

Controlling Costs Through Claims Management



Ohio

Bureau of Workers'
Compensation

Division of Safety and Hygiene Training Center

Controlling Costs Through Claims Management

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Controlling Costs Through Claims Management

Agenda

At the end of this class, you will be able to:

- 8:30 a.m. • Describe how claims' costs impact rates throughout the life cycle of a claim;
- Break*
- Explain accident analysis principles;
- 11:30 a.m. *Lunch*
- 12:30 p.m. • Explain the financial benefits of a transitional work program; and
- Break*
- Describe methods to manage claims effectively.
- 4:30 p.m. *Dismiss*

Controlling Costs Through Claims Management



Why Claims Management?



Web Sites

- o BWC ohiobwc.com
- o IC www.ic.state.oh.us

Rate Making

- The main question is ...

- How does BWC determine what an employer pays in premium?
 - BWC must collect enough money in premium to pay claims costs.
 - Costs must be equitably divided among all employers.

Four-Year Calculation

Private employers*

- For policy year beginning July 1, 2009, BWC used data from calendar years 2004, 2005, 2006 and 2007 for rate-making purposes.
- Each year, the oldest year drops off and a new year is added.
- For policy year beginning July 1, 2010, BWC will use data from calendar years 2005, 2006, 2007 and 2008 for rate-making purposes.

*Public employers' rating year begins on Jan. 1

BWC Rating Concept

Compare

actual claims cost
and
expected claims cost

BWC Rate Making

- Once actual claims costs and expected claims costs are obtained, BWC uses that information to determine the rate that the employer will pay.
- **Note that the BWC is “revenue neutral” when it comes to rate making.**

Claims Costs

- Medical
- Indemnity
- Reserves

Claims Costs

Medical

Money paid for doctor bills, diagnostic tests, drugs, etc.



Claims Costs



- Indemnity** (compensation)
- Money paid to injured workers to compensate for lost wages
 - Money paid to injured workers to compensate for permanent damage

Claims Costs

Reserves

A reserve is the anticipated future cost in a claim.

- A reserve is set only on claims that are designated as lost-time claims.



Result

- A large reserve has a significant impact on the value of a claim.
- Claims with large reserves can be the driving factor in an employer's rates.

Maximum Value Claim

- Each employer is assigned a maximum value for each individual claim.
- It's based on employer size and determined by expected losses.
- This prevents large claims from negatively impacting small employers.
- Injured employee receives all benefits due.
- Amounts over the **maximum value** are assigned to surplus fund (a shared liability).

Experience Rating

- **Credit-rated**
 - An employer has **less** claims cost than BWC would expect. The experience modifier (EM) is less than 1.00.
- **Debit (penalty)-rated**
 - An employer has **more** claims cost than BWC would expect. The EM is greater than 1.00.

Simply put ...

claims costs
drive
rates.

Types Of Claims

- Medical only – seven or fewer days of lost work
- Lost time – eight or more days lost from work
 - Does not have to be consecutive

Timely Reporting Of Claims

- Company policy to report injuries on same work shift?
- Immediate reporting of claim allows faster/more appropriate treatment.
- Reporting more than seven days = increased costs.¹
 - 11 to 20 days = 29% increase
 - 21 to 30 days = 39% increase
 - Over 30 days = 50% increase
- More than 31 days = 113% increase in litigation (i.e. attorney involvement).²

¹Kemper Insurance – 1993
²International Assoc. of Ind. Accident Boards & Commissions

Where to find the latest information about claims management on www.ohiobwc.com

Ohio.gov Bureau of Workers' Compensation search

Home | Injured Workers | Ohio Employers | Safety Services | Medical Providers | BWC Library

Welcome to the **Ohio Bureau of Workers' Compensation**

Injured Workers	Ohio Employers	Safety Services	Medical Providers
<ul style="list-style-type: none">• File a claim• Claim documents• Diagnosis info <p>See more »</p>	<ul style="list-style-type: none">• Report payroll• Apply for coverage• Rate reform <p>See more »</p>	<ul style="list-style-type: none">• Consulting services• Library services• Training services <p>See more »</p>	<ul style="list-style-type: none">• File a claim• Claim documents• National provider ID <p>See more »</p>

E-account Log On	Live Support	BWC Library
User ID: <input type="text"/> Password: <input type="text"/> Sign on This Web site is intended for official state use only. See more » Create E-Account Problems Logging on? Lost password?	Online support available Monday thru Friday 7:30 a.m. - 5:30 p.m. Click here to get help	<ul style="list-style-type: none">• About BWC• BWC Board of Directors• Reserving info - Min II

What's New at BWC

August 27, 2010
BWC Board of Directors Stabilizes Group Discount for 2011

July 29, 2010
BWC Investment Portfolio Returns 12 percent in Fiscal Year 2010

[See more »](#)

BWC RATES AT 20-YEAR LOW [See how rate reform is helping Ohio firms](#)

RATE LETTER INFORMATION [Click here for an important update](#)

SUSPECT FRAUD? [Use the online Fraud Allegation Form to report it](#)

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BWC Library

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OhioBWC - Basics: About BWC

Library About BWC

NEW! [View IRS 1099s](#)

If you received a 1099 from BWC, use this link to view and print your 1099s from any one of the previous five calendar years.

[Plan for Adequacy and Equity in Ohio's Group-Experience-Rating Program \(HB 79 requirement\)](#)

Per House Bill 79, Administrator Ryan provided this report to the Ohio Legislature on Sept. 15, 2009. The report addresses the equity and adequacy of workers' compensation premiums for Ohio employers.

[Annual report](#)

Financial information about BWC, the Division of Safety & Hygiene and the Industrial Commission of Ohio.

[BWC Board of Directors](#)

Learn more about BWC's Board of Directors, including the body's roles and responsibilities, and its members.

[Executive bios](#)

Learn the names, backgrounds and accomplishments of BWC's executive staff.

[Job opportunities](#)

Search the state database for job opportunities.

[Gift acceptance policy](#)

View BWC's policy regarding gifts and gratuities.

[Request a speaker](#)

Download and complete this form if you'd like to request a speaker for an upcoming event.

[Agency accomplishments 2008-09](#)

Outlines accomplishments relative to agency goals and strategic initiatives for 2008-09

[Competitive bids](#)

Vendors can download and print Invitations to Bid (ITBs), Request for Proposals (RFPs) and Requests for Information (RFIs).

[Facts and figures](#)

View/download statistical information about BWC including, benchmarks MCO Report Card and claim statistics.

[Policies and procedures](#)

InfoStation provides access to BWC policies and procedures that govern workers' compensation in Ohio. InfoStation is divided into categories or topics to make it easier for you to find the information you need.

[Rules, statutes and executive orders](#)

Download, view and print workers' comp rules and statutes from the Ohio Revised Code and Ohio Administrative Code as well as policy statements on executive orders. Also find out the public hearing schedule.

[Equal Employment Opportunity Strategic Plan](#)

Pursuant to Ohio Administrative Code, this is BWC's strategic plan for ensuring equal opportunity at the agency and prohibiting discrimination because of race, color, religion, sex, including sexual harassment, national origin, age, disability and veterans status.



Ohio.gov Bureau of Workers' Compensation search

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BWC Policies and procedures

Policies and procedures Details

This service offering provides users access to all of BWC's policies and procedures.

Note: The policies and procedures available here are current as of Sept. 17, 2010. Depending on when we processed your claim, policy or form, our policies and procedures may have been different. If you have questions about how we processed your request, [send us an e-mail](#).

To begin, simply click on a topic listed below, or enter search criteria.

Search for search Tips

Claims Policy

[Search for claims policies in alphabetical order](#)
[Injury Management Policy](#)
[Injury Management Job Aids](#)

Employer Policy

[Search for employer policies in alphabetic order](#)
[Employer coverage](#)
[Risk management strategies](#)
[Ohio BWC State Fund Insurance Manual](#)
[Division of Safety and Hygiene](#)

Medical Policy

[Provider Billing and Reimbursement Manual](#)
[MCO Policy Reference Guide](#)
[Policies](#)
[Vocational rehabilitation](#)

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Resources Available from the Division of Safety & Hygiene (DSH) Libraries

(800) 644-6292 (614) 466-7388

library@bwc.state.oh.us

www.ohiobwc.com

Safety training:

- Safety talks, outlines and scripts - DSH Safety leader's discussion guide, Training Center's One-hour safety presentations, reference books, web resources
- Videos – hundreds of safety and health topics
- Books and articles on training techniques

Machine and equipment safety:

- Safety standards (ANSI, NFPA, CGA)
- Books and articles on power presses, material handling equipment, lockout/tagout, etc.

Sample written programs:

- DSH program profiles and sample written programs
- Reference books
- Internet resources

Illness and injury statistics:

- Statistics from the U.S. Bureau of Labor Statistics
- National Safety Council's *Injury Facts*
- National Institute of Occupational Safety & Health (NIOSH) studies

Hazard communication and chemical safety:

- Chemical safety information
- Material safety data sheets (MSDSs)
- Sample written programs
- Videos
- Internet resources

Safety standards

- American National Standards Institute (ANSI) standards (including standards for construction, machinery and equipment, personal protective equipment)
- National Fire Protection Association (NFPA) fire codes (including the Life Safety Code and the National Electrical Code)
- Compressed Gas Association (CGA) standards

Other topics of interest (books, articles, magazines, videos and standards):

- Confined spaces
- Electrical safety
- Job safety analysis
- New employee orientation
- Powered industrial trucks
- Respiratory protection
- Safety culture
- Scaffolds

Directories and lists of vendors of safety equipment

Occupational Safety & Health Administration (OSHA) regulations

Manual of Uniform Traffic Control Devices (MUTCD)

Recommendations of useful Internet sites

BWC publications

Saving You Time and Research

Requests for copies of OSHA standards, information on starting a safety committee, a video on accident investigation techniques -- these are some of the thousands of inquiries BWC's Division of Safety & Hygiene (DSH) libraries receive each year.

DSH has two libraries to serve you:

- The central library in the William Green Building in downtown Columbus;
- The resource center and video library located at the Ohio Center for Occupational Safety and Health (OCOSH) in Pickerington.

Both libraries are open 8 a.m. to 5:00 p.m., Monday through Friday. Your need for information does not require a visit to the library. You can phone, fax, or e-mail your requests and receive a quick response.

The central library provides free information services on the topics of occupational safety and health, workers' compensation and rehabilitation.

The OCOSH resource center provides similar services for those who visit OCOSH for meetings and training center classes.

The video library offers an extensive collection of videos to supplement your organization's safety and health training program. It is a convenient and popular source for Ohio employers to borrow quality occupational safety- and health-related training aids.

Visit our Web site at **www.ohiobwc.com**.

Central Library
30 W. Spring St., Third Floor
Columbus OH 43215-2256
1-800-OHIOBWC
(614) 466-7388
(614) 644-9634 (fax)
library@bwc.state.oh.us

OCOSH Resource Center
13430 Yarmouth Drive
Pickerington OH 43147-8310
1-800-OHIOBWC
Resource center (614) 728-6464
Video library (614) 644-0018

**ACCIDENT
ANALYSIS**

Accident Analysis



Why is accident analysis in a claims management class?

Why Analyze?

- Prevent recurrences
- Evaluate data
- Make specific recommendations
- Show critical behaviors
- Compare trends
- Identify needs

What is an accident?

Accident

- It's an unplanned event that interrupts the completion of an activity **and includes** injury, illness, or property damage.
- Worker seeks medical treatment.

What is an incident?

Incident/Near Miss

- It's an unplanned event that interrupts the completion of an activity **without** directly involving the worker(s).
- The worker does **not** seek medical treatment.

When Recording Accidents And Incidents/Near Misses

- Always document and keep them simple.
- Clearly communicate process.
- Review for trends (like injuries, locations, same equipment).
- Goal should always be prevention.

Types Of Tracking Forms

- Shift logs
- OSHA 300 logs
- FROI form
- Incident reports
- First aid logs
- Accident analysis reports

Five Causal Factors

- Task
- Material
- Environment
- Human/personal
- Management/process failure

Task

- Was a safe work procedure used?
- Had conditions changed to make normal procedures unsafe?
- Were appropriate tools and materials available and working properly?
- Were safety devices working properly?

Material

- Was there equipment failure?
- What caused it to fail?
- Was machinery poorly designed?
- Were hazardous substances involved?
- Should the worker have used personal protective equipment?

Environment

- What were the weather conditions?
- Was poor housekeeping a problem?
- Was noise a problem?
- Was there adequate light?
- Were toxic gases, dusts, fumes present?

Human/Personal

- Were workers experienced?
- Were they adequately trained?
- Were they physically capable of doing the work?
- Were they tired?
- Were they under stress (work or personal)?

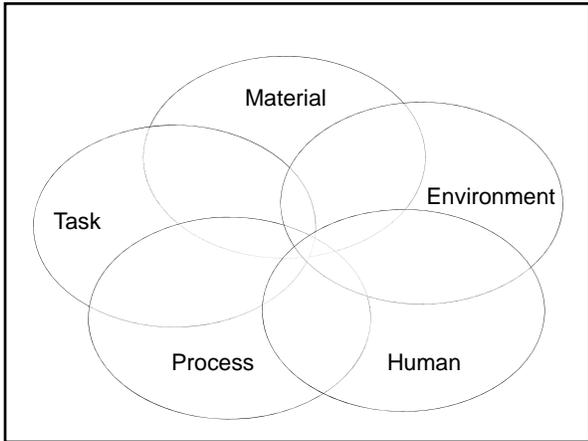
Management/Process Failure

“The process designed and administered by management is responsible for 94% of all outcomes, including accidents.”

Larry Hansen, Wausau Insurance

Management/Process Failure

- Were safety rules in effect and enforced?
- Was adequate supervision and training given?
- Were there regular safety inspections?
- Had hazards previously been identified?
- Were unsafe conditions corrected?
- Was regular equipment maintenance carried out?



Why document an accident or incident/near miss?

- Prevention
- Consistency
- Data analysis
- Legal Issues

Steps Of An Accident Analysis Process

- Written program
- Information gathering
- Analysis
- Recommendation/corrective action

Written Program

- **Who** will conduct the analysis?
- **What** forms are available?
- **Where** do you obtain them?
- **When** should the incident be reported?
- **When** will the accident be analyzed?

Information Gathering

- Analysis kit
- Physical evidence
- Interviews
- Background information

Analysis

- Accident tree
- BWC accident analysis form

**Recommendations/
Corrective Action**

- Recommendations are made to management.
- Management takes corrective action.

**Accident analysis should
always be to gather facts and
never to lay blame.**

**Your main objective is
prevention!**

Accident Analysis

Share your successes!

Case Study

What happened to Herbie?

ACCIDENT ANALYSIS REPORT

PART 1 IDENTIFICATION INFORMATION

Employee Name			
Date of Accident		Time	
Occupation		Shift	
Department		ID	
			AM PM

PART 2 SUPPLEMENTARY INFORMATION

Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone () _____

Establishment Location (if different from above) _____

Accident Location Same as establishment? On premises? (Check if applies)

Employee Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Social Security Number _____

Sex _____ Age _____ Date of Birth _____

Was injured person performing regular job at time of accident? Yes No

Length of service: With employer _____ On this job _____

Time shift started _____ AM PM Overtime? Yes No

Name and address of Physician _____

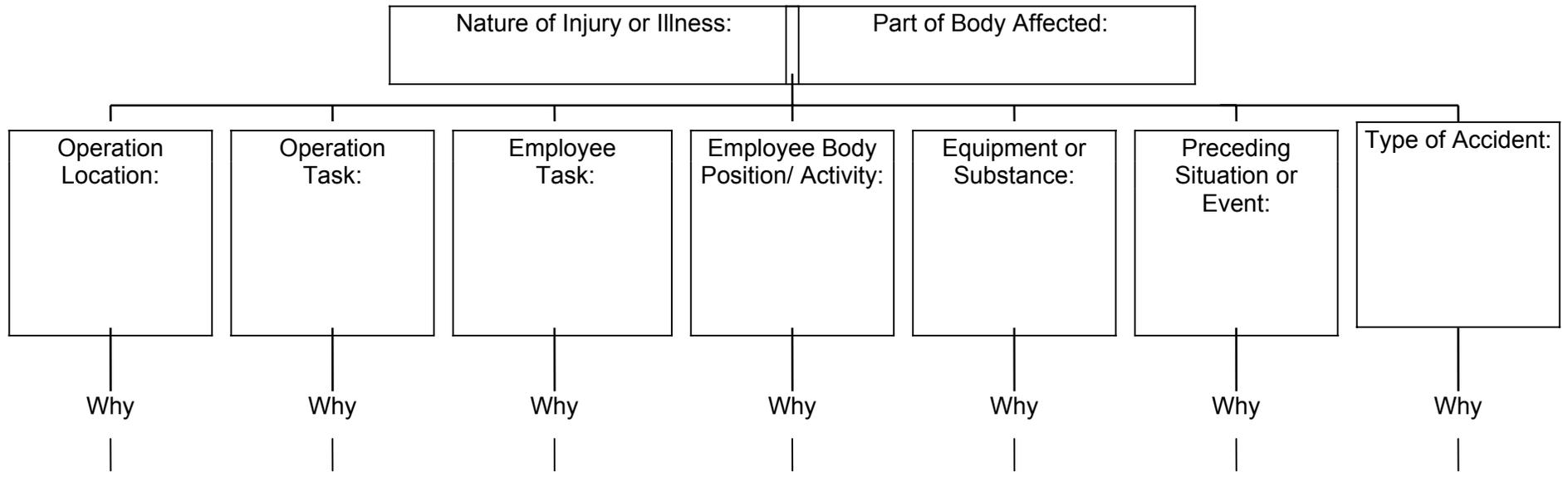
City _____ State _____ Zip Code _____

If hospitalized, name and address of hospital _____

City _____ State _____ Zip Code _____

Fatality? Yes No If Yes, date of death _____

If death, attach Coroner's Report.



PART 4 DESCRIPTION AND ANALYSIS

Fully describe accident:

Attach photographs of accident scene and machinery/equipment.

What factors led to the accident (from Accident Tree in Part 3)?

MACHINERY/EQUIPMENT INVOLVED

Manufacturer		Equipment Age	
Serial No.		Model	
Function			
Location			

1. Has machine/equipment been modified?
2. Was it guarded properly?
3. Was there any mechanical failure?

To answer these questions, research and attach equipment history, maintenance history, relevant photographs and other reports and comments.

CONSTRUCTION

If construction-related, date of contract	
Is firm <input type="checkbox"/> General Contractor or <input type="checkbox"/> Subcontractor	
Names of other contractors	

WEATHER/ENVIRONMENTAL CONDITIONS (temperature, housekeeping, lighting, work surfaces, etc.)

TRAINING

Did employee receive specific training or instructions relating to safety and health on the job being performed?

Yes No

If Yes:	Type:		
	Instructed by:		
	When instructed:		Length of training

Attach appropriate training documentation.

PART 5 SPECIFIC ACTION THAT WILL BE TAKEN
--

ITEM #	DESCRIPTION	ROUTE TO	TARGET DATE

WHAT ADDITIONAL ACTIONS SHOULD BE CONSIDERED?

Completed by:	Date of Investigation
Title:	

Reviewed by:	Date
Reviewed by:	Date

Attach individual statements from :

- (a) the injured worker**
- (b) any witness(es) or others with contributing information**
- (c) the employer.**

For each statement, include name, job title, home address, home telephone number, and the date the statement was given.

INSTRUCTIONS

OSHA 301 FORM COMPATIBILITY--When fully completed, this report is believed to satisfy the requirements of the OSHA 301 form.

COMPLETION OF THIS REPORT--Parts 1 and 2 may be filled out by office personnel or other staff assigned this function. Parts 3, 4 and 5 **must** be completely filled out by the first line supervisor, in coordination with plant manager and safety director.

PROCEDURE FOR COMPLETING PART 3--ACCIDENT TREE

A. Fill in the top blocks of the tree.

Describe the NATURE of the injury or illness.

This could be a strain, sprain, laceration, contusion, abrasion, carpal tunnel syndrome, and so forth. Write in the space provided at the top of the tree.

Determine the PART OF THE BODY AFFECTED (such as right index finger, shoulder, lower back, and so forth.) and place this information in the adjacent space provided at the top of the tree.

If these specific details are not fully known at this time, do not wait to perform the investigation! Fill out as much as possible and continue.

If investigating accident or near miss, write *none* in "Nature of Injury or Illness" and "Part of Body Affected" blocks, and continue to next row of tree.

B. Fill in the next row of the tree.

1. Operation--Location

Where is the work being performed? Example: Working in assembly area.

2. Operation Task

On a larger scale, what specific operation is being performed? Examples: Milling keyway in shaft; Stocking shelves.

3. Employee Task

What specific task was the employee performing? Examples: Employee lifting box; Employee was fastening bolt.

4. Employee Body Position/Activity

Briefly describe the position required by the activity that relates to the accident, injury or illness. Examples: Wrist flexed forward; Hands grasping box.

5. Equipment or Substance

What is the equipment or substance that was directly involved in the accident, injury or illness? Examples: The machine or object struck against; The vapor or contaminant inhaled or swallowed; The object lifted, pulled.

6. Preceding Situation or Event

Determine important event(s) that led to the accident, injury, or illness. These may be considered as "triggering events", situations, or circumstances necessary for the accident to occur.

7. Type of Accident

What general type of accident occurred? Examples: Fall off a platform; Slipped on oil; Struck by machine tool; Contact with electricity; Exposure to hazardous substances.

C. Trace each factor in more detail.

Work from each of the factors identified above. Ask why each of the factors is necessary, or why they occurred. Under each factor, write the key words describing "why", and draw a line to connect the two. It is possible for there to be more than one reason "why" under each factor, so be sure to include all that you discover.

D. Repeat the process--build the tree.

The process in step three can be repeated until all questions are answered for each path of the tree. Dead ends are either unanswered questions that require additional investigation or pathways that have been resolved as far as practical.



Herbie, an office employee in a large manufacturing plant was delivering a large box of office supplies to the shipping/receiving supervisor who was located in the rear of the shop area. The maintenance crew had temporarily placed some pallets in the marked aisle way causing Herbie to walk around the pallets in the work area. He slipped on some oil on the floor and fell backwards on top of the pallets and onto the floor. He was helped up, stated he was all right, and continued his delivery without bothering to mention the incident to his supervisor. Two days later Herbie could barely get out of bed complaining of severe lower back pain. He called in sick, visited his doctor that day. After hearing what happened two days before, the doctor filed a back injury claim for Herbie with Workers' Compensation.

Office employees had been trained to keep inside the marked aisle ways and shop employees had been trained not to place equipment there, however when the dock area became overloaded the maintenance crew had been instructed by a dock employee to put the pallets there temporarily only until the dock could be cleared. The machine operator had reported the oil leak on the floor to maintenance but they were too busy responding to the dock backlog situation, which had been going on for several days to respond to maintenance requests.

Next to each causal factor, list contributing reasons to Herbie's injury:

(1) Task

(2) Material

(3) Environment

(4) Human Factor (Personal)

(5) Management/Process Failure

What preventative measures should be taken?

From management:

From employees:

**CLAIMS
MANAGEMENT**

Claims Management



Initiatives

- Bureau of Workers' Compensation (BWC)
- Industrial Commission of Ohio (IC)

Claims Management Through Partnership

- BWC
- Managed Care Organization (MCO)
- Employer
- Injured worker
- Provider
- Representatives

Reporting Injuries

- Injured worker completes accident report.
- Injured worker seeks treatment.
 - Certified providers
- Provider contacts MCO.
- MCO electronically transmits to claims to BWC.
- BWC issues a claim number and notifies all parties by letter, notifies MCO electronically.

Advantages To Employer Reporting

- Claim will be submitted with the correct policy number.
- Claim will be submitted with the correct manual number.
- Claim will have a complete accident description.
- The injured worker will have a claim number at or near the time of the initial treatment.
- BWC will know whether or not the employer certifies the facts of the claim.

Additional Information: What should employers report?

- Incident report
- Witness statements
- Certification
- Wages
- Transitional work opportunities
- Job description
 - Note, as the employer, you should also consider sharing both the job description and transitional work opportunities with the treating provider. Ask the provider if the injured worker can perform any of these duties.

**Claims Flow Process:
What happens after reporting
an injury?**

- Contact made with injured worker, employer and their representatives if appropriate.
- Investigate details and verify information.
- BWC collaborates with MCO case manager and develops action plan.
 - As an employer, you may ask to be part of the return to work plan.
- Review with appropriate team members.
- Request physician review if appropriate.

Making A Decision

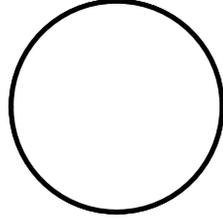
- Weigh the evidence – factual and medical.
 - Accidental in character
 - In course and arising out of employment
 - Injury is physical in nature
- If necessary, apply ORC 4123.95.
- Place a BWC Order.

**What do I do once I receive A
BWC Order?**

- File a *Notice of Appeal* (IC-12) to the BWC Order.
- Submit a *Waiver of Appeal* (C-108).

IC

- Presenting evidence
- Attending hearings
- Hearing process



Outcome Management

- Develop a plan of action by establishing goals, developing interventions and identifying barriers.
- Continually work with injured worker, employer, their representatives and the treating provider to facilitate an early return to work.
- Review treatment plans.
- Review rehabilitation potential.

Vocational Rehabilitation



The Importance Of Early Return-To-Work (RTW)

“...medical care costs correlate not with the severity of diagnosis, as might be predicted, but the length of time workers remain out on disability.”

Disability Management
Akabas, Galvin and Gates
The American Management
Association

Benefits Of Early RTW Programs

- Reduces costs
- Reinforces management's commitment to employee welfare
- Maintains quality/production
- Enhances Americans with Disabilities Act compliance
- Increases safety and prevents future injuries (i.e. ergonomic improvements)

Referral For Rehabilitation

- Who makes the referral?
 - Anyone
- Why would the employer or injured worker want rehab services?

Rehabilitation Referrals

- There are two main types
 - Remain at work services (RAW)
 - For medical only claims
 - Vocational rehabilitation services
 - For lost time claims

RAW Services

- Goal: To prevent a medical-only claim from becoming a lost-time claim.
- Eligibility
 - A Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (form C-9) from the provider of record (POR); or
 - Notes in a claim file by the managed care organization (MCO) documenting contact with the employer, injured worker and/or POR that the injured worker is experiencing difficulty transitioning back to his/her position of employment due to the allowed condition in the claim.

Remain At Work Services

- The injured worker has not missed any, or fewer than 8 days, of work due to the allowed conditions in the claim.
- The injured worker is having difficulty performing his job.
- The injured worker is working light duty, but there is no sequential plan for the injured worker to progress to regular work duties.

Remain At Work Services

- Remain at Work Program is suitable for both situations
- Contact your MCO and discuss the types of services you wish to offer the injured worker.

RAW Services

- Transitional work
- Ergonomic study
- Gradual return to work
- Functional capacity evaluation
- Physical or occupational therapy (on site)
- Purchase of tools and equipment
- On-the-job training
- Job modification
- Job analysis
- RAW field case management

RAW Services

- Who pays for remain at work services?
 - Employer through the policy or out of pocket

Goal Of Vocational Rehabilitation

To prevent a lengthy disability by creating a time limited, individualized voluntary program for injured workers with a lost-time claim to safely return to work or retain employment

Vocational Rehabilitation Services

- Provided for claims in which the injured worker has lost eight or more days of work due to the allowed conditions in the claim.

Benefits Of Vocational Rehabilitation

- The employer benefits when an experienced worker remains productive and costs associated with hiring and training a new employee are reduced.
- Medical and indemnity costs under an approved rehab plan are charged to the surplus fund. Thus, these dollars are excluded from the employer's loss history for rate-making purposes.

Injured Worker Benefits From Vocational Rehabilitation

- Recovers more quickly
- Experiences a smoother transition back to regular duty
- Keeps jobs skills current
- Maintains work relationships
- Reduces problems related to inactivity

Referral Contacts

- MCO
- The assigned BWC customer care team in the customer service office

Rules

- Ohio Administrative Code 4123-18-03
- Reasonable probability that with vocational services the injured worker will return to work

Eligibility Criteria For Vocational Rehabilitation

- Injured worker must have a significant impediment to return to work as direct result of allowed conditions in claim and one of the following:
 - Receiving temporary total, non-working wage loss, or permanent total compensation as of the date of referral;
 - Granted a loss of use award;
 - Granted a PP% award and has POR restrictions;
 - Reached MMI and has POR restrictions related to allowances in claim.

Eligibility Criteria For Vocational Rehabilitation

- Injured worker is receiving Job Retention Services
- Injured worker sustained a catastrophic injury and a vocational goal can be established
- Injured worker was receiving living maintenance wage loss not more than 90 days prior to referral, has continuing restrictions related to allowances in claim and lost most recent job through no fault of his/her own

Job Retention Services

- o Job retention services eligibility:
 - POR must provide written statement indicating injured worker has work limitations due to allowed conditions in the claim that are affecting his/her ability to maintain employment
 - Injured worker's current employer describes the problems to MCO who documents these problems in the claim

Feasibility For Vocational Rehabilitation

- o MCO determines if there are medical, psychological or other barriers to injured worker's ability to fully participate in the return to work focused rehabilitation plan.

RTW Hierarchy

- o Same job, same employer
- o Different job, same employer
- o Same job, different employer
- o Different job, different employer
- o Skill enhancement, short-term training may help at any step in return to work.

Vocational Rehabilitation Services

- Employer Incentive Contract (EIC)
- Gradual Return To Work (GRTW)
- Job modifications
- Tools and equipment
- On-the-Job Training (OJT)
- Work trial

EIC

- Compensates for loss of productivity for injured workers who return to work before they are capable of performing regular job duties (up to 50% of injured worker's salary)

- 13 week limit

GRTW

- Allows injured worker to return to work on a graduated basis building up from four hours a day to full time work status.
 - BWC can pay the injured worker for lost wages due to hours not worked or can reimburse the employer for wages paid to the injured worker for hours not worked
- 13 week limit

Other Services

- Job modifications
 - Removal or alteration of physical barriers that prevent injured worker's performing essential job functions

- Tools and equipment
 - Provides tools and equipment necessary for employment to the injured worker

OJT

- Allows injured worker to obtain or upgrade vocational skills through actual work experience
- Training is provided under the close supervision of an experienced person skilled in the job
- Employer will be reimbursed for trainer's time to a pre-determined time
- The Specific Vocational Preparation length of time is determined by the Dictionary of Occupational Titles

Work Trial

- Permits injured worker to attempt return to work in the original job, or at a new job
- Allows an employer to test evaluate and observe the worker at the actual job prior to hiring
- Injured worker is paid Living Maintenance while in Work Trial
- Maximum time is one month

TW Goal

- To prevent a lengthy disability by creating a time limited, individualized work-site program for injured workers with restrictions progress to a specific job

Prerequisites For A Successful Transitional Work Program

- Buy-in by top management
- Labor/employee involvement
- Commitment for openness
- Confidentiality
- Policy that is logical and fair

TW Eligibility

- Employers develop their own programs and can set their own parameters.
- MCO and BWC employer services specialist can assist with development of the program.

Light Duty

- Light duty is open-ended.
- Light duty has no therapeutic goals defined.
- Light duty responsibilities of employer and employee are often not outlined.
- Light duty has no alternative plan if program fails.

TW Services

- Progressive conditioning
- On-site work activities
- Education for safe work practices
- Job modification or alternative work assignments

More About TW

- Sets a starting and ending date
- Offers work hardening or other therapeutic benefits
- Defines responsibilities clearly and in writing
- Has a developed alternative plan



Better Workers' Compensation

Built with you in mind.



Authorization for Living Maintenance Wage Loss (LMWL)

Instructions:

- Please print or type.
- Make sure to enter four digits for the year in all date fields.
- The BWC or the self-insured employer shall calculate the wage loss and make the payment to the injured worker.
- Follow the distribution list at the bottom of the form.

CHECK ONLY ONE

- INITIAL
 SIX-MONTH
 JOB CHANGE

Injured worker name		Claim number	Date of injury
Address	City	State	Nine-digit ZIP Code

Accident employer		Risk/Policy number	Manual number
Address	City	State	Nine-digit ZIP Code

Pre-injury Full Weekly Wage \$	Pre-injury Average Weekly Wage \$
--------------------------------	-----------------------------------

BWC verifies that the injured worker:			
Originally was authorized for LMWL on	Expiration date of this LMWL authorization	Returned to work on	
Current employer		Job title	
Employer address	City	State	Nine-digit ZIP Code
Receives a gross weekly salary of	Works _____ Hours per week	Check box if injured worker has a substantial variation in income <input type="checkbox"/>	

Pursuant to the Ohio Revised Code 4121.67(B), BWC acknowledges that the injured worker is eligible for LMWL payments.

BWC Rehabilitation Consultant signature	Date
---	------

<p>To the injured worker:</p> <p>You must have a physician's release to return to work at the initial authorization for LMWL. You must also provide documentation of your current physical limitations from the physician at each six-month LMWL authorization in order to continue LMWL benefits. This information must be submitted to the Rehabilitation Consultant on your Customer Service Team.</p> <p>You must submit at least on a monthly basis, a Wage Statement (form C-94-A) and/or pay stubs signed by your employer, or a notarized C-94-A and pay stubs to the Rehabilitation Consultant.</p> <p>If you have a substantial variation in income, such as commissioned sales, seasonal work, or self-employment, you must submit a notarized C-94-A, pay stubs and a copy of your Federal Estimated Tax for Individuals. This documentation must be submitted on a quarterly basis (every 13 weeks), to the Rehabilitation Consultant.</p>	<p>You must request a renewal by contacting the Rehabilitation Consultant within 30 days prior to the expiration date of the current authorization.</p> <p>If you plan to make a change in employment after receipt of LMWL, you must first notify the Rehabilitation Consultant assigned to your claim in order to maintain eligibility for LMWL. You will need to provide the job title, expected salary, and scheduled hours of the new employment. You cannot choose to work at a lower paying job for reasons unrelated to your allowed injury and continue to receive LMWL.</p> <p>If you worked for a self-insured employer, you must submit all LMWL documentation to that employer. If you worked for a state fund employer, then you must submit all LMWL documentation to your Rehabilitation Consultant as outlined above.</p>
--	--

Distribution: BWC claim file, Injured worker, Injured worker representative, Employer, Employer representative



Instructions

- Please print or type.
- List the provider(s) you are authorizing to release medical records in the space indicated on this form.
- Please sign and date the form and send to the service office where your claim is located or to your self-insured employer.

You can obtain this form online at ohiobwc.com

Injured worker name (first, M.I., last)		Date of injury	Claim number
Address	City	State	Nine-digit ZIP code
Employer name		Employer MCO or QHP	

I, the above-named injured worker, understand I am allowing the Ohio Rehabilitation Services Commission and the following providers (persons or facilities) that attend, treat or examine me (list providers here)

_____ to release the following medical, psychological and/or psychiatric information (excluding psychotherapy notes) that are related causally or historically to physical or mental injuries relevant to my workers' compensation claim:

Hospital admission history and physical; emergency room reports; hospital discharge summaries; physician office notes; physical therapist, occupational therapist or athletic trainer assessments and progress notes; consultation reports; lab results; medical reports; surgical reports; diagnostic reports; procedure reports; nursing home and skilled nursing facilities documentation; home nursing progress notes; or other

I understand I am authorizing the release of this information to the following: the Ohio Bureau of Workers' Compensation (BWC), the Industrial Commission of Ohio, the above-named employer, the employer's managed care organization or qualified health plan and any authorized representatives.

I understand this information is being released to the above-referenced persons and/or entities for use in administering my workers' compensation claim.

This authorization to release medical, psychological and/or psychiatric information shall remain in effect for as long as my workers' compensation claim remains open under Ohio law. I understand I have the right to revoke this authorization at any time. However, I must submit my revocation in writing and file it with BWC or my self-insured employer. My decision to revoke this authorization will be effective, except in the case that any provider referenced above already has relied on my authorization and released information.

I understand the provider(s) referenced above may not make my completing and signing this authorization a condition of my treatment.

I understand the parties I am authorizing the release of information to are exempted from the federal privacy requirements of the Health Insurance Portability and Accountability Act of 1996 as they administer workers' compensation programs. Information disclosed pursuant to this authorization may be redisclosed by them and may no longer be protected by the federal privacy requirements. I understand such redisclosures may include, but are not limited to, the following:

- A copy of the medical information the employer receives may be forwarded to BWC by the employer;
- A copy of the medical information will be available to me or my physician of record upon request to BWC or to the employer.

Injured worker (or guardian or personal representative) signature	Date
---	------

If signed by the injured worker's guardian or personal representative, provide here a description of the guardian or personal representative's authority to sign on behalf of the injured worker _____



Instructions

- Please print or type.
Make sure to enter four digits for the year in all date fields.
Case manager follow the distribution list at the bottom.

Table with 2 columns: Injured worker, Claim number

- 1. The employer agrees to employ the injured worker as an employee with all the rights, privileges and responsibilities of all other similarly situated employees, with employment as .
2. This employment is to begin on . The full gross wage to be paid to the injured worker is \$ per hour or \$ per week. Due to the injured worker's initial adjustment period, the BWC agrees to reimburse the employer for a portion of the injured worker's wages according to the distribution below.

Table with 4 columns: Number of weeks, Period of reimbursement, Employer contribution, BWC contribution. Includes sub-columns for % and Amount paid.

- 3. Any time the injured worker works more than hours per day or hours per week, the employer will pay compensation for such hours.
4. Reimbursement of incentive monies can only occur when BWC receives documentation of gross wages (i.e. signed payroll records) paid to the injured worker for the contracted reimbursement period.
5. The employer understands that BWC's offer of reimbursement in this contract, for the employment or re-employment of the injured worker, is a discretionary function of BWC.
6. This agreement shall be in full force and effect until canceled by either the employer or BWC with 10 days written notice to each of the other parties or upon the termination of the injured worker's employment.

Warning: Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he/she is not entitled, is subject to felony criminal prosecution for fraud.

Form with fields for: Authorized employer name, Address, City, State, Nine-digit ZIP Code, Employer representative signature (Name & Title), Date, Injured worker signature, Date, Vocational rehabilitation case manager signature, Date.

Distribution: BWC claim file, Injured worker, Injured worker representative, Employer, Employer representative

Essential Job Functions

JOB: _____

DATE EVALUATED: _____

TASK NUMBER _____:

1. Is this actually required of employees in the position to perform the function? _____ Yes _____ No
2. Would removing the function fundamentally alter the job? _____ Yes _____ No
 - a. Does the position exist to perform the function? _____ Yes _____ No
 - b. Are there a limited number of other employees available to perform the function or among whom the function can be distributed? _____ Yes _____ No
 - c. Is the function highly specialized and special experience or abilities needed to perform this function? _____ Yes _____ No

List:

3. Other evidence _____ Yes _____ No
 - a. Does the employer believe it is essential? _____ Yes _____ No
 - b. Is it in a written job description? _____ Yes _____ No
 - c. How much time is needed to do this? _____ Yes _____ No
 - d. Are there consequences for not doing it? _____ Yes _____ No
 - e. Employer's organizational structure such as teams _____ Yes _____ No
 - f. Are the current employees doing this? _____ Yes _____ No
 4. Collective bargaining agreements are they relate to the job function:
-
-

SUMMARY

Is this an essential job function? _____ Yes _____ No



INSTRUCTIONS:

- Please print or type
- Make sure to enter 4 digits for the year in all date fields.
- Follow the distribution list at the bottom of the form.

Gradual Return to Work Agreement

Injured worker name		Claim number
Job title	Name of employer	

1. The injured worker will be employed on a gradually increasing schedule (*see grid below*) in the position listed above. The injured worker will have all the rights, privileges, and responsibilities of all other similarly situated employees, with the exception of the following: The injured worker will begin gradual-return-to-work on _____.
2. **Employer Reimbursement Method:** The employer agrees to pay the injured worker for the equivalent of full time work for the position, at the full gross wage of \$_____ per hour or \$_____ per week. BWC will reimburse the employer according to the grid below.
3. **Injured Worker Payment Method:** The Employer agrees to pay the injured worker for actual hours worked a the full gross wage of \$_____ per hour or \$_____ per week, and BWC pays the injured worker for hours not worked, not to exceed the injured worker's regular LM rate.
4. Work hours will not be extended unless specifically agreed to by the employer, physician, injured worker, and BWC.
5. This agreement may be cancelled by either the employer or the BWC with ten (10) days written notice to each of the other parties, or upon the termination of the injured worker's employment.
6. Documentation of gross wages (i.e., signed payroll records as well as actual hours worked) paid to the injured worker for each pay period must be submitted to BWC for verification before reimbursement will be paid.

NOTE: This form may be used to reimburse the employer or to make payment to the injured worker. The weekly GRTW LM rate must not exceed the injured worker's previous weekly LM rate.

Please indicate which method is being used by checking the appropriate box: Employer reimbursement Injured worker receipt of GRTW LM

GRTW Schedule

GRTW Dates	Total Weeks	Hours Worked	Hours Not Worked	Wages to be paid by Employer to IW	Reimbursement to be paid by BWC to Employer	GRTW LM to be paid by BWC to IW
From: _____ To: _____				\$ _____	\$ _____	\$ _____
From: _____ To: _____				\$ _____	\$ _____	\$ _____
From: _____ To: _____				\$ _____	\$ _____	\$ _____
From: _____ To: _____				\$ _____	\$ _____	\$ _____
From: _____ To: _____				\$ _____	\$ _____	\$ _____
From: _____ To: _____				\$ _____	\$ _____	\$ _____

Authorized employer name			
Address	City	State	9-digit ZIP Code
Employer representative signature & title			Date
Injured worker signature			Date
MCO assigned vocational case manager signature			Date

Distribution - BWC claim file, Injured worker, Injured worker representative, Employer, Employer representative



Instructions

- Please print or type.
Make sure to enter four digits for the year in all date fields.
You must include Narrative justification. Use a blank sheet and attach to this plan.
Follow distribution list at bottom of page 2.
Prior to injured worker signature, the managed care organization (MCO) must approve the plan.

Form with fields for Injured worker name (Last, First, MI), Claim number, Date recommended for vocational rehabilitation services, Return to work goal (check one), Allowed injury, Targeted job/job group, Type of plan (check one), and a table for Service provider, Service date, and Estimated cost.

Plan of Service Approval

I have received a copy of the Rehabilitation Agreement (RH-1) and Individualized Vocational Rehabilitation Plan (RH-2) and understand and accept its conditions. By signing this plan of service, I agree to participate in all planned services as scheduled and to the attached narrative justification.

Warning: Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he/she is not entitled, is subject to felony criminal prosecution for fraud.

Approval signature section with checkboxes for MCO approval, injured worker approval, employer approval, and signature lines for MCO representative, injured worker, and vocational rehabilitation case manager.

Required narrative justification should include medical and vocational history; level of hierarchy for return-to-work (RTW), and rationale; barriers to RTW, including unallowed conditions; plan strategies and services for injured worker's RTW; and in amended plans, rationale for additional services and/or change in plan direction.

Note: Injured workers name, claim number and date must be on each page of narrative and justification.

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative, MCO



Instructions

File this application when requesting an initial payment of wage loss compensation.

- Complete the form in its entirety.
• Provide your physician completing this form with a copy of the functional job description at the time of injury and have him or her complete the medical report.
• Provide your employer at the time of injury with all copies and attachments.
• Return the completed form to your local customer service specialist or your self-insuring employer.

You must attach the following when requesting working wage loss (WWL):

- Written proof that employment has been sought with your employer of record;
• Copies of current pay stubs with gross earnings or a completed C-94-A Wage Statement notarized if completed by the injured worker.

You must attach the following when requesting non-working wage loss (NWWL):

- Written proof that employment has been sought with your employer of record.
• Proof of registration with the Ohio Department of Job and Family Services;
• Completed wage loss statement(s) for job search (C-141).

Form with fields for Injured worker name, Date of birth, Claim number, Address, City, State, Nine-digit ZIP code, Occupation or job title at time of injury, Injured worker telephone number, Employer name at time of injury, Employer telephone number, Address, City, State, Nine-digit ZIP code.

I am requesting WWL benefits from _____ to _____

I am requesting NWWL benefits from _____ to _____

Previous work history

This is required for initial applications of WWL and NWWL. Please provide your employment history for each position that contributed to your income at a minimum of the last 10 years. (Please attach additional sheets with this information if necessary.) BWC may use this information to determine possible referral for vocational rehabilitation and to evaluate job search efforts.

Table with 5 columns: Employer, Dates of employment, Job title, Reason for leaving, Earnings. Rows 1-8.

Warning

I have answered the foregoing questions truthfully and completely. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC or self-insuring employers, or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

I hereby request payment of wage loss benefits for the period listed and certify that the information listed on this Application for Wage Loss Compensation is correct to the best of my knowledge. I have also given a copy of this application with supporting documentation to my employer at the time of injury.

Form with fields for Injured worker signature and Date.



Instructions for the physician

- BWC will use this medical report as part of an application for wage loss compensation.
Please complete this report in its entirety.
Attach additional information that you feel will substantiate this request.
The attending physician must complete and submit this report every 90 days if restrictions are temporary or every 180 days if restrictions are permanent.

Form with fields for Injured worker name, Claim number, Name of physician, Telephone number, Fax number, Address, City, State, Nine-digit ZIP code, Date of this report, Date of last medical examination, and a section for listing allowed conditions.

Indicate only the restrictions caused by any impairment resulting from the allowed conditions. For psychiatric/psychological conditions - attach narrative report outlining restrictions. For physical capacity - denote below.

Form for physical capacity: Total hours during an eight-hour day injured worker can (0-8) and Injured worker can: (% of eight-hour day) for activities like Sit, Stand, Walk, Bend, Squat, etc.

Form for physical capacity: Injured worker can lift: (% of eight-hour day) and Injured worker can carry: (% of eight-hour day) for weights like Up to 5 lbs, 6-10 lbs, etc.

Form for repetitive actions: Use of hands in repetitive action such as (Simple grasping, Pushing and pulling arm controls, Fine manipulation) and Use of feet in repetitive movements of leg controls.

Form for additional restrictions: Based on the allowed conditions of this claim, please list any additional restrictions not specified in the physical capacity section. Are the restrictions temporary or permanent? Duration of the restrictions: from to. Due to the restrictions noted above, how many total hours per day and per week can the injured worker work?

Physician signature (Mandatory) section: I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Fields for Physician name, Physician signature, and Date.



Instructions

- Please print or type.
• Make sure to enter four digits for the year in all date fields.
• MCO rep: Follow the distribution list at the bottom.

Form with fields for Injured worker name, Claim number, Address, City, State, Nine-digit ZIP code, and a table with columns: Description of tool or equipment, QTY, Cost, Date item loaned, Date item returned, Date item released. Rows A through G.

I, the injured worker, understand that BWC is loaning the items above to me, and they will remain the property of BWC until released to me in writing. I understand BWC may require me to replace lost or damaged items, unless the damage is due to normal wear and tear.

The MCO representative will complete this Release statement, and transfer these items to me after 90 days of employment. I agree to return these items to the MCO representative if this employment is not maintained for ninety 90 days.

Loan agreement section with title 'Loan agreement' and fields for Injured worker signature, Date, Authorized MCO representative signature, Date.

Return statement section with title 'Return statement' and fields for Injured worker signature, Authorized MCO representative signature.

MCO Release statement section with title 'MCO Release statement' and fields for Authorized MCO representative signature, Date.

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative, MCO

**MCO Vocational Rehabilitation
Screening Tool**

MCO Name _____ **MCO Number** _____

MCO Voc Rehab Coordinator _____ **Phone Number** _____

MCO Contact: _____ **Phone Number** _____

Injured Worker Name _____ **Claim #** _____

Referral: Internal External (Specify) _____

1. Is injured worker medically stable to actively participate in vocational rehabilitation services geared toward RTW? **(THIS IS FROM A FILE REVIEW PERSPECTIVE)**

2. Are there opportunities for TW or does alternative work exist at the injured worker's employer?

3. What is this injured worker's significant impediment for RTW?

4. Is this a re-referral for vocational rehabilitation? (Yes/No) If yes, what are the new or changed circumstances now making the injured worker feasible for vocational rehabilitation services geared toward RTW?

5. Other relevant information:

This injured worker appears to be eligible for vocational rehabilitation. Yes No
Please verify eligibility or ineligibility.

NOTE: Upon receipt of positive eligibility verification the MCO must contact the injured worker to determine interest in vocational rehabilitation. An email will then be sent to the DMC outlining the results of the contact and/or case manager assignment or closure.



Instructions

- Please print or type.
• Make sure to enter the four digit year in all date fields.
• Case Manager: follow the distribution list at the bottom.

Table with 2 columns: Injured worker, Claim number

This agreement is entered into between BWC and _____, hereinafter referred to as "employer/trainer" of _____, for the purpose of providing _____, an injured worker of BWC, hereinafter referred to as "trainee," with training designed to result in marketable employment skills. In consideration of the mutual covenants contained herein, BWC and the employer mutually agree to the following:

- 1. The employer/trainer will employ and perform all on-the-job training services as stated herein for the trainee, for a period of _____, beginning _____ and ending _____. If both parties mutually agree, they can reduce or extend this period for the benefit of the trainee.
2. The trainee will train for _____ hours per day for a total of _____ hours per week, at a rate of \$ _____ per hour, minus deductions required by law. The employer will also pay workers' compensation, as applicable. The employer/trainer will pay the trainee on a _____ basis. (If the employer pays a graduated wage, he/she can find these specifications in the On-The-Job Training Outline.)
3. Any time the trainee works over _____ hours per day, or _____ hours per week, the employer will compensate at a rate of \$ _____ to be paid entirely by the employer.
4. The employer will furnish all instructions and services in accordance with the On-The-Job Training Outline attached hereto and made a part hereof and any materials, equipment and supplies agreed to therein, for the purpose of providing the trainee with the necessary skills to become a _____.
5. The employer will retain the trainee as a permanent employee upon successful completion of the training.
6. The employer will submit the Employer/Trainer's Report form to _____ (VRCM) every two weeks during the training period. This vocational rehabilitation case manager will serve as a liaison between the trainee, the trainer and BWC.
7. The employer will inform the liaison immediately when any problems or disputes arise during the training period concerning the trainee's progress in the training program, work habits or behavioral problems affecting the trainee's participation in the program. The employer/trainer will in good faith, and with the assistance of the liaison make all reasonable efforts to resolve such problems and disputes.
8. The employer may, if it is necessary to prevent interference with the efficient operation of employer's business, suspend the trainee. Immediately upon such suspension, the employer must give notification to the liaison stating the reasons that make such suspension necessary. During this period of suspension, the employer will meet with the liaison and the trainee if both parties agree, and in good faith make all reasonable efforts to resolve the problems leading to suspension.
9. The employer may cancel this agreement for either of the following reasons:
a. After suspension of the trainee when negotiations between the employer and the liaison, as set forth in paragraphs 7 and 8, fail to resolve the problems leading to a suspension; or
b. Upon 15 calendar days written notice to the liaison stating the reasons why further participation by the trainee in the training program would not result in the trainee achieving the marketable job skill, which is the on-the-job training program is intended purpose. In the event of such cancellation, the training will terminate.
10. BWC may cancel this agreement on one calendar week's notice if it determines the employer has failed to maintain a reasonable adherence to the provisions of this agreement. BWC may also cancel this agreement if the employer fails to provide the trainee with the instruction, opportunities, materials or services necessary for the trainee to achieve the marketable job skills, which is the on-the-job training program's intended purpose. In the event of such cancellation, any training fee to the employer will terminate.
11. BWC will pay to the employer a training fee as follows: _____ hours X \$ _____ per hour. If this is a graduated fee, these specifications will be found in the On-The-Job Training Outline.

Warning: Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he/she is not entitled, is subject to felony criminal prosecution for fraud.

Table with 4 columns: Training site company, Telephone number, Employer signature, Date; Street address, City, State, 9-digit ZIP Code; Vocational Rehabilitation Case Manager signature, Date, Trainee signature, Date

The obligations under this agreement are subject to the provisions of Ohio Revised Code 131.17 and to the State Controlling Board approval, if applicable.

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative



Instructions

- Physician must complete this form when the injured worker is under work restrictions or is temporarily totally disabled.
You must send or fax a copy of the completed form to the managed care organization (MCO) and a copy given to the injured worker at time of exam.
You may use any other physician-generated document provided that the substitute document contains, at a minimum, the data elements on the MEDCO-14.
If injured worker is employed by a self-insuring employer complete this form and mail or fax it to the self-insuring employer.

Fax Note:

Table with 2 columns: To, From. Rows include Toll-free phone number, Phone number, Toll-free fax number, Fax number.

Form with fields: Injured worker name, Claim number, SSN if claim number unknown, Date of injury, Injured worker occupation, Employer name.

WORK ACTIVITY section containing: Return to work (RTW) options, Work/Non-Work Capabilities table (Lift/Carry, Bending, Twist/turn, etc.), Hand restrictions, and Physician's further explanation.

MMI section: Has the work-related injury(s) or occupational disease reached a treatment plateau at which no fundamental functional or physiological change can be expected despite continuing medical or rehabilitative intervention (maximum medical improvement): Yes/No. Note: Periodic medical treatment may still be requested and provided.

REHAB section: Check if vocational rehabilitation return to work services are indicated. Physician name and address (please print, type or stamp).

Date of this exam and Follow-up appointment Date and Time fields.

I certify the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment, or both. Physician signature (mandatory) and Date fields.

Completing the MEDCO-14 Physician's Report of Work Ability

Instructions

The MEDCO-14 is a physician's report of work ability. This form provides the injured worker and employer with important physician information regarding the injured workers' ability to work and specific instructions to aid in recovery.

1. The physician of record or treating physician must complete this form every time the injured worker is seen and is under any work restrictions, off work, or working with accommodations.
 - This form is not required if the injured worker is permanently and totally disabled or is not under any work restrictions.
2. This is a two-part form.
 - Give one copy to the injured worker at the time of the office visit.
 - Fax a copy to the appropriate managed care organization (MCO).
 - If requested, you may send a copy directly to the employer.
Note: If the injured worker is employed by a self-insuring employer, complete this form and fax or mail directly to the self-insured employer.
3. *The Request for Temporary Total Compensation (C-84)* is most often used to report an injured worker is temporarily totally disabled from work due to the injury and is requesting compensation benefits. However, you may use the *Physician's Report of Work Ability (MEDCO-14)* to extend compensation.
4. You may use any other physician generated document, provided that the substitute document contains, at a minimum, the data elements that are on the MEDCO-14.

Benefits of successful early return to work

- Early and successful return to work (RTW) benefits everyone. The costs of any disability go far beyond the measurable costs for medical care and compensation payments. Early return to work initiatives are dependent on communication and cooperation by physicians, employees, employers, MCOs, rehabilitation specialists and BWC.
- Many employers have early RTW programs and are willing to accommodate physicians' restrictions for their employees. A successful RTW program asks the injured worker pace himself/herself and not work beyond his/her limits. BWC encourages physicians to consider releasing the injured worker to full or restricted duty as soon as the injured worker is able, including midweek. Returning the injured worker midweek or as soon as medically able helps the injured worker both physically and psychologically.
- Most injured workers return to work right away with minimal assistance. But, some injured workers require more medical care resulting in longer recovery and time away from work. Some injured workers may even require vocational services to return to productive employment. Together, the injured worker, physician, MCO, employer, and BWC will create a RTW program that is personally tailored for the injured worker's job as well as the injury.
- There are several options available if the employer cannot make accommodations for the injured worker's restrictions. The injured worker may continue to receive temporary total compensation or be eligible for other types of compensation. The physician should communicate with the MCO to determine if the employer can accommodate other types of return-to-work options including:
 - **Transitional work** - Work that uses real job duties for a specified period of time (generally not exceeding two or three months) to help injured workers progress to their original job;
 - **Modified work** - Work in which physical barriers that may keep the injured worker from performing essential job functions are adapted, altered or removed;
 - **Light duty** - Work in which the job requirements are performed at reduced physical capabilities. Job tasks may be temporary or permanent;
 - **Alternative work** - Work for injured workers who are permanently restricted from their original jobs, but have other abilities and can be employed.
- Talk to the MCO if you feel the injured worker would benefit from vocational rehabilitation services.

The American Academy of Orthopedic Surgeons and the American Association of Orthopedic Surgeons believe that safe early return-to-work programs are in the best interest of patients. Studies have demonstrated that prolonged time away from work makes recovery and return to work progressively less likely. Return to work in light duty, part-time or modified duty programs is important in preventing the deconditioning and psychological behavior patterns that inhibit successful return to work and in improving quality of life for the injured worker.



Instructions

- Please print or type.
- Make sure to enter four digits for the year in all date fields.
- If you have any questions, please call your case manager.
- **Injured worker**, return completed form to your case manager.
- **Case manager**, please follow the distribution list at the bottom of the form.

Injured Worker Information			
Injured worker name (Last)	(First)	(MI)	Claim number
Social Security number		Referral date	

Statement of Interest in Rehabilitation Services
<p>As an injured worker, I wish to be considered for return-to-work rehabilitation services. I understand the determination of feasibility for services may involve medical, psychological and/or vocational evaluation(s) to establish my rehabilitation readiness. To verify feasibility and to develop an authorized rehabilitation plan, I may need to consult with my physician, employer of record, attorney and/or other professionals.</p> <p>Once rehabilitation services appear feasible, and I become active in an authorized rehabilitation plan, I will cooperate fully with the assigned managed care organization (MCO) in the planning process and participate in the prescribed services. I understand these services may include specific therapy, treatment, assistive devices and vocational programs to meet the return to work goals of my plan. Further, I recognize the responsibility for obtaining employment is mine, although I may receive assistance through my rehabilitation plan.</p> <p>I realize BWC expects my active participation to be 40 hours per week during my rehabilitation plan, whenever possible. If I deviate from planned activities because of illness, injury, employment, or if I desire to discontinue participation, I will notify my vocational rehabilitation case manager as soon as possible. I understand BWC can reduce living maintenance payments to which I may be entitled for unexcused absence or for other appropriate reasons.</p> <p>If I apply for a lump sum settlement, I will notify my vocational rehabilitation case manager immediately. I understand that failure to do this may result in my being responsible for additional expenses.</p> <p>I understand that treatment for a condition not allowed in this claim, does not imply acceptance of the condition by BWC or the assigned MCO.</p>

Injured Worker Certification		
<p>Warning: Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he/she is not entitled, is subject to felony criminal prosecution for fraud.</p> <p>By signing below, I certify I have read and understand the statements above and agree with these conditions.</p>		
<table border="1"> <tr> <td>Injured worker signature</td> <td>Date</td> </tr> </table>	Injured worker signature	Date
Injured worker signature	Date	

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative



Instructions

- Please print or type.
• Make sure to enter four digits for the year in all date fields.
• If you have any questions, please call the customer service team representative assigned to the claim.
• Follow the distribution list at the bottom of the form.

Note: Your acceptance of the injured worker below qualifies your agency for reimbursement of the state portion of its expenditures in accordance with the agreement between the Rehabilitation Services Commission (RSC) and BWC, effective June 10, 1985.

This referral is in accordance with Section 4121.69(B) and (C) of the Ohio Revised Code and the BWC Rule 4123-18-13.

Form with fields for Injured worker name (Last, First, M.I.), Social Security number, Claim number, Address, Telephone number, City, State, Nine-digit ZIP code, County, Sex (Male/Female), Date of birth, Date of injury, Allowable conditions, Referral source (Managed care organization/Vocational rehabilitation consultant), Date of referral, Reason for referral, MCO name, MCO case manager name, Case manager telephone number, BWC customer service office, Vocational rehabilitation consultant name, Consultant telephone number, RSC agency (BSVI/BVR), RSC counselor name, RSC counselor telephone number, Address (location of RSC counselor), City, State, Nine-digit ZIP code.

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative, MCO

Job Description

Injured Worker Name:

BWC Claim Number:

In order for the Bureau of Worker's Compensation to manage the disability of the above-mentioned injured worker, a description of their regular duty job is required. If your company has a formalized job description, please forward a copy of this to the BWC Claims Service Specialist.

If a formalized job description does not exist, please complete the questions below and return this completed questionnaire to your assigned BWC claims specialist.

Occupation/Job Title

Primary Duties

Secondary Duties

Does the injured worker drive or operate machinery? Please describe.

Are you able to provide modified duty for this injured worker?

Yes No Possibly (circle one)

Please circle the physical requirements of the injured worker's job.

Lifting Requirements

Up to 5lbs	Never	Occasionally	Frequently	Continuously
6 to 10 lbs	Never	Occasionally	Frequently	Continuously
11 to 20 lbs	Never	Occasionally	Frequently	Continuously
21 to 25 lbs	Never	Occasionally	Frequently	Continuously
26 to 50 lbs	Never	Occasionally	Frequently	Continuously
51 to 100 lbs	Never	Occasionally	Frequently	Continuously

Carrying Requirements

Up to 5lbs	Never	Occasionally	Frequently	Continuously
6 to 10 lbs	Never	Occasionally	Frequently	Continuously
11 to 20 lbs	Never	Occasionally	Frequently	Continuously
21 to 25 lbs	Never	Occasionally	Frequently	Continuously
26 to 50 lbs	Never	Occasionally	Frequently	Continuously
51 to 100 lbs	Never	Occasionally	Frequently	Continuously

Use of Hands for Simple Grasping

Right Hand	Yes	No
Left Hand	Yes	No

Use of Hands for Pushing/Pulling

Right Hand	Yes	No
Left Hand	Yes	No

Use of Hands for Fine Manipulation

Right Hand	Yes	No
Left Hand	Yes	No

Use of Feet for Leg Controls

Right Foot/Leg	Yes	No
Left Foot/Leg	Yes	No
Both	Yes	No

Other Requirements

Bend	Never	Occasionally	Frequently	Continuously
Squat	Never	Occasionally	Frequently	Continuously
Crawl	Never	Occasionally	Frequently	Continuously
Climb	Never	Occasionally	Frequently	Continuously
Reach	Never	Occasionally	Frequently	Continuously

TRANSITIONAL WORK DUTY

EMPLOYEE NAME _____

TITLE/POSITION _____ PCN _____

DISTRICT/DIVISION _____ WORK UNIT _____

This report covers the two-week period from _____ to _____

Please rate the injured worker by marking in the appropriate blocks below and record observations for each item checked.

	Above Average	Average	Below Average	Observations
General Progress				
Ability to follow instructions				
Cooperation				
Initiative				
Attitude				
Safety habits				
Use of tools or equipment				
Physical/Manual dexterity				

Additional comments and/or recommendations: _____

Attendance Record

Please place an "A" in the block for any date for which the injured worker was scheduled to work but did not report.

Date							
# hrs. worked							

Signature and Title of Manager

Labor Signature

Case Study

What about Herbie?

Outcome Management – Developing A Plan Of Action

- Investigate the availability of modified duty or transitional work
- Address allowance of additional conditions
- Drugs
 - Physician reviews
 - Various programs
- Scheduling independent medical exams

Fraud vs. Abuse

Fraud

- Requires “knowledge and intent”
- Overt act
- Intentional omission

Abuse

- Excessive use or misuse of workers’ compensation system
- Cannot be criminally prosecuted under the law
- Dealt with through administrative channels (IC)

Computing And Paying Compensation

- Full weekly wage
- Average weekly wage
- Special circumstances
- Minimum and maximum award calculations
- When is compensation payable?

Types Of Compensation

- Temporary total
- Salary continuation
- Living maintenance
- Living maintenance wage loss
- Wage loss

Wage/Salary Continuation*

- Employer continues to pay employee their normal wage.
- Reserves are suppressed.
- Employee continues to accrue seniority, retirement, leave, etc.
- Health insurance continues, if employer provides it.

* Not available with Deductible Program

Types Of Compensation

- Violation of specific safety requirements
- Percentage of permanent partial
- Scheduled loss
- Facial disfigurement
- Permanent total disability
- Disabled Workers' Relief Fund

Types Of Compensation

- Settlement
- Settlement application is filed
- Determination is made on potential future cost
- Settlement amount is negotiated with all parties
- Settlement agreement is published
- 30-day hold period
- Settlement is paid/claim is closed

Settlement

- A formal agreement should be completed at least 45 days before the experience period snapshot.
 - Submit by Nov. 15 for private employers.
 - Submit by May 15 for public employers.
- 30 days must be allowed for IC approval.
- Reserve drops to zero.
- Money for settlements comes from BWC, not the employer.

Case Study

More From Herbie.

Cost benefits of lump sum settlement

Herbie has agreed to settle his claim for =\$5,000

<u>Non-settled claim</u>		<u>Claim settled for \$5,000</u>	
Medical:	\$4,359.54	Medical:	\$4,359.54
Comp:	\$4,693.58	Comp:	\$9,693.58
Reserve*:	<u>\$47,726.08</u>	Reserve:	<u>\$ 0</u>
Total value:	\$56,779.20	Total Value:	\$14,053.12

* Reserve of \$47,726.08 takes care of further cost of the claim.

Settling a claim means there will be no further activity in the claim. Therefore, the reserve goes to zero and the amount of settlement will be added to the comp paid.

Settling the claim means there will be \$42,726.08 less charged to the experience for premium rate making purposes.

Other Cost Savings Impacts

- Handicap reimbursement
- Pursuit of settlement
- Subrogation

Discount Programs And Optional Rating Plans

- Group-retrospective rating
- Deductible Program
- Drug-Free Workplace Program
- 100% Cap on EM Increase
- Individual-retrospective rating
- Safety Council Rebate
- \$15K Program
- One Claim Program
- Self-insurance
- Group rating

How can you impact claims management?

- Work with treating provider to facilitate an early return to work.
- Work with immediate supervisor to ensure employee adheres to any restrictions.
- Use BWC Web site to monitor claims.
- Staff existing claims with customer care team to determine impact of pursuing settlement.
- Partner with BWC safety and hygiene personnel to determine possible injury prevention measures.

How can you impact claims management?

- Encourage employees to immediately report near misses and accidents.
- Ensure claims are reported to BWC as quickly as possible.
- Verify the facts of the claim in a timely manner.
- Maintain ongoing contact with the injured worker.
- Share availability of modified or transitional work information with the customer care team.

**Remember if you don't
manage the claim ...**

it will manage you!

Handicap Reimbursement

Handicap Reimbursement is a program designed to encourage employers to hire and retain an employee with a handicapped condition, as listed in ORC 4123.343(A) or an employee with a military service handicap according to ORC 4123.63.

Definition of handicapped employee: One who has physical or mental impairment, whether congenital or due to injury or disease. The impairment must jeopardize the individual's opportunity for employment or reemployment. The impairment must be due to any of the conditions or diseases listed below:

Epilepsy	Varicose veins
Chronic osteomyelitis	Cerebral palsy
Diabetes	Coal Miner's pneumoconiosis (Black Lung)
Ankylosis of joints	Multiple sclerosis
Cardiac disease	Psycho- neurosis
Hyperinsulinism	Parkinson's disease
Arthritis	Hemophilia
Muscular dystrophy	Cerebral vascular accident
Amputation	Cardiovascular diseases
Arteriosclerosis	Tuberculosis
Sight loss	Pulmonary or respiratory diseases
Thrombophlebitis	Rehabilitation disability
Polio	

- How does the employer benefit from Handicap Reimbursement?
Answer: Portions of the claim's cost resulting from the pre-existing handicap are charged to BWC surplus fund, not to the employer's experience.
- How can the employer qualify for Handicap Reimbursement?
Answer: Employee's pre-existing handicap contributes to work-related disability, disease or death, and must be substantiated by medical evidence.
OR
Employee's work-related accident aggravates the pre-existing handicap and must be substantiated by medical evidence.
- How can the employer file for Handicap Reimbursement?
Answer: When the employer becomes aware that the handicapped employee is injured and the handicap is impacting the cost of the claim, the employer may submit Application for Handicap Reimbursement (CHP-4A) with BWC.



Herbie, an office employee in a large manufacturing plant was delivering a large box of office supplies to the shipping/receiving supervisor who was located in the rear of the shop area. The maintenance crew had temporarily placed some pallets in the marked aisle way causing Herbie to walk around the pallets in the work area. He slipped on some oil on the floor and fell backwards on top of the pallets and onto the floor. He was helped up, stated he was all right, and continued his delivery without bothering to mention the incident to his supervisor. Two days later Herbie could barely get out of bed complaining of severe lower back pain. He called in sick, visited his doctor that day. After hearing what happened two days before, the doctor filed a back injury claim for Herbie with Workers' Compensation.

Office employees had been trained to keep inside the marked aisle ways and shop employees had been trained not to place equipment there, however when the dock area became overloaded the maintenance crew had been instructed by a dock employee to put the pallets there temporarily only until the dock could be cleared. The machine operator had reported the oil leak on the floor to maintenance but they were too busy responding to the dock backlog situation, which had been going on for several days to respond to maintenance requests.

As mentioned earlier, Herbie's claim was submitted by his doctor two days after the injury occurred. Herbie hadn't been to the doctor in years and had heard about this doctor from one of his close friends at work who has used this doctor for an injury similar to his. His friend was off for several months and seemed to really feel that this doctor treated him well.

Herbie reported the injury 12 days ago and the claim has yet to be determined by BWC. Your policy is to pay salary continuation to all of your employees.

What steps would you take during this two-week period to lessen the impacts of this injury to your company?

What resources could you use?

Did you consider this:

- Contact your IW to see how they are doing.
 - Ask what barriers they have to returning to work.
 - See if you can eliminate any of the barriers
 - Ask them what is going on with their treatment right now, when their next appointment is and what their plan is for RTW.
 - Explain how your salary continuation will work and for how long.
 - Give them phone numbers to call with any questions or problems.
- Contact the treating provider to see get restrictions
 - Share the IW's job description and Transitional work opportunities.
 - Ask the doctor to review them and outline what if anything the IW could do at work.
 - Attempt to create a job that would fit the restrictions of the POR. (Ensure that this offer is signed off by the provider)
 - Ask for RTW barriers
- Pay the IW timely if salary continuation is chosen.
- If an agreement can be reached with a provider on a transitional duty or regular duty job contact the IW to set expectations and send the offer in writing to the IW's home.
- Share pertinent information with your Claims Service Specialist.
- Consider the possibility of certifying the claim or waiving the appeal period.



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The claim was allowed and attempts to get an early RTW have failed. Herbie has now been off for seven weeks and has not heard from his employer five weeks. However, Herbie did opt to receive salary continuation from his employer and has been getting his paycheck like clockwork every two weeks.

What barriers to return to work can you identify?

What steps could have been taken to eliminate or minimize the barrier?

What steps could be taken to facilitate an early return to work?

How might you use the following resources?

- BWC Employer Service Specialist
- BWC Claims Service Specialist
- MCO

Are there any other resources you might access?