

What do I do about time missed from work to attend appointments relating to my injury?

An injured worker needs to use accrued leave to be paid for time missed from work to attend appointments relating to the injury. The carrier only pays for medical appointments that are over four hours in duration or that they legally require the employee to attend.

Questions about timekeeping

Call the Risk Management Department at 503-494-7189.

If I cannot work, will I receive payments for lost wages?

You may be unable to work due to your job-related injury or illness. In order for you to receive payments for time off work, your health care provider must send written authorization to the workers' compensation carrier. Please also ask your health care provider to fax the written authorization to the Risk Management Department (503-494-1941).

Generally, you will not be paid for the first three calendar days for time off work. You *may* be paid for lost wages for the first three calendar days if you are off authorized to be off work for 14 consecutive days or hospitalized overnight.

If your claim is denied within the first 14 days, you will *not* be paid for any lost wages.

Do I need to file for FMLA while out relating to a work injury? Are my benefits affected?

The Risk Management Department shares information with the Benefits Department concerning employees that are out or working modified duty related to a work injury. Please contact the Benefits Department (503-494-7617) for additional information about FMLA and benefits while absent due to a work injury.

I have been released back to work, but cannot perform all of my job duties per my health care provider. Does OHSU have modified duty for injured workers?

Yes. The Risk Management Department arranges modified duty for employees injured on the job while their claim is in active status. We ask that you contact the Risk Management Department as soon as possible after you learn you will need modified duty arranged. Please fax the note detailing your restrictions to the Risk Management Department (fax 503.494.1941) and give a copy to your supervisor. A representative from the Risk Management Department will contact your supervisor to arrange modified duty for you.

How is my claim processed by OHSU's workers' compensation carrier?

PROCESS

The carrier will begin evaluating a claim as soon as it is received. The carrier will notify you and the Risk Management Department in writing when the claim has been accepted or denied. A claims adjuster may contact you by telephone or in writing to ask questions or discuss your claim. Remember to have your claim number with you when you complete any forms, see a medical provider, or call the carrier.

A certified claims adjuster will be assigned to assist you with your claim and may contact you. Be sure to ask your adjuster questions if you don't understand something or have questions about a form or letter you receive.

Timeline: Generally, you will know if your claim has been accepted or denied within 60 days of the date you told your supervisor of the claim (unless it happened before January 1, 2002).

And please remember, the status of your claim may change as you progress through your recovery.

Questions: If you have a question or need help with your claim, please call the carrier at 800.285.8525

DEFERRED

While your claim is being evaluated (before it is accepted or denied) it is placed in "deferred status." During this time:

- Information, such as medical reports and statements, is gathered.
- You may be asked to see an independent medical examiner for another medical opinion.
- The carrier will work with your attending physician or authorized nurse practitioner to help you return to your regular job, or a temporary job approved by your doctor, as soon as possible.
- Your claim may be enrolled into an Managed Care Organization

While your claim is deferred, you will receive wage replacement benefits if a qualified attending physician or authorized nurse practitioner states that you cannot work and are unable to work for more than three calendar days. (These benefits will not be paid if the claim is denied within 14 days of the day the injury was reported to your employer.)

Medical expenses

Medical providers cannot bill you for medical expenses while the claim is in a deferred status. If the carrier accepts the claim, they will pay your medical providers for medically reasonable and necessary care related to your accepted conditions.

By law, if you have filed a workers' comp claim and are receiving medical care in Oregon, the medical provider may not ask you for payment during the time the claim is being evaluated (or if your treatment is related to an accepted condition).

You should also know that during the time the claim is being evaluated (deferred), the carrier will not make payment for any medication the doctor may prescribe or for any other expenses such as transportation costs for visits to the doctor's office. You definitely should keep receipts for these expenses - they and related medical bills will be reviewed for payment by the carrier if your claim is accepted. If the carrier sends you for an examination during this "deferred" period, they will reimburse the expenses incurred to attend the appointment(s).

Helpful contacts

For more help with your claim, don't hesitate to contact the carrier at 800.285.8525. Department of Consumer and Business Services Injured Workers' Hotline, 800.452.0288. [State Ombudsman for Injured Workers](#), 800.927.1271.

ACCEPTED

If your claim is accepted, you will receive a letter that lists your accepted medical condition(s) and states whether your claim is disabling or nondisabling. Your claim then will be transferred to an adjuster who specializes in managing claims.

For disabling claims (if you missed time from work and/or have a permanent disability), your new adjuster will contact you within three days and your claim will be enrolled in an MCO (managed care organization).

If you have a nondisabling claim (if you received medical treatment only), your medical treatment relating to the accepted condition will be paid.

Your responsibilities

It is your responsibility to do all you can to recover and to follow your attending physician's or authorized nurse practitioner's advice. Cooperate fully with those who are helping you to return to work. Keep your medical appointments, follow your attending physician's or authorized nurse practitioner's treatment plan, and avoid any activities that will slow or stop recovery.

Please keep the Risk Management Department and your supervisor informed about your condition and pass on any information about your ability to work that you receive from your attending physician or authorized nurse practitioner after each medical visit. When you are released for work, contact the Risk Management Department and your supervisor immediately. Be sure to obtain a written copy of the work release to give to the Risk Management Department and your supervisor.

The claims adjuster assigned to your claim is available to assist you. Keep the claims adjuster up to date on your recovery progress.

Helpful contacts

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DENIED

According to Oregon workers' compensation law, it is up to you to prove that an injury occurred as a result of your work or that an illness was due to job-related factors.

If your claim is denied, you will receive a call from your adjuster explaining why the denial was issued. A letter explaining the decision will follow. All benefits will stop, and you will have 60 days to file a written appeal with the Workers' Compensation Board.

Appealing a denial

If you disagree with the denial decision, you may appeal it. If your date of injury is after January 1, 2002 and while the claim is on appeal, some medical benefits may be paid for medical treatment that occurs between the date you reported the injury and the date of the denial (if you had health insurance). Your adjuster can help provide you more information on these "interim medical" benefits.

Some claim denials are resolved through a disputed claim settlement (DCS). If a claim is settled, it means the denial is final and you will not receive any future benefits for the denied condition.

Medical expenses

If a claim is denied, you or your private health insurer will be responsible for payment of all medical bills. Your medical provider may bill your health insurance company for medical treatment. If we are aware of your health insurer, we will notify them of your claim denial.

If you appeal the denial, you do not have to pay for medical services while the appeal is in process and/or the denial is final.

Fraud

A worker who knowingly files a workers' compensation claim for an injury that was not a result of the person's work, or who attempts to collect benefits for one job while failing to report earnings at another, may be committing fraud and could be prosecuted.

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CLOSED

Your claim is ready to be closed when you have reached maximum medical improvement from your injury. When this happens, you will receive a letter stating that your claim qualifies for closure. Your adjuster also will call you to discuss the closure process and answer any questions.

If you have a permanent disability due to your injury, your permanent disability will be rated according to a [schedule determined by law](#).

After the carrier receives your closing information, they will send you a notice of closure within 14 days. If you disagree with the decision to close your claim, you will have 60 days to appeal the closure decision. Information about how to appeal is included in the notice of closure.

If the accepted condition worsens at a later time, you may be able to [reopen your claim](#).

Helpful contacts

For more help with your claim, don't hesitate to contact the carrier at 800.285.8525. Department of Consumer and Business Services Injured Workers' Hotline, 800.452.0288 [State Ombudsman for Injured Workers](#), 800.927.1271.

How workers' comp rules are made

By law, Oregon employers must carry workers' compensation insurance or be self-insured.

The state legislature makes laws relating to the workers' compensation system, such as determining the level of benefits and how you qualify for them.

The Oregon Department of Consumer and Business Services (DCBS), which regulates the workers' compensation system, applies those laws, primarily through administrative rules (OARs). In general, DCBS makes certain that employers obtain workers' compensation insurance and ensure that injured workers receive the benefits to which they are entitled.

The Management/Labor Advisory Committee (MLAC) studies workers' compensation issues and makes recommendations about workers' comp policy to the legislature and the governor. Five labor representatives and five management representatives serve on the committee.

Rights and Responsibilities Information from the Carrier

http://saif.com/worker/workers_rights.aspx