

OSAG/CBR CLAIMS MANAGEMENT

In this document, best practices, and money-saving tips from your claims company, CBR, are detailed. Click on the link below to move to the following topics:

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Occupational Injury Provider Selection Best Practices

Choosing your medical provider is one of the best ways for an employer to make a difference in your workers' compensation program. There is a big difference between general medicine and occupational injury care. Making sure your selected provider understands workers' compensation, and is committed to developing a relationship with you, the employer, is a critical first step to building your WC program.

Best practices:

- Takes workers' comp insurance and adheres to the Oklahoma WC fee schedule.
- Knows the employer and the workers' compensation coordinator, thereby reducing unnecessary paperwork and delays.
- Can see injured workers promptly and professionally.
- Views the accident through the lens of workers' compensation. Pre-existing conditions need to be evaluated, causation needs to be determined, and a return-to-work plan developed.
- Understand the type of work the injured worker does.
- Clear, concise work restrictions must be developed, and communicated with the injured worker and the employer promptly.
- Understands the injured worker's needs. Understanding accident was not their fault. Would like clear concise treatment plan, with appropriate referrals to the claims team, and to return to work as quickly as possible.
- Appropriate use of prescriptions and referrals. Prescriptions must be sent to a pharmacy on the preferred provider list given to the injured worker, and not dispensed at the office. Referrals to specialists, including physical therapy, must be authorized by the claims adjuster so timely communication is paramount.
- Employers should set up meeting with the occupational injury provider, to go over expectations and establish a line of communication.
- Employers should determine if they have a written "post-accident" drug screen policy. If so, make sure the Occupational injury provider is aware they are to perform post-accident drug-screens.
- Don't use an emergency room as initial care provider, unless after hours or an injury that would be essentially sent to the ER anyway.
- Mileage is paid to the injured worker for travel beyond 20 miles, so if there are better occupational injury care providers in a larger area, it is OK to send them there.
- Make sure all departments know who your Occupational Injury provider is, and the appropriate steps that need to be taken when there is an injury.
- Send a Medical Care Authorization Form with the injured worker, and ask that it be completed by physician, and a copy returned with employee.
- If you aren't sure who is available in your area that handles Occupational Injuries, please ask your claims adjuster, or CBR client liaison (info@cbremail.com). They have experience with all areas of the state and can help you establish a successful initial care program.

Claim Reporting Best Practices

Reporting your claim to your claims team timely is an essential best practice to reduce costs and to get the best care for your injured worker. Here are the best practices for claims reporting:

- Use the online claim reporting portal at CBRCloud.com/login. First time users will be required to establish a login account.
- If you do not have all of the supplemental forms available, turn in the claim online as soon as possible, and send your supplemental forms later to newclaim@cbremail.com or to your claims adjuster. Copy of alternate PDF FROI is [here](#).
- Incident Only claims, where an incident occurs but no medical treatment is needed, should be turned in online as an "IO" claim, and will not count as a claim on your loss history or count towards your premium calculation. Be sure to have the worker sign a form that indicates they decline medical treatment.
- Claims adjuster will contact you and the injured worker within 24 business hours to discuss the claim. Make sure the employee knows the adjuster will be contacting them, and strongly encourage them to take the time to discuss the claim with the adjuster thoroughly. Give the adjuster the injured workers' cell phone number is that is their preferred method of communication.

Supplemental Claim Forms

Our CBR Team will provide you with several supplemental claim forms to assist in the handling of the claim. These are not mandatory at the time of submission, and the claim can proceed without them, but the best practice is to complete and submit them as soon as practicable. They greatly enhance the claims processing, and often serve as de-facto incident reports for use in your safety program.

Here is a description of the supplemental claim forms:

- [Medical Care Authorization Form](#)

Send with injured worker to Occupational Injury physician or other first responder as easy authorization to treat (ask for completed form to be returned).

- [Consent for Medical Release Form](#)

This form is required for CBR to obtain previous medical records, which are sometimes necessary in the evaluation of claims. **IT MUST BE SIGNED BY THE INJURED WORKER.** Your CBR adjuster will let you know when one is required, and if they need assistance in obtaining it from the employee.

- [Supervisor Supplemental Injury Report Form](#)

This form asks for more detail than what is required on the First Report of Injury but is not mandatory. It also assists safety personnel in identifying safety hazards. To be completed by the supervisor/manager on the day the injury occurs. If completed at the same time you submit your online First Report of Injury, you

can include it as an attachment to the submission. Otherwise, it can be submitted to your claims adjuster via email.

- [Employee Supplemental Injury Report Form](#)

This form allows the injured worker to describe the accident in their own words, and current complaints. Also gives the employee a chance to decline treatment, which is an important step in the process to obtain. This would make the claim an "Incident Only" claim and is not reported on your workers' compensation claims logs. If completed at the same time you submit your online First Report of Injury, you can include it as an attachment to the submission. Otherwise, it can be submitted to your claims adjuster via email.

- [Witness Statement](#)

This form is completed by the person that witnessed the injury. Especially important if you question the validity of the claim. If completed at the same time you submit your online First Report of Injury, you can include it as an attachment to the submission. Otherwise, it can be submitted to your claims adjuster via email.

- [Mileage Reimbursement Form](#)

If an employee has to travel more than 20 miles round trip to a workers' compensation medical appointment, they are eligible to receive mileage reimbursement for any miles travelled above 20. The employee will complete this form and return it to the CBR claims adjuster at various intervals.

- [Medicare Reporting Form](#)

CBR reports all claims to Medicare so coordination of benefits can occur if the injured worker is a Medicare Beneficiary, or a prospective Medicare Beneficiary. CBR also uses this information to coordinate with DHS on any child lien repayments. **MUST BE SIGNED BY THE INJURED WORKER.** If completed at the same time you submit your online First Report of Injury, you can include it as an attachment to the submission. Otherwise, it can be submitted to your claims adjuster via email.

- [Sick Leave Election Form](#)

State law allows employees of Educational Institutions the ability to supplement any Temporary Total Disability with their sick leave, to effectively remain at full pay if warranted. If completed at the same time you submit your online First Report of Injury, you can include it as an attachment to the submission. Otherwise, it can be submitted to your claims adjuster via email.

- [Pharmacy First Fill form](#)

Form to send with injured worker to their initial injury visit, this will allow them to fill their prescriptions without any delay as the claim is processed.

- [Pharmacy First Fill form \(Spanish\)](#)

Other optional forms/information needed at beginning of claim:

- Video of accident
- Wage records past 12 months, or school employment contract (if employee will miss time away from work due to injury)

- Return to Work reports from treating physician, if already received prior to submission of claim.
- Any medical/pharmacy bills sent to the employee at their home or paid for by the employee. CBR will pay these bills.

PEOSH Reporting

CBR will provide an annual report of your injuries, for use in completing your annual PEOSH report, but if you need monthly reports, or estimates on workdays missed, please contact the claims team at info@cbremail.com.

Internal Tracking

In addition to your internal claims tracking program developed as an internal part of your occupational safety program, CBR can assist in providing you with periodic reports emailed directly to your safety team of designated recipients.

The following are examples of frequently used reports:

- Claims by Occupation.
- Claims by Department.
- Claims by Location.
- Claims by Classification Code.
- Claims by injury type.
- Claims by injury cause.
- Claims by injured body type.
- Claims by age/gender demographics.
- Claims resulting in Lost Time
- Claims resulting in Litigation.
- Claims by employees with history of multiple claim filings.
- And many more. Contact your claim team at info@cbremail.com or your OSAG representative for more information about these reports.

Restricted Duty and other Return to Work Opportunities Best Practices

- Utilizing a robust return to work program is a proven way to reduce workers' compensation costs, reduce lost workdays, and prevent litigation.
- Make sure each job description has well spelled out physical requirements for performing the job.
- Create a list of Restricted Duties positions, and their physical requirements. Examples could be monitoring morning and afternoon child drop-offs/pick-ups, grading papers, inventorying supplies,
- Coordinate with all treating physicians to obtain copies of Return-to-Work reports as quickly as possible. Also instruct the injured worker to send the restrictions to you, and the claims adjuster.
- Make any light duty offer in writing, via certified mail, so proof of receipt can be established. You can use the template here, and work with your employment attorney to develop a formal plan.
- Inform your claims adjuster if you are able, or unable, to accommodate the restrictions, and if so, the date the injured worker will return to work.



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Open Claim File Reviews & Safety Seminars

Periodic review of open claims can greatly enhance your workers' compensation program. Information sharing between your claims team, and your workers' compensation coordinators, is increased, and often leads to better resolutions at trials, better information for compensability decisions, and better understanding of the WC coordinators role in the whole program. During these reviews, a list of open claims and other reports will be discussed, and feedback from the employer on how to resolve the claims will be gathered from the claims team. You can work with your safety coordinators at Compsource, contact your OSAG representative, or reach out to your claims team at info@cbremail.com for more information.

OSAG sponsors bi-annual safety seminars in Tulsa and OKC, usually in the Spring and Fall. This is free to attend, and this is a great opportunity to listen to great WC speakers, and network with your fellow OSAG districts. Please reach out to you OSAG contact for more information.