to request access.

I certify that the following information is correct and complete.

[Signature]
[Name]

Date

Injury, Illness, Incident Data Form

[Form Image]

[Form Image]
Employee Statement Regarding Injury
# Crash Records Request

**Crash Records**

**DEPARTMENT OF ADMINISTRATION**

**Crash Records**

**Address:** St. Paul, MN 55155

**Phone:** 651-296-1106

**Fax:** 651-296-3762

**Website:** http://www.state.mn.us/administration

**INSTRUCTIONS:**

- The information on this report was derived from the Minnesota Department of Public Safety Crash Information System. It includes only data reported to the Minnesota Department of Public Safety by the Minnesota Department of Public Safety.

- The number of occupants involved in the crash was determined from the Minnesota Department of Public Safety's Crash Information System. It includes only data reported to the Minnesota Department of Public Safety by the Minnesota Department of Public Safety.

- Information may be disclosed to representatives of the police, the court, or the state agency responsible for the crash. Information may also be disclosed to a person or persons who have a legal interest in the crash.

- The Minnesota Department of Public Safety is not responsible for any errors or omissions in this report.

<table>
<thead>
<tr>
<th>Crash Location (Please specify)</th>
<th>Date of Occurrence</th>
<th>Description of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please specify)</td>
<td>(Date)</td>
<td>(Description)</td>
</tr>
</tbody>
</table>

*Without the license plate number, the report may not be treated as a crash report.*

<table>
<thead>
<tr>
<th>Number of Occupants Injured</th>
<th>Car</th>
<th>Truck</th>
<th>Motorcycle</th>
<th>Pedestrian</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Number)</td>
<td>(Number)</td>
<td>(Number)</td>
<td>(Number)</td>
<td>(Number)</td>
</tr>
</tbody>
</table>

*If more than one accident vehicle, please provide the following information.*

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>Color</th>
<th>Registration Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Crash Records Request**

**For Release Only by MN Department Only**

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<td>(Date)</td>
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</table>

*Information is not available for the crash.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Occupation</th>
<th>Education</th>
<th>Medical History</th>
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**Workers' Compensation**

**For Injured Employees**

**Disability Determination**

**For Surgeries and Awaiting Authorization**

**Getting Started**

**Workers' Compensation Transcripts**

**IRIS Reporting**

**For Surgeries and Awaiting Authorization**

**Minnesota Department of Administration**

**Workers' Compensation**

**Disability Determination**

**For Surgeries and Authorization**
Lost Time Injuries

24/7 Work Injury Nurse Line and Telehealth

Emergency still call 911

844-235-2055

For initial evaluation and non-emergency medical care

Two separate services:
Lost Time Injuries

- Work Injury Nurse line
  - Can assess the injury over the phone and determine need for:
    - First Aid, self care or refer to medical care, either to Telehealth or a local network provider.
    - Quick assessment of soft tissue, sprain/strain injuries to:
    - Reduce the need for/use of emergency or Urgent Care providers, and the associated costs
- Telehealth
  - Provide a medical consult with a doctor if internet and camera functions are available.
  - Provide initial medical instructions, treatment recommendations and basic referrals.
  - Any follow up care is referred to a network provider

The process for FRI filing is still the same

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?

Work Ability Form
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

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
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

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
• 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
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
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

Notice of Intention to Discontinue Workers’ Comp Benefits
Notice of Intention to Discontinue Workers' Compensation Benefits

Date:

Health Care Provider Report

Notice of Benefit Payment

Date:

Health Department of Administration
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The process for FRI filing is still the same

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**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
Medical Only Injuries

- Inquire/verify re: second employment
  
  Another potential for wage loss payment obligations
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  What don’t we know that you do? Impacts to the claim or decisions
- First Fill Card
  
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- Work Ability report

Work Ability Form

- [Image of Work Ability Form]
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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

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
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
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Litigation

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

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

Health Care Provider Report

[Image of Health Care Provider Report form]
Notice of Benefit Payment

Notice of Benefit Payment

Good Luck!