



## WORKERS' COMPENSATION CLAIMS MANAGEMENT

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# Guidebook





## *Mission*

The mission of the New Hampshire Local Government Center is to strengthen the quality of its member governments and the ability of their officials and employees to serve the public.



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The New Hampshire Local Government Center (LGC) is home to the New Hampshire Municipal Association (NHMA) and two pooled risk management programs: HealthTrust and Property-Liability Trust. Originally founded as the NHMA in 1941 for the purpose of exchanging information in the interest of more efficient and effective local government, NHMA was reorganized in July 2003 as the LGC.

The LGC is a nonprofit organization, governed by an active board of directors comprised of local, municipal, school and county representatives including employees, management and elected officials. As a supportive resource for local governments, LGC provides programs and services that strengthen the ability of New Hampshire municipalities, schools and county governments to serve the public. Legal support, legislative advocacy, training programs and risk management services are a few examples of LGC offerings. In addition, LGC publishes a variety of educational and informational materials.



# WELCOME TO NEW HAMPSHIRE LOCAL GOVERNMENT CENTER'S WORKERS' COMPENSATION PROGRAM



It's interesting how two separate incidents with the exact same diagnosis can yield significantly different results depending on the level of communication established by employers, employees, nurse case managers and claims representatives. Unlike third-party liability claims or property damage, workers' compensation exposure can be driven by an employer's involvement throughout the life of a claim.

Often times, the communication and management of a work injury are mandated by the State of New Hampshire's Department of Labor (DOL). Such is the case when complying with **RSA 281-A:23-b**, which states that "all employers with 5 or more employees shall develop temporary alternative work opportunities for injured employees."

At LGC, we offer onsite educational seminars to look at relevant statutes and case law plus provide the framework for internally investigating claims, implementing a return to work program and communicating with medical providers. Our knowledgeable claims representatives are also available to explain how using the DOL's management tools can help employers mitigate costs by using the tools wisely.

Please join us in the challenging battle of managing workers' compensation claim exposure. By taking the time to read the following pages of this *Workers' Compensation Claims Management Guidebook*, you will become better acquainted with all of the helpful resources available to you and your employees.

We look forward to continually providing a high level of service to you as an LGC Risk Pool Group that has elected Workers' Compensation Program coverage.

*Ron Davies*  
LGC Claims Manager

# LGC CLAIMS DEPARTMENT CONTACTS

	<b>Name and Title</b>	<b>Phone* Ext.</b>	<b>Email Address</b>
	Ron Davies, Claims Manager	262	rdavies@nhlgc.org
	Gary Lavoie, General Adjuster	271	glavoie@nhlgc.org
	Gail Crowdes, Executive Assistant	246	gcrowdes@nhlgc.org
	Shirley Gordon, Claims Representative	155	sgordon@nhlgc.org
	Dawn Krar, Sr. Claims Representative	154	dkrar@nhlgc.org
	Martha Poole, Nurse Case Manager	156	mpoole@nhlgc.org

# WORKERS' COMPENSATION FORMS AND INFORMATION

## **Forms to be Completed by Employer:**

- Employer's First Report of Occupational Injury or Disease (8WC)
- Wage Schedule (76 WCA)
- Employer's Supplemental Report of Injury (13 WCA)
- Accident Investigation Report
- Medical Billing Information

## **Forms to be Completed by Employee:**

- Notice of Accidental Injury or Occupational Disease (8a WCA)
- Second Injury Fund Information

## **Forms to be Completed by LGC:**

- Memo of Payment of Disability Compensation (9WCA)
- Memo of Denial of Workers' Compensation Benefits (9 WCA-1)

## **Forms to be Completed by Medical Provider:**

- New Hampshire Workers' Compensation Medical Form (75WCA-1)

# EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE (FORM 8WC)

*The Employer's First Report of Occupational Injury or Disease* form must be filed as soon as possible after knowledge of **any** occupational injury or disease to an employee. The law requires that it be filed no later than five days after the notice. **NOTE:** Within 8 hours after its occurrence, an employment accident which is fatal to one or more employees, or which results in the hospitalization of three or more employees, shall be reported to the New Hampshire Commissioner of Labor. Notification may be given by calling one of the following phone numbers:

- 603.271.6297
- 603.271.6850
- 603.271.3699
- 603.271.3170

## Form Completion Instructions

- Complete all boxes on the form. If requested information is not applicable to claim, note N/A in box.
- **Box 19. Date & Time of Injury:** This information is most important to provide for form processing purposes.
- **Box 20. Date disability began:** LGC's Claims Department uses this information to determine if a claim will involve lost time. If claim does not involve lost time, note N/A in box. Lost time claims are set up differently from medical-only claims as there will be exposure for both medical payments and indemnity benefits.
- **Box 21. Was injured paid in full for this day?** This important information is used by LGC's Claims Department in determining the first date for which benefits will need to be reimbursed.
- **Box 22. Date supervisor/employer was first notified:** New Hampshire Department of Labor (DOL) will reference this information to ensure loss was reported within five days of notice. If date of report is more than five days after date in Box 22, the DOL may issue a penalty (up to \$2,500) notice.
- **Box 28. Estimated length of disability:** Noted timeframe lets LGC's Claims staff know severity of loss. Only an estimate is needed to complete this box.
- **Box 29. Has injured returned to work?** Please complete this box with either YES or NO.
- **Box 30. If so, what date?** Please complete this box if employee has returned to work. If employee did not lose time, complete box by entering date of injury.

- **Box 54. Employer Signature:** Please ensure a representative of your employer group enters signature in this field.
- **Box 56. Employee Signature (whenever possible):** Have employee enter signature in this field if they are available to do so. If they are not, submit form on timely basis (signature of employee is not required for form processing).
- **Box 57. Date of this report:** This box must be completed with date report is being submitted.

**Form Distribution:** Notes at bottom of this form's three-part, multi-colored paper version are as follows:

**White:** NH Department of Labor  
**Canary:** LGC  
**Pink:** Employer

Please make an appropriate number of copies to distribute accordingly once completed.

### Additional Information

In New Hampshire, an injured worker is entitled to workers' compensation for injuries and medical conditions that arise out of an exposure at work. Claims are divided into two categories:

- **Medical Only Claims:** Any claim with no time lost from work or for which lost time is less than three days.
- **Lost Time or Indemnity Claims:** Any claims for which injured worker is out of work more than three days.

When a worker is injured, they receive no wage replacement benefit for the first three days of a disability. If the disability is greater than 14 days, the waiting period is waived.

The New Hampshire Workers' Compensation statute requires that all employers with 5 or more employees must provide temporary alternative duty jobs. If the injured employee returns to work within 5 days of the date of injury in a temporary alternative duty position, the three days waiting period is waived.

Wage replacement benefits are based on 60 percent of the employee's average weekly wage.

**QUESTIONS COMPLETING THIS OR OTHER CLAIMS FORMS?  
 CALL LGC'S CLAIMS DEPARTMENT AT 603.224.7447 OR 800.852.3358.**

# NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE (8aWCA)\*

The *Notice of Accidental Injury or Occupational Disease* (8aWCA) form does not require completion. However, many employers provide it to the injured employee for completion. This gives the employer an opportunity to have the employee describe the injury that is claimed as work related.

If an employee (or a former employee) completes and presents this form to the employer, the employer must then complete the *Employer's First Report of Occupational Injury or Disease* form (8 WC) form no later than five days thereafter.

\*The employer does not need to file this form with the New Hampshire Department of Labor.

**Form Distribution:** Notes at bottom of this form's three-part, multi-colored paper version are as follows:

**White:** Employer

**Canary:** Employee

**Pink:** LGC

Please make an appropriate number of copies to distribute accordingly once completed.

**QUESTIONS COMPLETING THIS OR OTHER CLAIMS FORMS?  
CALL LGC'S CLAIMS DEPARTMENT AT 603.224.7447 OR 800.852.3358.**

# ACCIDENT INVESTIGATION REPORT

## Form Completion Instructions

**Supervisor:** Remember, an accident investigation is performed to help eliminate or minimize potential for the same accident recurring. **It is not intended to find fault or blame.** A true accident/incident analysis seeks to determine the real cause(s) that can be controlled or eliminated. When completing the *Accident Investigation Report* form, consider these questions:

- Who was injured?
- How did it happen?
- Where did it happen?
- When did it happen?
- What materials, equipment or conditions were involved?
- Was it preventable?
- Were there any witnesses?
- How will it be remedied?

**Safety Committee:** No investigation is complete unless a corrective measure or action is taken to eliminate or reduce the potential for recurrence. Determine if the condition exists elsewhere in your operation, and notify the affected department(s) to help prevent a similar accident.

**Executive:** Authorization for corrective action is your ultimate responsibility. Be sure to provide your employees with a safe place to work!

**QUESTIONS COMPLETING THIS OR OTHER CLAIMS FORMS?  
CALL LGC'S CLAIMS DEPARTMENT AT 603.224.7447 OR 800.852.3358.**

# WAGE SCHEDULE (76 WCA)

The *Wage Schedule* form needs to be completed for all claims in which the loss time will be in excess of 3 days.

## Form Completion Instructions

- **WEEK ENDING Column:** List wages earned for 26 weeks **prior** to the date of injury. Do not use earnings for week that includes date of injury. If employee has worked less than 26 weeks, list all earnings for weeks they have worked.
- **GROSS EARNINGS (Column 1):** Complete boxes in this column with gross wages earned for each week listed.
- **OTHER ADVANTAGES (Column 2):** Payments needing to be included in this column's boxes are defined on right side of form (under WAGES:) and include such things as rent, board, lodging, fuel and gratuities.
- **TOTAL (Column 3):** Add amounts in Columns 1 & 2 for each week entered.
- **FORM DISTRIBUTION:** Once form is completed, two copies should be sent to LGC's Claims Department, which will file one on your behalf with the DOL, along with a Memo of Payment. **NOTE:** Please do **not** file this form directly with the DOL.

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## Additional Information

- Adding total wages and dividing by the number of weeks of wages computes the **Average Weekly Wage**.
- The **Weekly Compensation Rate** is calculated as 60 percent of the **Average Weekly Wage**.
- Injured workers receive compensation based on the **Weekly Compensation Rate** during their time are out of work. For each day of their disability, the injured worker receives 1/7th of the **Weekly Compensation Rate**.
- The New Hampshire Workers' Compensation statute allows a worker to request benefits based on a 52-week schedule. We may occasionally request that you complete a 52-week wage schedule.

**QUESTIONS COMPLETING THIS OR OTHER CLAIMS FORMS?  
CALL LGC'S CLAIMS DEPARTMENT AT 603.224.7447 OR 800.852.3358.**

# EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY (13 WCA)

The *Employer's Supplemental Report of Injury* (13 WCA) form needs to be filed when the disability of an employee is more than four days old and each time there is a change in the worker's disability status as described below:

1. When an injured worker begins to lose time from work following a **NO Lost Time claim**.
2. When there is a recurrence of a previous claim for which there is further disability.
3. When an injured worker returns to work following a period of lost time. The return to work can be either at full duty or light duty.

## Form Completion Instructions

If the injured worker returns to work on light duty and will earn less than their **Average Weekly Wages**, complete Line #10 as **NO**. (In these cases, LGC will need to receive copies of the worker's earnings each week so that the partial disability amount owed by LGC can be computed.)

Form Distribution: Notes at bottom of this form's three-part, multi-colored paper version are as follows:

**White:** NH Department of Labor  
**Canary:** LGC  
**Pink:** Employer

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Please make an appropriate number of copies to distribute accordingly once completed.

## Additional Information

When an injured worker returns to work and is earning less wages due to their injury, partial disability wages are computed by subtracting the wages earned each week from the **Average Weekly Wages** and then taking 60 percent of the difference. This is the amount that LGC will pay the injured worker until they are returned to full duty.

**QUESTIONS COMPLETING THIS OR OTHER CLAIMS FORMS?  
CALL LGC'S CLAIMS DEPARTMENT AT 603.224.7447 OR 800.852.3358.**

# MEDICAL BILLING INFORMATION

All medical providers must bill CorVel Corporation, LGC's bill review partner:

**CorVel Corporation**  
**P.O.Box 392**  
**Westford, Ma. 01886**

Resulting payments are authorized and made by LGC.

# SECOND INJURY FUND INFORMATION

New Hampshire workers' compensation laws contain a provision called the Second Injury Fund. If an employer hires or retains in employment an employee with a pre-existing medical condition, the employer can apply to the Second Injury Fund following an injury to that employee. This fund will reimburse the employer a portion of the benefits paid to the injured employee if the combination of a new injury and the pre-existing condition has caused greater disability.

The *Second Injury Fund Information* form will assist you in documenting pre-existing medical conditions at the time of hire.

## Form Completion Instructions

The following steps should be taken when having your employees complete the *Second Injury Fund* form:

1. An offer of employment should have been extended and accepted.
2. Add the *Second Injury Fund* form to the employee's enrollment package.
3. Provide the *Second Injury Fund* form to ALL new hires, not selectively given.
4. Advise employees that the *Second Injury Fund* form is confidential.
5. Keep the *Second Injury Fund* form kept separate from personnel files.
6. If an employee has a work-related injury, LGC may request a copy of proof that the employer had knowledge of a pre-existing injury at the time of hire.

## Additional Information

If you become aware of a pre-existing medical condition or injury **after** the time of hire of one of your employees, it is recommended that you document that awareness in writing to establish a timeframe and proof of your knowledge.

**QUESTIONS COMPLETING THIS OR OTHER CLAIMS FORMS?  
CALL LGC'S CLAIMS DEPARTMENT AT 603.224.7447 OR 800.852.3358.**

# NEW HAMPSHIRE WORKERS' COMPENSATION MEDICAL FORM (75 WCA-1)

## **Form Completion Instructions**

The medical provider who treats the injured employee completes the New Hampshire Workers' Compensation Medical Form. When an employee reports a work-related injury, the employee may be given one of these forms to take to their medical provider. The medical provider then completes the form.

**Form Distribution:** Notes at bottom of this form's three-part, multi-colored paper version are as follows:

**White:** Insurer/Managed Care  
**Yellow:** Provider  
**Pink:** Employee/Employer

The medical provider provides the white copy to LGC, the pink copy to the injured employee and retains the yellow copy.

## **Additional Information**

The injured employee may be encouraged to return the pink copy to their employer. In this way, the employer can quickly establish if there is full-duty or light-duty capacity work to return the employee to within whatever restrictions are set.

# MEMO OF PAYMENT OF DISABILITY COMPENSATION (9 WCA)

An LGC Claims Representative completes the *Memo of Payment of Disability Compensation* form each time indemnity benefits are paid to an injured employee. This form is also completed whenever the indemnity benefit status changes or when benefits are discontinued following a return to work.

You will receive a copy of this form for your records.

# MEMO OF DENIAL OF WORKERS' COMPENSATION BENEFITS (9 WCA-1)

An LGC Claims Representative completes the *Memo of Denial of Workers' Compensation Benefits* form whenever the accident investigation reveals that a claim should be denied.

You will receive a copy of this form for your records.

*The LGC Claims Department has 21 days to investigate claims following receipt of the Employer's **First Report of Occupational Injury or Disease**. Within 21 days, we will decide whether the claim should be accepted or denied. If the claim is accepted, an initial payment will be made and the **Memo of Payment of Disability Compensation** will be filed with the New Hampshire Department of Labor. If the claim is denied, the **Memo of Denial of Workers' Compensation Benefits** will be filed with the New Hampshire Department of Labor.*

QUICK TIPS:

# Accident Investigation

- Determine the ROOT CAUSE.
  - Ask basic questions:
    - Who?
    - What?
    - When?
    - Where?
    - Why?
    - How?
    - Witnesses?
  - Complete your *First Report of Injury*.
  - Relay relevant information to your adjuster.
- Analyze and recommend:
    - Hiring practice?
    - Tools and equipment?
    - Stress?
    - Training?
    - Policies or procedures?
  - Take steps to prevent the incident from happening again.



QUICK TIPS:

# State Forms and Regulation

- ▶ Complete a wage schedule on all claims for disability as soon as possible.
- ▶ Members are copied on state *Memo of Payment* or *Memo of Denial* forms to determine compensability.
- ▶ Use the *New Hampshire Task Analysis* form to help create a “bank” of light duty jobs available and add to your Return-to-Work Policy.
- ▶ Did you know ...
  - All employers with 5 or more employees are required to develop temporary alternative work opportunities for injured employees?
  - Injured workers have a responsibility to accept those positions and can have their benefits terminated if they do not?



**QUICK TIPS:**

# The Second Injury Fund (SIF)

- Why is the SIF important?
  - Monies recovered impact the incurred on those claims.
  - The total incurred impacts member's loss ratio.
  - Loss ratio impacts member's experience rating and contribution.
  
- Money back for what?
  - Second injuries sustained by covered employees
  - Approved job modifications
  - Concurrent employment wages
  
- To submit a reimbursement request to the SIF for a second injury, members must establish written evidence of knowledge of a past injury prior to the current date of injury.
  
- Members must also establish that the combination of the two injuries created a greater degree of permanent partial disability.



### QUICK TIPS:

# Return-to-Work (RTW) Programs

- ▶ Studies show: The longer an employee is out of work on workers' compensation benefits, the less likely it will be that they ever return to work.
- ▶ Essentials of RTW Program:
  - Identify a coordinator.
  - Develop a formal policy.
  - Develop relationships with providers who treat your workers.
  - Be consistent!
- ▶ Employee benefits:
  - Maintain full earning capacity
  - Maintain productive mindset
  - Gain sense of security, stability and belonging
  - Realize management's commitment to employee's well being
- ▶ Light duty: An employer's best tool in defending against abuse within the workers' compensation system



## YOUR LGC WORKERS' COMPENSATION PROGRAM

### QUICK TIPS:

# Program Benefits

- ▶ Low claim volume, promoting enhanced decision making
- ▶ 24-hour contact with members and claimants on all files
- ▶ In-person recorded interviews conducted on all claims with disability extending beyond one week
- ▶ In-house Nurse Case Management to coordinate return-to-work efforts and advocate for injured workers
- ▶ Broad-based provider discount network for reducing medical costs
- ▶ Aggressive pursuit of Second Injury Fund offsets (Reimbursement requests annually exceed \$100,000, on average, per calendar year.)
- ▶ **Comprehensive Claim Review Program** – An opportunity to sit down with your dedicated claims team to discuss details surrounding each open LGC Workers' Compensation Program claim and develop an action plan for closure
- ▶ **Claim Management Training Guide** – Includes training on accident investigation, return-to-work programs, occupational health, Second Injury Fund and state forms. This offering is led by LGC's senior claims representatives for worker's compensation with assistance from its Health & Safety and Member Relations departments.
- ▶ Enhanced communication with members throughout the claim process
- ▶ Partnership with established and aggressive New Hampshire defense firms
- ▶ Continual review of claim inventory for potential closures



## YOUR LGC WORKERS' COMPENSATION PROGRAM

### QUICK TIPS:

# Occupational Health Providers

- ▶ Provide options for treatment to your injured workers, including Occupational Health Providers (OHP).
- ▶ At an OHP, you can expect the following:
  - Timely access to providers specializing in work injuries
  - Enhanced communication with employers
  - Knowledge of workplace
  - Medical notes provided to adjusters within 48 hours
  - State forms completed to provide clear indication of work capacity
  - Communication between physicians and Nurse Case Managers
- ▶ **Goal:** To provide information to adjusters and employers, empowering them to make well-informed and timely decisions about claim compensability and return-to-work options.



# INSTRUCTIONS FOR ONLINE CLAIM\* REPORTING

## **\*Property-Liability, Vehicle Accident or Workers' Compensation**

1. To file a claim online, please visit LGC's secure web portal: <https://pltclaims.nhlgc.org> (You can also link to the portal at [www.NHLGC.org](http://www.NHLGC.org) by clicking on Coverage Programs and then on Property-Liability or Workers' Compensation.
2. Enter your user name and password. (If you've forgotten either one, please call 800.852.3358, ext. 246.
3. Under Event Info, choose the appropriate Type of Event/Accident from the drop-down list (e.g., General Claims, Vehicle Accident Claims or Workers' Compensation)
4. Choose the Claim Type. **NOTE:** You MUST complete all required fields in order for correct fields to display. Any field description underlined is a required field; you will not be able to file the form electronically without completing them. Please complete all remaining fields to the best of your ability with information you have available.
5. Once you have completed the claim form, click "Submit." You will receive a confirmation notification along with the claim number. Please print the notification or jot down the claim number for future reference.
6. To submit any documents with your claim, please fax them to 800.262.9507 and reference the associated claim number on your fax cover sheet.

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### **Troubleshooting Tips for Launching the Electronic Claim Form**

- LGC's electronic claim web form uses pop ups.
  - If you receive a "pop-up blocked" message, please click on it and choose "Always Allow Pop-ups from This Site" for easiest accessing.
- The electronic web form works best with Internet Explorer 6 and 7 browsers.
  - If you use Internet Explorer 8, you will see a tiny red square in the lower right-hand corner of your screen, and pop-ups will not appear.
  - If this happens, click on "Page" in the upper right-hand corner of the screen; then click on "Compatibility View."
- Questions? Please call 800.852.3358, ext 246.



**Local Government Center**

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