Top Ten Things Employers Need to Know About Workers’ Compensation & Safety

CareWorks + OTOA
Presenters

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- Jeff Little, BWC Regional Business Consultant
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

Most Workers’ Compensation Mistakes are a result of:

- Lack of knowledge
- Lack of communication; or
- Lack of involvement or action
Mistakes Can Negatively Impact an Employer’s Profitability:

The lack of knowledge, communication and involvement can negatively impact an employer’s bottom line.

- Workers’ compensation process
- Claims management
- Rates
Top Ten Common Mistakes:

1. Not understanding the workers’ compensation system
2. Not being involved
3. Not having a knowledgeable point person
4. Not having an injury reporting process in place
5. Missing deadlines/lapse in coverage/true-up
6. Not understanding how rates are established
7. Not understanding how a claim can impact your bottom line
8. Not taking advantage of rating discount programs
9. Not understanding and utilizing claim cost control Strategies
10. Lack of communication with MCO/TPA/BWC/claimant
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

Not Understanding the Workers’ Compensation System:

- It can be complicated but employers need to know how the system works so they can make good business decisions.
- Employers need to understand:
  - Rating;
  - Claim reporting and claim management; and,
  - BWC programs.
- It is important to understand the responsibilities of all parties in the system:
  - Employer – Claimant – MCO – BWC – TPA
### Employer/TPA/MCO Responsibilities Chart

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<thead>
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<th>Responsibilities</th>
<th>TPA/Employer</th>
<th>MCO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Claims Management</strong></td>
<td></td>
<td></td>
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<tr>
<td>First Report of Injury to the BWC</td>
<td></td>
<td></td>
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<tr>
<td>Assistance with claim investigation and preparation of claim facts</td>
<td></td>
<td></td>
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<tr>
<td>Three-to-five point contact to gather initial information</td>
<td></td>
<td></td>
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<tr>
<td>Establish claims management strategies</td>
<td></td>
<td></td>
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<tr>
<td>Monitor medical costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirm claim payments (comp)</td>
<td></td>
<td></td>
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<tr>
<td>Medical bill payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advise on cost control strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Wage continuation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Handicap reimbursement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transitional Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Settlements</td>
<td></td>
<td></td>
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<tr>
<td>• Subrogation</td>
<td></td>
<td></td>
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<tr>
<td>• Rehabilitation referrals (Identify vocational needs)</td>
<td></td>
<td></td>
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<tr>
<td>• Independent Medical Exams (disability issues)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain medical provider network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early intervention, total quality managed medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior authorization of medical treatment and services</td>
<td></td>
<td></td>
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<tr>
<td>Referrals for specialists care and second opinions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Utilization Review and Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure proper utilization of medical services</td>
<td></td>
<td></td>
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<tr>
<td>• Monitor medical needs and level of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Promotes Safe Return to Work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Obtain work restrictions from medical provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assist employer with transitional work options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Coordinate Return-to-work program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide needed medical and vocational service</td>
<td></td>
<td></td>
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<tr>
<td>Monitor quality and outcomes of medical care</td>
<td></td>
<td></td>
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<tr>
<td>Peer review and quality assurance</td>
<td></td>
<td></td>
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<tr>
<td>Medical dispute resolution process</td>
<td></td>
<td></td>
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<tr>
<td>Performance reporting based on medical quality, cost and satisfaction</td>
<td></td>
<td></td>
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<tr>
<td><strong>Medical Bill Payment and Management</strong></td>
<td></td>
<td></td>
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<tr>
<td>• Eligibility and duplication checks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Automated pricing at negative rates or fee schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unbundling, upcoding, and fraud detection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Profile provider bills to determine utilization and treatment trends</td>
<td></td>
<td></td>
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<tr>
<td><strong>Risk Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>Business mergers/experience transfers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug free workplace program analysis and monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety services, coordination and requirements</td>
<td></td>
<td></td>
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<tr>
<td>VSSRs</td>
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<td></td>
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<tr>
<td><strong>Defense Measures</strong></td>
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<tr>
<td>Claim investigation and fraud investigation referrals</td>
<td></td>
<td></td>
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<tr>
<td>Coordinate independent medical exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with claim administration and filing of appeals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present facts of claim investigation and other reports/documents at Industrial Commission hearings</td>
<td></td>
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<td>Legal counsel referrals</td>
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<tr>
<td><strong>Customer Service</strong></td>
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<tr>
<td>Quality improvement programs</td>
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<tr>
<td>Customer satisfaction surveys</td>
<td></td>
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<tr>
<td>Claim activity reports</td>
<td></td>
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<tr>
<td>Client visits and account reviews</td>
<td></td>
<td></td>
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<tr>
<td>Risk and association reports</td>
<td></td>
<td></td>
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<tr>
<td>Client education, workshops, seminars</td>
<td></td>
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<tr>
<td>Newsletters</td>
<td></td>
<td></td>
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<tr>
<td>Claim/risk correspondence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee, Employer, Provider education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate Calculation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

Not Being Involved:

- Ownership, management and employees need to be involved.
- Be proactive.
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

*Not Having a Knowledgeable Point Person:*

- Develop a good relationship with your MCO case manager, TPA claims examiner and BWC representative.
- They are all essential in managing your workers’ compensation program.
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

Not Having an Injury Reporting Process:

- Do your employees and supervisors know what to do when an injury occurs?
- Do your supervisors know how to investigate an accident?
- Contact MCO and TPA as soon as possible after a claim occurs.
- Claims must be reported at the time of occurrence.
Workplace Accident Checklist

You had a workplace accident occur... do you have a plan? Using this checklist can help employers minimize the impact an injury has on an employee and their premiums.

- First and foremost, be sure the injured worker gets medical attention as soon as possible (if necessary).
- As soon as it is safely appropriate, the injured worker should complete an accident report and sign the First Report of Injury (FROI).
- Notify your Managed Care Organization (MCO) case specialist.
- Contact your CareWorks Comp claims examiner to discuss certification or rejection of the claim, if the injured worker will miss more than seven calendar days of work, and wage continuation if it will be a lost-time claim.
- Obtain the MEDCO-14 from your MCO. This form has return-to-work information, any work restrictions and the physician’s contact information.

- After the initial triage has been done, it is a good idea to take the time to thoroughly investigate the circumstances of the accident by doing the following:
  - Document any evidence in writing
  - Take photographs of the accident site, if applicable
  - Obtain notarized witness statements

- During the life of the claim, try to maintain a good communication with the injured worker. Notify CareWorks Comp and your MCO of any changes in the injured worker’s employment status or condition.

- CareWorks Comp may not receive critical information about the claim, so be sure to communicate with us about any important information you receive from the injured worker’s counsel (if applicable), the primary physician and BWC.

Contact us

p. 800.837.3200
f. 614.764.7629
e. info@careworkscamp.com

MAILING ADDRESS
5500 Glendon Court, Dublin, Ohio 43016

Behind every good outcome
SUPERVISOR INCIDENT REPORT

BWC Claim # __________
OSHA Reference # __________
Date of Report: __________

Procedure: This form is to be completed for all incidents occurring on company property, or during any company activity that requires medical or dental attention to be administered. This report form is to be completed by the end of the shift the day of the incident by the associate’s supervisor, the nurse, or other appropriate individual.

A. General information. This section to be completed for all incidents.

| Name of Injured: ___________________________ | Incident Location: ___________________________ |
| Job Title: ___________________________ | Associate ID Number: ___________________________ |
| Address: ___________________________ | Telephone No.: ___________________________ | □ Employee |
| ___________________________ | Building/Department: ___________________________ | □ Visitor |
| Date of Incident: ___________________________ | Time of Incident: __________ A.M. __________ P.M. |
| Date and Time Reported to Supervisor: ___________________________ |

B. Type of Injury. This section to be completed for all incidents.

- □ Abrasion
- □ Bruise
- □ Burn
- □ Concussion
- □ Cut
- □ Dislocation
- □ Strain/Sprain
- □ Laceration
- □ Other, specify: ___________________________
- □ Fracture
- □ Puncture

C. Written Narrative. This section to be completed for all incidents.

Describe incident giving full details (continue on back if needed):

________________________________________________________________________

Property Damage included:

D. This section to be completed for associate incidents only.

<table>
<thead>
<tr>
<th>Grade/Title: ___________________________</th>
<th>Return to work date: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was associate following work/safety requirements? □ Yes □ No □ N/A</td>
<td></td>
</tr>
<tr>
<td>Did incident occur during normal course of work? □ Yes □ No □ N/A</td>
<td></td>
</tr>
<tr>
<td>Is incident OSHA Reportable? □ Yes □ No □ N/A</td>
<td></td>
</tr>
<tr>
<td>If so was incident logged on OSHA 300? □ Yes □ No □ N/A</td>
<td></td>
</tr>
<tr>
<td>Was CareWorks contacted? □ Yes □ No □ N/A</td>
<td></td>
</tr>
<tr>
<td>Is injured worker a candidate for transitional work program? □ Yes □ No □ N/A</td>
<td></td>
</tr>
<tr>
<td>Witness Statement(s) Obtained?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>List names of witnesses:</td>
<td></td>
</tr>
<tr>
<td>How could this incident have been prevented?</td>
<td></td>
</tr>
<tr>
<td>Actions taken to prevent reoccurrence:</td>
<td></td>
</tr>
</tbody>
</table>

**E. First Aid given. This section to be completed for all incidents.**

First Aid Administered: 

**F. Further care. This section to be completed for all incidents.**

- [ ] None
- [ ] Transported by ambulance to: 
- [ ] Transported by management to: 
- [ ] Spouse/relative took home
- [ ] Saw personal physician/dentist
- [ ] Other, specify: 

**G. Additional Remarks. This section to be completed for all incidents.**

<table>
<thead>
<tr>
<th>G. Additional Remarks</th>
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<tbody>
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</table>

**H. 30 day follow-up on incident corrective actions.**

<table>
<thead>
<tr>
<th>H. 30 day follow-up on incident corrective actions</th>
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<tr>
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</tbody>
</table>

Person reporting: ___________________________ Date Reporting: _______________________

Associate: ________________________________ Supervisor/Manager: _______________________

Send Copies To:

All Incidents: Workers’ Compensation/Safety Process Coordinator (Original), Supervisor/Manager (1)
Witness Incident Statement

Name: ___________________________________________ Employee ID: ___________________

Date of Incident: ___________________________ Time of incident: ______________ AM/PM

Location: ____________________________________________________________

Name of injured associate(s): ____________________________________________

Please answer, in detail, the following questions (use back of page if needed):

What happened as observed? _____________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What did you actually SEE? _____________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Describe the nature of the associate’s injury as observed: _________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What corrective action(s) would you recommend to prevent recurrence? __________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Signature of Witness: ___________________________ Date: _______________
Incident Document Checklist/Action Items

☐ Did the Associate follow the Incident Reporting Policy? Incident number created
☐ Copy of First Report of Injury (FROI) in our file & sent to MCO
☐ Initial contact with MCO to alert them of the claim & verify the information has been entered in BWC
☐ MEDCO 14 on file (Return to work, restrictions, off work, healthcare providers' name, and address of healthcare facility). A new Medco 14 should be requested after the last one on file expires. (Copy MCO)
☐ Release to Full Duty on file (if not part of the MEDCO 14) (Copy to MCO)
☐ Healthcare provider notes which outline the injury or illness, treatment, discharge notes, prescriptions, prognosis, etc. (Copy MCO)
☐ Verification that drug test was performed
☐ Incident Investigation Report completed
☐ Corrective actions with primary person responsible & estimated completion date (track to completion)
☐ Coaching, counseling, or disciplinary action (put in Associate Relations folder, not here)
☐ Decision was made on certifying or rejecting the claim (TPA if Rejected, MCO if Certified)
☐ Initial contact with TPA if any of the following apply:
  - Associate will miss more than 7 calendar days of work
  - Company is considering rejecting the validity of the claim
  - The injured worker is not your employee
  - The injured worker hasn’t been released to full duty
☐ Decision was made if LD work is available & sent copy of LD/FD job description to MCO & TPA
☐ A LD job offer was sent via certified mail as soon as the Associate is released to return to LD work
☐ Decision was made on paying Salary Continuation or having the BWC pay TT compensation
  - If paying Salary Continuation (IW will miss 8 or more days): Wage sheet filled out (wages needed for one year prior to date of injury) & sent to BWC & TPA (TT = Temporary Total)
  - If BWC will pay TT compensation (IW will miss 8 or more days): wages submitted to BWC
☐ Keeping the MCO, TPA, & BWC up-to-date on the progress
☐ Copies of any documents from BWC, MCO, or TPA and decisions on appeals
☐ Supporting documents such as witness statements & supervisor notes collected (copy to TPA)
☐ Contact with Associate, Supervisor, MCO, TPA & BWC (see Contact Sheet Log)
☐ OSHA Recordability determination (Medical Only, Restricted Activity, Lost Time)
☐ OSHA 300 log filled out and/or updated

THE BOLDING SIGNIFIES WHO TO CONTACT WITH QUESTIONS OR GIVE INFORMATION TO: MCO = Managed Care Organization, TPA = Third Party Administrator, (LD = Light Duty, FD = Full Duty, IW = Injured Worker)

✓ It is critical that we have a complete history of treatment and dates from the beginning of the incident to the release to full duty.
✓ During initial contact with the MCO verify that the healthcare provider has entered the information to start the claim. If they have not, we must enter the information.
✓ We must follow the treatment plan outlined by the healthcare provider especially in regards to restrictions. If something is not clear then we contact the healthcare provider or MCO for clarification. If the healthcare provider returns the Associate to work then the Associate must return or obtain revised documents from the healthcare provider. They are administratively absent until they do so.
✓ Workers Compensation lost time is after 7 days away from work, but OSHA lost time is any day after the date of injury regardless of salary continuation.
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

**Missing Deadlines/Lapsed Coverage:**
- True-up failure can result in being removed from BWC discount programs.
- Failing to meet requirements and missing deadlines for BWC programs.
- Lapsed coverage can result in uncovered claims and rejection from group rating programs.
# Prospective Premium Payment Calendar – Public Employers

**Ohio Bureau of Workers' Compensation Installment Options**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Payment Due to BWC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual* (1 payment)</td>
<td>• Total payment due by January</td>
</tr>
</tbody>
</table>
| Semi-Annual* (2 payments) | • First payment due by January  
|                   | • Second payment due by July                                                      |
| Quarterly* (4 payments) | • First payment due by January  
|                   | • Second payment due by April                                                    |
|                   | • Third payment due by July                                                       |
|                   | • Fourth payment due by October                                                  |
| Bi-monthly* (6 payments) | • First payment due by January  
|                   | • Second payment due by March                                                    |
|                   | • Third payment due by May                                                        |
|                   | • Fourth payment due by July                                                      |
|                   | • Fifth payment due by August                                                     |
|                   | • Sixth payment due by October                                                   |
| Monthly* (12 payments) | • Payments due by the first of every month beginning in January                  |

*Please refer to your BWC statement(s) for actual due dates.*

Public employers MUST complete, file and pay (if applicable) their BWC True-Up Reports on or before February 15. Failure to do so will result in BWC prohibiting your organization from participation in any BWC discount or rebate programs, including traditional group and group retrospective rating.
## Important Dates for Public Employers

<table>
<thead>
<tr>
<th>Month</th>
<th>Important Dates</th>
</tr>
</thead>
</table>
| January | • 1st – Payroll true-up notice sent for PY2018 (approximate date)  
• 2nd – First prospective installment due for PY 2019 (employer may opt to defer)  
• 2nd – Early Payment Discount due date, employer must pay the full PY 2018 estimated annual premium |
| February| • 1st – PERRP 300AP submission deadline for previous calendar year statistics  
• 15th – PY 2018 payroll true-up report due  
• 15th – Last date to submit C-240 (settlement application) |
| March   | • 15th – Individual Retrospective annual statements mailed from previous policy year (approximate date)  
• 31 – Snapshot date for experience calculation |
| April   | • 15th – Individual Retrospective billing invoice mailed from previous policy year (approximate date) |
| May     | • 1st – Deferred premium payment due (January – May)  
• 31st – Group Experience Rating application deadline for 1/1 start date |
| June    | • 30th – Deadline to submit offer and acceptance forms (TWB-2s) for January 2018 Transitional Work Bonus Program participants.  
• 30 – Deadline for Safety Council participation requirements |
| July    | • 31st – Deductible and One Claim Programs application deadline for 1/1 start date  
• 31st – Group Retrospective Rating application deadline for 1/1 start date  
• 31st – Safety Council enrollment deadline |
| September| • 28th – Last date to request change in installment plan for PY 2019  
• 28th – Last date to request change in estimated annual payroll exposure PY 2019 |
| October | • 31 – Notice of estimated annual premium mailed for PY 2020 |
| November| • 15th – Deadline for deferred payment option for PY 2020  
• 15th – Last date employer can change installment plan for PY 2020  
• 29th – DFSP, ISSP and Transitional Work Bonus application deadlines for 1/1 start date |
| December| • 1st – Last day for retro settlements (close-out for 10 year annual evaluation)  
• 21st – First prospective installment due for PY 2020 (employer may opt to defer)  
• 31st – Deadline for Early Payment Discount for PY 2020 (must be paid in full) |
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

Not Understanding How Rates are Established:

- How EM is established
- What is TLL?
- What is TML?
- \( \frac{(TML - TLL)}{TLL} = EM \)
- EM \( \times \) base rate = premium rate
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

Not Understanding How a Claim Impacts Your Bottom Line:

- Know your claims
- Claims impact your premium rates for four years
- Know your company’s TLL/TEL
- Know your company’s max value claim amount
# Experience Rating Process

## Public Employers

### Key Dates and Time Periods for Included Employer Experience

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>January 1, 2019</th>
<th>January 1, 2020</th>
<th>January 1, 2021</th>
<th>January 1, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snapshot Date</td>
<td>March 31, 2018</td>
<td>March 31, 2019</td>
<td>March 31, 2020</td>
<td>March 31, 2021</td>
</tr>
<tr>
<td>Green Period</td>
<td>15 months</td>
<td>15 months</td>
<td>15 months</td>
<td>15 months</td>
</tr>
<tr>
<td>Number of Experience Modifier (EM) Years</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Billings</td>
<td>December 1, 2018</td>
<td>December 1, 2019</td>
<td>December 1, 2020</td>
<td>December 1, 2021</td>
</tr>
</tbody>
</table>
## Top Ten Things Employers Need to Know About Workers’ Comp & Safety

### Not Taking Advantage of Rating Discount and Refund Programs:

<table>
<thead>
<tr>
<th>Group &amp; Group Retrospective Rating</th>
<th>Destination: Excellence</th>
<th>Drug-Free Safety Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Council</td>
<td>One Claim Program</td>
<td>Deductible Program</td>
</tr>
</tbody>
</table>
Alternative Premium Discount Programs & Rebates

ONE CLAIM PROGRAM
The Ohio Bureau of Workers’ Compensation’s (BWC’s) One Claim Program (OCP) is designed to help employers, who have lost group rating status because of one significant claim, reduce their future premium payments. First year participating employers are eligible for a 20% rate discount. The deadline to apply is the last business day in January for private employers and the last business day in July for public employers. The discount scale is as follows:
- First Year – 20% discount
- Second Year – 15% discount
- Third Year – 10% discount
- Fourth Year – 5% discount
- Fifth Year – 5% discount

DEDUCTIBLE PROGRAM
BWC’s Deductible Program allows employers to participate in a per claim deductible plan to help obtain an upfront premium rate discount. Employers select their deductible amount, ranging from $500 per claim up to $200,000 per claim. Private employers must apply by the last business day in January and public employers must apply by the last business day in July.

100% EXPERIENCE MODIFIER CAP (EM) PROGRAM
The 100% EM Cap is a program that limits the increase for an individual employer’s EM to minimize the effects of a significant premium increase for employers. In essence, this program limits an employer’s EM% increase to no more than double the previous year’s EM percentage, whether it was an individual or group EM. BWC will notify employers by mail in late May of their EM cap eligibility.

DRUG-FREE SAFETY PROGRAM
The Drug-Free Safety Program allows employers to implement a drug and alcohol policy, testing and safety training program to earn a rebate on their premiums. Private employers application deadline is the last business day in May. Public employers application deadline is the last business day in November. Participating employers can receive a 4% or 7% rebate of their premium payment depending upon which rebate plan an employer chooses.

SAFETY COUNCIL
Employers can earn a 2% premium rebate for meeting all participation eligibility requirements. Employers may earn an additional 2% performance rebate by reducing either the frequency or severity of workplace injuries by 10%, or by maintaining both frequency and severity of workplace injuries at zero.

Contact us
p. 800.837.3200
f. 614.764.7629
e. info@careworkscomp.com

MAILING ADDRESS
5500 Glendon Court, Dublin, Ohio 43016
BWC’s Destination Excellence

The Ohio Bureau of Workers’ Compensation’s (BWC’s) Destination Excellence Program is comprised of several programs offering additional rebates of employer premium payments. Several of the programs are considered compatible with each other and allows employers to “stack” multiple rebates.

Destination Excellence programs

INDUSTRY SAFETY
Employers may attend Safety Congress, a safety class or use on-site field consultants to qualify for the rebate. The rebate is 3% of the pure premium (premiums before loading and other charges).

SAFETY COUNCIL
Employers who attend 10 of 12 monthly safety council meetings will receive a 2% rebate for participation. Employers who attend 10 meetings and decrease claims by 10% will receive an additional 2% rebate for performance. The rebate is compatible for employers who are enrolled in a group rating program. Companies Base-Rated, in Group Retrospective, Grow Ohio or in a Deducible Program may only qualify for the 2% participation rebate.

DRUG-FREE SAFETY PROGRAM
Private employers who are enrolled in group rating will be able to receive either the basic (4%) or the advanced (7%) rebate off of their pure premium.

TRANSITIONAL WORK GRANT AND PERFORMANCE BONUS
This program provides an upfront grant, plus a potential performance bonus as a percent of pure premium, up to 10%. This program encourages employers to bring back injured workers through a transitional work program.

GO GREEN
This program offers a 1% rebate of blended premium with a maximum annual rebate amount of $2,000 for each employer. The rebate is offered to employers paying their premiums and submitting payroll online at www.bwc.ohio.gov.

LAPSE FREE
This program provides a premium rebate to all employers who paid their premiums on time, over the previous 60 consecutive months. The premium rebate is 1% of blended premium with an annual maximum rebate amount of $2,000.

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MAILING ADDRESS
5500 Glendon Court, Dublin, Ohio 43016
# Employer Program Compatibility

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<th>Program</th>
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<td><strong>Group Experience Rating</strong></td>
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### Top Ten Things Employers Need to Know About Workers’ Comp & Safety

**Not Understanding and Utilizing Claim Cost Control Strategies:**

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<th>Handicap Reimbursement</th>
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<td>Settlements</td>
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Cost Control Techniques

CareWorks Comp utilizes leading measures and predictive cost containment to help Ohio employers contain costs and lower premiums. When a claim occurs, CareWorks Comp is ready to apply predictive cost containment strategies to quickly resolve the claim.

**Salary Continuation**
Salary continuation is compensation paid to an injured worker by the employer, in lieu of temporary total compensation paid by the Ohio Bureau of Workers’ Compensation (BWC). By continuing to pay an injured worker’s wages as if they were still working the regular amount of hours per week, an employer can avoid BWC paying out temporary total compensation of the claim.

**Lump Sum Settlements**
A Lump Sum Settlement is an agreement between the employer, injured worker and BWC for a payment of lump sum, to settle one or more workers’ compensation claims. Settling a claim allows the removal of the settled claims’ reserves and helps to keep the employer’s premium costs lower.

**Handicap Reimbursements**
Handicap reimbursement is a program where an employer may seek reimbursement if an injured worker has one of 25 pre-existing conditions. Under the program, an employer may file for reimbursement on certain workers’ compensation claims, if it can be proven the handicapped condition(s) led to the injury or delayed the healing process.

**Vocational Rehabilitation**
Vocational rehabilitation helps injured workers safely return to work or maintain employment and decrease costs of workers’ compensation claims. These services are individually tailored to meet the needs of injured workers and their work environment.

**Modified Duty Off-Site (MDOS)**
MDOS is offered to assist in returning employees to work (temporarily offsite) following an injury or period of disability. This program provides placement for employees, who are not able to temporarily return to their original job. Typically, these job placements are coordinated with non-profit organizations. MDOS allows employees to resume a productive work lifestyle while transitioning to their regular job, helping decrease claim costs for the employer.

**Transitional Work Program**
Transitional work allows injured employees with medical restrictions to work in their job or a transitional job for a limited period of time under the supervision of a medical provider. This program helps lower an employer’s workers’ compensation costs by decreasing the number of days an injured worker is off work.

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Behind Every Good Outcome
CareWorks
Top Ten Things Employers Need to Know About Workers’ Comp & Safety

Lack of Communication with MCO/TPA/BWC/Claimant:

- Communication is extremely important
- Should a claim be certified?
- Has there been a change in the claim, such as work status?
- Communicate any work restrictions
- Communicate before terminating
- Don’t assume that everyone involved knows what is going with the claim.
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Questions?
Thank You