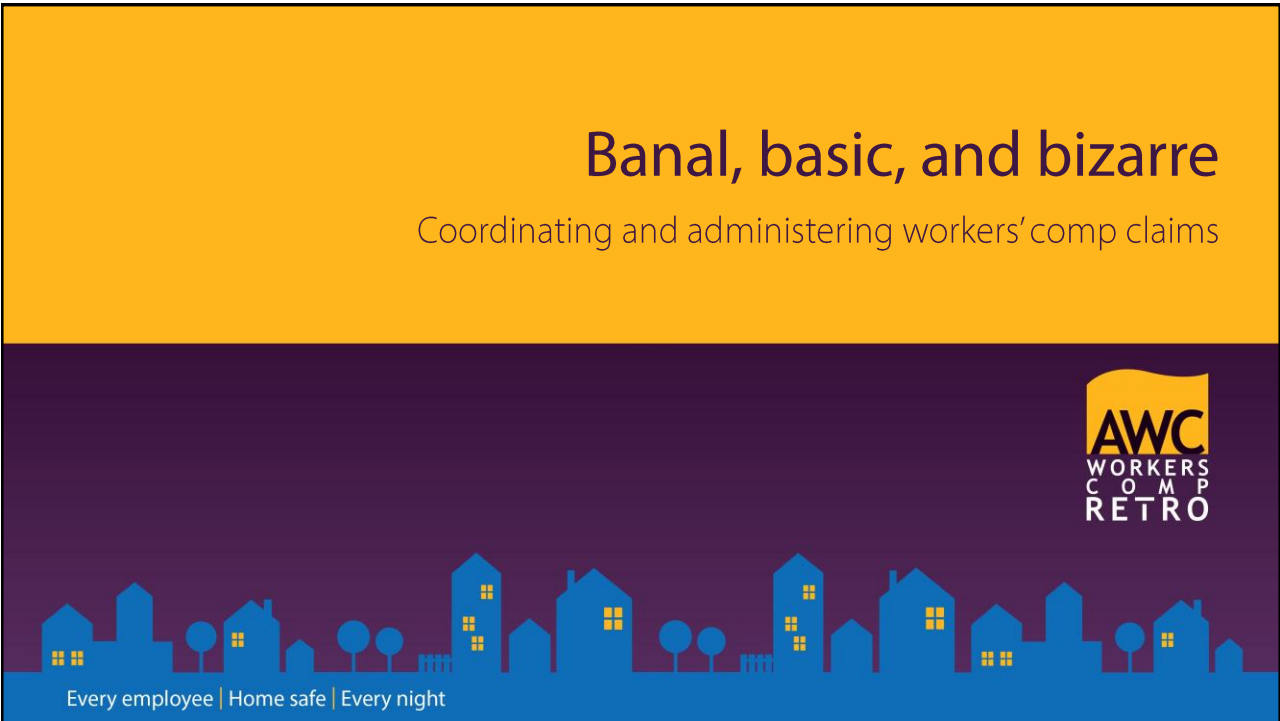




1



2

Workers' Comp Claim Basics

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3

Workers' compensation insurance

Workers' compensation is an insurance program that provides coverage in the case of an on-the-job injury or illness.

Workers' compensation insurance provides for payment of both medical expenses as well as wage replacement (indemnity) payments.

In most cases – excluding gross negligence – workers' compensation coverage is the sole remedy for workplace injuries.

Insurance rules are administered on the state level, and benefit access and levels vary between states.

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Workers' comp in Washington



The State of Washington administers workers' compensation insurance services through the Department of Labor & Industries (L&I).

Washington is one of only 4 states that run a monopolistic system – this means you must purchase insurance from the state and private carriers are not allowed to offer coverage in Washington.

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5

How workers' comp impacts the city

- Like all insurance, performance and outcomes factor into future premium levels (experience modification factors)
- L&I aggregates all risk classes and provides billings to city
- Retrospective rating also makes outcomes matter, and magnify some elements of claims costs

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6

Claim filing and initiation process

When a worker is injured and seeks medical treatment, the claim filing process should be initiated.

After injury, worker goes to medical provider and receives treatment.

While with med provider a claim Report of Accident (ROA) is filled out.

ROA requires both worker and med provider to give information re: injury, diagnosis, and treatment. An activity prescription form is also completed that gives the worker's restrictions so the city knows what they can do.

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Claim filing process (cont.)

ROA is submitted either by worker or medical office (generally done by med office).

Claim is received by L&I. It is reviewed by a claims adjudicator and a decision is made to either allow or deny the claim, or seek clarifying information.

If claim is allowed, the assigned adjudicator will authorize further medical treatment and time-loss benefit (wage replacement) payments.

Claim closes when medical treatment is concluded and there is a vocational determination (worker can return to work, needs retraining, etc.).

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City's claim perspective

- Workers do not need their employer's permission to seek medical treatment or file a claim.
- City is only notified of a claim in the following ways:
 - Worker tells city that they were injured and filed a claim
 - AWC Retro (or other TPA) makes city aware of the claim as they received notice of claim
 - L&I adjudicator calls the city seeking information on claim

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Trending Claim Issues



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10

Recent trends

Parking lot claims

Detailed fact finding

Refusal of light duty work

Importance of signed light duty job offer

Involving special investigators at the department level

Importance of witness statements and video evidence

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How we can all impact outcomes

Ongoing communication between the member, employee and AWC keeps everything moving forward

Helps reduce lost time days

Leads to less legal representation – which is a claims cost driver

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12

Member and AWC collaboration points

Accident and OSHA injury form completion

Claim review meetings

Stay at work benefits

Board of Industrial Insurance appeals

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13



Retro Contact

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14