



INSURANCE CLAIM GUIDE PINNACOL - Sugarloaf Fire Protection District

Presented By:

 **T. Charles Wilson**
INSURANCE SERVICE

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Contact List

T. Charles Wilson Insurance Service Office:

384 Inverness Parkway, Suite 170
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For after-hours emergency:
720.456.9841

Account Executive:

Name: Roxanne Fitzgerald
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Senior Account Manager:

Name: Julie Fitzgerald
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Workers' Compensation Stewardship Department:

Executive Claims Consultant:

Name: Norma Stimmler
Phone: 303.872.1936
Fax: 303.368.5863
Email: nstimmler@wilsonins.com

Executive Claims Consultant

Name: Scott Guthrie
Phone: 303.872.1927
Fax: 303.368.5863
Email: sguthrie@wilsonins.com

For General Insurance Questions (Most of your correspondence)

- Julie Fitzgerald

For Changes to Your Policy, Certificates of Insurance, Auto ID Cards, Vehicle Changes

- Julie Fitzgerald

For Workers Compensation Claims Questions

Norma Stimmler or Scott Guthrie



Claims Reporting

Workers Compensation Claims

Pinnacol Assurance Reporting Information

Report claims directly to Pinnacol Assurance:

Main Phone: 303-361-4000 Fax: 303-361-5000

On-Line Reporting: www.pinnacol.com

Property, Auto or Liability Claims

Report to Julie Fitzgerald
Julie will contact the carrier on your behalf

Accident and Health Claims/AD&D Claims

Report to Julie Fitzgerald
Julie will contact the carrier on your behalf

Attached are Claim Reporting forms that you may use to assist you in this process

INCIDENT/CLAIMS REPORT

INCIDENT ONLY (FOR INTERNAL USE ONLY)

FILING CLAIM

NAME OF ENTITY: [Click here to enter text.](#)

DATE AND TIME OF LOSS: [Click here to enter a date.](#)

DESCRIPTON OF INCIDENT:

[Click here to enter DESCRIPTION and REMARKS.](#)

PHOTOS ATTACHED
(IF AVAILABLE)

ADDRESS OF INCIDENT: [Click here to enter PHYSICAL ADDRESS.](#)

SPECIFIC LOCATION: [Click here to enter DESCRIPTION.](#)
(PARKING LOT, PLAYGROUD, ETC.)

ENTITY CONTACT INFORMATION

NAME: [Click here to enter CONTACT NAME.](#)

PRIMARY PHONE: [Click here to enter PHONE # \(xxx\) xxx-xxxx](#)
 HOME BUS CELL

EMAIL: [Click here to enter EMAIL ADDRESS.](#)

INJURED PARTY

NAME: [Click here to enter NAME.](#)

EMAIL: [Click here to enter EMAIL ADDRESS.](#)

PHONE: [Click here to enter PHONE # \(xxx\) xxx-xxxx](#)

ADDRESS: [Click here to enter STREET.](#)

[Click here to enter CITY, STATE, ZIP.](#)

WITNESS

NAME: Click here to enter NAME.

EMAIL: Click here to enter EMAIL ADDRESS.

PHONE: Click here to enter PHONE # (xxx) xxx-xxxx

ADDRESS: Click here to enter STREET.

Click here to enter CITY, STATE, ZIP.

OTHER PERTINENT INFORMATION:

POLICE REPORT
(IF AVAILABLE)

Click here to enter DESCRIPTION and REMARKS.

What to do:

- 1. Do not admit liability. Simply state that you will turn a claim into your insurance carrier.
- 2. Take Photos of the accident and area where the accident occurred.

For Auto Accidents, also:

- 3. Exchange insurance information
- 4. Call the policy – if on private property, they may not respond and you will need to file a police report in the appropriate jurisdiction

Instructions for the form:

- 1. If this is an incident only, retain the information and form in your file.
- 2. For a claim, email the completed form to T. Charles Wilson Insurance Service.
- 3. Include all documents you have regarding this incident.
- 4. Maintain a list of names and contact information of any witnesses to the incident or employees who may be able to provide critical details.
- 5. Expect to be contacted by the claims adjuster within 48 hours. If you do not hear from an adjuster within that time period, please contact T. Charles Wilson Insurance Service.

COMPLETED BY:

NAME: Click here to enter NAME.

SIGN AND DATE: _____
SIGNATURE DATE

IF AUTO ACCIDENT, PLEASE COMPLETE PAGE 3 – AUTO ACCIDENT SUPPLEMENTAL

AUTO ACCIDENT SUPPLEMENTAL

ENTITY VEHICLE INFORMATION

YEAR: Click to enter YEAR.

MAKE/MODEL: Click to enter MAKE/MODEL.

VIN: Click to enter VIN NUMBER.

DRIVER NAME: Click here to enter DRIVER NAME.

DESCRIPTON OF DAMAGE:

Click here to enter DESCRIPTION and REMARKS.

OTHER DRIVER INFORMATION

YEAR: Click to enter YEAR.

MAKE/MODEL: Click to enter MAKE/MODEL.

VIN: Click to enter VIN NUMBER.

DRIVER/OWNER NAME: Click here to enter DRIVER NAME.

INSURANCE COMPANY: Click to enter CARRIER. **POLICY #:** Click to enter POLICY#.

INSURANCE CO. PHONE: Click here to enter PHONE # (xxx) xxx-xxxx

DESCRIPTON OF DAMAGE:

Click here to enter DESCRIPTION and REMARKS.

POLICE INFORMATION

CASE #: Click to enter CASE#.

POLICE DEPT: Click to enter POLICE DEPT.

WHO WAS TICKETED?

INSURED

OTHER DRIVER

DESCRIPTON OF INJURY (IF ANY):

Click here to enter DESCRIPTION and REMARKS.

REPORT ATTACHED
(IF AVAILABLE)

PROPERTY LOSS INCIDENT REPORT

NAME OF ENTITY:

DATE AND TIME OF LOSS:

[Click here to enter a date.](#)

CONTACT INFORMATION

NAME:

PRIMARY PHONE:

[Click here to enter PHONE # \(xxx\) xxx-xxxx](#)

HOME

BUS

CELL

BEST TIME TO CONTACT:

[Click here to enter BEST TIME T CONTACT.](#)

LOSS INFORMATION

LOCATION OF LOSS:

**DESCRIPTON OF
LOSS & DAMAGE:**

PHOTOS ATTACHED
(IF AVAILABLE)

**EFFECT ON
OPERATIONS:**

(Is damaged property
necessary to continue
operations?)

PROPERTY LOSS INCIDENT REPORT

WHAT TO DO AFTER A LOSS:

1. Protect the property from further damage:
 - Cover the property if it is exposed to the elements.
 - Make repairs if reasonable and necessary to protect the property from further damage.
 - Maintain a record of all expenses incurred protecting the property.
 - Separate damaged from undamaged personal property, if possible.
2. Take photos of damage preferably before you take protective action.
3. Prepare inventory of personal property damage:
 - List quantity, description, actual cash value and amount of loss.
 - Attach bills, receipts and related documents.
4. Retain damaged property until a claims adjuster approves disposal (unless a danger to safety):
 - The adjuster may need to inspect the property.
 - The insurance company may be able to salvage the damaged property.
5. Notify police in the case of a theft or damage by a third party.
6. Be prepared to provide additional documentation as requested by the adjuster.
7. Expect to be contacted by the claims adjuster within 48 hours:
 - Please let us know if the damage significantly affects your continuing operation, and we will request that the insurance company expedite your claim.
8. Please let us know immediately if your circumstances change and this loss will have a greater effect on your business than originally anticipated.

Pinnacol Workers Compensation Claim Guide

1. If the injury is life threatening, call 911
2. If the injury is non-life threatening, provide the injured employee with the Employee Packet and have him/her seek medical attention from one of your selected medical providers.
3. The Employee Packet includes your Designated Medical Provider Notice. Make two copies of the Designated Medical Provider letter, have the employee keep one copy and have the employee sign your copy to keep on file.
4. If the employee is unable to sign the Designated Medical Provider letter at the time of injury, it must be provided within 7 days. The Employee's Signature on the form is preferred, but if the injured employee is physically unable to sign the form, document the date, time and place at which you delivered the letter on your copy.
5. Notify Pinnacol the Report of Injury either by fax 303-361-5000 / 888-329-2251 or online www.pinnacol.com.
6. Investigate the accident and/or injury
7. Contact T. Charles Wilson Insurance Service if you have questions or concerns.

PINNACOL ASSURANCE

FIRST REPORT OF INJURY

To report a claim:
Call 303-361-4000 or 1-800-873-7242
Or Fax to 303-361-5000 or 1-888-329-2251
Or, go to www.pinnacol.com
PLEASE PRINT CLEARLY

Early reporting can save you money. Report all injuries immediately!

The information below allows Pinnacol Assurance's customer service representatives to quickly and accurately process your claim. Use the completed form as a guide when reporting by phone or online to save you time. Don't wait to report if you don't have all the answers.

POLICY INFORMATION

Policy Number: _____ Company Name: _____

Address or Location (if different than mailing address): _____

Prepared by: _____ Title: _____
Please Print

E-mail: _____ Fax: (_____) _____ - _____

Phone: (_____) _____ - _____ Date Completed: ____/____/____

INJURED WORKER INFORMATION

Injured Worker's Social Security Number: _____ - _____ - _____ Date of Injury: ____/____/____

First Name: _____ M.I. ____ Last Name: _____

Home/Mailing Address: _____ Phone: (_____) _____ - _____
City State Zip Code

Date of Birth: ____/____/____ Male Female Martial Status: _____

Language: English Spanish Other: _____ E-mail: _____

Occupation: _____ Date Hired: ____/____/____

Employee Status: Full-time Part-time Seasonal Volunteer Independent Contractor

Days Worked per Week: _____ Hours Worked per Day: _____

Pay Rate: _____ Hourly Weekly Monthly Annually Other: _____

ACCIDENT / INJURY INFORMATION

Fatal Injury: Yes No If Fatal Injury: Date of Death ____/____/____

Time of Injury: _____ am pm Time Work Began: _____ Last Day Worked: ____/____/____

Full Pay on Date of Injury: Yes No

Accident Occurred on Employers Premises: Yes No If Applicable: Location Code: _____ Dept Code: _____

Accident Location: _____
City State Zip Code

Name of Employer Representative Notified: _____ Date Notified: ____/____/____

Witnesses: _____
Name(s) and Phone Number(s)

How Did the Injury Occur: _____

Specific Activity the Employee Was Engaged In: _____ What Equipment Was Being Used: _____
Attach Additional Information if Necessary

Body Part(s) Injured: _____ Right Left Not Applicable

Type of Injury Sustained: _____

Safety Equipment Provided Safety Equipment Used Possible Drug/Alcohol Involved Employer Questioning Liability

RETURN TO WORK INFORMATION

Has the Injured Worker Returned to Work? Yes No

Date Returned to Work: ____/____/____ Estimated Return to Work Date: ____/____/____

Is this a lost time Claim? Yes No (Claim is lost time if there is a loss of more than three scheduled work days due to the injury).

MEDICAL PROVIDER INFORMATION: Where Was Your Employee Treated?

No Medical Treatment Treated by Employer 911 Called Walk-In Clinic

Emergency Room Hospitalized > 24 hrs/Overnight Possible Surgery

Medical Provider Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____

PINNACOL ASSURANCE FIRST REPORT OF INJURY FORM INSTRUCTIONS

1. Report all work-related injuries within 24 hours! Quick reporting can significantly reduce the total cost of the claim. Our **goal** is to get your employee back to work as quickly as possible and reporting within 24 hours streamlines that process. Report the injury to Pinnacol Assurance even if you question whether the injury is truly job related. Provide information as to why you question the validity of the claim.
2. This form is a guide for reporting injuries by phone, or fax using the numbers on the front of this form. Online reporting is fastest. To report online, go to www.pinnacol.com, select "Quicklinks," then "Report an Injury." The employer or authorized representative should report the injury to Pinnacol Assurance; please do not have the injured worker complete this form.
3. Within 7 days after notification of an injury, the employer is required to provide the injured worker with a list of two medical providers who have been designated by the employer to provide medical treatment for the injured employee. The injured worker must choose one of the designated providers from this list. Designating providers from Pinnacol's SelectNet list helps ensure your employee is seen by an occupational medical provider knowledgeable about the workers' compensation system and return to work issues. If you do not have two designated providers, call Pinnacol for assistance.
4. When reporting a claim by phone or the Internet, a copy of the completed form will be mailed to you for your records. Please review the copy to ensure all information is correct. If changes are needed, please contact Pinnacol's claim representative assigned to the claim.
5. If the injured worker owes court ordered child support, compensation benefits may be attached and payment of the child support obligation may be withheld and forwarded to the obligee. (C.R.S. 8-42-124 & 26-16-122(4))

Please answer as many questions as possible for Pinnacol to begin processing the claim. Don't wait to report if you don't have all the answers, however all questions on this form will need to be completed in order to meet the requirements of the Colorado Workers' Compensation Act. **Especially critical is the information regarding Date of Injury, if the injured worker will miss more than three scheduled days from work, and when you expect the injured worker to return to work.**

Definitions:

Date of Injury: The date the accident occurred, or in the case of an occupational disease, the date of the first and last exposure.

Lost-Time Claim: The loss of more than three scheduled workdays due to the injury.

Wages and Time Worked: Provide either the weekly pay rate and hours OR the hourly pay rate and hours worked. Wages may also include: overtime wages, tips, commissions, room & board, housing, lodging and cost of health insurance. If you are unsure how to answer, call the customer service phone number on the front of this form. **Accident Location:** Provide the address if the accident occurred on the employer's premises or if it occurred outside the employer's premises at an identifiable location. If it occurred at a place that cannot be identified by a number or street, such as a public highway, provide references locating the place accurately as possible.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or injured worker for the purpose of defrauding or attempting to defraud the policyholder or injured worker with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

OSHA FORM 301 QUESTIONS "If you had 10 or fewer employees during all of the last calendar year or your business is classified in a specific low-hazard retail, service, financial, insurance, or real estate industry, you do not have to keep injury and illness records unless the Bureau of Labor Statistics or OSHA informs you in writing that you must do so."

For this Pinnacol Assurance First Report of Injury to be considered equivalent to OSHA Form 301 (Injury and Illness Incident Report) the following questions must be completed along with the information on the front of this form. If you have questions regarding the OSHA recordkeeping standard contact your Pinnacol Assurance Safety Consultant.

Case Number from OSHA 300 Log _____ **Was the Employee Hospitalized Overnight as an In-Patient?** Yes No

What was the Employee doing just Before the Incident Occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials," "spraying chlorine from hand sprayer," "daily computer key-entry."

What was the Injury or Illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back," "chemical burns to hand," "carpal tunnel syndrome."

What Object or Substance Directly Harmed the Employee? Examples: "concrete floor," "chlorine," "radial arm saw." *If this question does not apply to the incident, leave blank.*

What was the Name of the Physician/Health Care Professional Who Provided Medical Treatment to the Employee?

SUPERVISOR ACCIDENT INVESTIGATION

Reporting Only

Treatment

Safety Report # _____

Employee Name: _____ Phone: _____

Employee Address: _____

Injury

Illness

Fatality

Date of Incident: _____ Time of Incident: _____

Location of Accident (Address): _____

Lost Time? Yes / No

If yes, provide date/hours: From: _____ To: _____

When was the injury/illness reported to supervisor? _____

Did the employee require medical attention? Yes / No

If yes, which provider: _____

Are there any Witnesses? Yes / No If yes, provide names of witnesses

Name: _____ Name: _____

Name: _____ Name: _____

Injury Report

Describe the Incident *(What task was being performed? Explanation of how the accident occurred? What body part was injured?)*

Injury Report

Were there any safety violations? Yes/ No If yes, please explain:

Was any defective equipment involved? Yes/ No If yes, please explain:

Action Taken *(Describe any corrective procedures that were taken to prevent similar injuries.)*

Illness Report

What was the employee doing when the illness was first noticed?

What were the symptoms of the Illness?

Why does the employee feel the illness is job related?

This report is completed by:

Supervisor Name & Title

Date

Conducting an Accident Investigation

When an accident occurs, how do you know if it is work related?

According to the Occupational Health & Safety Administration (OSHA), an injury or illness is considered work-related if:

An event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment.

Exceptions

An injury or illness that occurs in the work environment is not work related if:

- At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.
- The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure.
- The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness or recreational activity.
- The injury or illness is solely the result of an employee eating, drinking or preparing food or drink for personal consumption, whether bought on the employer's premises or brought in.
- The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of assigned working hours.
- The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
- The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
- The illness is the common cold or flu; however, note that contagious diseases, such as tuberculosis, brucellosis, hepatitis A or plague, are considered work-related if the employee is infected at work).

Incident Recording

Securing details surrounding an alleged accident upfront will assist the insurance carrier in determining compensability. The following five steps will assist the insurance carrier in making the right decision and deter possible fraudulent claims from being reported:

1. Provide supervisor and witness questionnaire forms to all levels of management, including supervisors and foremen.

2. Educate employees to immediately report all injuries to their supervisor, no matter how minor they may seem.
3. Instruct supervisors to immediately complete the supervisor accident report form, and provide co-workers involved with witness report forms. Accident site inspections should also be conducted if applicable.
4. Review the cause of the accident to determine if further loss control measures need to be taken to avoid future accidents.
5. Provide copies of all accident report forms to T. Charles Wilson Insurance Services or your insurance carrier, along with the first report of injury or illness.

Workplace accidents cost your company in lost productivity, employee morale, increased expenses and much more. Take a proactive approach to accident investigations to promote safety and build a defense against fraud.

For additional assistance in conducting an accident investigation, or to obtain the forms mentioned above, please contact your T. Charles Wilson Insurance Services representative.

T. Charles Wilson Insurance Services
384 Inverness Parkway, Suite 170
Englewood CO 80112
(303) 368-5757 * www.wilsonins.com

WORKERS COMPENSATION INJURED EMPLOYEE INFORMATION

❖ **Workers Compensation Process**

❖ **Medical Release Form**

❖ **Designated Medical Provider**

❖ **Prescription Information**

❖ **Mileage Reimbursement**

Workers Compensation

We are sorry to learn that you've been injured. Below is some information regarding the workers compensation process that we hope you find helpful. If you have questions, please contact your HR representative, your designated provider or your claims adjuster.

- Provided is a list of authorized designated providers. You should see one of the designated providers, for medical attention.
- If you were seen at ER or an urgent care, you must follow up with a designated provider as soon as possible.
- Prescriptions should be paid through your workers compensation insurance. Included in this packet is the Helios pharmacy information. Physician's offices should not dispense your medications
- The Medical Release Form must be completed and signed and returned to your supervisor or HR representative or claims adjuster
- If it is determined to be a compensable claim and you are not able to return to work, wage compensation will be paid after the waiting period has been met.
- Physical restrictions given by the designated provider are to be followed while you are at work and off duty.
- Your employer will try to accommodate restrictions, if possible.
- Mileage Reimbursement - Keep track of mileage to and from doctor appointments, so you can submit it to your claims adjust for reimbursement.
- Please report to your supervisor or personnel contact at work after each doctor visit providing current update.

Employee Accident Report

Employee's Name:

Home Address:

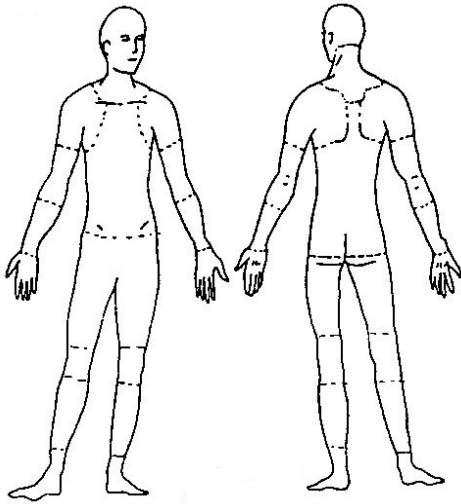
Date of Injury:

Time of Injury:

Phone Number:

Please explain how accident occurred in the space provided below:

Describe injury in detail and indicate the affected body parts.



Employee's recommendations to prevent future accidents of similar circumstance:

Employee's Signature: _____ Date: _____

Designated Provider List Notification for Injured Worker

I am sorry to learn that you have been injured. To make sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and I want you to have the best possible care.

1. Name: Boulder Occupational Health Services - Lafayette
Address: 1000 W South Boulder Road Ste 214
City, State & Zip: Lafayette, CO 80026
Phone: 303-415-4340

2. Name: Concentra Medical Centers - Boulder
Address: 3300 28th Street
City, State & Zip: Boulder, CO 80301
Phone: 303-541-9090

3. Name: CCOM – Church Ranch
Address: 7233 Church Ranch Blvd, Cottonwood Pod
City, State & Zip: Westminster, CO 80021
Phone: 303-925-4003

4. Name: Concentra Medical Centers - Boulder
Address: 1690 30th Street
City, State & Zip: Boulder, CO 80301
Phone: 303-443-0496

Please contact one of these medical providers to be seen as soon as possible. After your first appointment, please follow up with me so we can review your medical status and work capabilities.

If you have questions, please contact me. My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible.

Sugar Loaf Fire Protection District

Name: _____ **Phone:** _____

Hand-delivered on _____

Mailed to injured worker on _____

Employee's signature

Date

Employer's signature

Date

Employer: _____
 Employee Name: _____ Date of Injury: _____
 Claim #: _____ Address: _____
 Date of Injury: _____ Phone #: _____

Mileage Reimbursement Record

Date	From Location	To Location	Purpose	Round Trip Miles

Total Miles **0**

Milage Rate

Amount Due **\$0.00**

Please contact your claims adjuster for the current mileage reimbursement rate

Employee's Signature

Date

Designated Medical Provider Treatment Protocol

1. The employer provides modified duty if possible for all work-related injuries, therefore, requires designated medical providers to determine medically required physical restrictions with each medical assessment visit.
2. The employer will supply and the Designated Medical Provider will maintain a file of Job Descriptions.
3. Injured workers will obtain first aid for minor incidents at their specific departments. In all cases requiring more than first aid, the designated medical provider is the initial provider of treatment during clinic hours and the emergency department at the nearest hospital when clinic is closed. In all cases, when the injured worker was initially treated in the emergency department, the injured worker is referred to the designated medical provider the following business day.
4. The employer requires physical restriction documentation with every medical treatment visit. The medical provider will initiate causality determination at the initial assessment. The medical provider will recommend specific physical restrictions based on the medical assessment of the injury. It is the injured worker's responsibility to comply with these recommended restrictions with all activities. The information will be documented in the treatment record and provided directly to the injured worker at the end of the visit and faxed to the Employer.
5. The injured worker will be responsible for complying and maintaining the recommended physical restrictions both at work and with non-work related activities (home, recreation, and hobbies).
6. Upon return to work, the injured worker will present M-164 to supervisor
7. The designated medical provider is responsible for completing a comprehensive causality assessment with the initial medical evaluation.
8. The designated medical provider is responsible for submitting the physical restriction documentation (M-164) directly to the Employer and Third Party Administrator immediately following each treatment visit.
9. It is the responsibility of the Employer (not the designated medical provider) to identify the availability of alternative or modified duty work options that meet the specific medically recommended physical restrictions.
10. The Third Party Administrator has a pharmacy company which is available with a new injury, therefore, no medications should be provided from the clinic.

11. Follow up appointments should be made at the end of each primary care medical evaluation visit and should be no less frequent than every two weeks, for loss time claims.
12. The Third Party Administrator requires pre-cert/authorization for diagnostic tests, procedures and surgery.
13. Please inform the Third Party Administrator and employer immediately if you are not able to comply with these requirements.

Communication Protocol

- Work Restriction/Workability with documentation of specific physical restrictions is to be provided to the injured worker at the time of each visit, and a copy faxed to Employer and to the Workers Compensation Claims Administrator.
- Documentation of complete health history with review of pre-existing conditions and clear documentation of causality of current complaints should be completed with initial evaluation.
- Medical Reports – treatment notes/dictation following each visit to be forwarded to Employer and Third Party Administrator as soon as possible.
- The employer should be notified with any no-show appointments
- Colorado Department of Labor Medical Treatment Guidelines and/or National Medical Treatment Guidelines should be followed when available.
- The employer and Third Party Administrator may initiate questions to medical treatment providers regarding established medical treatment guidelines prior to authorizing surgery.

Key Requirements of the Designated Medical Provider

1. Regular, ongoing consistent communication directly with the injured worker and with the employer's workers compensation representative and insurance carrier regarding the physical restriction recommendations and treatment plan.
2. Compliance with Colorado Division of Labor Workers' Compensation Treatment Guidelines and with nationally accepted treatment guidelines when the workers compensation guidelines are not available for the diagnosis.
3. Primary Care Physician determination of causality at the initial evaluation.
4. Physician definition of **clear physical restriction information medically required by the injury** and always deferring to the employer "off work status" except for critical situations. With critical situations, the employer and insurance carrier is informed immediately.
5. Capability of tight management of specialty referral consults and rehab with one coordinated treatment plan. The primary care physician provides and maintains one coordinated treatment plan.
6. Positive objective best practice medical care provided. Ability to avoid employer/employee politics in providing treatment and physical restriction information. Maintain objectivity with assessments, plans and definition of physical restrictions.
7. Clear defined timeframes for PT, Chiropractic, Massage, Acupuncture and other rehab treatment. Always following the Workers Compensation Treatment Guidelines.
8. Ability to provide Colorado Division of Labor Level II accredited physician resources for Workers Compensation Impairment Ratings.
9. Ability to provide specialized Occupational Medicine consulting resources to the employer.
10. Ability to provide periodic physical exams for the employer.
11. Ability to complete regular periodic staffing with the employer and insurance carrier
12. Continuous evaluation and quality improvement standards jointly created and evaluated by the employer.

OCCUPATIONAL MEDICAL FACILITIES CHECKLIST

Use this checklist to evaluate your current occupational medical facility. Consider re-evaluating your preferred medical provider or facility if it does not offer most of the services outlined below. You can also use this checklist to evaluate a new medical facility you are considering as your primary location.

Name of Facility:

Date:

Staffing (check if available)

Board certified occupational medicine physician	<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>	Orthopedics	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	Toxicology	<input type="checkbox"/>	Physical therapists	<input type="checkbox"/>	Occupational therapists	<input type="checkbox"/>	Professional nursing staff (skilled/certified in occupational health nursing)	<input type="checkbox"/>

Occupational Medicine/Health Services (check if available)

Pre-placement examinations	<input type="checkbox"/>	Health surveillance examinations	<input type="checkbox"/>	Executive examinations	<input type="checkbox"/>	Periodic examinations	<input type="checkbox"/>
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Facilities (check if available)

Facilities are modern and well-equipped	<input type="checkbox"/>	24-hour backup coverage is provided	<input type="checkbox"/>	A physician is on duty at all times	<input type="checkbox"/>		
Hours of service are:	<input type="checkbox"/>	Distance from the plant location to the medical facility is:	<input type="checkbox"/>	All equipment is maintained and calibrated according to state and federal regulations	<input type="checkbox"/>		
<i>Other services available include:</i>		Audiology	<input type="checkbox"/>	Laboratory analysis	<input type="checkbox"/>	Occupational therapy	<input type="checkbox"/>
Physical therapy	<input type="checkbox"/>	Pulmonary function testing	<input type="checkbox"/>	Visual screening	<input type="checkbox"/>	X-ray	<input type="checkbox"/>
Job descriptions are requested and evaluated in the screening process	<input type="checkbox"/>	<i>Special examinations can be obtained for:</i>	Disabled Workers	Insurance	Return to work evaluations	Disability evaluations	Other (specify):
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (check if available)

Prompt, personalized attention (wait for treatment is no longer than 15 minutes and emergency cases are taken immediately)	<input type="checkbox"/>	Physicians refer patients to Preferred Provider Organizations (PPOs) as directed by the insurance carrier	<input type="checkbox"/>	Responsible workers' compensation reporting plus same-day notification of results to the employer	<input type="checkbox"/>
A full report, including employee's diagnosis, treatment and return to work status is relayed via telephone to the employer the day of the injury and after each visit thereafter	<input type="checkbox"/>	An internist or family practitioner, along with a nurse, are available to evaluate work-related conditions requiring attention on an ambulatory basis	<input type="checkbox"/>	The facility files with the appropriate agency/commission any special reports or documents as required by the jurisdiction	<input type="checkbox"/>
The physician evaluates the availability of modified duty to facilitate returning the employees to work the same day or as soon as the patient is ready	<input type="checkbox"/>				<input type="checkbox"/>

WORK COMP INSIGHTS

Establishing a Clinic Relationship

Chances are your organization has a process for making significant purchases. But does that process include medical care for injured employees? Probably not. Without any guidance, your injured employees may seek care from their family doctors or other general practitioners in your health care network. However, these care providers may not be optimally qualified to treat occupational injuries.

By partnering with an appropriate medical provider you can improve injured employees' access to occupational health care and enhance the effectiveness of their treatments. You can also reduce your workers' compensation costs by returning employees to productive work as soon as possible.

Choosing the Right Provider

Relying on the credentialing process of your group health network may not be enough to assure your employees are receiving the best occupational medical care. Just because a provider is credentialed through a network doesn't mean that they are best qualified to treat workplace injuries.

Without a pre-arranged plan, your employee may end up with a medical provider who does not give adequate consideration to a work-focused physical examination. You want a provider who will establish causation for the injury and develop a treatment plan to achieve maximum medical improvement in the shortest period of time.

The key is to recognize the important differences between the occupational health delivery system and the

general medical community. Your company needs to find and partner with medical providers that share the following characteristics:

- Occupational health delivery and injury management are among their core practice areas.
- Their mission and vision support your goals of keeping your employees safe, healthy and on the job.
- They use evidence-based protocols, such as those established by the American College of Occupational and Environmental Medicine (ACOEM), to find the optimal treatments and outcomes for your employees, and to benchmark and monitor treatment outcomes and utilization.

Establishing a relationship with the right clinic allows you to stay more involved in the recovery process after a work-related injury.

Early Return to Work

In recent years, the frequency of workers' compensation claims has declined, yet workers' compensation costs continue to climb. Medical, lost time and other claim costs continue to trend higher despite employer safety initiatives and persistent government efforts at policy reform.

Partnering with the right medical provider is one way to combat this trend. Study after study has shown that workers who return to work within three or four days are much less likely to file lost time claims than those with longer absences. Providers who understand this important dynamic—and who make prompt recommendations for returning employees to work with any appropriate restrictions—are your primary allies in keeping claim costs down.



WORK COMP INSIGHTS

Your relationship with medical providers will help you control costs in several specific ways—some of which may not be obvious:

- Employees will return to work sooner, thus keeping the claim “medical-only” in many cases. Medical-only classification rules vary by state, but this has a significant impact on the workers’ compensation modification factor.
- The medical-related costs of the claim will be reduced because the treatment plan is more effective.
- The indemnity-related costs of the claim (the payments associated with lost time) will be reduced because the treatment plan results in the employee returning to work sooner, or on modified duty.
- Your employees will be more likely to approach an approved occupational medical provider with a positive attitude and expectations. This decreases the potential for a “malingering” claim and potential litigation.

Implementation

Developing a relationship with the proper provider may seem daunting, but with a little forethought you will be able to build a successful relationship that will offer continued benefits:

Develop a contact list of medical providers: Once you have your list, contact the providers by phone. Get the names of the medical director, clinic director, business manager or clinic marketing staff. Don’t be intimidated by communicating with medical professionals. Most clinics are eager for new business and will be more than willing to discuss options with you.

Qualify Providers: The purpose of your visit to the provider is twofold: you want to share more information about your company, its operations and its Return to Work program goals, and you want to learn if this provider will meet those goals. It is a good business practice to qualify medical services vendors the same way you would qualify the vendors of any other important products or services your business needs. In your discussions with a clinic, be clear that your focus is not to negotiate a deeply discounted fee schedule. Instead, communicate that you are offering to provide regular business to the clinic in exchange for their commitment to certain requirements.

Execute Performance Agreements Between Selected Providers and Your Organization: Once you have conducted your evaluation of the clinics and selected the one(s) that best suit your needs, it’s time to execute clinic and employer performance agreements to define your mutual expectations. These non-binding agreements are simply a reminder to all parties of the objectives of the relationship. You may need to negotiate the finer details, but the general purpose of the agreement should be acceptable to the majority of practices.

Execute Return to Work Agreements with Employees: After clinic and employer performance agreements have been completed, you should execute a return to work agreement with your employees. State law will determine the level of autonomy your employees have when choosing a provider. However, this agreement helps ensure that your employees are informed of the relationship your company has in place with medical providers. It is important for employees to understand that these providers were selected because they are well qualified to serve injured workers and the return to work process. Even if you are in a state where employees can select any physician, this agreement will still alert them to the distinction between occupational health medicine and general internal medicine.

Monitor Performance: With a strong clinic relationship, you can expect improvements in several measurable aspects of the return to work process. Look for the following:

- A decrease in the various parameters measuring average time between events
- A decrease in the percentage of off-duty workers
- A decrease in the number of lost workdays
- A decrease in the indemnity portion of losses
- A decrease in the number of injuries exceeding expected disability duration

If you are not observing improvements, discuss the data with the clinic to determine whether process changes can improve the analytical measures.

Terms to Know When Communicating with Medical Providers

Asbestos Surveillance

Monitors employees for long-term, cumulative effects of asbestos exposure. Medical evidence of asbestos exposure generally appears 10 to 15 years post-exposure and can include asbestosis, lung cancer, mesothelioma and GI cancers. Periodic testing is meant to catch any asbestos-related conditions early in their development.

Audiometric Hearing Test

Specialized hearing exams performed in conjunction with hearing conservation programs, meant to test an individual's ability to hear at a variety of different pitches and frequencies.

Breathalyzer

A device that a user blows into to measure the amount of alcohol they have consumed.

Bloodborne Pathogen Training and Counseling

Programs that inform employees on the potential dangers of bloodborne pathogens and how to deal with blood or blood soiled items in the workplace. This includes proper precaution for when an employee injury may result in the loss of bodily fluids.

Care Plan / Plan of Action

A written medical and nursing care program designed for a particular patient that outlines the course of treatment.

Case Management Services

Usually a nurse who assists in tracking and coordinating services for injured workers. He or she serves as a liaison between primary care physicians, specialists and rehabilitation services. The case manager also monitors cases to obtain expedient appointments for specialists and rehabilitation services.

Drug Screens

Testing utilizing urine, saliva or hair to indicate the use or non-use of certain drugs. Drug screens may be a condition of employment, random, "for cause" or conducted at the time of a work-related accident or injury. The physician based on suspicion can order the screening

DOT Physical Exams

The Department of Transportation, under rule 49 CFR 390.5, has required employers with CDL cardholders under their employ to comply with physical examinations. Rule 49 CFR 382 requires drug and alcohol testing. These regulations are comprehensive and include strict detail for compliance.

EKG (electrocardiogram)

A record of the electrical activity of the heart. EKGs are used in the diagnosis of abnormal heart rhythms and heart damage. It may also be used during routine physical exams for certain age groups.

Employment-based Services

Health services for employees, usually provided by the employer at the place of work.

Ergonomics

The science of designing, building or equipping mechanical devices or artificial environments to the physiological or psychological requirements of the human body.

Functional Capacity Exam (FCE)

An objective test that determines whether a person may return to work, what work restrictions may be needed and whether a person has reached maximal medical improvement. Such an exam tests cardiovascular conditioning, lifting, physical demand/positional tolerance, grip/pinch strength, range of movement, muscle strength of affected areas and neurological function.

Impairment Rating

An evaluation of physiological or anatomic function based on a specific guide, such as the American Medical Association's Guides to the Evaluation of Permanent Impairment. A percentage of impairment is generated based on the exam and the guidelines.

Jamar Grip Dynamometer

An instrument used to perform tests to diagnose hand disorders (such as the standard grip strength test, the rapid exchange test, maximum voluntary effort and the modified maximum voluntary effort tests).

Laboratory Services

Ability of a clinic or practitioner to collect specimens and conduct studies for the purpose of diagnosis and treatment.

Lead Surveillance

A process for tracking and recording blood lead levels in employees that may be exposed to lead while performing their job duties.

Low Back Assessment / FCE (Functional Capacity Evaluation)

A pre-employment, functional ability test (at the appropriate weight for the workplace) of the lower back.

Managed Care Arrangement

An agreement between an insurer and health care provider(s) to provide and manage the medical treatment of injured employees.

Maximum Medical Improvement (MMI)

A treatment plateau in each person's healing process that means they have fully recovered from the injury or their medical condition has stabilized to the point that further improvement is not expected.

Medical Only Case

A work-related injury that requires treatment for which medical charges will be billed to the insurance carrier, but which does not cause the employee to miss more than seven days of work (rules may vary by state).

Modified Duty (Also known as Light Duty)

Employment that is within the physical capabilities of the injured worker (as defined by the doctor). It may include a change in duties consistent with physical capabilities, a specified number of hours he or she is able to work or a medically necessary break schedule.

Occupational Health Medicine Specialist

A primary care physician who specializes in dealing with the evaluation and treatment of patients with work related health issues. Clinical services of such a specialist may include a wide variety of medical activity which is preventive, curative and rehabilitative.

Pain Management

Specialized care for patients living with chronic and severe pain.

Primary Care

Care which provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community.

Pulmonary Function Tests

Measurement of the various processes involved in the act of respiration/breathing, including: inspiration, expiration, oxygen and carbon dioxide exchange, lung volume and compliance.

Radiology

A medical discipline concerned with the use of X-rays and other forms of radiant energy in the diagnosis and treatment of disease.

Respirator Training and Fit Testing

Respirators are used to protect individuals from breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays or vapors. Workers who work in environments where respirators are required must be fit-tested. In the case of the asbestos standard, OSHA requires fit testing of the workers annually. This testing should also apply to workers that are exposed to lead, arsenic, mold spores and other toxic materials.

Second Opinion

The practice of obtaining another doctor's view about a health problem/diagnosis and what other options for treatment are recommended.

TB Testing

Tests to indicate the presence of a past or present tuberculosis infection. In most cases, a purified protein derivative of the tubercle bacilli, called tuberculin, is introduced into the skin by scratch, puncture or interterm injection. Positive results to the test will require additional monitoring and medical management.

Travel Medicine

Specialized preventive medicine for workers traveling outside of the United States.

Vision Screens

Eye tests (usually accomplished using a machine) for the following: binocularity, visual acuity, color and depth perception and peripheral field of vision. They may also be used to assess eye injuries.

Wellness Program

Programs encouraging behaviors most likely to optimize health potentials (physical and psychosocial) through health information, preventive programs and access to medical care.

Wound Care

Care designed to restore integrity to traumatized tissue. May include regular changing of wound dressing, debridement (the removal of dead, damaged or infected tissue) and other types of care requiring medical supervision.