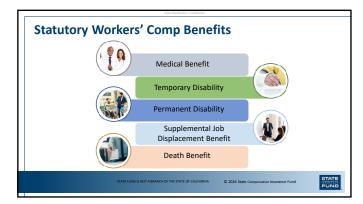


# What is Workers Compensation? State-mandated insurance that provides medical benefits and wage replacement for employees who have job-related injuries or illnesses

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# California's workers' compensation system is an ELIGIBILITY system. To be eligible for workers' compensation, the injured worker must prove that they are: An employee The injury arose out of employment (AOE) The injury occurred in the course of employment (COE) Medical causation



# When a Work Injury Occurs Get medical attention for your injured employee immediately - Call 911 (if needed) - Provide first aid (if trained staff is available) - Take or send the injured employee to a State Fund Medical Provider Network (MPN) facility if he or she has not predesignated a physician - Employees who have predesignated can be sent to their personal physician

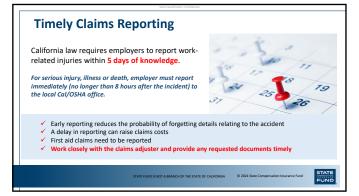














# **Claim Intake Process**



COMPENSABILITY DECISION - the "single most important decision in the life of the claim"

Claim Intake Specialist has 14 days to gather information to make a compensability decision.

- Verify coverage
- Complete initial calls within 48 hours to the Employer, Employee or Applicant Attorney, and Medical Provider
- Obtain medical reports
- Obtain necessary documents

Decision to either **ACCEPT, REJECT, or DELAY** the claim

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# **Claim Intake Process – Accepted Claims**

## Once accepted:

## For Medical Only claims

- Channel the injured worker to a MPN provider if not already done so.
   Transfer claim to Medical Only Specialist

## For claims with any lost time

- Start paying Temporary Disability Benefits
- Transfer to Return to Work Specialist



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# **Claim Intake Process – Rejected Claims**



# Once rejected:

- Adjuster will attempt to settle the claim (if appropriate)
- If unable to settle, the claim will be transferred to a Litigation Specialist (settle claim or defend any appealed denials)

# Claim Intake Process - Delayed Claims If by the $14^{th}$ day or sooner, the Claim Intake Specialist does not have enough information to either accept or reject the claim, the claim will be placed on <code>DELAY</code>. Provide medical treatment Further discovery would include: Additional phone calls to the Employer, Employee, Medical Provider

· Requesting a formal investigation

Obtaining medical reports or prior medical history

Obtaining employee's deposition

Under California law the injured work entitled to up to \$10,000 in medical tr

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# **Litigated Claims**

California workers' compensation claims end up in litigation for several different reasons, such as;

- Injured worker is confused about workers' comp system and seeks representation
- Claim is denied due to:
  Injury determined not arising out of and in the course of employment
  Lack of medical evidence to substantiate that the injury is work related



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# **Medical Only Claims**

Non-disability claims in which an injured employee has lost three days or less of work due to the injury





# **Medical Cost Containment - MPN**

The purpose of an **MPN** is to provide timely, appropriate medical care to injured employees.

- Lowers medical costs
   Provides for medical control throughout life of claim
- ✓ Vetted medical providers✓ Evidence-based treatment guidelines
- ✓ Benchmarking of outcomes



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# **Medical Cost Containment – Utilization Review**



Utilization Review is a process to review the treatment plan proposed for the injured worker to determine if it is medically necessary and appropriate.

Appropriate medical care improves medical outcomes while containing costs.

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# **Medical Cost Containment – Pharmacy Benefits Management**

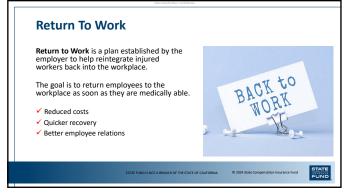
Pharmacy Benefits Management (PBM) manages drug utilization and controls pharmacy spending.

- Opioid therapy issues
- Physician dispensing
- Inappropriate prescribing
- High-cost specialty drugs
- Compounds
- Multiple pharmacy usage
- Signs of fraud, waste and misuse









# **Modified Duty**



An employee may still be able to work after their work-related injury.

You may choose to offer modified work or light duty within the physical limits given by the primary treating physician.

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# **Maximum Medical Improvement (MMI)**

"... refers to a date from which further recovery or deterioration is not anticipated, although over time there may be some expected change."



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# **Claim Resolution and Closure**

Once a worker is deemed **MMI**, the next step in the claims process is resolution and closure.

- Stipulation with Request for Award
- Compromise and Release (C&R)
- Findings and Awards



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