

Workers' Compensation Claims Kit

PRAIRIE STATE INSURANCE COOPERATIVE



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Comprehensive Risk Services, LLC
P.O. Box 240
Williamston, MI 48895
Phone: (800) 737-9875
Fax: (248) 344-8560



Claim Reporting



NewClaimReporting@crsmi.com



(800) 737-9875



(248) 344-8560



<https://live.origamirisk.com/Origami/IncidentEntry/Direct?token=G8u7h25IG7wQ5WLAyUBewjXxXvGETfPEZ07BSfAbTMxEkI4RPdLkMacacLVRQKswegYi9cUdskr%2FZFTHvS7j1SPX0fd1%2BgD%2FqbBhpnGU6GLPSA%2FI5Wga%2BCzjxQAvz1Rz>



Comprehensive Risk Services
P.O. Box 240
Williamston, MI 48895



(855) 720-0241

Reporting A Claim

If an employee is injured or becomes ill because of his/her job, the incident should be promptly reported to CRS or Company Nurse. To report the claim to CRS, this may be accomplished by online system submittal, or an injury report may be completed and emailed or faxed to the numbers shown above. You may also call the claim in if necessary. Claim can be reported to Company Nurse by promptly calling (855) 720-0241.

- ▶ Serious injuries and fatalities should be reported immediately by telephone to Comprehensive Risk Services. **In the event of a work-related death, the employer must notify Illinois OSHA within 8 hours by calling (217) 782-7860. All work-related hospital admissions, amputations, and losses of an eye must be reported to Illinois OSHA within 24 hours at (217) 782-7860.**
- ▶ Payroll records detailing weekly earnings for the 52 weeks preceding the incident date should be sent to Comprehensive Risk Services.
- ▶ The value of discontinued benefits should be provided if applicable.

MEDICAL ONLY CLAIMS – If an employee sustains a work-related injury/illness that involves 3 days or less of lost time from work, their workers' compensation benefit is limited to related medical expenses. Wage loss benefits are not considered.

LOST TIME CLAIMS – If an employee sustains a work-related injury/illness that involves disability exceeding three (3) days, but less than 14 days, the covered benefit includes medical expenses, as well as wage loss benefits, beginning on the 4th day.

If the injury/illness involves disability lasting 14 days or more, the benefit includes medical expenses and wage loss retroactive to the first day of disability.

If an injured employee returns to work, please notify Comprehensive Risk Services immediately.

CONTROVERTED OR LITIGATED CLAIMS

- ▶ Forward all Notice of Hearings as well as any correspondence related to legal action immediately to Comprehensive Risk Services. Please keep a copy for your files.
- ▶ Comprehensive Risk Services will assign defense counsel as needed. Do not communicate directly with attorneys that request information on an employee that has a pending claim, rather, please promptly reach out to CRS.
- ▶ It will not be necessary for you to appear at pretrial conferences or trials unless specifically requested otherwise.
- ▶ Comprehensive Risk Services and/or defense counsel will advise you of all necessary witnesses required at the trial.

PENALTIES

Section 19 of the Illinois Workers' Compensation Act provides for a penalty to be paid to the employee if compensation benefits are not paid or denied in writing within 14 days of receiving a written demand for payment of benefits. Penalties will also be assessed for medical bills that are not paid or denied within 30 days. Any notice received from the state, an attorney, or employee concerning the filing for a penalty should be forwarded immediately to your Comprehensive Risk Services representative.

Medical Treatment

Injured employees should be sent to your approved medical facility or doctor.

- ▶ Generally, the employee may choose the provider where he or she seeks treatment. However, there may be some limitations both on the number of providers seen by the employee or on which particular providers that an employee may choose.
- ▶ Comprehensive Risk Services will schedule appropriate medical examinations and can assist with pre-employment physical referrals as well as the selection of an occupational clinic.
- ▶ Forward all medical reports, disability slips, and bills associated with the injury/illness.
- ▶ CRS will pay for the associated costs of all medical care that is reasonably necessary to cure or relieve the employee from the effects of the injury. If the employee receives any medical billing, they should contact CRS to avoid potential account delinquencies or collection attempts by the medical provider.
- ▶ Comprehensive Risk Services will approve payment of workers' compensation benefits.



**ROAD TO
RECOVERY**

The Importance of the First 48 Hours

The steps taken within the first 48-hours of a worker injury are often more important than all the other actions taken during the scope of a workers' compensation injury. A first impression is a lasting impression, the first actions in injury response are lasting actions.

During the first 48-hours of an injury your company can set the right tone to:

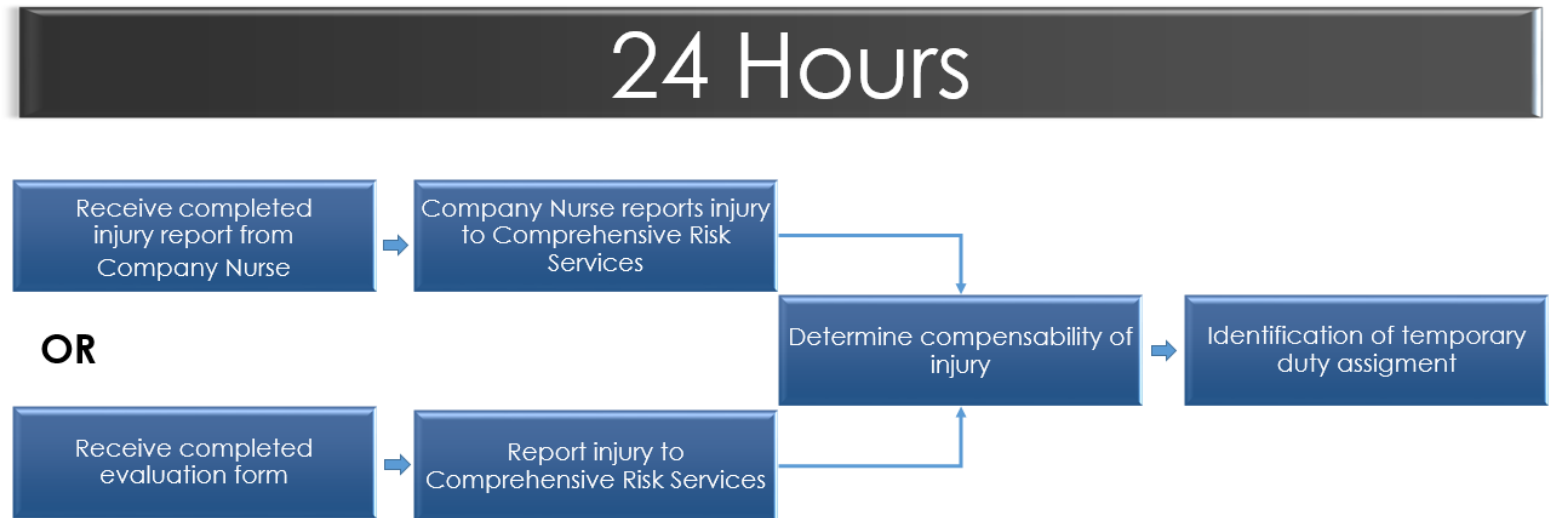
- ▶ Help the injured employee obtain the most effective medical care.
- ▶ Earn the trust of a legitimately injured employee which, in turn, prevents unnecessary attorney involvement.
- ▶ Gather evidence that will help defend the claim and avoid paying benefits that are not truly owed under the workers compensation system. For these reasons it is critical that you have a system in place that guarantees prompt response and action.

Basic steps you should take promptly after a worker injury:

- ▶ Prompt recording of the injury or illness. This involves the employee immediately reporting the event to his or her Supervisor and they, in turn, reporting the event to the HR Coordinator.
- ▶ Prompt contact to Company Nurse for direction or direction of medical care and obtaining an initial medical evaluation. This involves a number of steps leading to the immediate treatment of the injury or illness and an informed assessment of the employee's return-to-work status.
- ▶ Prompt reporting of the injury to Comprehensive Risk Services, if not utilizing Company Nurse. For serious claims, this involves notifying your claims adjuster immediately. In the real world every work-related injury is different and, as a result, the actual delivery of each of these steps will vary.



What To Do Following An Incident





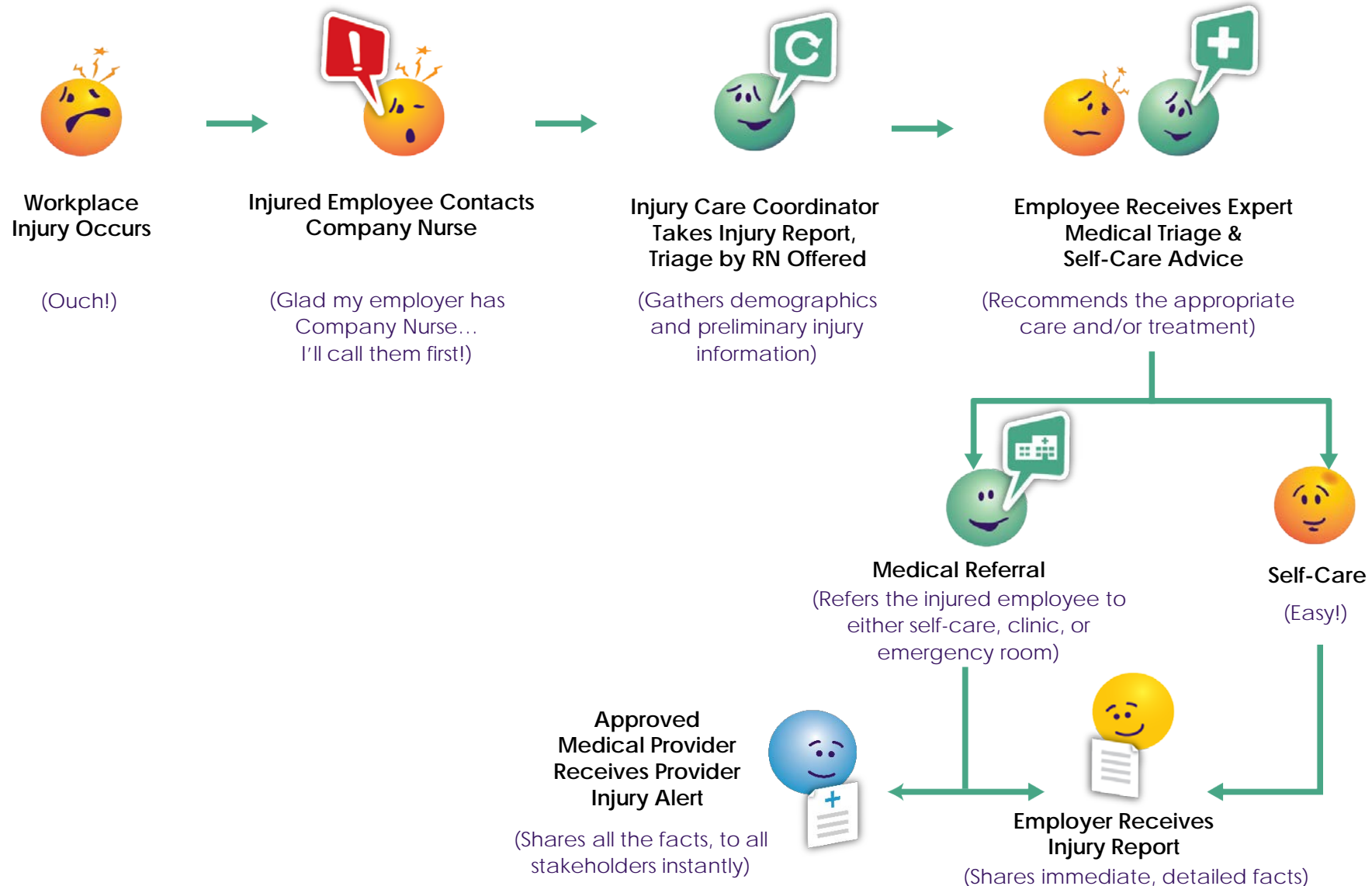
What to Expect During the Contact Center Process

The following process will be utilized for reporting an incident/injury to the Company Nurse Contact Center:

- Employee calls the unique 1-800 contact center number to report an injury/incident. The contact center number is on all Company Nurse material. A supervisor may be part of this process. Each organization decides whether the supervisor is to be included. If they are, the supervisor generally starts the call and passes the call to the employee when asked to do so by the ICC (Injury Care Coordinator) or Nurse.
- An ICC asks the employee a set of questions and records demographic and injury information for the nurse. The nurse will perform the actual triage if the employee is seeking treatment. If the injured employee does not seek treatment, the ICC completes the report, marks it 'Report Only', and sends it. This could take approximately 6-8 minutes. *
- If triaged, the nurse staff will perform triage based on the injury described, and then direct the injured employee to the appropriate level of care which may include: self-care or referral to an occupational medicine clinic or other Non-ER provider or to an emergency room. This could take an additional 5-7 minutes, approximately. *
- Client-provided employee instructions specific to your organization will be read to the caller (i.e., drug testing information [optional], pre-designation instructions, work restriction instructions, etc.).
- Company Nurse submits the Injury Report to the client-provided email/fax distribution and sends a Provider Alert/Work Status form to the referral provider, if applicable.
- More than one call may be required to complete a report or to change existing reporting information. An incident ID number is given to the employee/caller enabling them to reference this number when calling in changes. This number is the permanent identification for that employee for that injury on the specific date reported.

*Periodically, there may be hold times or call backs at the contact center when the call is transferred to a nurse for triage. These are generally rare but occasionally happen when Company Nurse experiences a call surge or during off peak hours. Our peak hours are Monday-Friday 5:30 am – 7:30 pm.

What Happens During A Call?



Forms



- ▶ Illinois Form 45: Employer's First Report of Injury
- ▶ Authority for Treatment
- ▶ Supervisor's Report of Accident
- ▶ Authorization to Release Medical Records
- ▶ Illinois OSHA Injury & Illness Reporting

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY*Please type or print.*

Employer's FEIN	Date of report	Case or File #	Is this a lost workday case? Yes No
Employer's name		Doing business as	
Employer's mailing address			Employer's email address
Nature of business or service			SIC code
Name of workers' compensation carrier/admin.		Policy/Contract #	Self-insured? Yes No
Employee's full name			Birthdate
Employee's mailing address			Employee's e-mail address
Gender Male Female	Marital status Married Single	# Dependents	Employee's average weekly wage
Job title or occupation			Date hired
Time employee began work	Date and time of accident		Last day employee worked
If the employee died as a result of the accident, give the date of death.		Did the accident occur on the employer's premises? Yes No	
Address of accident			
What was the employee doing when the accident occurred?			
How did the accident occur?			
What was the injury or illness? List the part of body affected and explain how it was affected.			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? Yes No		Was the employee hospitalized overnight as an inpatient? Yes No	
Report prepared by	Signature	Title and telephone #	Email address

Please send this form to: **ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE RD SPRINGFIELD, IL 62703**
By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any way. This information is confidential. IC45 8/12



Authority for Treatment

TO: Doctor _____ Date: _____

Patient Name: _____ Date of Birth: _____

Employer: _____ Street Address: _____

Date of Injury: _____ Nature of Injury: _____

Instructions/comments: _____

Authorized By: _____

Title: _____

Phone: (____) _____

Date: _____

Billing :

Comprehensive Risk Services
c/o Review Works
21500 Haggerty Road, Suite 250
Northville, MI 48167

DOCTOR: PLEASE SEND EMPLOYEE WITH WRITTEN DISABILITY STATUS AS IT RELATES TO THE ALLEGED WORK INJURY. PLEASE INCLUDE THE DIAGNOSIS AND WHETHER THE EMPLOYEE IS ABLE TO RETURN TO FULL DUTY OR RESTRICTED DUTY WORK. PLEASE DOCUMENT ALL MEDICAL RESTRICTIONS.



Supervisor's Report of Accident

Company Name _____ Employee Involved _____

Occupation _____ Length of time on job where accident occurred _____

Date of Accident _____ Time of Accident _____ Shift _____

Department where accident occurred _____ Employee's Regular Dept. _____

Machine # or equipment employee was working with: _____

If an injury occurred, was it treated? ☐ Onsite ☐ EMS ☐ Clinic ☐ Hospital ☐ Other ☐ No Treatment

If other, describe: _____

Following treatment the injured employee returned to work:

☐ Same Day ☐ Next Shift ☐ Lost Time as ☐ Full Duty ☐ Modified Work

Completely describe accident (who, what, when, where, why):

Body part(s) injured: _____

Nature of Injury: _____

Accident Type: _____



(Circle body
part injured)

Analyze and describe the underlying causes of the accident considering policies, procedures, equipment, training and supervision practices: _____

Analyze and describe the preventative measures recommended to address the underlying causes of the accident: _____

Person or position responsible for implementing the above: _____

Action(s) taken to prevent re-occurrence of the above incident: _____

Date: _____ By: _____

Reference Information

- Policy:** What your company has determined to be standard practice.
Example: Eye protection will be work when necessary.
- Procedure:** Who is responsible for, and how, the policies are to be carried out.
Example: The supervisor will see that safety glasses are worn when necessary.
- Supervision:** What and how the supervisor's responsibilities are for enforcing the policies and procedures.
Example:
1. Determine if the task requires eye protection, and
2. If it does, assign safety glasses to each employee, and
3. Check to see if everyone wears the glasses as instructed, and
4. Continues to follow the safety policy.
- Equipment:** Could also include tools, personal protective equipment, the work area, the product and containers.
Example: Safety glasses are properly fitting and in good condition.

Body Part – Examples

Upper back	Lower back	Head	Ear	Eye	Face
Finger/Thumb	Hand	Wrist	Arm	Shoulder	Other (describe)
Foot	Knee	Leg	Groin/Pelvic	Internal Organ	

Nature of Injury – Examples

Strain/ Sprain	Cut/ Laceration	Puncture	Bruise/ Contusion	Inflammation	Fracture
Repetitive Motion	Dermatitis/ Rash	Eye Struck by	Burn	Shock	Crush
Amputation	Hernia	Crush	Other (describe)		

Accident Type – Examples

Assembly Operations	Lifting/Lowering	Pushing/Pulling	Manual Material Handling	Operating Machine	Adjusting Machine
Repetitive Work	Vehicle Related	Office Work	Using Hand Tools	Slip/Fall	Grinding
Cooking	Welding	Agriculture	Other (describe)		

Miscellaneous Comments:



AUTHORIZATION

I, _____, hereby authorize and direct any physician, surgeon (his/her designee), hospital or other medical facility (including treatment centers and clinics), or its director, designee or medical record department, to release information contained in my patient records and to disclose any such information to Comprehensive Risk Services, LLC and/or any of its vendors, representatives, or designees. This specifically includes, but is not limited to, alcohol and drug abuse records protected under the regulations provided in 42 Code of Federal Regulations, Part 2, if any, psychiatric or psychological services records, if any, and social work records, if any, including communications made by me to a social worker, psychiatrist, psychologist or any other professional associated with a doctor or medical facility (including treatment centers and clinics) which has examined or treated me.

The authorization of release of my patient records also includes releasing information regarding communicable diseases and serious communicable diseases and infections which can include venereal disease, tuberculosis, HIV, AIDS or ARC.

THIS IS NOT A RELEASE OF CLAIMS FOR DAMAGES

Signature _____

Date _____

ILLINOIS: EFFECTIVE JANUARY 1, 2015

ILLINOIS OSHA Injury & Illness Reporting

Effective January 1, 2015 (October 19, 2015 for Illinois Public Sector), OSHA has changed its reporting requirements. The new changes require the following be reported:

Report any work-related:

- Fatality: within 8 hours
- Hospitalization: within 24 hours
- Amputation: within 24 hours
- Loss of an eye: within 24 hours

An **amputation** is defined as the traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or appendage that has been severed, cut off, or amputated (completely or partially). This includes a fingertip amputation without bone loss, medical amputations resulting from irreparable damage, and amputations of body parts that are successfully reattached.

Employers do not have to report a hospitalization if it was for diagnostic testing or observation only. A **hospitalization** is defined as a formal admission to the inpatient service of a hospital or clinic for care or treatment.

When a work-related fatality, hospitalization, amputation, or loss of an eye occurs, call Illinois OSHA to report the incident within the timeline listed above. Reporting requirements now require you contact OSHA in the event of any work-related hospitalization and have also added reporting all amputations or loss of an eye.

Reporting of fatality, in-patient hospitalization, amputation, or loss of an eye options:

- PUBLIC SECTOR: By telephone to Illinois OSHA at **800-782-7860 or 217-782-7860**
- PRIVATE SECTOR: By telephone to Federal OSHA at **800-321-OSHA (6742)**
- The reporter must give the following information for each incident:
 - A. Establishment name
 - B. Location of the incident
 - C. Time of the incident
 - D. The number of fatalities or hospitalized employees
 - E. The names of the injured employees
 - F. The reporter's contact person and his/her telephone number
 - G. A brief description of the incident

For further information, refer to ***ILLINOIS DEPARTMENT of LABOR*** website at:

<https://www2.illinois.gov/idol/Laws-Rules/safety/Pages/default.aspx>

On the home page refer to the far-right column.

Second header down under REPORT FATALITIES & INJURIES (Public or Private Sector).

