

LSI Annual Employer Training



July 2015

Agenda

Topic	Presenter
Welcome	Travis Naillon
LSI Program Updates <ul style="list-style-type: none">• Participants• Safety Review Panel• Jobsite Notifications	Travis Naillon
Claims Management	Jeanie Bonagofski
Risk Management	Jay Doughty or Robbie Rotz
BREAK	
Early Return to Work	Jeri Parrish
Washington Stay at Work	Joyce Allen or Bill Smith
Questions and Closing Comments	Travis Naillon

LSI PROGRAM UPDATE

Travis Naillon



LSI program update

- Companies participating in LSI: 115
 - Tier 1: 11
 - Tier 2: 15
 - Tier 3: 89
 - Withdrawn: 18
 - Terminated: 5
 - On Hold: 3
- Landowners registered for LSI: 9
- Third Party Audits Complete:
 - Passed: 93
 - Failed: 2

Safety Review Panel

- Triggering event occurs
- LSI discount drop 1 tier (10%) starting the following quarter
- Employer notified by LSI program
- Employer creates corrective action plan
- Corrective action plan is reviewed by panel
- Try to keep company anonymous

Safety Review Panel cont.

- Panel may have questions, modifications, or need to meet
- After corrective action plan is implemented and verified Tier 3 is reinstated
- If the employer chooses not to develop a corrective action or work with the panel they will be terminated from the program
- L&I has final decision on the premium discount

Safety Review Panel - Triggering Events

- Work related fatality (reviewed first)
- Traumatic injuries that result in an in-patient hospitalization
- DOSH Compliance (closed and final order):
 - In the clear violation
 - Willful
 - Failure to abate
 - Repeat serious hazard with a gravity of 6 or higher

Safety Review Panel - Triggering Events cont.

- Consultation:
 - In the clear violations
 - Inadequate LSI safety training:
 - Serious hazard associated with lack of training
 - New employee training not completed
- Second consecutive failure of a third party audit
- Compensable claim caused by being “struck by” as a result of not being “in the clear”
- Landowner referral (does not result in loss of tier)

Jobsite Notification Update

- No longer required by loggers
- LSI landowners still report non-LSI companies working on their ground



CLAIMS MANAGEMENT

Jeanie Bonagofski



Logging Industry Claims Managers

- Jeanie Bonagofski

Workers Comp Adjudicator
(360) 902-4271

- Gretel Quitadamo

Workers Comp Adjudicator
(360) 902-4352

What makes a claim valid?

- Filed timely
- Meets Prima-Facie

Prima-Facie: Course of employment, legal definition of injury, and causal relationship.

When your worker files a claim:

- Welcome to call Claim Manager
- Claim Manager will review claim file, may call injured worker and employer of injury.
- If time loss, may ask the employer:
 - kept on salary
 - light duty available
 - question the validity

When an employer questions the validity:

- Must be submitted in writing.
- Workers failure to report injury is not valid reason for claim rejection.
- Suspect injury occurred outside of work?
 - who, what, when, and how - including signed statements from any witnesses.

Occupational disease claims:

- Must be filed within 2 years following the date injured worker received written notice from a provider that the occupational disease exists and a claim for benefits may be submitted.
- Claim Manager will request work history from injured worker.
- Employer of injury can send copy of employment application to the claim file.
- Need for completed work history is because of employer liability if claim is allowed.
- Work activities **must** be a proximate cause.

Pre-existing conditions:

- Labor and Industries is responsible for getting injured worker back to pre-injury status.
- Claims Manager will review for prior claims and mail worker request for prior medical records release.
- If permanent partial disability is paid at closure, will deduct any previously paid impairment.

Once claim is allowed:

- Will review claim file every 14 or 35 days at the most.
- Light duty per Policy 5.15.
- Take advantage of Return to Work Toolkit for the Logging Industry.
- Let Claims Manager know right of any Return To Work problems or issues with light duty.
- Please complete wage requests even on non-compensable and kept on salary claims.

Communicating with L&I

- Please remember, secure messages are part of the claim file.
- Claim Manager tries to return calls same day but required to return calls within 48 hours.
- Secure messages may take longer to get a response.
- Unable to communicate via email.

Suspect fraud?

- Is the injured worker working while on time loss or do you suspect fraud?
- Call Claim Manager or Fraud Line with who, what, when and where.
- 1-888-811-5974 or workerfraud@Lni.wa.gov
- Do not give details to support staff.

Contact us!

- Jeanie Bonagofski

Workers Comp Adjudicator

(360) 902-4271

- Gretel Quitadamo

Workers Comp Adjudicator

(360) 902-4352

QUESTIONS?



RISK MANAGEMENT

Jay Doughty and Robbie Rotz



Risk Management



Jay Doughty
Risk Management Specialist
(360) 896-2393
Jay.Doughty@LNI.WA.GOV

Risk Management

- Assist in prevention & reduction of losses from workplace injuries
- Evaluate claims history
- Implement Claim Management Strategies
- Viable Return-to-Work options
- Hiring strategies



Incentive Programs



Claim Free Discount

No Compensable Claims in 3 Year Rating Period

Medical Only Deduction

L&I Deducts \$2,690

Stay at Work Program

Employers are reimbursed $\frac{1}{2}$ of the LD wage when the Injured Worker goes to Light Duty

Managing the claim



Worker



Employer

What is an Experience Factor?

- A method of adjusting industrial insurance premiums to reflect actual claim experience
- An employer with an experience factor less than 1.0000 pays less than the average employer in that risk class

Expected Claim Costs
vs.
Actual Claim Costs



Claim Management Strategies



Time
Loss

Light
Duty

Kept
on
Salary



Return to Work Toolkit for the Logging Industry



Sample Formal Job Offer to injured worker

Date: _____

Employee's Name _____

Address _____

City, State, Zip Code _____

Re: Claim # _____

Dear _____:

Your doctor has released you for modified duty work, which *he/she* feels you are able to do until you can return to your regular job. Therefore, we would like to offer you the temporary, modified duty job of _____. Attached is a copy of the job description approved by your attending doctor.

Please report to your immediate supervisor for your modified duty job on (insert date) at (insert time AM/PM). Your pay will be \$_____ per _____(hour/month). Loss of Earning Power (LEP) benefits may apply if your restricted duty wage is less than your regular wage.

As you improve, the physical demands of the job may change, as approved by your doctor. Usually, a modified duty assignment lasts anywhere from a few days to several weeks, depending on your medical condition.

Your signature below indicates that you have reviewed this offer. Please return this signed job offer agreement to me by (insert date—10 to 14 days from date of letter). A self-addressed, stamped envelope is enclosed for your convenience.

Should you have any questions about this job offer, please contact me at Your Phone#.

Sincerely,

CHECK ONE:

I accept this job offer: _____

I do not accept this job offer: _____

Employee Signature

Date

Enclosures: Approved Job Description
Extra Copy of this letter for employee's records

CC: Claims Manager

Injured Worker Packet

1. Cover Letter of Injured Worker Packet

2. Worker Report of Accident

3. Supervisor Report of Accident

4. Return-to-Work Authorization

Job Description & Physical Demands of:

1. Job of Injury
2. Light Duty Examples
3. Light Duty Job
4. Modified Job
5. Transitional Job

5. Worker's Comp Policy

i. Injured Worker Responsibilities

Worker's Comp Policy (Injured Worker Responsibilities)


1. For all work-related injuries/illness' (no matter how minor) please take the following steps:
 - a) Complete an in-house Accident Report and submit to your supervisor or the HR Department
 - b) If medical treatment is necessary please notify your supervisor or the HR Department
2. When seeing a Doctor, please supply the medical staff with your Return to Work Authorization form.
3. If a work-related injury/illness causes lost time from work you must check in with your supervisor or HR Department once a week on _____. Medical authorization for all lost time from work due to work-related injury/illness must be obtained from the doctor and submitted to your supervisor or HR.
4. If you are released for **Light / Modified / Transitional** duty you must:
 - a) Report your medical status to your supervisor or HR within 24 hrs
 - b) Obtain written Return-to-Work authorization from your doctor and submit this to your supervisor or HR
 - c) Cooperate with company's efforts to provide **Light / Modified / Transitional** duty work for you while you recover
 - d) Communicate any concern or change in physical abilities to your doctor/ HR/ CM
5. Carefully follow all doctor instructions:
 - a) Keep all appointments
 - b) Communicate any concern or confusion to the CM/ doctor/ employer
6. Promptly respond to any request for information from the Department of Labor and Industries

Sign name: _____

Print Name: _____

COHE

Center of Occupational Health & Education



Works with employers and healthcare providers to promote the adoption of clinical and administrative best practices that have been shown to improve recovery outcomes, decrease disability and reduce cost.

- Enhances communication between providers & employers
- Emphasizes early and safe return to work on modified duty
- Addresses challenging injury claims, obtains additional L&I services

COHE Partners

<http://www.chifranciscan.org/Health-Care-Services/COHE/List-of-Partners/>

Advantage Chiropractic & Massage

Bartness C J DC

CHI Franciscan Health

Family Chiropractic Care

Franciscan Pain Rehabilitation Clinic

Franciscan Emergency Department

Franciscan Medical Group

Franciscan Occupational Health

Highline Medical Center

Columbia River Occupational Health

The Doctor's Clinic

Family Chiropractic

Harrison Medical Center

Emergency Department

Lacamas Medical Group

Longview Orthopedics

McCown Chiropractic & Massage

Northwest Physician Network

Electrodiagnosis and Rehabilitation Assoc

Puget Sound Orthopaedics

Puget Sound Spine Institute

Ocean Beach Hospital

Ocean Beach Medical Clinic

Pacific Rehabilitation Centers

PeaceHealth

PeaceHealth St. John

Emergency Department – Cascade Emergency Services

PeaceHealth St. Joseph

PeaceHealth Southwest

Emergency Department – Emergency Medicine Assoc

Physiatry Associates, Inc.

Progressive Rehabilitation Associates

Rehabilitation Sports & Spine Center

Summit Chiropractic

Tacoma Chiropractic Center

U.S. HealthWorks Medical Group

Vancouver Medical Associates

VanFleet Chiropractic

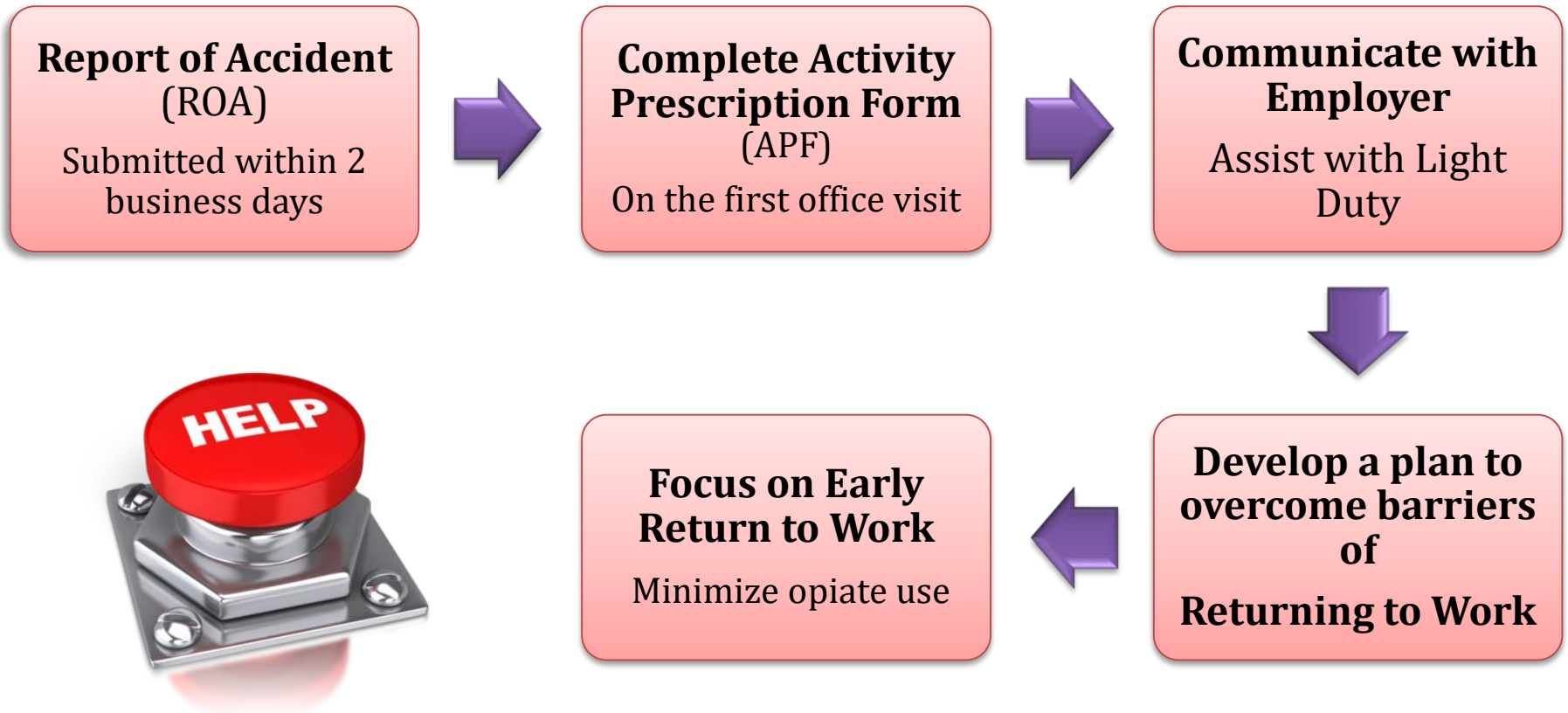
Voss Chiropractic

Western Washington Medical Group

WestSound Orthopaedic

Whatcom Occupational Health

COHE





Injured worker seeks medical treatment at a COHE Provider

Dr. does **NOT** approve Light Duty Job

Ask Dr. why Light Duty was not approved

L&I Pays "Time Loss" after 3 days

Employer pays "Kept on Salary"

Modify Light Duty catering to Dr.'s restrictions

Offer worker Light Duty job in writing

Worker Returns w/Restrictions

Utilize the Stay at Work Program

Request help from our ERTW Team:
Vocational Services Consultants
Therapist Consultants
Nurse Consultants

Job Modification Assistance (up to \$5,000)

Request an Independent Medical Exam

Safety

Work with DOSH Logging Consultants

Claim Management

Communication is key!

Return to Work

Help is available

Stay at Work Program

Up to \$10,000 in wage
reimbursement per claim



FREE Consultation

Risk Management Consultation



- ▶ Preventing Injuries
- ▶ Understanding Your Insurance Rate
- ▶ Claims' Management Strategies

Jay Doughty

(360) 896-2393



Jay.Doughty@LNI.WA.GOV



www.lni.wa.gov/Safety/Consultation/request.asp





BREAK FOR 15 MINUTES

EARLY RETURN TO WORK PROGRAM

Jeri Parrish

Early Return to Work - ERTW

- **L&I's ERTW Program strives to give our customers quick access to high-quality services that help injured workers heal and return to work as soon as medically possible.**
- **In fiscal year 2013, the ERTW Program assisted 1800 workers in returning to work**

The ERTW Team

- **Occupational Nurse Consultant**
- **Vocational Services Specialists**
- **Physical or Occupational Therapist**

How to request an ERTW referral

- **Contact your Employer Representative/Third Party Administrator, to discuss a referral for Early Return to Work services.**
- **No representation, contact your assigned Claims Manager to request a referral.**
- **If unsure, please contact me at 360-902-4837 for assistance.**

Focus on Early Return to Work

- Contact the employer to assist in identifying light or modified duty options.
- Send the light/modified duty job description to the attending physician
- Keep in touch with the employer and worker so all parties remain invested in return to work
- If light/modified duty is approved, assist the employer in writing a formal job offer.

Department of Labor and Industries Payroll Billing codes <i>Revisions of Job Analysis and Job Descriptions</i> 101854 Last rev p/w day 101254 Each additional session up to five pw/workday per day				EMPLOYER'S JOB DESCRIPTION	
				<input type="checkbox"/> Job of Injury <input checked="" type="checkbox"/> Permanent Modified Job <input type="checkbox"/> Light duty Transitional	
Worker _____			Claim # _____		
Company _____			Job Title _____		
Phone # _____ FAX# _____			Hours per day _____		Days per week _____
Employer Name (Please print) _____			Title _____		Date _____
Employer Signature _____					
Essential Job Duties					
Machinery, tools, equipment and personal protective equipment					
Frequency Guidelines N: Never (not at all) O: Occasional (1-33% of the time) F: Frequent (34%-66% of the time) S: seldom (1-10% of the time) C: Constant (67%-100% of the time)					
Physical Demands	Frequency	Description of Task (<i>30 characters</i>)			
Bending					
Lifting					
Walking					
Climbing Ladders/Stairs					
Tweaking at the wrist					
Lifting/lowering					
Sustained Keystroke					
Crawling					
Punching Out					
Working above shoulders					
Hanging Overhead					
Fine Motor Manipulation					
Fast Control Driving					
Rapidly Moving					
Talking Hearing Seeing					
Vibratory Tasks					
Lifting (< <i>lb.</i>)					
Carrying (< <i>lb.</i>)					
Pushing/Pulling (> <i>lb.</i>)					
Constant Color (<i>%</i>) Changeover					
FOR HEALTH PROVIDERS' USE ONLY					
Provider Approval <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hours per day ____ Days per week ____ Effective date ____ If no, please provide objective medical documentation to support your decision. 					
Provider Signature _____			Provider Name (Please print) _____		Date _____

F252-040-Employer's Job Description 10-2003 Index_VOC

Benefits for the employer

- Eliminates or reduces time loss costs
- You control whether or not light duty is offered
- Maintains the employer/employee relationship
- Reduces likelihood of long term disability and reduces the duration and cost of claim
- Free service to employers!

Benefits for the worker

- Speeds worker recovery – reduces disability conviction
- Helps worker feel valued and connected to his work place.
- Worker may earn more working light duty than on timeloss.

Questions?



Washington State Department of
Labor & Industries
Workers' Compensation Services

Employer's Return-to-Work Guide

Financial incentives available from L&I



www.lni.wa.gov/IPUB/200-003-000.pdf

WASHINGTON STAY AT WORK PROGRAM

Bill Smith, Program Manager
Joyce Allen, Stay at Work Outreach Specialist





STEPS to Effective Return-to-Work



Use the Stay at Work Program



Total Reimbursements to Date -



Stay at Work fiscal year cumulative totals from 1-1-12 through 07-03-15:

3,645 employers have received \$36,484,943.21 to keep 14,977 workers on light duty and receiving wages.

Wages	36,170,812.91
Expenses	314,130.30
Total	36,484,943.21



What is the Stay at Work Program?

A legislatively mandated (EHB 2123) program providing financial incentives for ***State Fund Employers*** providing light duty or transitional work to employees recovering from on-the-job injuries.

RCW: 51.32.090

WAC: 296-16A



Return to Work Action Steps



1. Injury
2. Provider restricts worker
3. Employer sends light duty description to provider
4. Provider approves light duty
5. Employer offers light duty
6. Worker RTW



Wage Reimbursement



Pays

- 50% of base wage
- Excluding tips, commissions, bonuses, board, housing, fuel, health care, dental care, vision care, per diem, reimbursement for work-related expenses or any other payments.

For

- Up to *66 days actually worked (not necessarily consecutive)*
- Up to \$10,000 **per claim** (whichever comes first.)
- 24-month period per claim

And

- Employer has 1 year to apply from first day of light duty or transitional work
- Reimbursements are **per claim**

Training Reimbursement



- **For training necessary for the light duty or transitional work**
 - Tuition
 - Books
 - Fees
 - Other necessary materials
- **\$1,000 per claim**



Clothing Reimbursement



Clothing

- \$400 per claim
- Becomes property of the worker



Tools / Equipment Reimbursement



Tools/Equipment

- **\$2,500 per claim**
- Tools and equipment become the property of the employer





- Worker Testimonial



Important Reminders



- You *may* offer the worker more than one transitional job within the 66 days if approved by medical provider.
- Worker *may* continue the job beyond the 66 days, but the subsidy can't continue.
- Claim must be allowed.
- All applications for reimbursement must be submitted within 1 calendar year of date of light duty.

Important Reminders



- As always, make sure that the worker and the supervisor are aware of the work restrictions and do not exceed them.
- Continue any health care benefits the worker had unless these benefits are inconsistent with the employers current benefit program for their workers.
- Job offer must be consistent with terms of collective bargaining agreement currently in force.

The Stay at Work Webpage

www.stayatwork.lni.wa.gov



Washington State Department of Labor & Industries

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Safety & Health | Claims & Insurance

National Safety Stand-Down

Take time out May 4-15 to prevent falls in construction.

Quarterly Report Filing | 2015 Safety Stand-Down | Amusement Ride Safety Checklist | Construction Day

Contractor gets four months in jail for repair scams

Find a Law (RCW) or Rule (WAC) | Get a Form or Publication | Report Fraud

About L&I | News Center | Find a Job at L&I | Online Self-Service Center | Office Locator | Site Feedback

Connect: Facebook | Twitter | YouTube | L&I Blog

What to do if your employees are injured | Find a safety rule | File a Quarterly Report | Find safety training materials | Permits and Inspections | Check L&I business requirements | Help for small business owners | More For Business

Workers' comp | Find out about | Learn work requirements | Understand | Minimum | How to file complaint | Find a Doc

L&I Blog: The inside story | Grant money available: Help solve problems. | Stay at Work: Get reimbursed

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Safety & Health | Claims & Insurance | Workplace Rights | Trades & Licensing

Stay at Work

Español

About	When's Eligible?	What It Pays For	Start With 5 Simple Steps	Restrictions and Light-Duty	Health Care Providers	Injured Workers
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About Stay at Work


Paying employers to help injured workers stay on the job

Stay at Work is a financial incentive that encourages employers to bring their injured workers quickly and safely back to light-duty or transitional work by reimbursing them for some of their costs.

Eligible employers can be reimbursed for:

- 50% of the base wages they pay to the injured worker.
- Some of the cost of training, tools or clothing the worker needs to do the light-duty or transitional work.

Watch the ad.



Get a form

- Wage reimbursement form
- Expense reimbursement form
- Job description form

Find out more

- Helping your employee return to work
- Download: Stay at Work Guide for Employers
- Download: Stay at Work brochure
- Download: Employer's Return-to-Work Guide
- Rates and Stay at Work
- Job Modification and Washington Stay at Work Benefits Comparison
- Videos and slideshow

Watch this short video about the advantages of Stay at Work for injured workers, employers and medical providers:

Stay at Work: It's a Win-Win

Wage Reimbursement Request



▼ Employer:

▼ Injured Worker:

Business Name []	Name []
L&I Account # []	L&I Claim # []

▼ Mail Reimbursement to:

▼ Job Description Before Injury:

Hints: Enter dates, # of hours, and total daily wage paid for each day's work. ► Example: 8 hrs x \$11/hr=\$88.00 total daily wage Don't apply for the date of injury as it is not reimbursable	Date	# Hrs	Total Daily Wage	Date	# Hrs	Total Daily Wage	Date	# Hrs	Total Daily Wage
	[]	[]	[]	[]	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]	[]	[]	[]	[]

▼ Sign below to confirm the information on this form is true and accurate. Important: Attach required documents listed on page 2.

Signature []	Printed Name and Title []
Date (mm/dd/yyyy) []	Phone # in Case We Need to Contact You []

FAX to: 360-902-6100 (Or mail to address above.)
Questions? 1-866-406-2482, toll-free - or 360-902-4411

Index: **STAY**

Expense Reimbursement Request



Department of Labor and Industries



Expense

Business Name: [Redacted]	Name: [Redacted]
L&I account #: [Redacted]	L&I Claim #: [Redacted]

Mail reimbursement to:

Mailing address line #1 [Redacted]
Mailing address line #2 [Redacted]

Employer:

- Find out if you're eligible.

Date purchased	Description of item	Reimbursement amt. requested	L&I use only
[Redacted]	[Redacted]	\$ [Redacted]	
[Redacted]	[Redacted]	\$ [Redacted]	
[Redacted]	[Redacted]	\$ [Redacted]	
Total reimbursement you are requesting		\$ [Redacted]	

Sign below to confirm this information is true and accurate.

_____ Signature	_____ Date (mm/dd/yyyy)	_____ Title and printed name	_____ Phone#
--------------------	-------------------------------	---------------------------------	-----------------

Date employer sent provider the job description (mm/dd/yyyy) [Redacted]
--

(Or mail to address above.
More instructions on pg. 2)

What documents are required for reimbursement?



- 1) Health care provider's written certification that the worker is unable to do usual job.
- 2) A written job description of light duty or transitional work.
- 3) Approval by the attending health care provider that the worker is physically able to perform the light duty or transitional work described.
- 4) Payroll records and Time Cards for duration of light-duty or transitional work.
- 5) Receipts for tools, clothing and instruction purchased that were necessary for the light duty or transitional work.

Common Application Problems / Mistakes



- 1) Requesting reimbursement for ineligible time period
 - KOS, Time Loss Payments
- 2) No approved Light Duty Job Description
- 3) Lack of records
 - Payroll records, time sheets/cards, salaried staff information, other employee information not redacted
- 4) Application not signed by employer
- 5) Tools/Equipment purchased after worker has returned to Light Duty
- 6) Not including the daily wage on the reimbursement form



Training Reimbursement

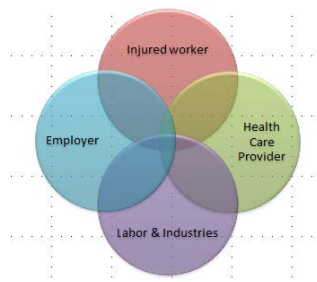
- \$1,000 Per Claim

Clothing Reimbursement

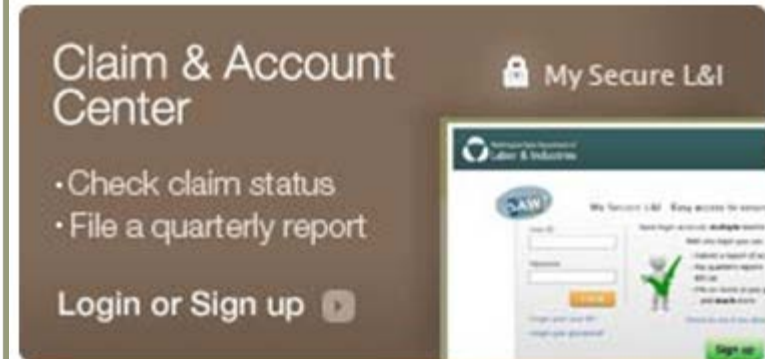
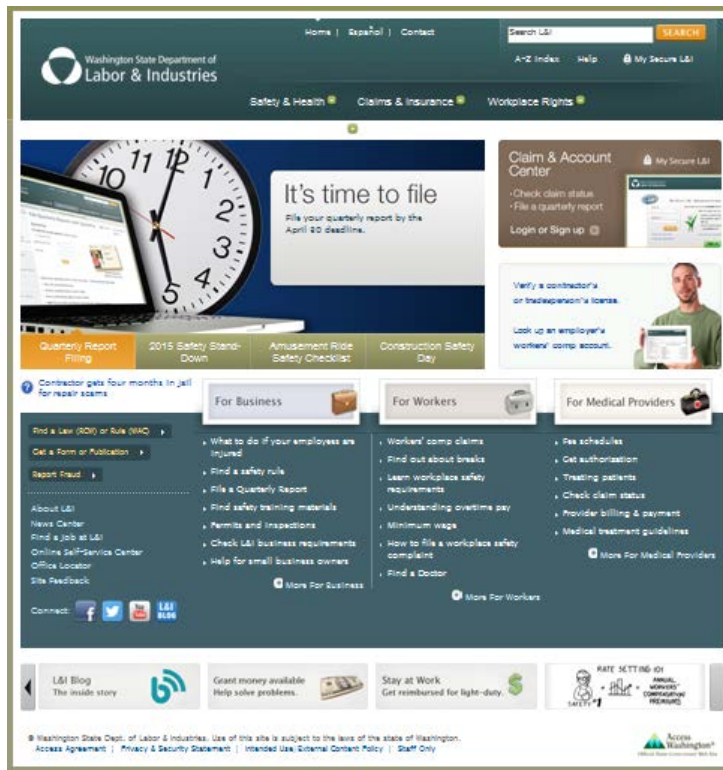
- \$400 Per Claim

Tools/Equipment Reimbursement

- \$2,500 Per Claim



Labor & Industries' Claim & Account Center





CLOSING COMMENTS & ADJOURN

Travis Naillon

