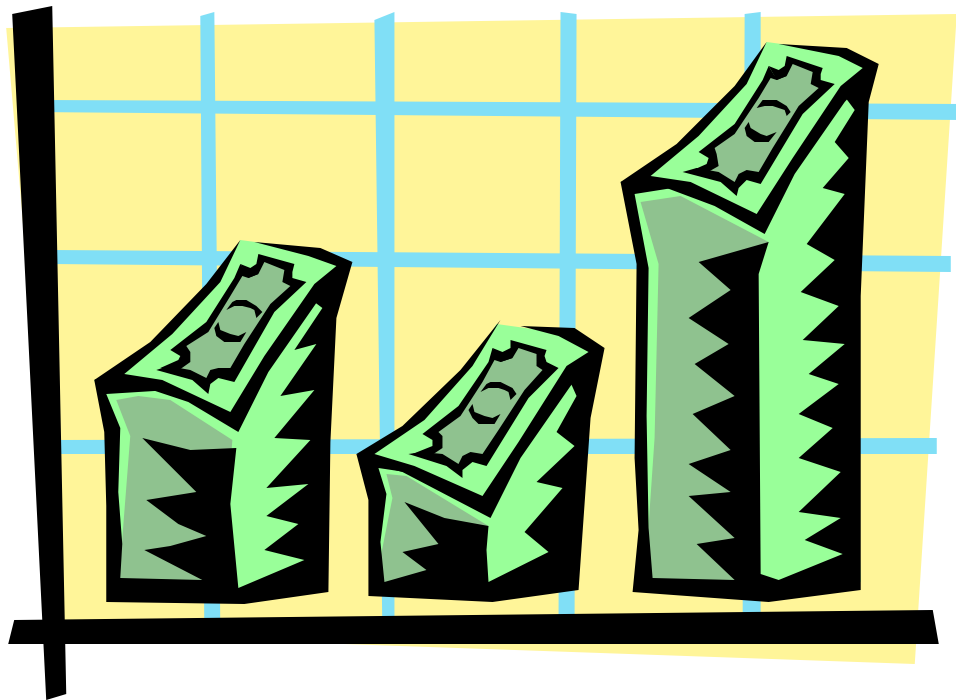


# Controlling Workers' Compensation Costs



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# Objectives

## What You Will Learn:

- basic understanding of how workers' compensation rates are determined and the costs that drive them;
- why your rates are high or low and who controls them;
- NCCI classifications, various rating plan options, and experience rating;
- strategies to control costs, such as loss prevention, administrative, early return-to-work and other claims management controls;
- an overview of the Safety Culture Wheel with an emphasis on a leadership-supported safety culture, employee involvement, and accident prevention.

# Agenda

- 8:30     **Section I**  
Course Introduction  
**Section II**  
Safety Culture Wheel
- Leadership
  - Systems & Processes
- Section III**  
Cost effectiveness  
Understanding Workers' Compensation Rates
- 10-Step Business Plan
  - Manual classifications
  - Rating concepts
  - Base rating
  - Experience rating
  - Special programs & grants
  - Additional rating plans
- 11:30    LUNCH
- 12:30    **Section IV**  
Direct & Indirect Costs  
10-Step Business Plan  
Safety Wheel
- Involvement
  - Organizational Style
- Section V Risk Strategies**  
Pro-active Claims Management
- Early Intervention
  - Accident Reduction
    - Presumptive Authorization
    - Return to Work
    - Remain at Work
    - Transitional Work
    - Vocational Rehabilitation
  - Settlements
- Section VI**  
Safety Wheel
- Measurement & Accountability
- Financial Accountability
- How to approach upper management
  - How to approach workforce
  - Action Plan
- 4:15     Summary
- 4:30     DISMISS

There will be one morning and two afternoon breaks.

*Controlling Workers' Compensation Costs*  
Instructors

<b>Name</b>	<b>Dept.</b>	<b>Area</b>	<b>Office</b>	<b>Phone</b>	<b>Title</b>
Abrams, Ron	DSH	NE	Independence	216-573-7200	Safety Consultant
Apple, Dennis	DSH	E	Canton	330-471-0064	Safety Consultant
Ault, Bob	DSH	NE	Warren	330-509-8969	Loss Prevention Manager
Bailey, Belinda	Risk	E	Zanesville	740-450-5251	Employer Services
Betts, Mary	Risk	NE	Warren	330-306-4148	Employer Services
Boughan, Troy	Risk	NW	Lima	419-227-4763	Business Consultant
Buchanan, Louise	Risk	NE	Independence	216-573-8145	Business Consultant
Cunningham, Mark	Risk	Central	Columbus North	614-752-4538 vm 523-6028	Employer Services
Durkin, George	Risk	NE	Youngstown	330-793-5797	Risk Supervisor
Fischer, Kathy	Risk	NE	Independence Level 2	216-573-7026	Business Consultant
Garver, Mark	DSH	Central	Columbus North	614-823-9067	Loss Prevention Manager
Howell, John	Risk	E	Zanesville, L3	740-450-5218 vm 523-8171	Business Consultant
Lanning, Rod	Risk	NW	Lima	419-227-7261	Risk Supervisor
McCammon, Kevin	Risk	NW	Toledo	419-245-2540	Risk Supervisor
Minotti, Sharon	Risk	NE	Warren	330- 306-4149	Employer Services
Skinner, D.C.	DSH	NW	Toledo	419-327-8993	Loss Prevention Manager
Smith-Goff, Sandy	Risk	SW	Dayton	937-643-6503	BC, interim SOM Dayton
Taylor, Jim	DSH	SW	Dayton	937-643-6791	Industrial Hygienist
Turner, Scott	DSH	NE	Independence	216-999-9322	Safety Consultant
Tyree, Gene	DSH	E	Zanesville	614-823-9099	Loss Prevention Manager
Vernon, Mike	Risk	NE	Akron	330-643-1479	ES Supervisor
Williams, Christine	Risk	NE	Youngstown	330-793-5896	Business Consultant
Williams, Kim	Risk	SW	Gov's Hill	513-583-4467	Risk Supervisor
Wilson, Tom	DSH	NE	Independence	216-999-9320	Employer Services

As of May 22, 2003





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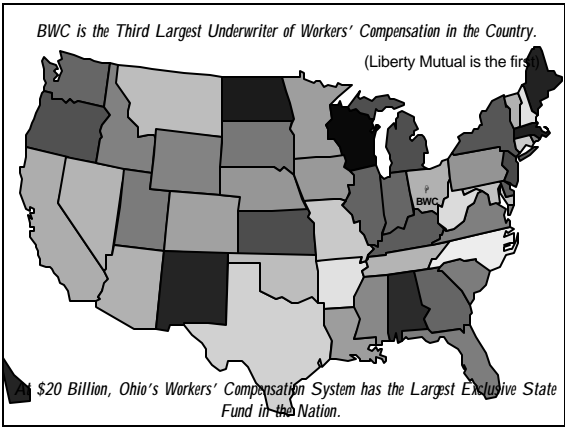
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**National Rate Trend**  
Industry-wide reduction of 27% over the past 6 years  
One 75% dividend unprecedented -- let alone 5 of them

*Business First*, Columbus - quoted NCCI spokesperson Sept. 2000

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**Ohio VS. National Rates**  
Average national rate = \$2.45 per \$100  
Average Ohio rate = \$2.39 per \$100

1995 National rate was \$2.97 VS. Ohio \$3.36

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## *Controlling Workers' Compensation Costs*

### *Section 2: Safety Culture Wheel*

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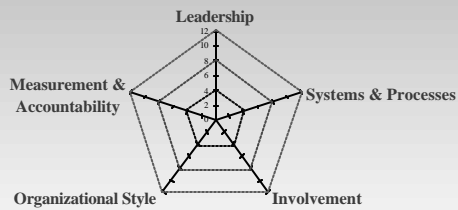
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## *Safety Culture Wheel*



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### *Safety Culture Wheel Instructions*

- Consider the questions in each category
- Rate your company on a scale from 0 to 3
  - 0 = Weakness
  - 1 = Some aspects covered
  - 2 = Could be improved
  - 3 = Strength
- Total the points under each category
- Plot the totals onto the corresponding axis.
- Connect the plotted points from axis to adjacent axis.

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### *Plan of Action*

- **Action to be taken**
- **Who will be assigned**
- **What date for completion**
- **Has Action been completed**



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### *Defining Safety Culture*

- *What are the attitudes of top managers?*
- *Why do you think they felt this way?*
- *What is the most powerful safety tool ever invented?*
- *What was the bad water, bad fish thing about?*



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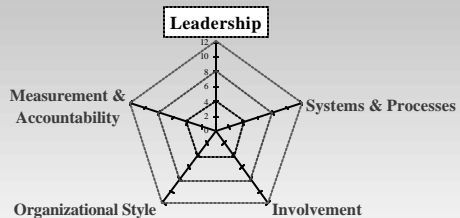
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### *Safety Culture Wheel*



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### Leadership



- \_\_\_ Leadership commitment to safety is active, visible and lively
  - \_\_\_ A clear and inspiring vision has been established for safe performance
  - \_\_\_ Safety is viewed and treated as a line management responsibility
  - \_\_\_ Safety is clearly perceived as an organizational value on the same level with productivity and quality
- TOTAL = \_\_\_

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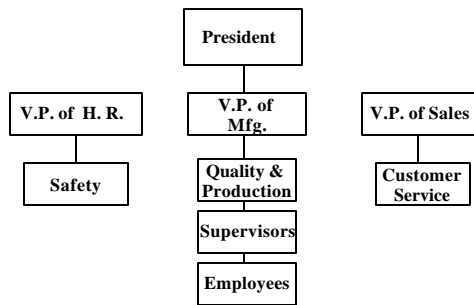
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### Line Management



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*Team Exercise*

**If great safety is zero accidents, do you believe every accident can be prevented?**



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*What now?*

**The unexpected happens**  
**An accident occurs**  
**What now....**



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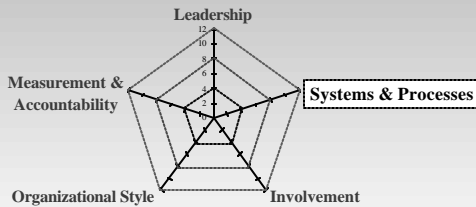
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*Safety Culture Wheel*



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*Systems & Processes*

- \_\_\_ Supervisors and workers partner to find & correct systems causes of incidents
  - \_\_\_ Communication systems are abundant, effective and flow well in all directions
  - \_\_\_ Training systems deliberately & systematically create competency for the right people at the right time
  - \_\_\_ Safe operating procedures and policies are clearly defined and communicated
- TOTAL = \_\_\_

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# Safety Culture Wheel

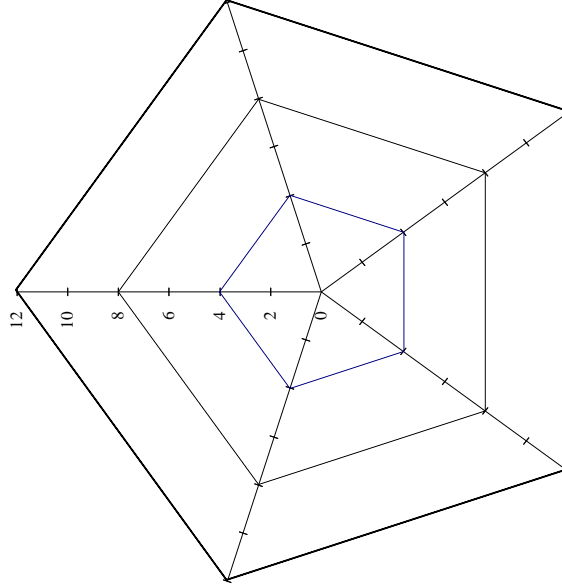
The Ohio Division of Safety & Hygiene  
Leadership Consulting Group

**INSTRUCTIONS:**

- (1) Consider the questions in each category
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## Leadership



## Measurement & Accountability

- \_\_\_ All levels of the organization have safety goals and process responsibilities clearly defined
  - \_\_\_ The process of achieving results is a key safety measure
  - \_\_\_ Performance reviews include accountability for safe performance at all levels
  - \_\_\_ Supervision is accountable to perform safety observations and feedback
- TOTAL = \_\_\_\_\_

## Systems & Processes

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- TOTAL = \_\_\_\_\_

## Organizational Style

- \_\_\_ Trust & openness are the norm
  - \_\_\_ Positive reinforcement is used regularly
  - \_\_\_ Bureaucratic obstacles are removed
  - \_\_\_ There is formal and informal recognition for great performance at all levels
- TOTAL = \_\_\_\_\_

## Involvement

- \_\_\_ Workers are skilled at problem solving & decision making
  - \_\_\_ Labor and management work together to address safety systems issues
  - \_\_\_ Team orientation achieves involvement and cooperation
  - \_\_\_ Innovation, participation and suggestions are encouraged at all levels
- TOTAL = \_\_\_\_\_

# Safety Culture Wheel

## The Ohio Division of Safety & Hygiene

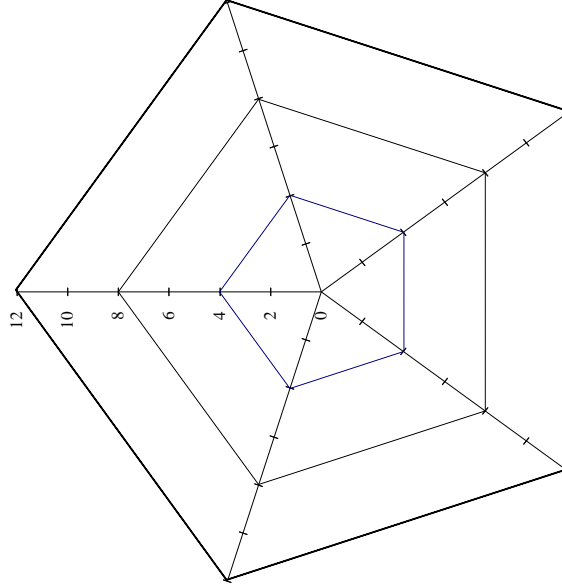
### Leadership Consulting Group

**INSTRUCTIONS:**

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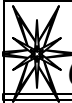












# Controlling Workers'

## Compensation Costs

### Section 3:

### Money & Ratemaking

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**Money**

Your claims activity will drive your rate.

What do you want to pay?

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**Premiums Pay For:**

Safety & Hygiene	1.00%
Rehabilitation	.67%
Claim Costs	

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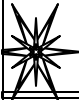
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 **Claim Costs Include:**

-  **the actual money paid on a claim**  
(medical bills and compensation)
-  **the reserve or money intended**  
**to pay estimated future costs for**  
**that claim**

  
**Actual**

  
**Estimated**

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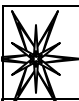
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 **Reserve Example**

Medical	<b>\$ 5,000</b>
TT Compensation	<b>\$10,000</b>
Reserves	<b>\$50,000</b>
<b>Total Value</b>	<b>\$65,000</b>
Value without Reserves	<b>\$15,000</b>

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 **Claim Costs = Rates**

**Now, how do we begin**  
**to divide the bill equitably**  
**so each employer pays the**  
**correct premium?**

**Rate setting spreads**  
**costs equitably**

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**Employers grouped by industry and degree of hazard**



*Imagine a pie of employers  
The pie must be divided*

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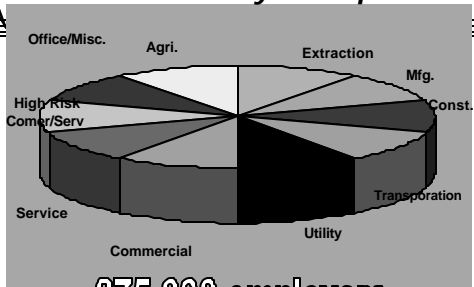
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**10 Industry Groups**



**275,000 employers**

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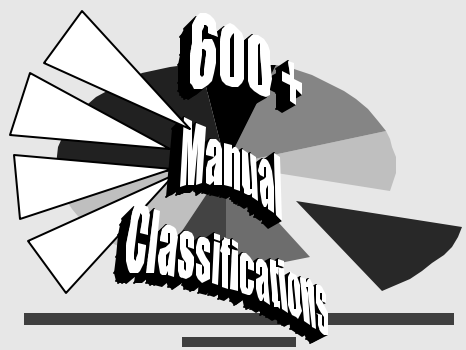
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**600+ Manual Classifications**



*NCCI classifications began 7/1/96*

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*Payroll as measure of exposure*                      *Past as best predictor of future*

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## Rating Concepts

*Industry Classification by degree of hazard*                      *Expected losses as determinant of base rates for a manual classification*

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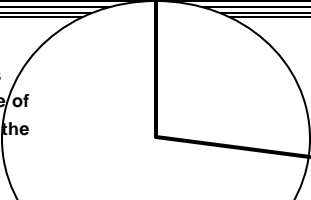
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*Base Rating*

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Average rate determined by collective claims (loss) experience of all employers in the same manual classification.



**About 70% of employers in Ohio are Base Rated**

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*Experience Rating*

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A mandatory rating plan for medium-to large employers in which the employer pays a higher or lower percentage of the base rate as determined by the employer's loss history

- Experience Modification +

<b>50</b>	<b>100</b>	<b>150</b>
<i>Credit</i>	<i>Average</i>	<i>Penalty</i>

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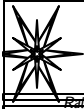
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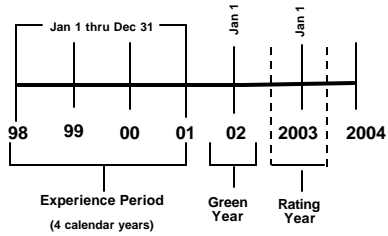
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## Experience Rating

*Rates as of 7/1/03 for private and 7/1/03 for public employees*




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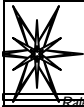
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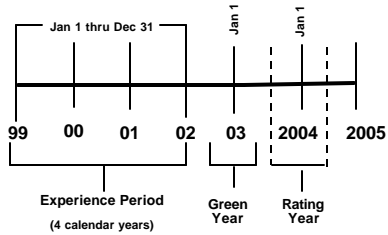
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## Experience Rating

*Rates as of 7/1/04 for private and 7/1/04 for public employees*




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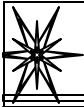
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## Merit Rate Experience Exhibit Snapshot

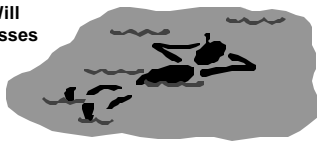
*Dec. 31 for PRIVATE & September 30 for PUBLIC employees*

**TML = YOU**  
**Total Modified Losses**  
**Total Claim Losses for**  
**Experience Period**

**TLL = THEM**  
**Total Limited Losses**  
**Average of Industry &**  
**Payroll size for the state**

**Improvement in the**  
**Industry Average Will**  
**Hurt You if Your Losses**  
**Remain Constant.**

*Snooze you lose...*




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**Credibility and Maximum Value of a Loss**

Credibility Group	Expected Losses*	Credibility Percent	Group Maximum Value
1	8,000	05	12,500
2	15,000	10	17,500
3	27,000	15	25,000
4	45,000	20	37,500
5	62,500	25	55,000
6	90,000	30	75,000
7	122,500	35	87,500
8	160,000	40	100,000
9	202,500	45	112,500
10	250,000	50	125,000
11	302,500	55	137,500
12	360,000	60	150,000
13	422,500	65	162,500
14	490,000	70	175,500
15	562,500	75	187,500
16	640,000	80	200,000
17	722,500	85	212,500
18	810,000	90	225,000
19	902,500	95	237,500
20	1,000,000	100	250,000

Catastrophe value equals \$250,000  
 \*Expected losses are lower limits of credibility groups  
 Revised 7-1-2000

**EMPLOYER EXPERIENCE EXHIBIT**

Policy Year: 2001      Payroll and Losses as of 12/31/2000  
 Policy Number: 1234567-0  
 Employer Name: Valley Enterprises      Federal ID: 99-9999999      Service Company: 12  
 Doing Business As:

Total Modified Losses	Total Limited Losses	Difference	TLL: Difference	Credibility	Equity	Total Modifier	Experience Modifier	Maximum Claim Value
\$76,452	\$33,888	\$46,564	1,0790	0.20	0.2158	0.22	1.22	\$37,500


Claim Listing -

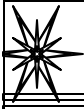
Claim Number	Claimant Name	Manual Number	Injury Date	Indemnity Paid	Indemnity Reserve	Medical Paid	Reserve Code	Total Modified Losses	Handicap Percentage
96-301	Smith, Mike	8029	09/23/1999	\$0	\$0	\$364	0	\$364	0
97-408	Palmer, Robert	8029	08/14/1999	\$0	\$0	\$2,626	0	\$2,626	0
98-564	Dohil, Janet	8029	07/15/1999	\$2567	\$0	\$6,150	0	\$8,418	0
98-601	Smith, Darlene	8029	03/16/1999	\$3,850	\$11,551	\$22,090	26	\$37,500	0
99-232	Wagner, Julie	8029	03/16/1999	\$385	\$3581	\$13038	26	\$17,004	75%
99-765	Taylor, Connie	8029	12/20/1996	\$6,557	\$0	\$3,866	0	\$10,423	0
Totals:				\$10,974	\$13,252	\$46,224		\$76,451	

Manual Number	Manual Type	Manual Experience Period	Manual Expected Payroll	Manual Expected Low Rate	Manual Expected Losses	Manual Limited Loss Ratio	Manual Limited Losses
09945	W	OWC	\$342,889	0.0227	\$7,784	0.6238	\$4,855
08310	W	OWC	\$13,300	0.0014	\$19	0.5725	\$11
08329	W	NCCI	\$2,334,865	0.0199	\$46,464	0.6238	\$28,984
08310	W	NCCI	\$43,769	0.0015	\$66	0.5732	\$38
Totals:				\$2,734,823		\$54,333	\$33,888

**Tabular Reserving System**

- Year Of Claim
- Type of Award
- Date received
- Factors and formulas





## New Reserve System

### MICRO INSURANCE RESERVING ANALYSIS SYSTEM (MIRA)

Created by HNC Insurance Solutions  
Software program with 10 years of BWC history

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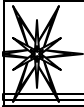
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## MIRA Features

### Individualized Claim Reserving

Cost Drivers  
Data Elements

ICD-9 Codes  
Award  
Gender  
Age  
Classification  
Others



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## Claim Data Elements

Yellow indicates when an IC order may be required

1	NCCI Manual Class Code	25	X-ray/Radiology Paid
2	Date of Injury	26	Laboratory Paid
3	Claim Status	27	Misc Medical Services
4	IC92 Indicator	28	Prosthesis Devices
5	Filing Date	29	Prosthesis Exams
6	RTW Date	30	Ambulance
7	MMI Date	31	Funeral
8	1st Type Accident	32	Travel
9	Benefit Type Code	33	Medical Devices
10	ICD-9 Codes	34	Emergency Room
11	Claimant Gender	35	Court Costs
12	Marital Status	36	Perm Total
13	Claimant Zip Code	37	Temp Total Paid
14	Date of Death	38	Temp Partial Paid
15	Number of Dependents	39	Perm Partial Paid
16	Average Weekly Wage	40	Perm Partial Pct Paid
17	Full Weekly Wage	41	Facial Disfigurement Paid
18	PTD Comp Rate	42	Death Paid
19	Death Comp Rate	43	Change of Occ Paid
20	Hospital Paid	44	Living Maintenance Paid
21	Clinic / Nursing Home	45	Living Maintenance Wage Loss Paid
22	Doctor	46	Wage Loss Paid
23	Nursing Services	47	Attorneys Fees
24	Drug/Pharmacy Paid	48	MIRA Injury Type
		49	Handicapped %

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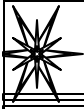
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### MIRA Reserve Calculation

MIRA will provide the ultimate cost of a claim at a specific point in time with the information available on the claim.



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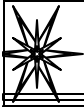
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### MIRA Reserve Calculation

**MIRA Total Incurred Amount**  
**- BWC Payments made to date**  

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**= MIRA Reserve**



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### MIRA Methodology

	Total Incurred Cost Prediction	Payments Med/Comp	MIRA Reserve
Week 1	\$50,000	\$500 Med \$500 Comp	\$49,000
Week 2	\$50,000	\$500 Med \$500 Comp	\$48,000
Week 3	\$30,000	\$500 Med \$500 Comp	\$27,000

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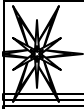
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*Need To Focus On  
Medical Management*

- On-going medical expenses will matter
- Pain management
  - Treatments
  - Prescriptions




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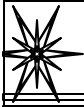
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*Need To Focus On  
Return-To-Work*

- Medical Only Status = zero reserves
- Lost Time Claims are automatically reserved




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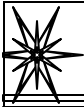
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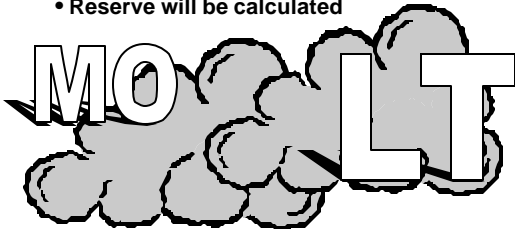
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*Percent of Permanent Partial Awards*

- Converts a medical only claim to lost time
- Reserve will be calculated




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 *MIRA Reserves Stop When...*

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- Final settlement/both medical and lost time
- Claim changes from “active” to “inactive”

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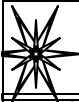
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 *MIRA Reserves Stop When...*

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- ~~• 390 days has elapsed since the most current compensation and medical dates.~~
- No medical or compensation has been paid and the current system date minus the claim filing date is greater than 395 days
- 90 days has passed since the Return To Work Date (only stops Temporary Total reserve “bucket”)



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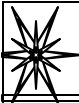
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 *MIRA Reserves Stop When...*

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- Date of death unrelated to injury - no application for benefits filed
- Death Claim - No evidence of a spouse or dependent and the current system date minus the last compensation date is greater than 390 days



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*Where To Find MIRA Reserves*

- Look for quarterly MIRA reserves on the BWC Dolphin Website
- Look for "Claim Costs"
- Available by policy number




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*Savings through Discount Programs & Optional Rating Plans*




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*Premium Discount Program Plus*

~~10% premium discount in years 1 & 2~~

- 5% premium discount in year 3



**Bigger Discounts**

15% Claim Severity Reduction rebate	-10% premium
15% Claim Frequency Reduction	- 5% premium rebate
<b>Bonus for meeting both requirements - <u>5% premium rebate</u></b>	
<b>Total 20% Premium Rebate</b>	

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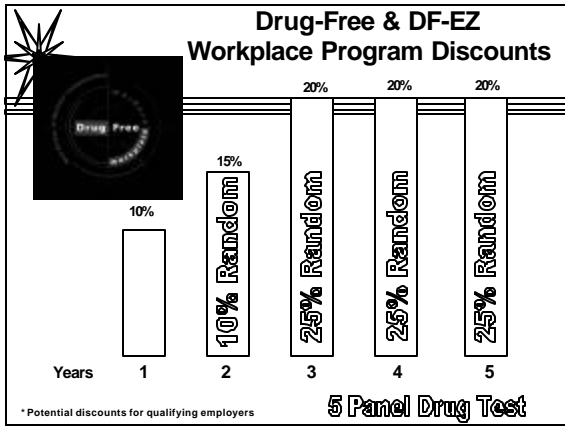
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### Drug-Free Workplace Program

- Can stack discount with Group Rating up to Maximum Cap
- Can Stack discount with PDP
- DFWP Safety Grants available (2 for 1 match up - Spend \$5,000 & BWC will match up to \$10,000)

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**NEW!** *Bigger Discounts for Drug-Free EZ Small Employers*

15% claim severity reduction	-10% premium rebate
15% claim frequency reduction	- 5% premium rebate
Bonus for both requirements	- <u>5% premium rebate</u>
<b>Total</b>	<b>20% premium rebate</b>

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## Group Rating

- Allows an employer with low claims experience to earn an attractive discount.
- Groups combine payroll and experience of the members to earn a significant discount.

Discounts up to 95%!



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## Group Rating

- Discount is enjoyed without risk for the rating year.
- Average discount for group rating last year =

95%

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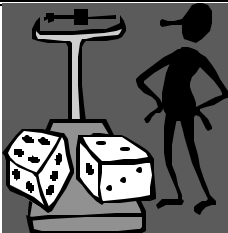
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## Retrospective Rating



- Semi-self-insured program
- Employer selects:
  - an individual claim limit
  - a maximum premium (ceiling of claim costs)
- Employer receives up-front discount.
- Employer is responsible for 10 years of claim costs up to a claim limit.

Must pay at least \$45,000 premium/year to qualify

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**Self-Insurance**

**Large employers**

- 500+ employees
- Pay assessments to BWC
- Pay all of claim costs
- BWC grants employers this privilege based on:
  - Profit margin
  - Debt Structure
  - Self-Insured readiness



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**QUESTIONS?**



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**Credibility and Maximum Value of a Loss**

<b>Credibility Group</b>	<b>Expected Losses*</b>	<b>Credibility Percent</b>	<b>Group Maximum Value</b>
1	8,000	05	12,500
2	15,000	10	12,500
3	27,000	15	25,000
4	45,000	20	37,500
5	62,500	25	55,000
6	90,000	30	75,000
7	122,500	35	87,500
8	160,000	40	100,000
9	202,500	45	112,500
10	250,000	50	125,000
11	302,500	55	137,500
12	360,000	60	150,000
13	422,500	65	162,500
14	490,000	70	175,500
15	562,500	75	187,500
16	640,000	80	200,000
17	722,500	85	212,500
18	810,000	90	225,000
19	902,500	95	237,500
20	1,000,000	100	250,000

Catastrophe value equals \$250,000

\*Expected losses are lower limits of credibility groups

Revised 7-1-2000

# EMPLOYER EXPERIENCE EXHIBIT

Policy Year: 2001      Payroll and Losses as of 12/31/2000

Policy Number: 1234567-0

Employer Name: Valley Enterprises

Federal ID: 99-9999999      Service Company: 12

Doing Business As:

Address: 115 Andrews Place

City: Homer      State: OH      Zip Code: 43950

Total Modified Losses:	\$70,452	Total Limited Losses:	\$33,888	Difference:	\$36,564	Difference / TLL:	1.0790	Credibility:	0.20	Equals	0.2158	Total Modifier:	0.22	Experience Modifier:	1.22	Maximum Claim Value	\$37,500
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**Claim Listing -**

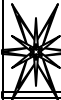
Claim Number	Claimant Name	Manual Number	Injury Date	Indemnity Paid	Indemnity Reserve	Medical Paid	Reserve Code	Total Modified Losses	Handicap Percentage
96-301	Smith, Mike	8829	09/23/1999	\$0	\$0	\$364	0	\$364	0
97-408	Palmer, Robert	8829	08/14/1999	\$0	\$0	\$2,626	0	\$2,626	0
98-564	Dubil, Janet	8829	07/15/1999	\$2567	\$0	\$6,150	0	\$8,418	0
98-001	Smith, Darlene	8829	03/16/1999	\$3,850	\$11,551	\$22,098	26	\$37,500	0
99-232	Wagner, Julie	8829	03/16/1999	\$385	\$3581	\$13038	26	\$17,004	75%
99-765	Taylor, Connie	8829	12/20/1996	\$6,557	\$0	\$3,866	0	\$10,423	0
<b>Totals:</b>				\$10,974	\$13,252	\$46,224		\$70,451	

Manual Number	Manual Type	Experience Period Payroll	Expected Loss Rate	Expected Losses	Limited Loss Ratio	Limited Losses
09045	04 OWC	\$342,889	0.0227	\$7,784	0.6238	\$4,855
08810	04 OWC	\$13,300	0.0014	\$19	0.5725	\$11
08829	00 NCCI	\$2,334,865	0.0199	\$46,464	0.6238	\$28,984
08810	00 NCCI	\$43,769	0.0015	\$66	0.5725	\$38
<b>Totals:</b>		\$2,734,823		\$54,333		\$33,888

## Claim Data Elements

1	NCCI Manual Class Code	25	X-ray/Radiology Paid
2	Date of Injury	26	Laboratory Paid
3	Claim Status	27	Misc Medical Services
4	C92 Indicator	28	Prosthesis Devices
5	Filing Date	29	Prosthesis Exams
6	RTW Date	30	Ambulance
7	MMI Date	31	Funeral
8	1st Type Accident	32	Travel
9	Benefit Type Code	33	Medical Devices
10	ICD-9 Codes	34	Emergency Room
11	Claimant Gender	35	Court Costs
12	Marital Status	36	Perm Total
13	Claimant Zip Code	37	Temp Total Paid
14	Date of Death	38	Temp Partial Paid
15	Number of Dependents	39	Perm Partial Paid
16	Average Weekly Wage	40	Perm Partial Pct Paid
17	Full Weekly Wage	41	Facial Disfigurement Paid
18	PTD Comp Rate	42	Death Paid
19	Death Comp Rate	43	Change of Occ Paid
20	Hospital Paid	44	Living Maintenance Paid
21	Clinic / Nursing Home	45	Living Maintenance Wage Loss Paid
22	Doctors	46	Wage Loss Paid
23	Nursing Services	47	Attorneys Fees
24	Drug/Pharmacy Paid	48	MIRA Injury Type
		49	Handicapped %



 *Controlling Workers' Compensation Costs*

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*Section 4:*  
*Direct & Indirect Costs*

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 ACCIDENT RELATED COSTS

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**↗ Insured - Direct Costs**  
**↗ Uninsured - Indirect Costs**

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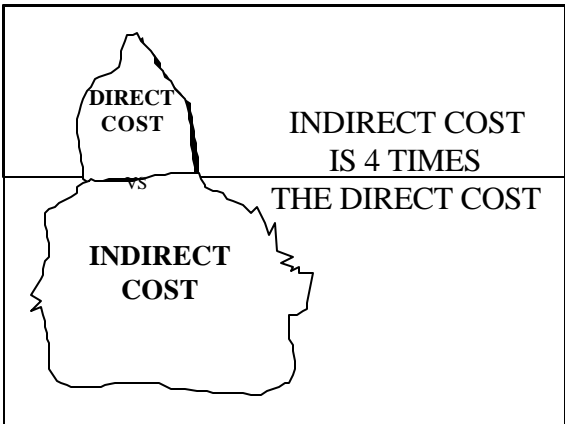
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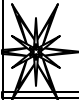
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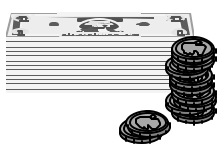
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 *Direct VS Indirect Costs*

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- Medical Costs
- Compensation Costs
- BWC Reserves
- Hiring replacements
- Training replacements
- Overtime (lost work)
- Legal Expenses
- Product / tool damage
- Production delays
- Loss of Business (Customer Goodwill)




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 *Indirect Costs are 4 times your company's BWC Insured Direct Costs*

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Medical & Compensation Costs.....	\$1,500
Compensation Reserve.....	\$3,500
<b>Total Insured Cost.....</b>	<b>\$5,000</b>

Total Insured (direct costs) X (indirect costs) factor =  
 $\$5,000.00 \times 4 \text{ times} = \mathbf{\$20,000.00}$

Total Insured (direct costs) + (indirect costs) =  
 $\mathbf{\$5,000.00 + \$20,000.00 = \$25,000.00}$

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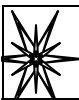
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 *Profitability & your Bottom Line*

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- ~~Direct Costs totaled \$5,000~~
- Direct Costs + Indirect costs totaled \$25,000
- Your Company's Profit Margin is 5% from Sales.

**Your Company's Sales Department must generate: \$500,000 to compensate for this Loss**

1% Company Profit Margin = ..... \$2,500,000  
 2% Company Profit Margin = ..... \$1,250,000  
 5% Company Profit Margin = ..... \$ 500,000

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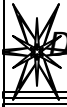
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### Do the Math for your CEO !

Your Medical & Comp. Costs \_\_\_\_\_  
 Your Compensation Reserves + \_\_\_\_\_  
 BWC Direct Insured Cost = \_\_\_\_\_

Direct Cost + (4X Direct Cost) = Your Total

Your Total Costs / Your profit margin =  
 Sales required to cover your losses.

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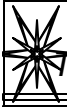
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### Today's Accident Costs

- Today's Average Claim Costs = \$30,000
- Today's Average Profit Margin = 5%
- Sales required to cover Direct Costs =  
 $\$30,000 / 0.05 = \$600,000$
- Sales required to cover Indirect Costs =  
**\$2.4 Million Dollars**




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### SAFETY GRANT\$

Cumulative Trauma Disorders (CTDs)

\$ Private and public employers are eligible for a 4-to-1 matching grant

\$ Up to a maximum of \$40,000

Example: \$50,000 program (\$10,000 from employer and \$40,000 from BWC.)

Funds must be used to conduct research, purchase equipment or conduct training to reduce the number and severity of CTD claims.

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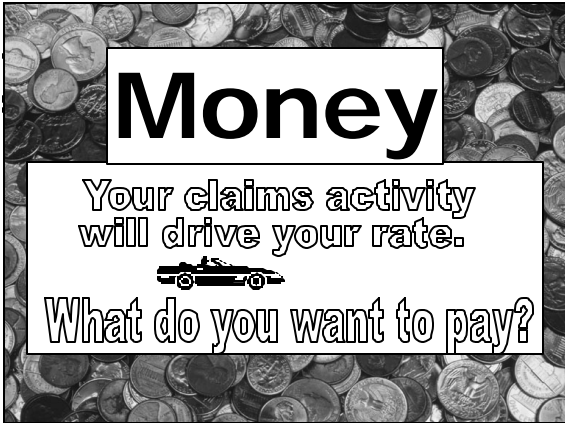
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# Money

Your claims activity  
will drive your rate.



What do you want to pay?

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### *Traditional Safety VS Contemporary*

• Compliance focused	• Values focused
• Enforced by mgmt.	• Exemplified by mgmt.
• Punish unsafe behavior	• Positive reinforcement of safe behavior
• Top down decision making	• Shared decision making (ownership)
• Dictate policy / proc.	• Delegate & empower
• Rigid, consistent	• Flexible, innovative
• Confrontational	• Confidence & trust

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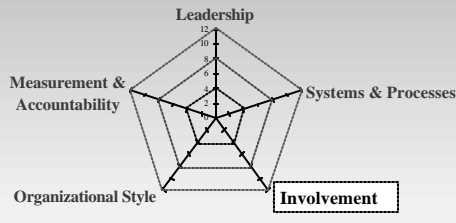
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### *Safety Culture Wheel*




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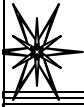
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### *Involvement*

- \_\_\_ Workers are skilled at problem solving & decision making
- \_\_\_ Labor and management work together to address safety systems issues
- \_\_\_ Team orientation achieves involvement and cooperation
- \_\_\_ Innovation, participation and suggestions are encouraged at all levels

TOTAL = \_\_\_\_

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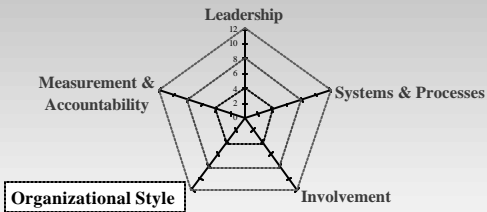
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### *Safety Culture Wheel*




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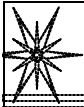
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### *Organizational Style*

- \_\_\_ Trust & openness are the norm
- \_\_\_ Positive reinforcement is used regularly
- \_\_\_ Bureaucratic obstacles are removed
- \_\_\_ There is formal and informal recognition for great performance at all levels

TOTAL = \_\_\_\_

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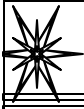
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## Controlling Workers' Compensation Costs

Section 5:  
Risk Strategies  
Getting to know the basic laws & rules that  
govern BWC

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## Ohio Revised Code

### 4123.95 Liberal Construction

 Sections 4123.01 to 4123.94, inclusive,  
of the Revised Code shall be liberally  
construed in favor of employees and  
the dependents of deceased employees.



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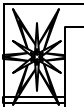
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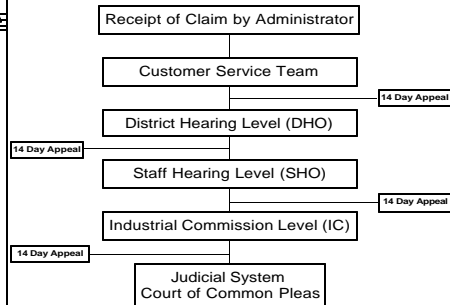
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## Hearing Process



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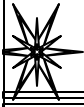
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## Claims Cost Management

### Who are the players and what do they do?

- MCO
- BWC
- TPA or legal representative?
- Employer

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## MCO

### Role

- Manage Medical
- Approve Medical Treatment
- Drive Return-To-Work Programs

## BWC

### Role

- Investigate & determine claim allowance
- Manage lost time benefits
- Adjudicate additional conditions
- Determine eligible for Rehab
- Assist with bring the claim to resolution

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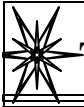
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## Third Party Admin.

- Manage Claims for employer
- Settle Claims and/or pursue Handicap Reimbursement
- Represent Employer at I.C. Hearings

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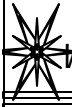
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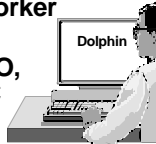
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*What does an employer do in the process?*

- **Employer and/or MCO Reports claim early**
- **Investigates accident promptly**
- **Decides to certify or reject claim**
- **Follows up with injured worker**
- **Coordinates Return-To-Work/Rehab plan with MCO, medical providers, & BWC**




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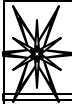
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*Medical Only vs. Lost Time Claim*

- **Medical Only – first consecutive seven days**
- **Lost Time – lost time benefits begin on the eighth day, after fourteen consecutive days the the first seven are paid.**

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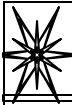
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*Need To Focus On  
Return-To-Work Policy*

**BWC pays Temporary Total (TT)  
= reserve**

**Salary continuation and/or followed by  
Living Maintenance = zero reserve**

**BWC pays TT followed by Living  
Maintenance = 50% reduction of reserve**

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 **Computing Benefits**

<i>Benefits</i>	<i>Benefits</i>
<b>First 12 weeks</b>	<b>After week 12</b>
<b>72% of FWW</b>	<b>66 2/3% of AWW</b>
<b>FWW is higher of:</b>	<b>AWW is based on:</b>
<ul style="list-style-type: none"> <li>☞ Average wage history for 6 wks prior to DOI</li> <li>☞ 1 week prior to DOI</li> </ul>	<ul style="list-style-type: none"> <li>☞ Average wage history for 52 wks prior to DOI</li> </ul>




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 **Other Control Strategies For Claims Management**

- Claim settlement
- Handicap reimbursement
- Subrogation
- Recreational waiver
- Fraud control

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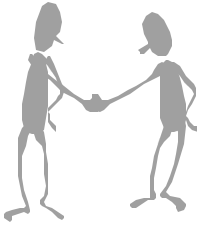
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 **Settlement**

- A formal agreement should be completed at least 30 days before the experience period snapshot.
- 30 days must be allowed for Industrial Commission approval.
- Reserve drops to zero




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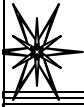
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## Facilitate Settlement

- Settlement efforts should be on-going
- Create a system so Human Resources automatically contacts TPA or attorney when employee departs




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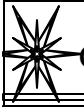
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## Claims Costs 2000 Policy Year

Merit Period: 7/1/2000-12/31/2000 Rating Year:2000 Exp. Period:1/1/1995-12/31/1998

Experience Period Claims Information: [Refresh](#)

Select Claim	Claim #	Injury Date	H.C. %	Non-Reducible Comp Amt	Reducible Comp Amt	Comp Reserve Amt	Medical Paid Amt
<input type="checkbox"/>	00236313	1/10/1995	0	\$1,100.00	\$596.00	\$0.00	\$3,473.00
<input type="checkbox"/>	95-303647	1/25/1995	0	\$0.00	\$0.00	\$0.00	\$81.00
<input type="checkbox"/>	95-304590	2/1/1995	0	\$0.00	\$0.00	\$0.00	\$181.00
<input type="checkbox"/>	95-310063	2/9/1995	0	\$4,797.00	\$2,089.00	\$0.00	\$5,365.00
<input type="checkbox"/>	95-311453	2/2/1995	0	\$15,048.00	\$12,118.00	\$108,664.00	\$15,758.00
<input type="checkbox"/>	95-314603	2/23/1995	0	\$0.00	\$119.00	\$119.00	\$549.00
<input type="checkbox"/>	95-321203	1/23/1995	0	\$0.00	\$0.00	\$0.00	\$341.00
<input type="checkbox"/>	95-322161	2/28/1995	0	\$0.00	\$102.00	\$102.00	\$1,272.00
<input type="checkbox"/>	95-330076	3/16/1995	0	\$0.00	\$0.00	\$0.00	\$40.00
<input type="checkbox"/>	95-335090	2/17/1995	0	\$0.00	\$0.00	\$0.00	\$463.00

1-10 of 182 [Previous Claims](#) | [More Claims](#)

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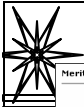
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Merit Period: 7/1/2000-12/31/2000 Rating Year:2000 Exp. Period:1/1/1995-12/31/1998

Rate Calculation for selected merit period

EM%	TML	TLL	Credibility%	TM	Max Value	Cat Max.
2.65	940,440	201,591	45	1.65	112500	250000

What actions would you like to take?

- Adjust Experience Period Claims Cost
- Adjust the Experience Period Payroll Information

Adjusted Rate Calculations

EM%	TML	TLL	Credibility%	TM	Max Value	Cat Max.
1.00	0	0		.00		0

Merit Period Premium \$	
Period Total	\$9,236.95
Adjusted Total	0.00
	0

[View details of Merit Period Premium](#)

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## Most Common Third Party Accidents

- Motor vehicle accidents
- Malfunctioning products
- Medical malpractice
- Exposure to toxic fumes
- Machinery accidents
- Animal bites

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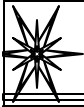
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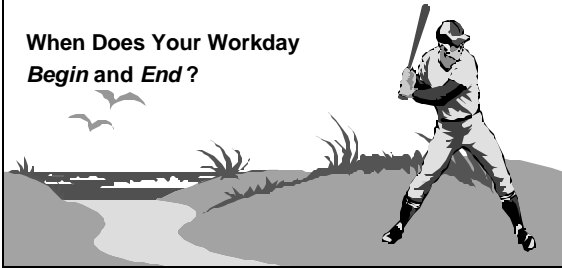
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## Recreational Waiver

### Legal Liability vs. Workers' Compensation Claim

When Does Your Workday  
Begin and End?




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## When should you refer?



### Common Red Flag Indicators

#### Claimant Fraud

- Claimant can't be reached.
- Tips from co-workers.
- No witnesses to accident.
- Cross-outs, white-outs and erasures on forms.
- Date, time and place of accident unknown.
- Specific details if injury not recalled.

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# FRAUD

When should you refer?

## Common Red Flag Indicators

### Medical Provider Fraud

- Payment of services not received.
- High cost of medical care relative to injury.
- Length of treatment is inconsistent with injury or disability.
- Claimant receives an unusually high number of prescriptions.

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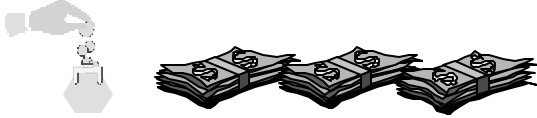
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## Violation of a Specific Safety Requirement (VSSR)

- \$ Additional compensation award an injured worker can receive if employer is found to be at fault for the accident. Out-of-pocket expense for employer.
- \$ BWC Safety & Hygiene can provide information & education.



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## What is the ultimate goal?

### "Return to Work"

- Same employer      Same job
- Same employer      Different job
- Same Field      or      New Field  
(Retrain)

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## When does Rehab begin?

**Plan now, not later**  
Injured worker must be medically stable

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## Medical Stability for Rehab

- Not acute or post-op
- Not scheduled for more surgery
- Able to participate in active program (minimum of 3 x per week)
- Not in drug detoxification

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## An employer can save with rehab!

Living Maintenance (LM)  
Living Maintenance Wage Loss (LMWL)  
**do not**  
appear on experience rated losses.  
LM impacts reserves less than TL.

Access via a BWC approved rehab plan  
Surplus Money Comes From the Base Rate.

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### Tabular Reserving System

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**\$10,000 Compensation**

Temporary Total = Comp X 5.0  
**\$50,000**

Living Maintenance = Comp X 2.5  
**\$25,000**

Permanent Partial = Comp X 1.5  
**\$15,000**

This example based on date of injury Oct 1 - Dec. 31, 1999

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### Real Life Example

FWW: \$468  
AWW: \$390

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**Jane Doe: Injured 12/14/99 - Torn Rotator Cuff**

<b>Temporary Total (TT) (54 weeks) RTW: 12/28/00</b>			
<b>Medical</b>	<b>Compensation</b>	<b>Reserve</b>	<b>Total</b>
\$ 8,354	\$14,962	\$183,983	\$207,299
<b>TT (5 weeks) LM (12 weeks) LMWL (37 weeks)</b>			
<b>Medical</b>	<b>Compensation</b>	<b>Reserve</b>	<b>Total</b>
\$ 2,987	\$ 1,685		
<b>(Plan Services) \$ 3,659 LM</b>			
\$ 1,434	\$ 1,665 LMWL	\$ 3,370	\$ 8,042

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### How Does MCO Facilitate Rehab

- MCO hires a vocational rehab case manager upon receipt of injured worker eligibility
- MCO e-mails case assignment information to Disability Management Coordinator at BWC




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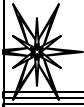
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## **Transitional Work Program?**

- Early on-site rehabilitation management of an injury benefits both the employer and the injured worker.
- Workers do not go from injury to full capability overnight. The transition is gradual and must be well-calculated to avoid re-injury and ensure success.

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## **Benefits of Transitional Work**

- **Decreased Lost Time**
- **Decreased Temporary Total**
- **Increased Productivity**
- **Decreased Traditional Rehab Costs**

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## **On-Site Rehab Therapy**

- **Convenient for everyone**
- **Therapists may recommend ergonomic or job modification**
- **Transitioning in real work environment facilitates injured worker progress**
- **Works well with collective bargaining**

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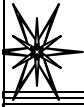
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### *Transitional WorkGRANT\$*

- BWC will pay employers 80 percent of the development costs, up to a limit, to set up transitional work programs.
- A pre-injury strategy that helps bring workers back to work before they are 100 percent assists both the business and the injured worker

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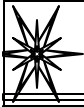
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### *Vocational Rehab Services*

**If an injured worker has not returned to the job 30 days after the optimal return-to-work date, BWC and MCO staff will work together to provide a 30-day assessment, as well as vocational assistance for a safe return to work.**

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# Claims Costs 2000 Policy Year

Merit Period: 7/1/2000-12/31/2000      Rating Year:2000      Exp. Period:1/1/1995-12/31/1998

**Experience Period Claims Information:**  Refresh

Select Claim	Claim #	Injury Date	H.C. %	Non-Reducible Comp Amt	Reducible Comp Amt	Comp Reserve Amt	Medical Paid Amt
<input type="radio"/>	OD236313	1/10/1995	0	\$1,100.00	\$596.00	\$0.00	\$3,473.00
<input type="radio"/>	95-303647	1/25/1995	0	\$0.00	\$0.00	\$0.00	\$81.00
<input type="radio"/>	95-304590	2/1/1995	0	\$0.00	\$0.00	\$0.00	\$181.00
<input type="radio"/>	95-310063	2/8/1995	0	\$4,797.00	\$2,089.00	\$0.00	\$5,365.00
<input type="radio"/>	95-311453	2/2/1995	0	\$15,048.00	\$12,118.00	\$108,664.0	\$15,758.00
<input type="radio"/>	95-314603	2/21/1995	0	\$0.00	\$119.00	\$119.00	\$569.00
<input type="radio"/>	95-321203	1/23/1995	0	\$0.00	\$0.00	\$0.00	\$341.00
<input type="radio"/>	95-322161	2/28/1995	0	\$0.00	\$102.00	\$102.00	\$1,272.00
<input type="radio"/>	95-330076	3/16/1995	0	\$0.00	\$0.00	\$0.00	\$40.00
<input type="radio"/>	95-335090	2/17/1995	0	\$0.00	\$0.00	\$0.00	\$463.00

1-10 of 182      [Previous Claims](#) | [More Claims](#)

Merit Period: 7/1/2000-12/31/2000

Rating Year:2000

Exp. Period:1/1/1995-12/31/1998

### Rate Calculation for selected merit period

EM%	TML	TLL	Credibility%	TM	Max Value	Cat Max.
2.65	940,440	201,591	45	1.65	112500	250000

### What actions would you like to take?



Adjust Experience Period Claims Cost



Adjust the Experience Period Payroll Information

### Adjusted Rate Calculations

EM%	TML	TLL	Credibility%	TM	Max Value	Cat Max.
1.00	0	0		.00		0

	Merit Period Premium \$
Period Total	69,336.95
Adjusted Total	0.00
	0



View details of Merit Period Premium

# Rate with a \$2,000 Settlement

**Merit Period:** 7/1/2000-12/31/2000      **Rating Year:**2000      **Exp. Period:**1/1/1995-12/31/1998

## Rate Calculation for selected merit period

EM%	TML	TLL	Credibility%	TM	Max Value	Cat Max.
1.69	651,599	288,341	55	.69	137500	250000

## What actions would you like to take?



Adjust Experience Period Claims Cost



Adjust the Experience Period Payroll Information

## Adjusted Rate Calculations

EM%	TML	TLL	Credibility%	TM	Max Value	Cat Max.
1.52	559,023	288,341	55	.52	137500	250000

	Merit Period Premium \$
<b>Period Total</b>	121,655.51
<b>Adjusted Total</b>	109,527.84
<b>Your savings would be</b>	12,127.67



View details of cost savings

# Handicap Reimbursement

## Pre-existing conditions

1. Epilepsy
2. Diabetes
3. Cardiac Disease
4. Arthritis
5. Amputated foot, leg, arm or hand
6. Loss of sight of one or both eyes or partial loss of uncorrected vision of more than 75% bilaterally
7. Residual disability from poliomyelitis
8. Cerebral palsy
9. Multiple sclerosis
10. Parkinson's disease
11. Cerebral vascular accident
12. Tuberculosis
13. Silicosis
14. Psycho-neurotic disability following treatment in a recognized medical or mental institution
15. Hemophilia
16. Chronic osteomyelitis
17. Ankylosis of joints
18. Hyper Insulinism
19. Muscular dystrophies
20. Arterio-sclerosis
21. Thrombo-plebitis
22. Varicose veins
23. Cardiovascular and pulmonary diseases of a firefighter employed by municipal corporation or township as a regular member of a lawfully constituted fire department
24. Coal miners pneumoconiosis
25. Disability with respect to which an individual has completed a rehabilitation program for a previous injury or claim (ORC 4121.6-69)
26. Service connected injury (see ORC 4123.63)

# 50% Handicap Reimbursement

Merit Period: 7/1/2000-12/31/2000      Rating Year:2000      Exp. Period:1/1/1995-12/31/1998

**Experience Period Claims Information:**



Select Claim	Claim #	Injury Date	H.C. %	Non-Reducible Comp Amt	Reducible Comp Amt	Comp Reserve Amt	Medical Paid Amt
<input type="radio"/>	OD236313	1/10/1995	0	\$1,100.00	\$596.00	\$0.00	\$3,473.00
<input type="radio"/>	95-303647	1/25/1995	0	\$0.00	\$0.00	\$0.00	\$81.00
<input type="radio"/>	95-304590	2/1/1995	0	\$0.00	\$0.00	\$0.00	\$181.00
<input type="radio"/>	95-310063	2/8/1995	0	\$4,797.00	\$2,089.00	\$0.00	\$5,365.00
<input type="radio"/>	95-311453	2/2/1995	50	\$15,048.00	\$12,118.00	\$108,664.0	\$15,758.00
<input type="radio"/>	95-314603	2/21/1995	0	\$0.00	\$119.00	\$119.00	\$569.00
<input type="radio"/>	95-321203	1/23/1995	0	\$0.00	\$0.00	\$0.00	\$341.00
<input type="radio"/>	95-322161	2/28/1995	0	\$0.00	\$102.00	\$102.00	\$1,272.00
<input type="radio"/>	95-330076	3/16/1995	0	\$0.00	\$0.00	\$0.00	\$40.00
<input type="radio"/>	95-335090	2/17/1995	0	\$0.00	\$0.00	\$0.00	\$463.00



1-10 of 182

[Previous Claims](#) | [More Claims](#)



# Rate Recalculation with 50% HC

**Merit Period:** 7/1/2000-12/31/2000      **Rating Year:**2000      **Exp. Period:**1/1/1995-12/31/1998

## Rate Calculation for selected merit period

EM%	TML	TLL	Credibility%	TM	Max Value	Cat Max.
1.69	651,599	288,341	55	.69	137500	250000

## What actions would you like to take?



Adjust Experience Period Claims Cost



Adjust the Experience Period Payroll Information

## Adjusted Rate Calculations

EM%	TML	TLL	Credibility%	TM	Max Value	Cat Max.
1.57	589,674	288,341	55	.57	137500	250000

	Merit Period Premium \$
<b>Period Total</b>	121,655.51
<b>Adjusted Total</b>	113,144.27
<b>Your savings would be</b>	8,511.24



View details of cost savings





## *Controlling Workers'*

### *Compensation Costs*

#### *Section 6*

#### *Accountability*

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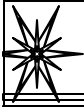
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#### *Accountability*

- **Define expectations**
- **Provide the tools & skills**
- **Measure performance**
- **Reward**

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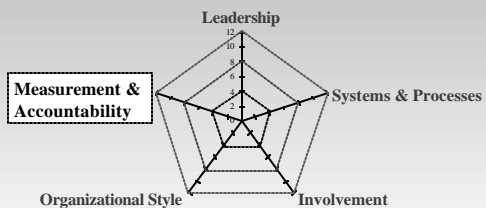
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### *Safety Culture Wheel*



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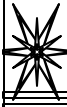
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### Measurement & Accountability

- \_\_\_ All levels of the organization have safety goals and process responsibilities clearly defined
- \_\_\_ The process of achieving results is a key safety measure
- \_\_\_ Performance reviews include accountability for safe performance at all levels
- \_\_\_ Supervision is accountable to perform safety observations and feedback

TOTAL = \_\_\_

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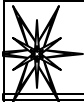
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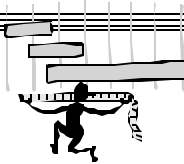
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### Accountability

- Measure and reward activities, not just results



- If we achieve the desired results how did we get there?

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### Does Upper Management know the cost?

- The Premium
- Cost by department?
- Accident trends by department?




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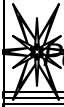
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### *Personal Impact Makes A Difference*

- Are department budgets impacted by their claims & costs? (Charge backs)
- Or, are the overall costs equally divided among departments?




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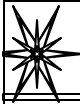
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### *Show Upper Management Options*

- Show current rating plan
- Show ultimate rating plan for your organization
- Set a goal for a better plan
- Ask to be empowered so you can get there!




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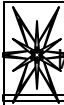
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### *Winning Management Commitment*

*Strategy # 1*

**Make it impossible to say "no"**



- How is the bosses' success measured?
- Bosses' personal style?
- Cost Accounting for Safety
- Speak the right language

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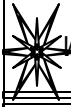
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## Winning Management Commitment

### Strategy # 2

#### Learn to manage the boss



- Identify all problems
- Brainstorm solutions
- Evaluate alternatives
- Prepare and anticipate questions, concerns and objectives
- Propose and justify courses of action

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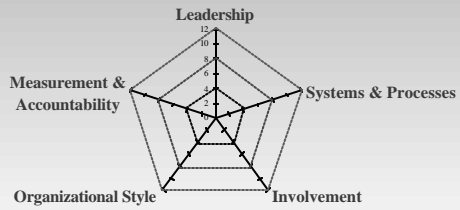
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## Safety Culture Wheel Summary




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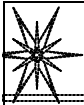
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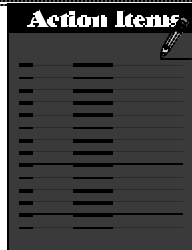
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## Plan of Action




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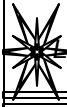
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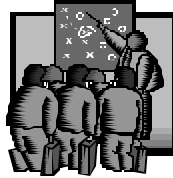
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*Leading the Change to a Safety Culture*

**It's not the nature of the work,  
but the nature of the  
management process that  
drives success.**



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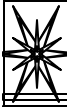
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*Controlling Workers'  
Compensation Costs*

*The End*

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## **BWC Resources**



Form: (BWC Forms) - Provider Forms Home

- Look-ups
- Services
- Claim info
- Forms
- Section map

# Provider Forms

[Details](#)


















**LIVE support**  
Monday-Friday  
7:30am-5:30pm EST



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[Adobe Acrobat Reader is required to view/print forms. click here.](#)

BWC #	Form Title	Description	View/Print	Online	Order
COVER	Medical Documentation Fax Cover Sheet				
C-5	Additional Information for Death Benefits				<input type="checkbox"/>
C-9	Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease				<input type="checkbox"/>
C-9-A	Request for Additional Medical Documentation for C-9				<input type="checkbox"/>
C-11	MCO Medical Treatment/Service Decision Appeal				<input type="checkbox"/>
C-17	Outpatient Medication Invoice				<input type="checkbox"/>
C-19	Services Invoice				<input type="checkbox"/>
C-84	Request for Temporary Total Compensation				<input type="checkbox"/>
C-101	Authorization to Release Medical Information				
C-140	Application for Wage Loss Compensation				<input type="checkbox"/>
C-190	Justification of Necessity for Seating/Wheeled Mobility				<input type="checkbox"/>
FEE	Request for the Ohio Bureau of Workers' Compensation Fee Schedule				<input type="checkbox"/>
FROI	First Report of an Injury, Occupational Disease or Death				<input type="checkbox"/>
	Reporting fraud				
MEDCO-12	Request to Change Provider Information				
MEDCO-13	Application for Provider Enrollment and Certification				<input type="checkbox"/>

MEDCO-14	Physician's Report of WORK ABILITY			<input type="checkbox"/>
RH-2	Individualized Vocational Rehabilitation Plan			<input type="checkbox"/>
RH-5	Trainer's Report			<input type="checkbox"/>
RH-6	On-the-Job Training Agreement			<input type="checkbox"/>
RH-7	Loan/Release Agreement for Tools and Equipment			<input type="checkbox"/>
RH-18	Six Month Authorization to Pay Rehabilitation Wage Loss Payments			<input type="checkbox"/>
RH-19	Employer Incentive Contract			<input type="checkbox"/>
RH-21	Vocational Rehabilitation Closure Report			<input type="checkbox"/>
RH-24	Gradual Return to Work Contract			<input type="checkbox"/>
	Reimbursement Method			<input type="checkbox"/>
	Subrogation Referral Form			





Form: (BWC Forms) - Injured Worker Forms Home

# Injured worker Forms.

[Details](#)

















































- ▶ Claim payment
- ▶ Claim info
- ▶ Pledge of service
- Forms
- File a claim
- Section map

**LIVE support**  
Monday-Friday  
7:30am-5:30pm EST

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BWC #	Form Title	Description	View/Print	Online	Order
A-21	Electronic Benefit Card				
A-22	A.C.T. Enrollment and Direct Deposit Authorization				
A-35	Direct Deposit ACT Bank Change				
C-5	Addition Information for Death Benefits				<input type="checkbox"/>
C-11	ADR Appeal to the MCO Medical Treatment/Service Decision				<input type="checkbox"/>
C-17	Outpatient Medication Invoice				<input type="checkbox"/>
C-18	Wage Agreement				<input type="checkbox"/>
C-23	Notice to Change Physician of Record				
C-39	Annual Death Benefits Questionnaire				<input type="checkbox"/>
C-59	Self-Insurer's Agreement as to Compensation on Account of Death				<input type="checkbox"/>
C-60	Injured Worker Agreement for Reimbursement of Travel Expense				<input type="checkbox"/>
C-60-A	Injured Worker Reimbursement Rates for Travel Expense				<input type="checkbox"/>
C-77	Injured Worker's Change of Address Notification				<input type="checkbox"/>
C-84	Request for Temporary Total Compensation				<input type="checkbox"/>
C-86	Motion				<input type="checkbox"/>
C-92	Application for Determination of Percentage of Permanent Partial Disability or Increase of Permanent Partial Disability				<input type="checkbox"/>
C-94-A	Wage Statement				<input type="checkbox"/>
C-101	Authorization to Release Medical				

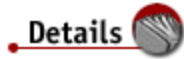
	Information				
C-108	Request for Waiver of Appeal				<input type="checkbox"/>
C-140	Application for Wage Loss Compensation				<input type="checkbox"/>
C-141	Wage Loss Statement for Job Search				<input type="checkbox"/>
C-159	Waiver Of Workers' Compensation Benefits For Recreational Or Fitness Activities				<input type="checkbox"/>
C-167 -T	Objection to Tentative Order Awarding Permanent Partial Disability Compensation				<input type="checkbox"/>
C-230	Authorization to Recieve Workers' Compensation Check				<input type="checkbox"/>
C-240	Settlement Agreement and Application for Approval of Settlement Agreement				<input type="checkbox"/>
FROI	First Report of Injury - Occupational Disease or Death				<input type="checkbox"/>
	Reporting fraud				
OD-58-22	Application for Adjustment of Claim in Case of Death Due to Occupational Disease				
R-2	Authorization of Representative of Injured Worker				<input type="checkbox"/>
RH-1	Rehabilitation Agreement				<input type="checkbox"/>
RH-6	On-the-Job Training Agreement				<input type="checkbox"/>
RH-7	Loan/Release Agreement for Tool and Equipment				<input type="checkbox"/>
RH-10	Injured Worker's Record of Job Search Contacts				<input type="checkbox"/>
RH-24	Gradual Return to Work Contract Reimbursement Method				<input type="checkbox"/>
SI-28	Filing of Complaint Against Self Insured Employer				<input type="checkbox"/>
SI-42	Self Insured Joint Settlement Agreement and Release				<input type="checkbox"/>
SI-43	Acknowledgement of the Self-Insured Joint Settlement Agreement and Release				<input type="checkbox"/>
	Subrogation Referral Form				





Form: (BWC Forms) - Employer Forms Home

# Employer Forms






























































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- Employer services
- Self insured
- Claim info
- Claim payment
- Safety services
- Forms
- Quick pay
- Section map



BWC #	Form Title	Description	View/Print	Online	Order
AC-2	Permanent Authorization				
AC-20	Application for Retrospective Rating				
BWC-7500	Plan of Action				
C-11	ADR Appeal to the MCO Medical Treatment/Service Decision				<input type="checkbox"/>
C-18	Wage Agreement				<input type="checkbox"/>
C-59	Self-Insurer's Agreement as to Compensation on Account of Death				<input type="checkbox"/>
C-86	Motion				<input type="checkbox"/>
C-94-A	Wage Statement				<input type="checkbox"/>
C-101	Authorization to Release Medical Information				
C-108	WAIVER of Appeal Period				<input type="checkbox"/>
C-110	Agreement to Select the State of Ohio as the State of Exclusive Remedy				<input type="checkbox"/>
C-112	Agreement to Select a State Other than Ohio as the State of Exclusive Remedy				<input type="checkbox"/>
C-159	Waiver of Workers' Compensation Benefits for Recreational or Fitness Activities				<input type="checkbox"/>
C-167 -T	Objection to Tentative Order Awarding Permanent Partial Disability Compensation				<input type="checkbox"/>
C-240	Settlement Agreement and Application for Approval of Settlement Agreement				<input type="checkbox"/>
CHP-4A	Application for Handicap				

	Reimbursement				<input type="checkbox"/>
FROI	First Report of Injury - Occupational Disease or Death				<input type="checkbox"/>
	Reporting fraud				
LEGAL-15	Employer Adjudication Protest				
LEGAL-16	Settlement Application for Non-complying Employer Claims				
	MCO Selection Form				
MEDCO-6	Waiver of Examination				<input type="checkbox"/>
MEDCO-8	Self Insured Employer/Injured Worker Screening				<input type="checkbox"/>
OD-58-22	Application for Adjustment of Claim in Case of Death Due to Occupational Disease				
R-1	Authorization of Representative of Employer				<input type="checkbox"/>
RH-5	Trainer's Report				<input type="checkbox"/>
RH-6	On-the-Job Training Agreement				<input type="checkbox"/>
RH-19	Employer Incentive Contract				<input type="checkbox"/>
RH-24	Gradual Return to Work Contract Reimbursement Method				<input type="checkbox"/>
SI-6	Initial Application by Employer for Authority to Pay Compensation Etc. Directly				
SI-7	Self Insurance Renewal				
SI-8	Rehabilitation Election				
SI-16	Agreement Between Employer and the Ohio Bureau of Workers' Compensation Regarding Amount of Self-Insured Buyout				
SI-28	Filing of Complaint Against Self Insured Employer				<input type="checkbox"/>
SI-38	Contact of Guaranty				
SI-40	Paid Compensation Report				
SI-41	Handicap Reimbursement Election				
SI-42	Self Insured Joint Settlement Agreement and Release				<input type="checkbox"/>
SI-43	Acknowledgment of the Self-Insured Joint Settlement Agreement and Release Instructions				<input type="checkbox"/>
	Subrogation Referral Form				
TWG-100	Transitional WorkGRANT\$ Reimbursement Request				<input type="checkbox"/>
TWG-110	Transitional WorkGRANT\$ Program Agreement				<input type="checkbox"/>
U-3	Employer Coverage Application				<input type="checkbox"/>
U-3S	Application for Optional Supplemental Coverage				<input type="checkbox"/>

U-9	Application for Transfer of Workers' Compensation Account and Premium Obligation to Succeeding Employer			<input type="checkbox"/>	
UA-5	Application for the Premium Discount Program +				<input type="checkbox"/>
U-140	Application for Drug-Free Workplace Program and Drug-Free EZ				<input type="checkbox"/>
U-142	Progress Report- Drug-Free Workplace/Drug-Free EZ Program				





## **Follow-up Activities**



# Crossing the bridge to a safer workplace

## BWC's Division of Safety & Hygiene Training Center

The Division of Safety & Hygiene wants Ohio workplaces to be safer and healthier by reducing occupational injuries and illnesses. To accomplish this goal, the Training Center emphasizes the importance of applying what you learn in class to your workplace.

Effective July 1, 2003, class participants will have a list of follow-up activities to review as possible steps to take when they return to work. During or at the end of a class, you may choose from among these follow-up activities or customize your own activity as appropriate for your workplace.

When you complete a follow-up activity in your workplace, notify the Training Center. Following notification, a certificate with continuing education credits for the class will be sent to you. You must complete this notification process from your first class in order to be eligible to enroll in a second class.

(Please see details on reverse side.)



### **Examples of follow-up activities**

- Develop or improve a training program on the class topic;
- Organize a new or improve an existing safety team;
- Conduct a safety audit on one or more machines at work;
- Analyze illness/injury trends;
- Find and document hazardous chemicals to add to Hazard Communication program.

### **Notification process**

Provide the following information when notifying the Training Center of your completed activity:

1. Please describe the activity you completed at your workplace as a result of taking the class;
2. Who at your company was involved in this activity;
3. The impact of this activity on your company;
4. What barriers, if any, you encountered;
5. How you would like your certificate sent to you (e-mail, fax, or no certificate needed);
6. Please estimate the amount of time you spent on this activity.

Methods of notifying the Training Center will be provided when you attend the class.

### **Summary**

1. Enroll in one class at a time;
2. Attend class;
3. Select a follow-up activity that is reasonable and manageable at your workplace;
4. Complete the activity;
5. Notify the Training Center;
6. Receive certificate with continuing education credits;
7. Enroll in another class.

### **Exceptions**

- Safety Works for You, Modules 1-7 (See Division Services catalog for course description)
- Safety Works for Kids (See Division Services catalog for course description)
- Students who are unemployed

# Controlling Workers' Compensation Costs

## Follow-up Activities

- Ask top management to complete the safety culture wheel; follow up with a discussion of the safety culture in our workplace.
- Set up an appointment with the local BWC Employer Service Specialist and my company's top management to review our claims history, our experience exhibit, and how our rates were set.
- With management cooperation, set up a BWC Dolphin account to review our company's claim costs.
- Meet with top management at my workplace to discuss commitment to the safety process, creating a safety vision & mission statement, and making safety the responsibility of leadership, managers, supervisors and workers.
- Meet with top management to develop a post injury process and return to work process.
- Create or modify a safety team / committee at my workplace that assures employee involvement. (i.e., training, self auditing, accident investigation).
- Review the existing safety communication process at my workplace and make suggestions to management for improvement through discussion of safety at both management and employee meetings, distribution of newsletters, payroll stuffers, bulletin board, summaries of meetings, and so forth.
- Present to leadership the direct and indirect costs of claims, profitability loss due to claims activities, and make recommendations to reduce claims costs.
- Review the existing new employee orientation process at my workplace and make recommendations to management of how to add safety to this orientation.
- Determine what, if any, safety programs are in place at my workplace. Review current programs to see if they are adequate. Make recommendations to improve them. Draft new programs as needed.



# Activity Plan

	Activity	Other people involved	Target Deadline
☐			
☐			
☐			
☐			
☐			
☐			
☐			
☐			



# Notification of Completed Activity

Your name (please print) \_\_\_\_\_ Locator number of class \_\_\_\_\_ Date of class \_\_\_\_\_

PIN\* \_\_\_\_\_ Class title \_\_\_\_\_ Location of class \_\_\_\_\_

\* PIN: First letter of your last name, four digits representing your day & month of birth, the last four digits of your SSN. Example: G03059784

1. Please describe the activity you completed at your workplace as a result of taking the class. 1a. What category fits your activity most accurately? Check more than one, if it applies.

- Personal protective equipment
- Policies, procedures
- Management directive
- Training
- Housekeeping
- Inspections/audits/assessments
- Tools & equipment
- Recordkeeping
- Written program
- Injury/illness trends
- Safety team
- Safety culture
- Other \_\_\_\_\_

2. Who at your company was involved in this activity?

3. What impact did this activity have on your company?

4. What barriers, if any, did you encounter?

5. How would you like your certificate to be sent to you?

- E-mail (If so, please print on line below.) \_\_\_\_\_
- Fax (If so, please list on line below.) \_\_\_\_\_
- No thanks. I don't need one.

6. Please estimate the amount of time you spent on this activity.

- Less than 1 hour
- 1-3 hours
- 3-5 hours
- Over 5 hours

**See reverse side for methods of notifying the Training Center of your completed activity.**



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**Methods of notifying the Training Center of your completed activity**

Internet: [www.ohiobwc.com](http://www.ohiobwc.com)  
Safety Services  
Training Services

Training Center, scroll down to:  
Reporting follow-up activity  
Notification form  
You can enter your information directly on the electronic Notification form.

E-mail: [safety@bwc.state.oh.us](mailto:safety@bwc.state.oh.us)

Fax: 614-365-4974

Call: 1-800-OHIOBWC (1-800-644-6292), follow the prompts for employer services, then safety services.

Mail: Ohio BWC Division of Safety & Hygiene Training Center  
Attention: Contact Center  
13430 Yarmouth Drive  
Pickerington OH 43147

## Statement of Attendance

(Student name)\_\_\_\_\_ attended the

(Class title)\_\_\_\_\_ class on

(Date)\_\_\_\_\_ at (Location) \_\_\_\_\_.

---

Instructor's signature

**Note to student:**

Please enter the class information above prior to asking the instructor to sign it.

After you notify the Training Center of your completed follow-up activity, a certificate with continuing education credits will be sent to you.



## Training Center New Direction Student Questions & Answers

- Question: Several of us from our company attended this class. May we work on one follow-up activity together back at our workplace?  
Answer: Yes, but each person needs to individually notify the Training Center of the completed activity.
- Question: If I am not sure what activity I will do back at the workplace, what should I write on the sign-in sheet?  
Answer: Please write your most likely activity. It is OK to change your mind or modify the activity when you return to the workplace.
- Question: Do I have to do an activity on the list?  
Answer: No, you can customize an activity that will benefit your workplace.
- Question: May I enroll in a second class if the follow-up activity from the first class is not complete?  
Answer: Sorry, no.
- Question: Why are you restricting us to enrollment in one class at a time?  
Answer: The DSH mission is to prevent injuries & illnesses. DSH is willing to invest resources in those students who contribute to that mission by improving the workplace through meaningful activities.
- Question: When I am limited to enrollment in one class at a time, how can I plan out my year of classes? Won't all the classes be full?  
Answer: Plan out your classes with at least 4-6 weeks between them, pencil them on your calendar. Promptly after completing a class, begin your follow-up activity back at the workplace. When you notify the Training Center of your completed activity, send in your registration for your next class. Starting July 1, everyone will be "in the same boat;" that is, no one can sign up for more than one class at a time.
- Question: Do web-based classes have follow-up activities?  
Answer: Yes, but you may enroll in a web-based class and a regular class simultaneously.
- Question: Can I be on a wait list for one class and be enrolled in another class?  
Answer: No, you will have to choose whether to be on a wait list or to be enrolled in another class.
- Question: Is "one class at a time" by individual or by company?  
Answer: By individual.

Question: Some activities may take longer than others, so it may take months to complete an activity.

Answer: Here's a suggestion: break down the activity into smaller, but nonetheless significant, steps. Report to the Training Center the first completed step.

Question: What about PDP companies? All PDP requires them to do is attend a class to meet their Step 6 requirement.

Answer: For Step 6 credit, BWC will accept the "Statement of Attendance" signed by your instructor.

Question: What is the fastest method to report my completed activity and get my updated status, so I may enroll in a future class?

Answer: All methods of reporting will take 1-2 days for updating your status, but you may send in your registration form for the future class along with your notification form. Within two weeks, you should receive a confirmation notice of your enrollment in the future class.

Question: Why do I have to write the intended follow-up activity on the sign-in sheet?

Answer: What you have written on the sign-in sheet will be reviewed by BWC staff members who are responsible for assuring high-quality classes.

Question: What is the purpose behind the new direction?

Answer: It is a way of measuring the effectiveness of the Training Center in reducing occupational injuries and illnesses.

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

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

[library@bwc.state.oh.us](mailto:library@bwc.state.oh.us)

[www.ohiobwc.com](http://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
- Scaffolds
- Spill response

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 4:45 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.

Students from the DSH training center can use the services and collections of the libraries to assist with the completion of their course **follow-up activities**. The librarians have recommended a variety of resources for the follow-up activities and are available to answer questions and provide assistance.

**The video library** offers an extensive collection of videotapes 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](http://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](mailto:library@bwc.state.oh.us)

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