



WCB Claims Process – Tips for Employers

CAGC INFORMATION ALERT

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Information Alert

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As an industry it is no secret that we are paying some of the highest WCB rates within Alberta. It is one of our goals, as an Association, to help our members bring these numbers down. Some of this information will not be new to you – however, this alert was created to provide members with as much information as possible when dealing with injured workers and filing claims.

At recent seminars hosted by the WCB and tailored towards the field personnel within our industry some facts and tips were given that the Association felt was worth sharing. We hope it helps.

Tips for filling out and submitting a proper claim *and reducing fraudulent claims*:

- You have 72 hours (this time frame includes weekends) to complete and submit the Employer's Report of Injury or Occupational Disease form after you have received notice or knowledge of an injury or illness that disables or will likely disable a worker beyond the date of accident;
- You can report an injury online if you have signed up with myWCB or submit the Employer's Report of Injury form by fax;
- Ensure both the Worker and Employer's Report is filled out in full and is legible. Every empty space left on the form means the longer it will take your adjudicator to track down that information;
- When filling out the Employer's Report it is important to include what the worker states to you when reporting their injury and whether or not the injury was witnessed. Include names, phone numbers and statements of any witnesses. If you have any other information that would help WCB make a decision or you have concerns, attach a letter and check that box on the Employer's Report form;
- Complete the Physical Demand Analysis (PDA) for all claims; include on this form all the bona fide occupational requirements for the position and the frequency a task is performed. Because the task and duty differ for each occupation and because every injury is different, a PDA is needed in order to correctly determine if the injury is preventing the worker from performing the required physical demands of the pre-accident occupation;
- If the doctor's contact information is known, add it to the Employer's Report. Often when information is received from the WCB via the doctor it is illegible and hard to decipher. If they have this information from the employer it could help them process the claim faster;
- Return calls to adjudicators ASAP. If adjudicators are trying to get in touch with you and you do not return their calls they will base their decision on the information that they currently have on the file;
- Implement an employee sign-out sheet at the end of each shift - workers who sign this sheet are agreeing and indicating they are ending their work shift without injury. At a later date, if a worker claims they were injured on shift and did not report it, a sign-out sheet will provide: a) proof the worker signed out without injury and b) witnesses of the injury that can be contacted for statements;
- Include the injured workers shift cycles with the submission of all claims, as injured workers are not compensated for scheduled time off (e.g. a worker who is injured on their last day of work before time off).

Industry Asked – A Doctor Answered:

- ***How does the WCB confirm compensable injuries?***

Often compensable injuries are difficult to determine and WCB staff and doctors are required to go by what the injured worker is reporting to them or what is stated in witness statements.

The best way for employers to ensure WCB staff are receiving accurate and complete information is to provide a detailed description of *how* the injury occurred. Because most physicians will not ask for exact details of how the injury occurred, it is important for the employer to include these details when filling out the Employers Reports: what was the injured worker doing at the time the injury occurred?, what position were they in?, were they lifting or carrying a load (include the weight)? etc. Be sure to include details you feel may be insignificant or not worthy of sharing – and make sure the injured worker takes a copy of their job description and any modified work programs that are in place as these are tools that will help the doctor accurately diagnose the injury.

Remember: the more information, the better, and the earlier the information is collected from both the employer and the WCB, the more accurate the information is considered to be.

- ***Is the WCB aware of the workers history (previous injuries that may have not been reported to the employer upon being hired) when processing claims?***

Generally no, however if clarification is needed on a particular case that is not making sense, the WCB doctors on staff can contact an injured worker's family physician for more information. At this point previous injuries may be disclosed.

If you are aware of any pre-existing injuries, make sure that information is included in the Employer's Report; also include limitations that the worker may have been instructed to follow. For example: "worker was advised to only lift x-amount of weight", if the injury being reported is a back strain.

- ***How do doctors qualify or quantify pain?***

Although there are measures in place that determine pain, qualifying and quantifying pain is a largely subjective variable to determine. Another factor to this equation that makes it difficult is everyone has their own unique level of pain tolerance and deals with pain in a different way.

- ***What can doctors tell/not tell the employer about what happens during the injured workers visit to the doctor's office?***

Due to doctor/patient confidentiality and privacy legislation, the only information a doctor can share with the employer is that the injured worker attended the appointment and what they can/cannot do physically as a result of the injury.

Again, providing as much information in the Employer's Report will help the doctor assess the injured worker. Knowledge of pre-existing conditions, family issues, depression etc. are things that should be included.

- ***How do employers make doctors (mainly those in rural areas) aware of the modified work programs they have in effect?***

Ensure the injured worker takes with them any indication of what you have in place for Modified Work; if you can, include tasks and duties the worker can or cannot do during the duration of their injury.

Modified Work Templates were created by the CAGC Human Resource Committee in conjunction with the WCB to assist industry and the medical community in promoting modified work for the top 5 injuries in our area of industry. When used, these templates will allow doctors to evaluate injuries with the knowledge that the job duties can be changed to accommodate injuries. The idea is that these will reduce the unnecessary Lost Time Incidents that are being misdiagnosed as a result of poor communication with the medical community. For more information, please visit the CAGC website → Best Practices → Modified Work Templates or: https://www.cagc.ca/index.html?DISPLAY=practice_worker

- ***Are doctors aware of the WCB process – specifically how it affects an employer's experience rating?***

Not always. Because a doctor can be very busy during their day they will often put an injured worker onto modified work in order to reduce the amount of extra work they will incur. Currently the WCB is actively trying to promote to family doctors that the sooner the worker gets back to work, the better it is for the workers health and state of mind – that Return to Work is not only therapeutic for the injured worker, but also beneficial for the employer.

- ***Why do doctors automatically put injured workers onto modified work regardless of the injury?***

A doctor will normally put an injured worker on two weeks of modified work because, from a medical stand point, 72 hours is needed in order to determine the severity of the injury.

- ***Is a visit to the doctor's office automatically considered a Medical Aid?***

No. Just because a worker sees a doctor with an alleged work place injury, does not mean it immediately becomes a Medical Aid (e.g. the worker alleges the injury happened at work, but there are stories the injury happened while off-duty). The claim still needs to go through the adjudication process; again, this is where detailed information and witness statements will aid the adjudicators in their decision making.

- ***Do all Medical Aids effect an employer's premium rates?***

No. Where the total cost of Medical Aid on the claim is under \$1000 these costs do not impact an employer's premium rates.

- ***Why are all progressive injury claims accepted?***

In truth, progressive injury claims are typically not accepted. Adjudicators will look at previous work experience of the injured worker and if the tasks are of a similar nature (i.e. a person that has worked for several seismic companies already), the claim is usually declined. However, if the injured workers previous employment history was more sedentary than labour oriented (i.e. worker worked in a mall selling cell phones before working seismic), that claim is likely to be approved.

- ***As contractors we are often denied bids by Clients because our Disabling Injury Rate (DIR) is deemed too high. What can be done about this?***

Unfortunately this is out of the hands of both the WCB and the CAGC; however, during the bidding process employers are encouraged to submit their experience rating that can be obtained from accessing your WCB account.

Also if your Total Recordable Injury Rate (TRIR) is higher than normal, submit an explanation as to why this has occurred. If applicable use previous years statistics to show a decreasing trend in your safety stats.

Occupational Injury Service (OIS)*

OIS is for employers seeking expedited access to medical services and enhanced reporting, with a focus on return to work for injured workers. OIS provides employers:

- Same date access (within 15-30 minutes of arrival) to a physician with a background in occupational medicine and WCB training;
- Same day completion and submission of reports;
- Access to clinical staff that are familiar with employers' work environments and modified work opportunities;
- Identification and coordination of required medical services;
- Earlier access to required medical and diagnostic tests, specifically MI, CT and bone scans;
- Earlier access to specialists and surgical procedures, if needed;
- Completion of disability management reports that detail physical work capabilities and limitations to help determine return to work dates and tasks;
- Worker and employer injury management education;
- Development of a safe return to work plan;
- OIS doctor will provide the family practitioner with details of the treatment plan.

Employer Outcomes and Benefits:

- Retain skilled/productive workers;
- Focus on return-to-work reduces need for time away from work;
- Lower claim costs resulting in reduced premiums;
- Decrease in time-lost (TL) claims;
- Increase in no-time-lost (NTL) claims with modified work;

WCB CLAIMS PROCESS – TIPS FOR EMPLOYERS

- Lower claim costs due to earlier return to work and increased proportion of no-time-lost modified work claims;
- Workers are being seen by a physician that understands the WCB process, whereas family practitioners generally do not.
- Registering for OIS means the clinics your workers are visiting will already have your employers profile (including job descriptions, modified work programs) on file – registration is free for employers.

Employer's Responsibilities:

- Educate employees about the OIS services available;
 - Advise your employees that using an OIS clinic for treatment is voluntary; they can go to their own physician if they prefer.
 - Report injuries to WCB within 72 hours;
 - Have a modified return to work program in place;
 - Offer transportation to the OIS clinic for your employees when indicated.
- * Employers must be registered with the service in order to access OIS clinics (registration is free), and it is best that the employer call ahead to make an appointment at the clinic to ensure that they can be seen right away. I would also recommend that employers have PDAs done in advance if possible so that they can forward a copy to the doctor upon the initial visit.

OIS Providers in Alberta

These contracted healthcare providers deliver this service based on the parameters set forward by WCB. Each clinic provides a different range of services and may have different intake procedures and requirements. For information on specific clinic details, contact the clinic directly.

To locate an OIS Provider in your area, or in the area you are working in, please visit:
http://www.wcb.ab.ca/pdfs/providers/HC422_hcp_list.pdf

For more detailed information on this service, please visit the Employer OIS Guide at:
http://www.wcb.ab.ca/pdfs/employers/OIS_employer_guide.pdf