

The Do's and Don'ts of Workers' Comp

Your Guide to a Smoother Claims Process

8/13/2026



This session will focus on

01 

**The Importance
of Prompt
Reporting**

02 

**Understanding
Your Role**

03 

**Medical
Management
Best Practices**

04 

**Return to Work
Strategies**

05 

**Effective
Communication**

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



**Reduce Claim
Costs**



**Minimize Lost
Time**



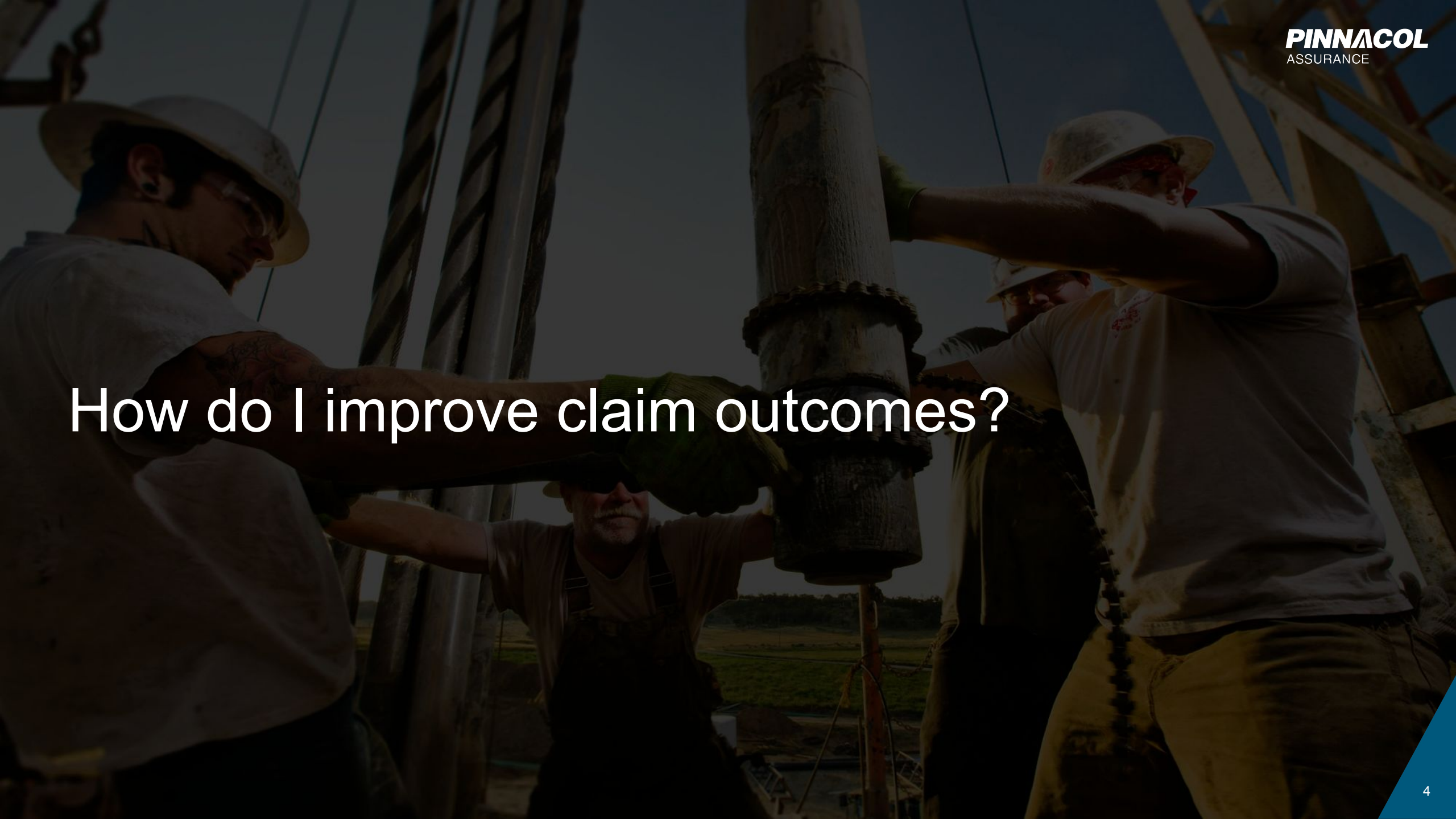
**Foster a
Supportive
Environment**



**Ensure
Compliance**



**Create a Safer
Workplace**

A photograph of three construction workers on a site, working on a large vertical pipe. The workers are wearing hard hats and safety gear. The image is darkened to serve as a background for the text.

How do I improve claim outcomes?

DON'T...

Delay reporting claims



Why prompt reporting is critical

Not promptly notifying the insurance company about a work-related injury can lead to serious consequences:

- **Complicate claim processing:** Delays make it harder to gather accurate facts and prolong the timeline for getting employees the support they need
- **Weaken claim validity:** Failing to report in a timely manner raises unnecessary questions and can potentially weaken the overall validity of the claim

Do...

Establish clear reporting procedures



Guidelines for successful reporting

Ensuring clear expectations and prompt notification benefits both the injured employee and the claim process:

- **Train your employees:** Educate staff on exactly how and when to report work-related injuries, ensuring prompt communication to the appropriate internal parties
- **Timely reporting:** While the legal limit to report an injury is up to 10 days, we highly encourage **same day (or 24 hour)** reporting to speed up support and ensure accurate injury descriptions and crucial details

DON'T...

Submit incomplete or inaccurate paperwork



The impact of errors and omissions

Failing to complete necessary forms correctly, including details about the injury, medical information, and witness statements, can lead to serious consequences:

- **Delays in processing:** Incomplete fields require continuous follow-ups, halting critical benefits and support
- **Claim denials:** Inaccurate or missing information raises questions that can result in outright claim denials

Do...

Provide accurate and complete information



The importance of thorough documentation

Ensuring all submitted files are precise and error-free accelerates the entire support cycle:

- **Double-check all paperwork:** Review for accuracy and completeness before submitting to the insurance carrier to prevent processing roadblocks
- **Proactive verification:** Confirming detail correctness upfront guarantees a seamless and efficient claim experience

DON'T...

Dispute legitimate claims without valid reason



The consequences of unwarranted disputes

Resisting a legitimate claim without justification can create severe friction and impact:

- **Escalated situations:** Unnecessary resistance can worsen employee relations and escalate tension
- **Legal disputes:** Failing to acknowledge valid claims often results in costly and prolonged litigation

Do...

Share any concerns you have with your claims representative



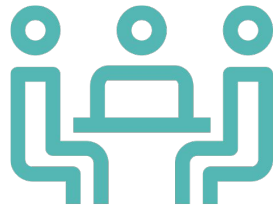
The importance of transparent communication

Providing timely and detailed insights ensures your claims representative can act effectively:

- **Provide all relevant information:** Submit complete details to your insurance carrier so they can evaluate the merit of the claim accurately
- **Determine next steps:** Clear details help the carrier decide if additional investigation or specialized attention is required

DON'T...

Rely on the claims adjuster to do everything



The value of active internal investigation

Relying solely on an external professional can lead to missed details and lost opportunities for improvement:

- **Your operational expertise:** You and your employees know the company better, flagging critical details an adjuster might not be aware of
- **Improve safety procedures:** Internal investigations can reveal gaps in your processes that can be proactively corrected

Do...

Work with the insurance company



The value of proactive collaboration

Partnering with the insurance carrier while maintaining internal oversight ensures optimal outcomes:

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

DON'T...

Discourage medical treatment



The risks of discouraging treatment

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

Do...

Encourage immediate medical attention



Clear and Prompt Communication

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

Important Reminder

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-network providers and

on average, injured workers have **7 FEWER DAYS** 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 FASTER** 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?



\$2,400 Lower Average Costs

Claims managed by SelectNet providers average \$2,400 less than out-of-network cases.



7 Fewer Disability Days

Injured workers experience 7 fewer days of temporary total disability on average.



15 Days Faster Resolution

SelectNet claims resolve significantly quicker than those managed by out-of-network providers.

DON'T...

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



Proactive Connection

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



Key Actions

- 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



Thriving Recovery

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



Strong Teamwork

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



Prevent Conflict

Helps avoid adversarial relationships and prevent contentious claims

DON'T...

Pay bills for related medical treatment yourself



Key Considerations

- It's crucial *not* to pay bills out-of-pocket.
- The workers' compensation insurer pays according to established fee schedules.
- This prevents overpayment and avoids losing 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



Key Actions

- 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



Key Considerations

- 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



Key Offers & Actions

- Utilize verbal and formal job offers.
- 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

Lost Time Claims

\$53,667

With Indemnity

Claims where an injured worker misses work and receives wage replacement (indemnity) payments in addition to medical care.

Vs.

No Lost Time

\$967

Medical Only

Claims where the injured worker remains on duty (or returns immediately to modified duty) and only requires medical treatment.

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

Modified Duty Helps Injured Workers Recover/Return



0 Days

Injured workers who don't miss any work have the best chance for a full recovery.



> 6 Months

50%

Injured workers who miss more than 6 months of work have about a 50% chance of returning.



> 1 Year

25%

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

A man with glasses and a beard, wearing a white shirt and dark overalls, is smiling and holding a red cloth. He is standing in a workshop or laboratory filled with various tools and equipment. The background is slightly blurred, showing shelves with bottles and other items.

What other best practices should I be aware of?

Communication is the key to claims management



Active Collaboration

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



Trust & Accountability

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



Communication Risks

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

Why stay in contact with your injured employee?

Active communication is vital for positive claims outcomes and employee recovery.



Shows Genuine Concern

Staying in touch demonstrates that you value your employee as a person, fostering goodwill and keeping them connected to the workplace culture during recovery.



Helps Facilitate RTW

Paves a smoother path for an early and safe return to work through active coordination.



Can Help Reduce Cost

Minimizes lost-time duration and claim complexity, directly lowering overall claim expenses.



Reduces Miscommunication

Keeps information transparent between the employee, physician, and claims manager.



Limits Attorney Involvement

A supportive relationship reduces employee anxiety, lessening the likelihood of litigation.

Implement Safety Programs

Reduce injuries and protect your workforce through proactive measures.



Did you know?

45%

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



Proactive Safety Measures

Implementing proactive safety measures can help prevent workplace injuries and reduce the number of workers' compensation claims.



Regular Manual Reviews

Review your safety manual regularly, and ensure your employees have read and acknowledged they understand.

Keep good documentation

Protect your business and workers by preserving accurate, timely records.



1. Document Immediately

Take photos, record videos, and collect dashcam or other surveillance footage right away.



2. Save All Evidence

Preserve all documentation and potential evidence, including video files and physical records.



3. Identify Third Parties

This helps identify potential subrogation to recover costs from other at-fault parties.



4. Witness Information

Collect witness statements right away and include names, contact info, and their specific role.



5. Reports & Contracts

Gather police, incident, field, and OSHA reports, plus any relevant contracts with GCs or subs.

Pro-tip: Know your closed-circuit surveillance video retention policy to prevent critical data loss.

FAQs

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

Not every injury that happens at work is compensable

Three Key Questions



1. Covered Employee?

Is the injured worker a covered employee?



2. Course & Scope?

Did the accident occur within the course and scope of employment?

Key considerations:

Time, place, and circumstances



3. Arising Out of Work?

Did the accident arise out of the employment?

Requirement:

Causal connection between employment and injury

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



1. Request Physician Change

IW can request a **one-time change** of physician within **90 days** (and before MMI).



2. Notify Claims Rep

Notify your **claims representative** of specific concerns. Our provider relations team can reach out to the provider if appropriate.

What if someone has a pre-existing condition?

Evaluate compensability using three standard criteria



1. Cause of Injury

Did that pre-existing condition actually cause the work injury, or did the work duties trigger a new injury?



2. Special Hazard

Was a special hazard involved in the workplace that uniquely aggravated or interacted with the condition?



3. Baseline Condition

What is their documented baseline condition? This helps measure the extent of any work-related aggravation.

Fraudulent / False Claims

What can be done when you suspect fraud?



1. Notify Claims Rep

Bring your concerns and any suspicious details to your **claims representative** right away to initiate a review.



2. AG & Legal Action

If there is **clear fraud**, cases can be formally submitted to the Attorney General (AG) for official review and legal prosecution.

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

Address new developments or doubts through prompt review



1. Notify Claims Rep

Let your **claims representative** know as soon as you start to have concerns to begin immediate review.



2. Anytime Investigation

An **investigation** can be done at any time, even after a claim has already been formally accepted.

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

Understand how to navigate employment decisions and documentation



1. Communication & Legal boundaries

We can't legally advise on employment issues, but **communication and documentation is key!**



2. Document Non-Injury Issues

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 does not automatically signify the closure of a workers' compensation claim.



1. Medical Release ≠ Closure

A release is just one step. For true closure, other critical requirements must be met:

- Provider must place the injured worker at **Maximum Medical Improvement (MMI)**
- Permanent impairment must be addressed
- **Final Admission** may be required (subject to an objection period)
- Ongoing maintenance care may still be required



2. Reopening Claims

Closed claims are not always permanently resolved. They can be formally reopened under specific legal conditions:

- **Worsening of condition:** If the original work injury deteriorates over time
- **Statutory limits:** Must be requested and filed within strict legal timeframes



3. Truly Closed Claims

Understand the absolute distinction of a final resolution:

A settled claim is the only truly closed claim!

Settlement represents a complete, binding mutual agreement that permanently concludes all current and future liabilities for the claim.

How long should an employer keep work comp records?



No Specific Requirements

We suggest following your standard, established practices with other company employment records.

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

HB 25-1300 Provider Choice



1. Key Timeline

Introduced in the 2025 legislative session.

- Signed on **6/4/2025**
- Takes effect in **2028**



2. Selection Control

Gives injured workers direct power over their care path.

- Enables control over the selection of their **primary treating physician** in workers' compensation cases



3. Expanded Options

Significantly broadens the network of available healthcare providers.

- Expands options from the standard **4 employer-designated** providers
- Allows selection of **any Level I or Level II** accredited physician through the DOWC

Other Questions?

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Thanks!