

WORKERS COMPENSATION CLAIMS HANDBOOK

THE IMMEDIATE MEDICAL NEEDS of the injured worker

LET SOCIETY KNOW if an injury occurs

COST CONTAINMENT programs

WITNESSES/SUBROGATION

EARLY RETURN TO WORK after the injury

SUBMITTING THE FIRST REPORT of Injury to Society



**SOCIETY
INSURANCE®**
UNCOMMON INSURANCE®



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THE IMMEDIATE MEDICAL NEEDS

Direction of Medical Care

All states allow employers to seek emergency medical assistance for an injured worker on the day of the injury. The choice of additional medical services varies from state to state. In some states, the employer has the choice to select medical care; in other states, the employee has that choice. In either case, there are specific rules and limitations on the selection of medical services.

We share with you the goal of providing quality medical care aimed toward early return to work. In those states where we can direct care, the employer and its insurance carrier have the responsibility to provide reasonable and necessary medical care to cure and relieve the injured worker of their condition. We have a responsibility to provide quality care that achieves the best outcome for the injured worker at the lowest cost to our policyholder. Society® Insurance has several sources for the selection of a treating physician who can provide quality care and also manage the nature, extent, and duration of treatment.

Our **Medical Bill Review** vendor has preferred provider organization (PPO) contracts with medical providers in your area that have agreed to discount their services for the treatment of your injured worker. Your support in encouraging injured workers to use a PPO provider can significantly increase your claims savings. To request a list of PPO providers in your area, email wclaims@societyinsurance.com.

LET SOCIETY KNOW

Claims Reporting

We encourage our policyholders to report all claims within 24 hours (if the claim results in a fatality, please contact us immediately). Studies have

proven that prompt contact (within 24 hours) with the injured worker can significantly reduce claim costs, shorten periods of disability, and improve the overall recovery.

Aggressive claim investigations are an important component in controlling claim costs. It is possible to realize a 10 to 30 percent reduction in medical costs, and in some cases significantly more. Prompt contact with the injured worker, employer, witnesses, and physician is the key to positive communications and preserving evidence necessary to determine whether the reported injuries are work-related and whether third-party liability exists. Collection of relevant medical history can be an important part of separating work-related conditions from personal conditions. Not all conditions that manifest themselves as caused by work are work-related. Prompt reporting of claims to Society Insurance is a critical component in our investigation process.

If an employer intentionally fails to file a report of injury, the employer may be assessed a penalty by the state workers compensation commission. You are obligated to report all work-related fatalities, and depending on the length of the disability, your claim may need to be filed with the state workers compensation commission to monitor the disability activity. As a service to our policyholders, Society Insurance will evaluate each claim for your state reporting requirements and file the report on your behalf as necessary.

COST CONTAINMENT

This document identifies opportunities for you to help mitigate your losses. To assist in controlling certain medical costs for our policyholders, Society Insurance has joined forces with a number of national vendors. You can assist us in the implementation of some key cost-savings programs by making us aware of the injured worker's needs for any of the following services:

- Pharmacy
- Diagnostic Testing
- Physical Therapy/Chiropractic Care
- Durable Medical Equipment

The choice of additional medical services varies from state to state. In some states, the employer has the choice to select medical care; in other states the injured worker has that choice. The claim representative may contact the injured worker to explain the programs, obtain consent if needed, and make arrangements to schedule the services.

Pharmacy Program

Our pharmacy program features a pharmaceutical company with approximately 65,000 retail outlets nationwide to serve your injured worker's needs. Here is how the program works:

- The injured worker provides notice of their intent to file a workers compensation injury claim, seeks medical treatment, and receives a prescription from the treating physician.



- The employer provides a copy of the letter of intent (enclosed with this kit) and a list of the participating pharmacies to the injured worker.
- The injured worker provides a copy of the letter of intent to the pharmacy for electronic submission.
- When Society Insurance receives notice of your injured worker's claim, a plastic identification card specific to that worker will be issued to them, along with a list of participating pharmacies in their area.
- When additional medications are prescribed, the injured worker presents the card to the pharmacist for electronic submission to Society's pharmacy program.
- At the claim representative's discretion, high-cost or long-term medication may be supplied directly to the injured worker through the mail. This eliminates the need to visit the local pharmacy and provides additional savings to the policyholder.

Benefits of the program include reduced pricing on brand-name and generic prescriptions of 10 to 60 percent or more. When an appropriate generic is available, the system will recommend a generic in lieu of a brand-name product.

The system is designed to exclude payment for submissions not related to work injuries, multiple submissions of the same prescription, and overutilization. This is a convenient method for the injured worker to bypass the need to pay for prescriptions.

Medical Diagnostic Testing Programs

Society Insurance has made arrangements with several diagnostic management vendors to provide diagnostic tests such as a CT scan, MRI, EMG, or X-ray at a discounted rate. For example, typical savings for an MRI can be as much as \$1,000.

Physical Therapy/Chiropractic Care Programs

We work with multiple vendors who have identified local therapy and chiropractic care facilities whose primary goal is to provide better outcomes for the injured worker. Our networks of providers agree to provide the best care possible following reasonable and necessary medical guidelines.

Durable Medical Equipment Programs

Our vendors can save us as much as 10 to 60 percent off retail durable medical equipment prices. Contact your claim representative as soon as possible if you find that your injured worker may be in need of the following medical supplies:

- Walkers/Canes/Crutches
- Wheelchairs/Scooters
- Hospital Beds
- Patient Lifts
- Bone Stimulators
- TENS Units

Contact your claim representative if other durable medical equipment may be medically required.

Medical Bill Review

Society Insurance works with a large national service that will coordinate with your claim representative to review every medical bill submitted

for necessity of treatment, reasonableness of the charges submitted, and the relationship of charges submitted to the claimed workers compensation injury.

In addition to applying for the appropriate fee schedules, our vendor will also review your medical bills to look for duplicate charges or charges that should have been included in the original fee. In some cases, our vendor will negotiate pricing on a specific bill, which can greatly reduce the ultimate cost of services rendered.

WITNESSES/SUBROGATION

Witnesses

As part of our investigation process, we may obtain statements from anyone who witnessed or has direct knowledge of the injury. It is important for us to be able to identify these individuals and obtain information from them in a timely manner to preserve the facts surrounding a claim. Your assistance with this process is critical and appreciated.

Enclosed in this kit is a Witness Statement Form to use for this purpose. Please ask anyone who may have witnessed or has information related to the injury if they would answer the questions on the form as soon as possible. Have them sign and date the form and forward it to us in one of the postage-paid envelopes provided in this kit, or with your First Report of Injury. If you need to use a handwritten note from a witness, please review one of the Witness Statement Forms as a guide for the type of information that is critical in our investigation.

Subrogation

Some claims may be the result of defective equipment, negligence, or actions of a specific individual, business, and/or corporation. Each state has a provision that allows the employer or their insurance carrier the right to seek reimbursement from the responsible third party. Benefits paid under the workers compensation claim are protected as a lien against all settlements between the injured worker and the responsible third party. Subrogation recoveries have a direct impact on lowering the overall claim costs, and recoveries collected by Society Insurance may provide a positive effect on your experience rate for premium purposes.

Our investigation of a claim includes obtaining information about any defective equipment or negligent individuals that may have contributed to the injury. Here are some of the questions we may ask as part of the investigation:

- Did you take photos of the accident scene?
- Who took the photos? Indicate the time and date they were taken.
- Can the equipment or area be roped off or closed until an investigation is completed?
- Who owns the equipment or property?
- Who is responsible for maintaining it?
- Were the equipment safety features in place and operational?
- Were warning signs posted on the equipment as needed?



- Do any maintenance records exist?
- Had any maintenance been performed recently, and by whom?
- Was any equipment altered or modified in any way?
- Was all equipment functioning properly prior to the injury?
- Where did the injury occur?
- How did the injury occur?
- Were there any witnesses? Include names and contact information.
- If the injury involved an auto accident, who was at fault? Was anyone cited by the police? Was an accident report completed?

EARLY RETURN TO WORK

The benefits of an **Early Return-to-Work Program** include reduced claim costs and improved cooperation between you and your injured workers, resulting in less litigation, reduced system abuse, and higher injured worker morale. This is an area where the employer can provide the greatest assistance to the overall claim process. We can help you identify opportunities that meet the needs of your injured workers, your business, and your bottom line. This kit includes several documents that can help you assist your claim representative in establishing a program for you.



1. Job Analysis

This document is designed to help the treating physician and claim representative understand the physical demands of the injured worker's position. Depending on the injury, we may request a job analysis of other potential light-duty positions and/or another position within your organization to return the injured worker to on a permanent basis.

2. Attending Physician's Return to Work Recommendations Record

This document is the treating physician's recommendation regarding the injured worker's ability to return to work in any capacity. The Job Analysis document is very helpful to the treating physician when drafting a response for the return-to-work recommendations.

3. Transitional Return to Work Log

This document is critical for claims that require you to document the injured worker's return-to-work activities. This log requires the worker to make an entry regarding each day's activities, complaints, and tolerance of the modified return-to-work activities. The injured worker signs this document at the end of each day, and the log is also confirmed by the supervisor for a permanent record in your employee's personnel file.

4. Transitional Return to Work Program

Society Insurance has vendors that can provide alternate-duty work positions to meet almost any limitation. These for the most part are volunteer jobs with various organizations in the community. Once placed, the injured worker completes a time card and is compensated by the employer or Society Insurance. Employers who use this program to continue salary to the injured worker are often rewarded with lower claim costs and tax benefits. Many employers that use the program see it as a way of giving back to their communities.

Our **Telephonic Nurse Case Manager (TCM) Program** is another tool that can be used in helping you take a proactive approach to returning injured workers to work. Our in-house nurses can assist you by:

- Reviewing claims with the potential for extended periods of disability.
- Reviewing claims with complex medical issues, including back, neck, or head injuries.
- Making recommendations on medical equipment, treatment, physicians, second opinion possibilities, or the need for full case management.
- Contacting the treating physician, employer, and possibly the injured worker to review potential light-duty or return-to-work opportunities.
- Reviewing claims for any potential cost-containment opportunities.

To learn more about the TCM program, contact your claim representative at 888-576-2438.

SUBMITTING THE FIRST REPORT

Statistics have shown that the duration and costs of claims are reduced when claims are reported promptly. We give you several ways to report your claim. The easiest and fastest way is by telephone. The telephone call allows us to obtain any additional information that may be needed to assist us in the thorough investigation of the claim.

During regular business hours (8 a.m. to 5 p.m. Monday - Friday), call us to report your claim at **888-576-2438**.

After hours, holidays and weekends, call our 24-hour Emergency Claims number at **800-945-7120**.

Fax: You may fax your completed First Report of Injury to **920-922-1071**.

In the interest of time, we encourage you to consider using one of the above methods for reporting all claims that involve any loss of time, complex medical issues, or debatable facts. If you choose, you may also mail your completed First Report of Injury to:

**Society Insurance
Workers Compensation Claims
150 Camelot Drive
P.O. Box 1029
Fond du Lac, WI 54936-1029**

Please keep your agent in mind when filing a claim. Agents serve as an excellent resource for all claims-related issues.



UNCOMMON RETURNS

At Society Insurance, we'll help your business stay on its feet when your injured workers can't be on theirs. Our claims team will work with you to make transitions back to the workplace as easy and productive as possible for you and the injured worker. We think of it as uncommon insurance for uncommon satisfaction.

Uncommon Insurance®



This brochure contains only a general description of coverages and is not a statement of contract. All coverages are subject to the exclusions and conditions in the policy. For the name of your local independent agent representing Society Insurance, call 888-5-SOCIETY (888-576-2438).

150 Camelot Drive • P.O. Box 1029 • Fond du Lac, WI 54936-1029
888-5-SOCIETY (888-576-2438) • societyinsurance.com