

The Do's and Don'ts of Workers' Compensation:

Your Guide to a Smoother Claims Process





This session will focus on



The Importance of Prompt Reporting



Understanding Your Role



Medical Management Best Practices



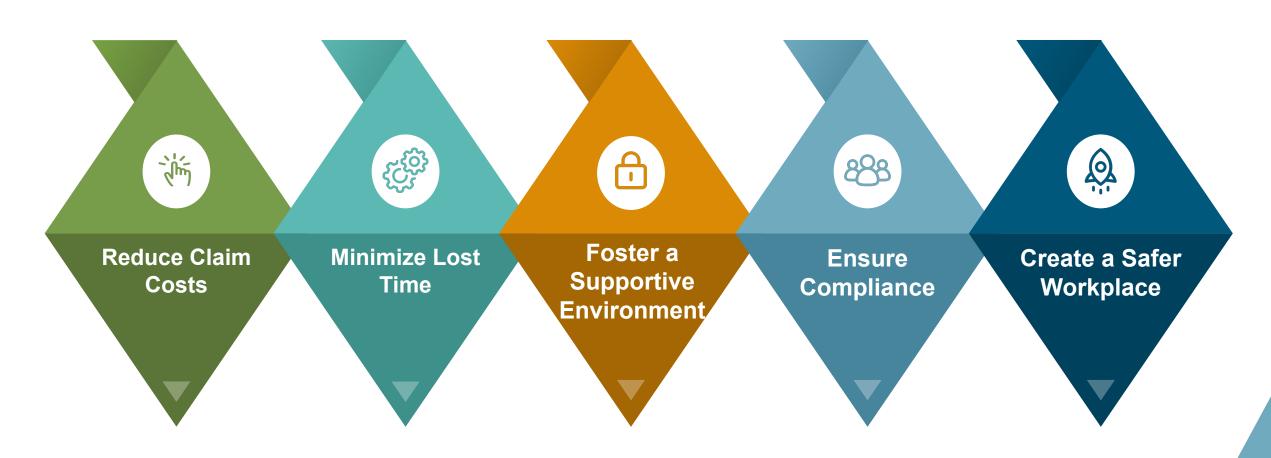
Return to Work Strategies

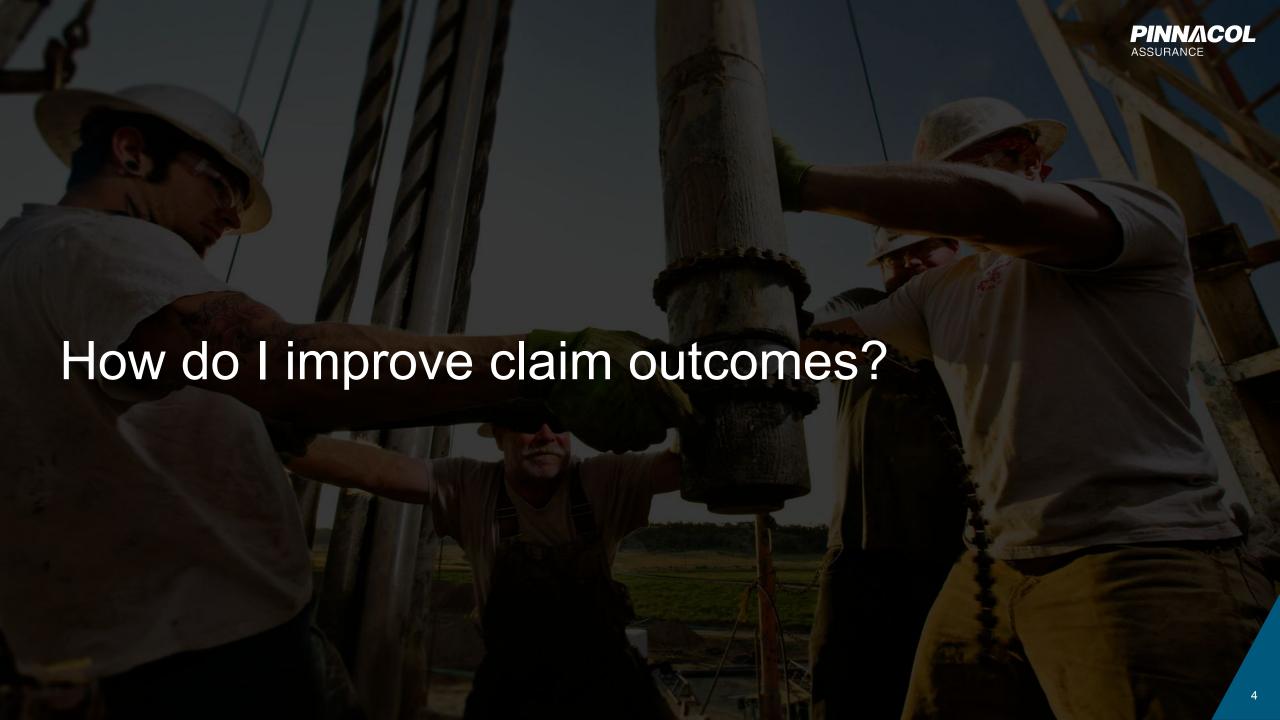


Effective Communication



Understanding the Do's and Don'ts Will help...







Key pitfalls to avoid





Don't...

Delay reporting claims



Not promptly notifying the insurance company about a work-related injury can complicate claim processing and potentially weaken the validity of the claim.



Do...

Establish clear reporting procedures:



- Train employees on how and when to report work-related injuries and ensure prompt reporting to the appropriate parties
- Time to report an injury up to 10 days, but we encourage same day reporting



Don't...

Submit incomplete or inaccurate paperwork:



Failing to complete necessary forms correctly, including details about the injury, medical information, and witness statements, can lead to delays and claim denials.



Do...

Provide accurate and complete information:



Double-check all paperwork for accuracy and completeness before submitting it to the insurance carrier



Don't...

Dispute legitimate claims without valid reason:



Unnecessary resistance to a valid claim can escalate the situation and result in legal disputes



Do...

Share any concerns you have with your claims representative



Provide all the relevant information to your insurance carrier so they can evaluate the merit of the claim and determine if additional investigation is needed



Don't...

Rely on the Claims Adjuster Do Everything



- You and your employees will know the company and its operations better than an external professional, so your investigation may flag things that the claims adjuster has missed
- Investigating the incident is also for your own benefit, as you may find gaps in your safety procedures that can be improved on



Do...

Work with the insurance company:



- Collaborate with the insurance adjuster to ensure claims are handled efficiently and fairly
- Conduct an incident investigation as soon as possible, independently from the claims adjuster



Don't...

Discourage medical treatment:



- Pressuring an employee to not seek medical attention or to delay treatment can be seen as an attempt to undermine a legitimate claim
- Delaying scheduling appointments with a designated healthcare provider can disrupt the claims process and impact treatment plans



Do...

Encourage immediate medical attention:



Clearly communicate to employees that they should seek medical care promptly after an injury

don't forget to provide a written copy of the Designated Provider list within 7 days!

SELECTNET THE VALUE OF A PREFERRED PROVIDER NETWORK

SelectNet providers specialize in treating occupational injuries and illnesses. They're board-certified and contractually held to high participation standards.

Average claims costs for cases managed by SelectNet providers are

\$2,400 LESS than those of out-of-networ providers and

on average, injured workers have

7 FEWER Of temporary total disability

SelectNet providers understand

COLORADO'S UNIQUE WORKERS' COMPENSATION

rules, processes and legal requirements

On average, claims managed by SelectNet providers resolve

15 DAYS

than claims managed by out-of-network providers

Pinnacol continually evaluates SelectNet providers for their EXPERTISE & COMMITMENT

to quality care for injured workers

LEARN MORE

Visit the SelectNet page on Pinnacol.com to learn more about SelectNet and to manage your designated providers.



Why should I use a SelectNet provider?



Don't...

Wait for an injury to happen before you get to know your providers



Provider relationships are essential to positive employee experiences throughout medical treatment, for smoother claims processing and better health outcomes, but that relationship starts before a claim even begins



Do...

Interview your provider and tour the clinic



- Review the clinic website
- Ask for opinions from local, trusted businesses
- Request a conversation with the clinic manager
- Periodic re-evaluations of each clinic's performance



Getting to know your provider

Helps boost the chances that your injured worker will thrive in recovery

Lays the foundation for teamwork to bring injured employees back to full health and productivity

+

Helps avoid
adversarial
relationships and
prevent contentious
claims



Don't...

Pay bills for related medical treatment yourself



It's crucial *not* to pay bills out-of-pocket, as the workers' compensation insurer pays according to established fee schedules, preventing overpayment and loss of control over the injured worker's medical care.



Do...

Provide claim information to medical providers, and submit any bills you or your employee receive to Pinnacol



- Send any patient billing statements to Pinnacol right away, so that we can work with the provider to get bills properly submitted
- If an injured worker pays out of pocket for medications or medical supplies/equipment, submit those receipts to Pinnacol for reimbursement



Don't...

Bring someone back to modified work without clear expectations



- Avoid mistakes like *not* utilizing a formal job offer when you need it.
- Don't forget to let your claim rep know the moment your injured worker returns to work.



Do...

Follow modified duty assigned by work comp care team



- Verbal job offer
- Formal job offer
 - Have a list of pre planned job tasks so you are proactively ready to go when an injury occurs.
 - Know who your policy RTW consultant is.



Modified Duty Reduces Claim Costs

With Indemnity

\$53,667

VS.

Medical Only

\$967

Based on average cost of claims with lost time vs without lost time in 2024



Modified Duty Helps Injured Workers Recover/Return



IWs who don't miss any work have the best chance for a full recovery



$$>6$$
months

IWs who miss more than 6 months of work have about a 50% chance of returning





Missing more than 1 year means their chance of returning drops to 25%



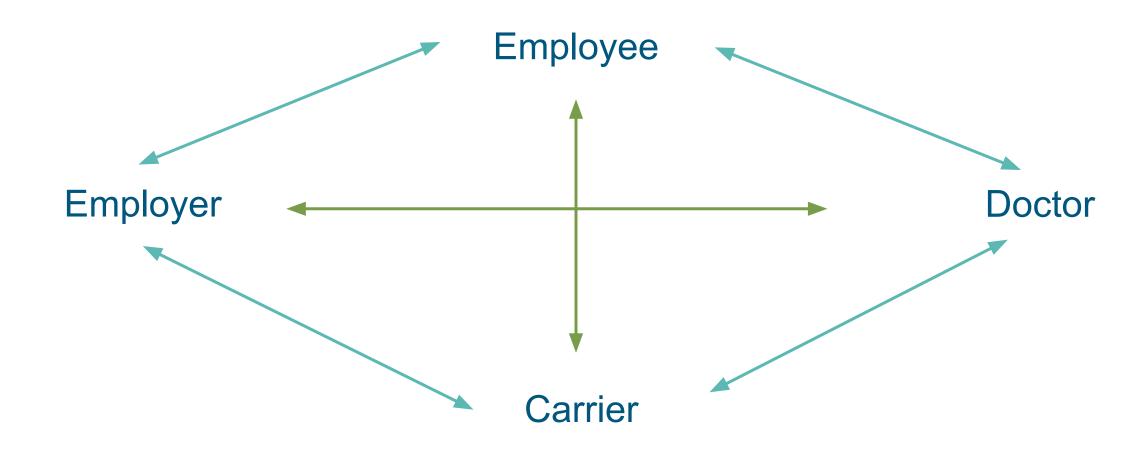


Other Mitigating Strategies





Communication is the key to claims management





Why is communication important?

The employer, medical provider and carrier work together to bring the employee back to health and productivity as swiftly as possible

Team members trust each other and hold one another accountable to do what's best for the injured employee

Lack of clear and consistent communication with the injured employee, their medical providers, and the insurance company can lead to confusion and delays.



Why should I stay in contact with my injured employee?





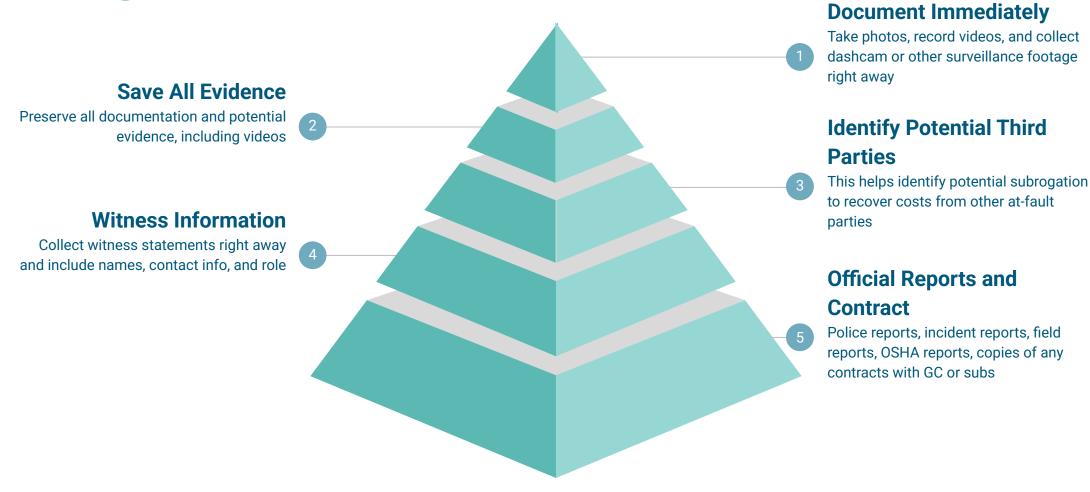
Implement Safety Programs

of our clients' employees are injured within their first 12 months on the job, with the greatest risk for injury occurring within the first 6 months?

- Proactive safety measures can help prevent workplace injuries and reduce the number of workers' compensation claims
- Review your safety manual regularly, and ensure your employees have read and acknowledged they understand



Keep good documentation



Pro-tip: Know your closed-circuit surveillance video retention policy.





Other FAQs





Is every accident that happens at work considered work-related?

Not every injury that happens at work is compensable

Three Key Questions:





What if someone has a pre-existing condition?

- Did that condition cause the work injury?
- Was a special hazard involved?
- What is their baseline condition?



What can I do if I don't feel my employee is receiving proper care?

- IW can request one time change of physician within 90 days (and before MMI)
- Notify your claims rep of specific concerns and our provider relations team can reach out to the provider if appropriate



Fraudulent/false claims; what can be done about these?

- Bring concerns to your claims representative right away!
- If there is clear fraud, cases can be submitted to AG for review and possible legal action



What if I start to have concerns after a claim has already been accepted?

- Let your claims representative know as soon as you start to have concerns
- Investigation can be done at any time



I have an employee who was injured at work but is also a poor performer?

- We can't legally advise on employment issues, but communication and documentation is key!
- Clear documentation of non-injury related issues can help minimize the impact of a termination (or other disciplinary actions) on the work comp claim



My employee has been released from medical care; is their claim closed?

- A release from medical care doesn't always signify closure of the claim
 - The provider must place the IW at Maximum Medical Improvement
 - The provider must address permanent impairment
 - A Final Admission may be required
 - IW has an objection period
 - Ongoing, or maintenance medical care may be required
- Closed claims may be reopened under specific conditions, such as worsening of the original injury within statutory time limits
- A settled claim is the only truly closed claim!



How long should an employer keep work comp records?

No specific requirements; suggest following normal practice with other employment records



Are there any major changes coming to work comp in the near future?

HB 25-1300 Provider Choice

Bill introduced this legislative session - signed 6/4/2025 and will take effect in 2028

- The bill provides injured workers control over the selection of their primary treating physician in workers' compensation cases
- The law will expand an injured worker's options for choosing providers from the four that employers designate today to any Level I or Level II accredited physician through the Division of Workers' Compensation (DOWC).





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Thanks!