

Who is OHSU's Workers' Compensation Carrier?

Saif Corporation, 400 High Street, SE, Salem, OR 97312 – 1.800.285.8525

Who can I speak with at OHSU about workers' compensation claims and processes?

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Workers' Compensation Risk Analyst

503.494.2451

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

An injured worker needs to use accrued leave (vacation can be used only upon using all sick time available) to be paid for time missed from work to attend appointments relating to the injury unless the appointment is over four hours in duration or the workers' compensation carrier legally requires the employee to attend. Oregon law provides that lost wages associated with attendance at regular medical appointments related to the work injury are not covered by the carrier.

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 from the date you first miss time from work due to the injury. You may be paid for lost wages for the first three calendar days if you are authorized to be off work for 14 consecutive days or hospitalized overnight as an inpatient and not under observation.

If your claim is denied within the first 14 days, you will not be paid 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 and The Standard (1.800.378.2390) [\[ADD LINK TO THE STANDARD\]](#) concerning employees who are not working related to an on-the-job 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 at work 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. The can take up to 60 days. A claims adjuster may contact you by telephone or in writing to ask questions or discuss your claim. The claims adjuster can be a great resource to answer questions you may have. Remember to have your claim number with you when you complete any forms, see a medical provider, or call the carrier.

Timeline: Generally, you will know if your claim has been accepted or denied within 60 days of the employer date of knowledge.

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. [\[PLEASE ADD SAIF'S URL HERE\]](#)

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 transitional job approved by your doctor, as soon as possible.
- . Your claim may be enrolled into a Managed Care Organization.

While your claim is deferred, you will receive supplemental wage benefits if a qualified medical provider states that you cannot work. Please see FAQ "If I cannot work..." above for more information.

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.

You should also know that during the time the claim is being evaluated (deferred), the carrier only pays for limited types of prescription medication that are included on the First Fill prescription drug list.

First Fill link for types of medications and pharmacies that participate in the First Fill are as follows:
http://saif.com/worker/2815_2947.aspx (First Fill prescription drug list)
https://mp.medimpact.com/pharmacylocator/SignIn.do?role=hq&hq_code=ODS17 (Pharmacy locator)

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 Saif Corporation at 800.285.8525. Department of Consumer and Business Services Injured Workers' Hotline, 800.452.0288. State Ombudsman for Injured Workers, 800.927.1271. <http://www.oregon.gov/DCBS/OIW/Pages/index.aspx>

Saif Corporation allows access to documents and information related to their claim through MyClaim. The URL to access the "Worker" section of Saif's website to create a MyClaim access account is as follows: <http://saif.com/worker/2812.aspx>

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.

Disabling: if you miss time from work beyond the three day wait (see "If I cannot work..." FAQ above for more information)

Non-Disabling: if you receive medical treatment only and have not missed work beyond the three day waiting period.

Your responsibilities

It is your responsibility to do all you can to recover and to follow your medical provider's advice. Cooperate fully with those who are helping you to return to work. Keep your medical appointments, follow your medical provider's treatment plan, and avoid any activities that could hinder recovery. Physical limitations in place by your medical provider are to be followed at home as well as during work activities.

Please keep the Risk Management Department and your supervisor informed about your condition and pass on any notes related to information about your ability to work that you receive from your medical provider after each medical visit. When you are released for work, contact the Risk Management Department and your supervisor immediately.

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

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DENIED

If your claim is denied by the workers' compensation carrier, 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. The denial letter will have more information about how to appeal a denial.

If you are currently reporting to a temporary transitional duty position and you learn the claim is being denied, please contact the OHSU Workers' Compensation team representative at 503.494.2451.

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Medical expenses

If a claim is denied, you or your private health insurer will be responsible for payment of all medical bills. Please contact your medical provider's billing office to supply your private health insurance information. Saif Corporation will send a copy of the denial to all providers that have sent treatment billings to them for payment.

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 disabling claim is ready to be closed when you have reached maximum medical improvement. When this happens, you will receive a letter stating that your claim qualifies for closure. Your adjuster 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 closing information from your medical provider, 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.

Helpful contacts

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