

# CLAIMS HANDLING PROCEDURES

## INTRODUCTION

The Kansas Workers Risk Cooperative for Counties (KWORCC) is a state-qualified workers' compensation program designed to offer its members a powerful mechanism for controlling and minimizing workers compensation expenses. KWORCC provides its Member Counties with up-to-date cost control approaches that offer bottom-line performance that are better than those of the "traditional" insurance companies.

Careful, energetic claims handling is part of the KWORCC cost control approach. In fact, effective claims management is a key to the overall success of the program and its ability to deliver long-term savings to its members.

KWORCC maintains a contract with TRISTAR Risk Management (TRM), a professional, third-party claims adjuster for claims services. Beyond this professional service support, the program will depend on the attention and input of Member Counties, with an involvement that some will find different from their "traditional" insurance company environment. Of necessity – and for maximum benefit within the self-insured program – Member Counties must be involved in the claims process and knowledgeable about their claims.

Close, ongoing communication between KWORCC's administrative office, its Member Counties and the claims adjuster is paramount to KWORCC's success. The quality of service provided to Member Counties by the claims adjuster will depend heavily on the information provided by the county. To be effective, the claims adjuster must know everything about the circumstances surrounding a claim.

To help ensure effective claims adjusting, KWORCC has established uniform procedures to be followed by all Member Counties.

## CLAIMS REPORTING

### **Time Requirements**

1. All claims are to be submitted electronically within 48 hours of an occurrence that will or may give rise to a claim (or within 48 hours of the county's first knowledge of such an occurrence).
2. In the event of a serious loss such as a death, amputation, head injury, etc., county officials should call the claims administrator's office immediately and follow up with the claim submission and paperwork.
3. KWORCC provides legal representation as part of the program cost when required; therefore, if the county receives demand letters, requests for information concerning a filing with the Workers Compensation Division, notice of hearing, or other such documentation, do not delay in sending them to KWORCC's claims adjuster at TRM.

## KWORCC Claims Reporting On-line accident reporting

On-the-job accidents are to be reported on-line. You may elect to receive a copy for your file via email and will receive the claim number once assigned. Pursuant to Kansas law, accidents must be reported timely or may be subject to a \$250.00 fine for each late report.

Here's the link: [www.tristarrisk.com](http://www.tristarrisk.com) On left-hand under "Client Tools," click on "Report a Claim" and at dropdown box, click "Kansas Workers' Compensation." Complete the form (including any attachments) and submit.

Please contact Amanda Chamberland toll-free at 1-844-702-2353 Ext. 4713 for assistance or any questions: [Amanda.chamberland@tristargroup.net](mailto:Amanda.chamberland@tristargroup.net)

FOR MEDICAL ATTENTION AND TO DISCUSS ANY CLAIM, please contact:

Amanda Chamberland  
TRISTAR Risk Management  
P.O. Box 2805  
Clinton, IA 52733  
1-844-702-2353 Ext. 4713  
FAX: 1-844-702-2354

Email: [Amanda.Chamberland@tristargroup.net](mailto:Amanda.Chamberland@tristargroup.net)

In the alternative, any off-work slips, wage info, medical bills, doctor or other provider notes, et cetera can be emailed to [Wichita.FNOL@tristargroup.net](mailto:Wichita.FNOL@tristargroup.net) this email box is monitored throughout each business day and any documents received will be uploaded into TRISTAR's claim system for review and action by the Claims Examiner assigned to the claim.

**Medical bill status questions: 1-877-287-4782**

## CLAIMS MANAGEMENT

### Introduction

The reporting of claims is only a small part of the procedure required to properly handle claims; KWORCC's claim procedures would not be complete without a section on claims management. Although the claims adjuster will ultimately administer and pay claims, there are many things the Member County can do to help assure proper management.

It is KWORCC's policy to pay only those claims for which the member is legally obligated as promptly as possible, after adequate investigation. In order to accomplish this, the following claims management procedures are divided into three parts.

1. **Pre-occurrence.** Pre-occurrence handling procedures deal with those things the county can do before an incident occurs in order to be prepared for the handling of a claim. This includes such things as informing all employees to report all incidents and to whom (designated individual or department), no matter how minor, and establishing procedures to investigate and process all reports.
2. **Occurrence.** Occurrence handling procedures deal with those things the county must do once an incident occurs, in order to obtain the necessary facts and data, avoid additional liability or damage, set the injured employee at ease and properly process the claim. This will include such things as the use of proper forms, obtaining police reports, immediate on-line reporting, and supervisors' investigation.
3. **Post-occurrence.** Post-occurrence handling procedures deal with those things the member must do after the claim has been reported in order to maintain contact with the claims adjuster, continue the flow of the new or additional information, further control costs and obtain updated information concerning the status of the claim.

### Workers Compensation

Pre-occurrence. Files should be maintained on every employee to include: (1) employment application; (2) group health and disability claims; (3) prior workers compensation claims; (4) violations of safety rules and (5) attendance information.

Pre-select a local medical facility for proper treatment and diagnosis. The employer has the right to choose the physician, not the employee. The employee may go to a physician of his or her choice, but at the employee's own expense. (Subject to the law's allotment of \$500 in unauthorized medical).

At the employee's orientation, he or she should be informed to report all incidents – no matter how minor – immediately, including to whom the injury is to be reported.

### Occurrence

1. Medical treatment:
  - a. Administer first aid on site.

- b. Refer to competent doctor or medical facility. Consider the use of a “Med-Stop” or “Med-First” type facility for minor injuries.
2. Reporting of the claim:
    - a. Submit a claim electronically at [www.tristarrisk.com](http://www.tristarrisk.com)
    - b. Call KWORCC’s claims adjuster at TRM immediately for claims involving serious injuries.
    - c. Never accuse an employee of malingering or faking.
    - d. Notify the family in the event of serious injury.
    - e. Preserve evidence.

**Post-Occurrence**

1. Discuss with the employee:
  - a. Present condition or progress
  - b. Return-to-work date
  - c. Complaints on treatment
  - d. Bills received or not paid
2. Discuss with the doctor:
  - a. Status
  - b. Return-to-work date
  - c. Employee’s job description
  - d. Light duty
3. Communicate with KWORCC’s claims adjuster at TRM:
  - a. All of the above information
  - b. Return-to-work notification
  - c. Any additional claim investigation facts

**GETTING STATUS INFORMATION**

During the life of a claim, you may need to know its current status. There are three ways to obtain information regarding the status of a claim.

1. Review the quarterly Loss Claims Report provided to each Member County by KWORCC. If there has been activity such as opening a file, closing a file, payments made or reserve changes, the claim will be listed individually in these reports. If you only want to know if the claim is open or closed this is the best way to check on it.
2. If the Loss Claims Report does not tell you what you want to know, write an email or letter and send it to the claims adjuster. The adjuster handling the claim will respond to your questions. If a claim has been open for some time with no apparent activity and appears to be dormant, this is the best way to be brought up to date.
3. If you need information more promptly than by using the above procedures, call the claims adjuster who is handling the claim. If a bill has not been paid and you want to know why, this is the best way to find out.

## WHERE TO GET FORMS

All forms may be obtained from the KWORCC office at:

KWORCC  
700 SW Jackson, Suite 200  
Topeka, KS 66603  
Phone: (785) 357-1069 • Toll Free: 1-877-357-1069  
FAX: (785) 233-5440

or KWORCC's claims adjuster, TRM, at:

Amanda Chamberland  
TRISTAR Risk Management  
P.O. Box 2805  
Clinton, IA 52733  
1-844-702-2353 Ext. 4713  
FAX: 1-844-702-2354  
Email: [Amanda.Chamberland@tristargroup.net](mailto:Amanda.Chamberland@tristargroup.net)

or by printing them directly from the KWORCC website.

# MEDICAL CASE MANAGEMENT

## FIRST AID TREATMENT

It is strongly recommended all employees be given the opportunity to become certified in first-aid/CPR techniques. The other key area of medical training for county employees is bloodborne pathogen safety procedures. In either case, proper first-aid and biohazard cleanup kits need to be readily available in every county building and vehicle. If proper first-aid is given at the time of an injury, the effect of the injury can be minimized and further medical treatment may not even be necessary. If treatment by a physician is necessary, the following areas should be considered.

## MEDICAL AUTHORIZATION

Instruct employees to get authorization from their immediate supervisor prior to seeking medical attention, unless it is an emergency situation. Instruct employees that if they are unable to contact a supervisor and feel they need to seek treatment by a physician for a work-related injury, they need to inform their supervisor as quickly as possible thereafter. A form the employee could take to the treating physician with him or her may be used for authorization purposes, if the county so desires. This form can be downloaded directly from the Forms page of the KWROCC website.

## DESIGNATED PHYSICIAN

Kansas employers have the right to direct medical care for employees. Exercise of such control immediately upon notification of an accident is a significant part of a medical case management program. A KWORCC claims adjuster will work with each Member County to establish a designated physician or physicians. The designated physician, or group of designated physicians, will be the first point of medical contact for an injured employee. The designated medical provider will be able to provide a high quality of medical care at a reasonable cost while maintaining a clear understanding of the county's need to return the injured employee to work as quickly as possible, in compliance with any medical restrictions deemed necessary by the treating physician.

As long as the State of Kansas allows employers to select the physician for initial treatment, they must exercise this element of control. Employees should be advised to seek the initial care from their county's designated physician prior to seeking care from a chiropractor. The physician may or may not believe it is necessary to refer the employee to a chiropractor. If a county chooses to allow injured employees to go to the doctor they wish, lost time from the job and certain associated costs may be increased.

## RETURN TO WORK PROGRAM

Modified return-to-work programs can substantially reduce the amount of time an employee is off work and thereby reduce the indemnity portion of a workers compensation claim. It is in the best interests of the Member County to have the injured employee return to work as quickly as possible. It is a well established fact that this practice reduces the chances of long-term dependency and abuse of the workers compensation system. (A modified duty form and letter are on the Forms page of the KWORCC website.)

All county supervisors should be made aware that a full release from a doctor is not necessary to return an employee to work if work is available within the limits imposed by the doctor. To reduce the costs of the claim, and keep the experience modification factor of the Member County down, it is important to try to provide some type of meaningful work for an injured employee. A full release from the treating physician will be necessary before returning the employee to FULL duty.

The return-to-work program begins with a detailed job analysis which breaks each job down into its component parts. Consideration should be given to lifting requirements, standing requirements, hours of sitting, changing of positions, repetitive motions required, etc. The job analysis should then provide a basis for comparison to restriction levels the doctor may place on employees following an injury.

The treatment process of the claimant must be continually monitored to determine his or her physical ability to perform the temporary job assignment. Remember, this is a temporary position and is not intended to become a permanent, light-duty work position for an injured employee.

Your main approach with the employee in regard to this program should be that you, as an employer, do care about the employee's progress, and you want the employee to know he or she is an important part of the operation, even if the employee is not able to perform at 100 percent of their physical capabilities.

### INJURY FOLLOW-UP

A KWORCC claims adjuster will be making periodic contact with injured county employees. However, it is also important for the employee's supervisor and/or department head to make periodic contact with an employee who is off work due to a workers compensation injury. Such contacts are to let the employee know he or she is missed at work and his or her services are needed back as quickly as possible and to help the employee understand that workers compensation benefits are available automatically, without legal counsel. You can comfort the employee by letting him or her know you are checking to see if the medical treatment is satisfactory and generally let the employee know you care about him or her.

**IMPORTANT:** It is extremely important that a department head, supervisor or the county workers' compensation coordinator notify the KWORCC claims adjuster immediately when an injured worker returns to work!

# INCIDENT INVESTIGATION

Investigation of any accident is an invaluable tool in controlling losses. Each incident must be considered a total loss unless its true causes are objectively determined and all contributing deficiencies are corrected. Thorough investigation, recording and correct follow up of each accident can be time consuming, but these steps are critical if we are to learn anything from the experience.

As quickly as possible after an incident occurs, while the facts are still fresh in everyone's mind, the KWORCC Injury/Incident Investigation form should be completed. (**A copy of this form is included on the Forms page of the KWORCC website.**) The back side of the form should be reviewed prior to filling out the front page. The back of the form helps you to remember what types of questions need to be asked in the investigation process. Also included in this section is a guide for conducting the investigation and a supervisor's self-rating sheet.

Below are several questions that should be considered in most injury investigations:

1. What was the injured person doing at the time of the accident? Was he or she performing his or her assigned task? Was he or she assisting another worker?
2. Was the injured employee working on a task he or she was authorized to do? Was he or she qualified to perform the task? Was he or she familiar with the process, equipment and machinery?
3. What were other workers doing at the time of the accident?
4. Was the proper equipment being used for the task? What was the condition of the equipment?
5. Was the injured person following approved procedures?
6. Was the process, operation or task new?
7. Was the injured person being supervised?
8. Did the injured person receive hazard recognition training prior to the accident?
9. What was the location of the accident? What was the physical condition of the area when the accident occurred?
10. What permanent action could have prevented the accident or minimized it's effect?
11. Had corrective action been recommended in the past but not adopted?

## NEAR-MISS REPORTING

Accident investigation does not only apply to injuries and/or property damage—it can and should also be used to learn from “near misses.” A near miss means there is a problem in the



work system which surfaced, but no one got hurt as a result. However, someone might have gotten hurt had it not been for a fraction of a second or some other factor.

Injury analysis proves, in the average case, for every injury accident there are many other similar accidents that do not result in injuries. One study of the problem revealed for every major injury there is an average of more than 300 other opportunities to identify and eliminate the problem. This means a typical group of employees, either because of their repeated unsafe actions or repeated exposure to unsafe conditions, on the average, suffer 300 non-injury accidents and 29 minor injuries before a major, lost-time injury occurs.

Near misses are strong indications that something is wrong. If the causes of non-injury accidents are not remedied in time, they may well result in major injuries. Near misses will have the same causes as injury accidents and therefore can be prevented in the same ways. Both kinds of incidents need to be reported and investigated in the effort to prevent future losses.

The KWORCC Injury/Incident Investigation form can and should be used for reporting near misses as well as injuries. The form has a place to designate whether the report is for an injury or a near miss. The form is located on the "Forms" page of the KWORCC website.

# SUPERVISOR'S INVESTIGATION REPORT

## Instructions

1. Investigate each accident immediately after it occurs.
2. Return the completed form (found under files/forms and then forms on the website) to the personnel department no later than the work day after the accident occurs, or is reported.
3. Keep one copy for your department's file.

## Using the Form

### What Happened?

1. Get all the facts by studying the job and conditions where the accident occurred.
2. Tell what the employee was doing when injured. **BE SPECIFIC.** If the employee was using tools or equipment or handling material, name them and tell how the employee was using them.
3. Tell how the accident occurred. Describe fully the events which resulted in injury. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.
4. Tell what thing directly injured the employee. Name the object that was struck against or struck by. If strain or hernia, name the object that was lifted, pulled, pushed, etc. If injury resulted solely from bodily motion, state the stretching, twisting, etc. that caused the injury.

### Why Did It Happen?

1. Describe in detail the condition responsible for the accident. It will always involve one or more of the twelve operations control factors. (*See Guide to Stimulate Questions Chart below.*) Be specific in identifying the equipment, material and people involved and how they contributed to the accident.

### What Should Be Done?

1. Determine what corrective action is needed to prevent a similar accident in the future. The operations control factors should help determine what should be done.

### **What Has Been Done Thus Far?**

1. State what corrective action has been taken or recommended to the supervisor.

### **How Will This Improve Operations?**

1. State how the corrective action that has been taken or recommended will help prevent accidents.

**Guide to Stimulate Questions Chart**  
**(determining the DIRECT and INDIRECT cause of the accident)**

**IF IT APPEARS TO BE**

<b>ASK</b>	<b>UNSAFE CONDITIONS</b>	<b>UNSAFE ACTIONS</b>
<b>WHY</b>	<p>did it exist?</p> <p>had no one noticed and corrected it?</p>	<p>was it being done?</p> <p>was it being done this way?</p>
<b>WHAT</b>	<p>caused it to exist?</p> <p>caused it to be involved?</p>	<p>was its purpose?</p> <p>other way could it be done?</p> <p>details could be eliminated?</p> <p>instructions were not followed?</p>
<b>WHERE</b>	<p>was it?</p> <p>was its source?</p> <p>else does it exist?</p> <p>can I find out?</p>	<p>should it be done?</p> <p>else is it being done?</p>
<b>WHEN</b>	<p>did it occur?</p> <p>do similar conditions occur?</p>	<p>should it be done?</p>
<b>WHO</b>	<p>was responsible for it?</p> <p>can give me answers?</p> <p>should take corrective action?</p>	<p>is best qualified to do it?</p> <p>can give me answers?</p> <p>can show me what was being done?</p>
<b>HOW</b>	<p>should it be corrected?</p> <p>can it be avoided in the future?</p>	<p>is the best way to do it?</p> <p>can it (job or detail) be improved?</p>