

Association Members

Workers' Compensation Trust

Claims Kit

ORGANIZED and SPONSORED by



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SECTION 1

Introduction

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This claims guideline has been provided to reflect current requirements and procedures contained within the Workers' Compensation Law for New Hampshire.

These procedures will streamline the claims reporting process thereby allowing the timely and effective management and payment of injured workers' claims.

Since our primary function is to serve you as our trust member and employer, it is essential that you familiarize yourself with this guide so that you will be aware of the services we provide. **Feel free to call us at 1-800-790-8877 for information and guidance whenever you need it.**

Fundamentals of Effective Claim Service:

- Early and aggressive investigation to detect questionable elements.
- Prompt payment of legitimate claims.
- Thorough and cooperative effort to bring injured workers back to work.
- Medical cost management.

These services cannot be rendered without the immediate and complete cooperation of employers with our investigators and claims professionals. The time element is of the utmost importance not only because it affects the speed with which benefits may be paid or determined, but also because the law requires prompt reporting as noted later in this booklet under section 6 "Forms."

Employees should be instructed to report all work related injuries to you no matter how trivial. The direct supervisor should, in turn, report the incident to a designated individual in your company who maintains accident records. That individual will also act as a liaison between your company and Cove Risk Services, LLC.

When submitting subsequent correspondence to us, please include the following information:

- Your company's full name.
- Your trust member certificate number.
- The claimant's full name.
- The date of accident.
- The claim number, if available.

IF A FATALITY OCCURS AT YOUR LOCATION, CALL Cove Risk Services, LLC*
IMMEDIATELY WITH THE INFORMATION

*During normal business hours call: 781-843-0005 or 800-790-8877
After hours call: 508-274-2362 or 339-933-1784

Instructions for Reporting NH Workers' Compensation Claims

Please read the following instructions entirely. Our preferred method of reporting is to **complete an injury report via our website:** [Report an Injury](#).

For Lost Time and all other claims, please use [Form 8WC](#).

- Have all employee demographic information and accident information handy.
- Click on the link to the form you want to complete to report your claim.
- Complete the form filling in ALL FIELDS. Missing information could result in delays in the claim being set up.
- We are a mandatory reporter to CMS (Medicare) and MUST have the full SSN for the employee.
- Press the SUBMIT button. The injury report will be submitted electronically to us.
- You will receive a confirmation of receipt by email with a copy of the FROI.
- You may email supplemental documents such as witness statements, medical reports or accident investigation forms to FROI@coverisk.com or via fax to 800-382-8891.

Cove Risk reports claims electronically on your behalf with the required state agency.

If you are unable to complete an injury report online, you can:

- Print a blank report, complete it manually, and submit it via fax to 800-382-8891 Attn: New Claims Reporting.
- Email it to FROI@coverisk.com
- Call us at 800-790-8877, option 1.

Concerned about Safety? Checkout Cove Risk's Safety Services Resources online at www.coverisk.com/safety



P.O. Box 859222-9222 / Braintree, MA 02185 / www.coverisk.com / 800-790-8877 / FAX 800-382-8891

Cove Risk Safety Services

Cove Risk Safety Services consist of:

- In person visits and safety inspections for each location as needed or requested
- Consultation over the phone and/or via email as needed or requested
- Initial Risk Assessment for Underwriting and Consultation of prospective member
- Assist with Occupational Safety & Health Administration (OSHA) regulatory compliance
- Attend Safety Committee Meetings as needed
- Coach members on safety policy/procedure writing, safety program needs, employee safety training, etc.
- Member Reviews – update members regarding their loss history and injury trends
- Advise members' key safety contacts in areas of self-inspection, behavior observations and accident investigation techniques
- Assist with Accident Investigations for serious accidents, subrogation cases, or other requests

Risk Assessments (initial and on-going services)

- Worksite Analysis
- Walking and Working Surfaces
- Warehouse Safety
- Emergency-related Hazards
- Hazard Prevention/Control
- Machine Guarding
- Ergonomic Assessments
- Shipping/Receiving
- Back Safety
- Driver Safety
- Kitchen Safety
- Power & Non-Power Tools

Safety Recommendations

Our objective is to provide recommendations that decrease risk of employee injuries and result in safety success. We focus on the top injury causes and other areas of importance:

- Back, Shoulder, and Neck (soft tissue) related injuries from overexertion or strain
- Slip-Trip-Fall Prevention (indoor and outdoor hazards) – all Walking and Working surfaces
- Prevention of cuts/lacerations and burns
- Hazard Assessment/PPE

Safety Resources (Safety Awareness For Everyone)

Cove Risk's website (member only access) has been customized for our members and is regularly growing. You will have access to resources in the form of:

- Posters, handouts, training presentations, exercises, quizzes and safety video library
- Forms, sample policies, checklists, and training tips
- Links to government websites, safety resources and helpful articles
- List of Safety Vendors that provide safety goods and services to our members

Cove Risk Safety Service Library Login Info.

Group Name	Login	Password
Association Members Workers' Compensation Trust	NH	NH123

Safety E-Blasts

- You will be added to our monthly email distribution on Safety Topics that are important to every member based on trends or different hazards presented throughout the year



SECTION 2

Insured's Responsibilities After Loss

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- Provide / obtain immediate medical attention for the injured employee if necessary.
- Follow your internal reporting procedures and complete an incident / accident report. This report should then be forwarded immediately to the person responsible for completing the “Workers’ Compensation, Employer’s First Report of Occupational Injury or Disease.”
- File the first report of injury with Cove Risk Services Claims via our website www.coverisk.com; or via fax 1-800-382-8891, phone 1-800-790-8877, or mail as soon as possible!

If the injury involves a fatality, fracture, or other serious condition, call us as soon as the ambulance leaves your premises! Also keep in mind that OSHA requires you to report the loss to them directly within 8 hours of the injury.

- Fully cooperate with the adjuster assigned to handle your losses.
- As soon as possible identify any witnesses and determine the cause of the accident. Then take corrective action so that future occurrences can be avoided.
- Notify this office as soon as the injured employee returns to work, or goes out of work on a subsequent occasion due to the injury. An “Employer’s Supplemental Report of Injury” must also be filed.
- Advise us of any other employment or work the injured employee is involved in, whether with your company, or not, as well as any prior injuries they may have sustained to your knowledge.
- Follow-up with the employee. Make it clear to them that they are missed and are needed back at work as soon as possible.
- Inform your employees of their obligations once injured. Be sensitive and responsive to their needs. Allow employees who return to work to take the needed time off to seek follow-up medical attention.
- Instill in your employees that the relationship between them, Cove Risk Services, LLC, and you is not an adversarial one.
- In the event we deny a claim, the injured worker may be entitled to Disability Benefits. Notify your disability insurance carrier and send a copy of the disability report to us. That will enable us to provide that carrier with any information they need to expedite their administration of benefits.
- Communicate with us. Advise whenever there is a change in the employee’s status, you have a situation which may warrant additional investigation, or whenever you have concerns or questions.
- Upon receipt of a notice of hearing from the Department of Labor, call your adjuster immediately to determine if you are required to attend. If your testimony is needed, please make every effort to be present. Your absence could severely compromise our defense.
- Identify and implement temporary, alternative duty whenever and wherever possible. Promote full duty return to work of all injured employees.
- Eliminate risk by identifying problem areas and taking swift corrective action.

By following these guidelines, you will find that the “soft” costs along with direct costs of claims can be minimized

Soft costs of claims include:

- Lost productivity
- Lost man-hours resulting in increased overtime expenditures.
- Departmental goals and budgets missed.
- Staffing issues such as shift coverage scheduling, and reallocation.
- Low morale for those “left behind” to pick up the slack.
- Increased similar claim volume.

SECTION 3

Return to Work Program

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In the majority of cases, return to work is accomplished in a timely fashion. As a Self-Insured employer you have accepted a greater amount of responsibility and have shown a desire to better control the Workers’ Compensation exposure to your company.

One way to control these costs is to participate in return to work programs for full and light duty capacities and to participate as a member of the recommended workers’ compensation managed care program.

As your claims administrator, we will be working with you and other team members to accomplish this goal. The other team members consist of your adjuster, vocational and rehabilitational specialists, physicians, defense counsel, and risk management associates.

A return to work program is designed to minimize the loss dollars spent by the trust by returning the employee back to work as soon as possible.

Only as a coordinated team can we maintain a successful return to work program.

SECTION 4

Rehabilitation

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The purpose of medical and vocational rehabilitation is to restore injured employees to suitable employment. To achieve this objective, it is the responsibility of all parties involved to cooperate in developing a rehabilitation process designed to promote re-employment at a level of earnings commensurate with the employee’s ability.

We will employ a managed care network which includes the services of registered nurses, or vocational counselors when applicable to facilitate the effort to return the injured worker to employment. Your full cooperation will help accomplish that result.

SECTION 5

Posting Notice

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Pursuant to section 281-A:4, the Workers' Compensation Law, you are required to post a notice (provided separately from this booklet) in a conspicuous place upon the premises advising that you are working under the provisions of the New Hampshire Workers' Compensation Law, RSA 281-A. The notice will contain the name and address of the claims administrator, the policy number and effective date of coverage. Cove Risk Services, LLC will provide these notices to you. In the event you have not received a copy of this notice of compliance by the time you receive this packet please call one of our policy services representatives at 1-800-790-8877.

SECTION 6

Forms to Be Filed By the Insured

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Copies of the following forms are enclosed for your review and use. Please retain the originals and copy as needed. Further copies may be downloaded and printed directly from the NH Dept. of Labor's website at: www.labor.state.nh.us in the left hand "Documents" option and then in the "Forms" sub-option. Then click on the "Workers' Compensation" option and choose the desired form.

Incident Report - As part of our continuing commitment to our customers' needs, we have developed a standard Incident Report to assist your initial investigation and information gathering effort. The claimant will complete the majority of the form, thereby freeing the supervisor to complete his/her section to verify the circumstances and to determine if any follow-up action will be necessary. Accompanying the incident report is a medical authorization form that the claimant must sign. This authorization enables us to obtain pertinent medical information on the individual which will expedite our management of the claim.

Employer's First Report of Occupational Injury or Disease (form 8WC) - In the event you decide to call in your claims we will complete the first report for you. The time required for this call can be minimized by your prior completion of the "Incident Form" noted above since it contains all the information necessary to convey to us for the first report. NH Workers' Compensation Law (Section 281-A:53) states: The Employer's First Report of Occupational Injury or Disease (Form 8WC), must be filed as soon as possible, but not later than 5 days after the employer learns of the occurrence of such an injury.

Employer's Supplemental Report of Injury (form 13WCA) - If an injury results in a disability extending beyond three days, the employer shall file with the commissioner a supplemental report (Form 13WCA) giving notice of such disability as soon as possible after such waiting period, but no later than seven days after the accidental injury if the first report of injury did not already indicate that lost time was occurring. The supplemental report must also be filed immediately when an employee returns to work following a work related disability, or when subsequent periods of related disability occur.

Wage Schedule (form 76 WCA) - The wage schedule is completed by the employer to outline wages earned during the 26 weeks prior to a work related injury. It is this schedule from which the Average Weekly Wage is established and which determines the compensation wage rate for the duration of the claim. It must be filed no later than the injured worker's fifteenth day of disability resulting from a work related injury.

Job Analysis Form - This is a Cove Risk Services, LLC form used to capture a description of the employee's actual job duties. You will receive this form from us whenever an employee is, or is expected to be on an extended period of disability. We will use the form to obtain an early return to work release from the employee's attending physician. Once you have completed it, we will forward it to the doctor at the appropriate time and request that (s)he review the job description and comment on whether the employee may return to work in the capacity outlined. If the doctor agrees, then (s)he simply signs the bottom and releases the employee back to work.

The form should be completed either by Human Resources, or ideally by the direct supervisor. After you become familiar with the form it should only take about ten minutes to complete. It also has a legend on the back that defines the terms utilized to describe the employee's activities at work.

Similarly, we use this form when the attending physician has already indicated that the employee is ready to return to work, but with physical restrictions. The job analysis can then be used to tell the doctor what job you have available for the employee. Rather than completing the form with the employee's regular duties, fill it out with the parameters of a light duty job according to the doctor's restrictions. Once we receive the form we will forward it on to the doctor. Since (s)he has already indicated the employee has a partial disability and can do some form of work with restrictions, if you describe a job that mirrors those restrictions then we stand a much better chance to obtain a return to work release from the doctor.

If your organization already has a light duty program in place this form may be a good supplement to that program. If you are already utilizing a form similar to this one on a regular basis, please contact us when you plan on using your own so that efforts are not duplicated. Finally, if you do not have a light duty program but wish to implement one, please contact us and we will assist you in developing one.

Should you have any questions, or concerns during the course of completing any of these forms, please call us and speak directly with your dedicated claims professional at 1-800-790-8877.

SECTION 7

First Aid/Record Only Claims

In some circumstances the injury that has been sustained by an employee will be minor with no lost time attributed to the injury. When this occurs, you may have the option to pay the bills yourself, or submit them to us to pay under a “Medical Only”, claim file.

New Hampshire Lab rule 502.09 defines a “first aid” case as one that requires only a “...one-time treatment that generates a bill less than \$750.” You as the employer may choose to take advantage of the option to pay the medical bills yourself for work related injuries which meet the definition of a “first aid” claim. If you choose this option, you may still report the claim to Cove Risk Services, LLC as a “Record Only” claim. A “Record Only” claim at Cove Risk Services, LLC is exactly that. A claim number is assigned to it, but it stands as an unreserved, closed case.

Reporting qualified claims as “Record Only” affords employers several benefits:

- Once a claim has been reported and created by Cove Risk Services, LLC as a “Record Only” case, you may then forward any medical bills received from treatment of that injury to Cove Risk Services, LLC to review for proper billing practices to ensure any workers’ PPO network discounts are applied to the fee prior to your payment of those fees.
- Once the medical fee has been reviewed, the bill and the “Explanation of Review” are returned to you to then pay the recommended allowance to the medical provider.
- Any questions, or issues medical providers have in relation to the reduction of their fees are directed to the medical bill review service for response, thereby removing you from billing issues.
- Reporting all minor injuries as “Record Only” claims and collecting information regarding that group of claims can be an effective risk management tool by assisting in loss trend analysis. Locations and causes of groups of claims can be more readily identified and prevented, thus, working to avoid the possibility of a major loss caused by the same circumstances.

Once you have decided to submit a claim as “Record Only,” the process is simple. Complete and forward the first report as you would normally, but clearly indicate “Record Only” in the injury description. If there is any question on your part as to whether an injury should, or shouldn’t qualify as a “Record Only” claim, we encourage you to call and discuss the case with your claims professional at Cove Risk Services, LLC prior to reporting it.

Tip: see page 24 in this claims kit for more info.on Record Only

SECTION 8

Claims Review Meetings

As your claim administrator, Cove Risk Services, LLC will provide claims and risk management liaisons to review cases, or special circumstances which occur due to a loss.

Many such discussions can be handled over the phone, but when a more-in-depth meeting is needed, appointments can be scheduled for you.

SECTION 9

Cove Risk Services, LLC Duties

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- Upon receipt of the loss, we will initiate contact with you within one business day to begin the information gathering process and investigation into compensability, lost time, or any other questionable elements of the claim.
- Assignment of a dedicated nurse to initiate triage and to contact the attending physician, claimant and you when appropriate.
- On site investigations performed as required.
- Immediate contact with the employee by the adjuster to obtain a statement, review benefits and request documentation such as a medical authorization.
- Continuous contact with the employee while (s)he is out of work to review their progress and to facilitate return to work efforts.
- Regular contact with the attending physician to review treatment plans and return to work dates.
- Coordinate any related services the claim may require, such as independent medical exams, special investigators and defense counsel.
- Reduce attorney representation by educating injured employees and being available to answer their questions.
- Pay what we owe and defend against non-meritorious claims.
- Pursue all types of financial recovery that arise. Whenever an opportunity arises to collect money from another party, we will aggressively pursue it.

SECTION 10

Cost Containment

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All bills that are received from medical providers are audited to make sure they are properly coded and related to the injury of record. Any workers' compensation PPO discounts are also applied.

Certain red flags are provided to us through this process. We are alerted to treatment frequency issues routinely involving chiropractors and physical therapists. We are alerted when an independent medical exam (IME) is required and also to providers who are chronic "abusers" of the set guidelines for billing practices. Watching for these red flags allows us to keep the cost of medical care to a minimum.

We also utilize a radiological service network that provides certain diagnostic tests at reduced rates. Normally CT scans, MRI's, and bone scans are covered by this service.

SECTION 11

Defense Control

As required by the Workers' Compensation Law, Cove Risk Services, LLC will appoint defense counsel to represent your interests at all workers' compensation proceedings involving the NH Department of Labor. Our expert claims professionals will always be involved in the litigation process and will coordinate any defense counsel activity.

SECTION 12

Employee Benefits

Your employees are entitled to certain statutory benefits once we have accepted liability for the claim. They include, but are not limited to:

- Medical treatment for any condition related to the injury for as long as it is necessary. The law allows medical treatment to be available to the employee for life as long as they can show it is reasonable and related to the original accident.
- Payment of their lost time up to the current, statutory maximum rate. The exact benefit is calculated using 60% of the average weekly earnings for the 26 weeks prior to the injury.
- Partial wage benefits, or reduced earning rates to compensate the employee for lost income when a return to work results in a lower paying job.
- Continued payments to the employee on a weekly or lump sum basis for permanency awards.
- Rehabilitation in the form of vocational or medical counseling.
- Death benefits to spouses and dependents and burial expenses.
- Replacement of eyeglasses, false teeth, or prosthetic devices damaged as a direct result of an injurious accident. Also, reimbursement will be made for causally related prescriptions, medical equipment, and mileage for doctor's appointments. (Benefits do not include lost wages for time lost due to medical treatment).

Waiting period: This is not a benefit, but a requirement of the law you should be aware of which affects your employees' benefits. There is a three day waiting period for lost time benefits only. However, benefits are payable retroactively to day one when the lost time exceeds 14 days. Medical treatment is payable immediately regardless of the amount of lost time.

SECTION 13

New Hampshire Dept. of Labor, Workers' Compensation Division

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NH Department of Labor
Workers' Compensation Division
95 Pleasant Street
Concord, NH 03301

Division Contact Numbers

Coverage:	(603) 271-2042
Claims:	(603) 271-3174
Vocational Rehabilitation:	(603) 271-3328
Self – Insurance:	(603) 271-6172

SECTION 14

Conclusion

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The Claims procedures outlined in this manual are to be viewed only as a guideline and are not to be construed as a substitute for the law or legal advice. They are not intended to reduce an employer's responsibility under applicable state and federal safety laws.

The Workers' Compensation law governs claim reporting requirements and forms to be used in the administration of claims. Our claims administration policy is to ensure correct and timely payment of employee's claims, and to satisfy the New Hampshire regulations.

The Employer's First Report of Occupational Injury or Disease (form 8WC) and the Employer's Supplemental Report form (13WCA) are the most common forms you will be submitting to us. The first report of injury must be filed with us as soon as possible after the injury occurs. We have an immediate contact policy and, therefore, it is critical that the report be in our hands promptly so that we may investigate and either pay, or deny the claim timely. Our claim professional will contact you, or the supervisor, the injured worker and the attending physician. Please do all that is possible to provide as much information as soon as possible to us. This will enable us to conclude our investigation much sooner, pay, or deny the claim more quickly and reach the most timely and acceptable resolution.

Please call us at any time to discuss any questions, or concerns you have regarding the information enclosed, or regarding specific claims issues. **Call us at 1-800-790-8877.**

Association Members Workers' Compensation Trust

P.O. Box 859222-9222 / Braintree, MA 02185 / (781) 843-0005 / 800-790-8877 / Fax (800) 382-8891

Supervisor's Investigative Report

This is a follow-up report used to identify and correct conditions or practices which have led to an employee work-related incident.

Employer's Name: _____

I. GENERAL INFORMATION

Employee Name

Department

Supervisor Completing This Form

Date of Incident

Date Supervisor Notified

II. INTERVIEW WITH FIRST PERSON NOTIFIED OF INCIDENT

Name of Person

Date Person was Notified

III. INTERVIEW EACH WITNESS (Name and Statement)

IV. WHERE DID THE INCIDENT OCCUR?

V. DESCRIBE WHAT HAPPENED AND THE REASON(S) INCIDENT OCCURRED

VI. WHAT ACTION WAS TAKEN TO PREVENT A RECURRENCE?

VII. SIGNATURE

Signature of Supervisor Completing Form

Date Completed

Signature of Safety Officer

Date Reviewed by Safety Committee

VIII. IMPORTANT

If equipment or machinery was the cause of the incident, please advise the claims department of any service contracts.



Claim Number:
Date of Injury:

Authorization to Disclose Health Information

Patient Name: _____ DOB: _____

- I authorize the use or disclosure of the above named individual's health information as described below.
- The individuals or organization listed below are authorized to make disclosure.
- The type and amount of information to be used is as follows: **Medical records, office notes, pharmaceutical records, x-ray films, MRI films, CAT Scans, other radiological films and medical bills concerning my medical treatment arising out of or prior to the date of injury.**
- This information may be disclosed to and used by the following individual or organization: Cove Risk Services, LLC PO Box 8599222-9222 Braintree, MA 02185 for the purposes of a legal workers' compensation claim.
- I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the person or entity I authorized to release my information. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire at the closure of my pending Workers' Compensation Claim.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules.
- I authorize Cove Risk Services, LLC, its agents or assigns to communicate or correspond with my treating doctors for purposes of medical history, diagnosis, treatment, degree of disability, ability to return to work or permanency.
- A photocopy of this authorization shall be considered as effective and valid as the original

Name and Address of Medical Provider: _____

Name and Address of Medical Provider: _____

Name and Address of Medical Provider: _____

Signature of Patient _____

Date: _____

P.O. Box 859222-9222
Braintree, MA 02185
800-790-8877 . 800-382-8891 Fax
www.coverisk.com

Tip: File this form online at <https://www.coverisk.com/sitemap/nh-froil>

Cove Risk will file this form with the NH Department of Labor on your behalf.



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

NH DOL USE ONLY

Return to: C/o Cove Risk Services, LLC
P.O. Box 859222-9222, Braintree, MA 02185 or fax 800-382-8891

IMPORTANT; Every employer shall file this report as soon as possible after knowledge of any occupational injury or disease to an employee, but no later than five days thereafter. Notice of disability of four or more days shall be filed no later than seven days after date of injury on Supplemental Report Form No. 13WCA. Failure to comply with any or all of the above carries a civil penalty of up to \$2,500.00. RSA 281A:53.

PLEASE TYPE OR PRINT. ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED.

EMPLOYEE INFORMATION

EMPLOYER INFORMATION

1. Name of injured: First Middle Initial Last		2. DOB:	3. Age:	4. Male _____ Female _____	5. SS No.:
6. Address: No. & St. City/Town		7. State:	8. Zip Code:	9. Tel. No.:	
10. Is there on file a N.H. Youth Employment Certificate?:	11. Occupation when injured:	12. Was this his/her regular occupation? 13. Wages per hr.: If not, state regular occupation:		14. No. hrs. worked per day:	
15. No. days worked per week:	16. Average Weekly Earnings:	17. Was injured hired in N.H.?	18. Date employment began:	19. Date & Time of Injury:	
20. Date disability began:	21. Was injured paid in full for this day?	22. Date supervisor/employer was first notified:	23. Name of Person notified:	24. Location/Jobsite where accident occurred:	
25. Describe fully how accident occurred and describe what employee was doing when injured:					
26. Name of witness(es):			27. Part(s) of body injured:	28. Estimated length of disability:	
29. Has injured returned to work?	30. If so, what date?	31. At what occupation or job?		32. Returned at: Full Duty: _____ Alternative/Light Duty: _____	
33. Equipment causing injury:		34. Were safeguards in place?		35. Was accident caused by injured's failure to use safeguards or follow regulations?	
36. Initial Treatment: (check those that apply) No medical treatment: _____ Care provide by Employer only (on-site): _____ Emergency care: _____ Hospitalized: _____ Other: (Outpatient): _____ (Clinic): _____ (Office Visit): _____ (Other-explain): _____					
37. Name of treating physician: Name of treating hospital:			38. Has injured died? If so, what date?		
39. Legal Business Name and/or D/B/A or Leasing Company Name:		40. Employers Federal ID:	41. If leased or temporary worker, client's business name:		
42. Business Address of No. 39 above:		43. City/State:		44. Zip:	
45. Telephone Number:	46. Insurance Co. (not agent) or Self Insured Group:		47. Managed Care Program? Y or N. If yes, name Provider:		
48. No. of Employees: Full-time: Part-time:		49. Is there a Written Safety Program in force?		50. Is there an active Safety Committee?	
51. Business SIC Code	52. Type or Nature of Business in N.H.:		53. If report sent by Insurance Agency, state name:		
54. Employer Signature:			55. Printed/Typed Name and Official Title:		
56. Employee Signature (whenever possible):			57. Date of this report:		

Tip: File this form online, [Form 13 WCA](#)

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
Employer's Supplemental Report of Injury

This report, indicating disability of an employee of four or more days, shall be filed as soon as possible after date of knowledge of an occupational injury or disease, but no later than ten days thereafter. Consistent failure to make this report available to the labor commissioner and the nearest claims office of your insurance carrier carries an automatic civil penalty of up to \$100.00. (RSA 281-A:53) This report shall also be submitted upon employee's return to work.

1. Name of Employer _____ Employer's Identification No. _____
(9 digit number assigned by proper Federal Agency)

2. Address _____
(No. and St.) (City and State) (Zip Code)

3. Insured by _____

4. Name of Employee _____
(First Name) (Middle Initial) (Last Name) (S.S. Number)

5. Address _____
(No. and St.) (City and State) (Zip Code)

6. Date of injury _____ 20____

7. Date Disability began _____ 20____ A.M. _____ P.M. _____

8. _____
(Specific dates of disability)

(Specific dates of disability)

9. Has injured returned to work? _____ if so, date and hour _____ A.M. _____ P.M. _____

10. Is injured person earning same wages as before injury? _____ If not, explain _____

Date of Report _____

Signed by _____

Official Title _____

Tel. No. _____

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
 CONCORD, N.H. 03301

WAGE SCHEDULE

Employee _____
 (NAME)

Date of hire _____ Wages per hour _____ Avg. wkly. earnings _____

Employer _____
 (NAME)

Address _____
 (NO.) (STREET) (CITY-STATE)

EMPLOYER MUST FORWARD TO INSURANCE CARRIER BOTH COPIES OF THIS SCHEDULE AND CARRIER'S COPY OF THE SUPPLEMENTAL REPORT FORM NO. 13 WCA NO LATER THAN EMPLOYEE'S FIFTEENTH DAY OF DISABILITY RESULTING FROM INDUSTRIAL ACCIDENT.

THIS WAGE SCHEDULE IS FOR 26 WEEKS PRIOR TO DATE OF INJURY AND MUST BE FILED WITH DEPARTMENT OF LABOR BY INSURANCE CARRIER TOGETHER WITH 9 WCA

WEEK ENDING	1	2	3	WAGES
	GROSS EARNINGS	OTHER ADVANTAGES <small>(See Wages Definition)</small>	TOTAL <small>Columns 1 & 2</small>	
1.				In addition to money payments, means reasonable value of board, rent, housing, lodging, fuel or similar advantage received from the employer, and gratuities received in the course of employment from others, but not including any sum paid by the employer to cover any special expenses entailed on the employee by the nature of his employment. Please provide a brief explanation for weeks with no wages. RSA 281-A:2, Par. XV.
2.				
3.				
4.				
5.				
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23.				
24.				
25.				
26.				

Carrier Name _____

 (EMPLOYER'S SIGNATURE)

Address _____

 (TITLE)

Dept. Approval

Date _____



To Be Completed by Employer/Rehabilitation Specialist:

Claimant Name: _____ Claim No.: _____
 Job Title: _____ D.O.T. No.: _____
 Firm Name & Address: _____
 Union: _____
 Supervisor Contact: _____ Phone No: _____
 Work Schedule (hours, days/week): _____ Seasonal? Yes No Wage: _____
 Job Summary/Description of Tasks: _____
 Education/Training: _____
 Modifications Available: _____

Physical Demands: (See back for instructions.)

■ In an 8-hour day, employee is required to: (Please circle appropriate number of hours.)

								Indicate if activity is:			
								Intermittent	Continuous		
Sit	1	2	3	4	5	6	7	8	Sit	<input type="checkbox"/>	<input type="checkbox"/>
Stand	1	2	3	4	5	6	7	8	Stand	<input type="checkbox"/>	<input type="checkbox"/>
Walk	1	2	3	4	5	6	7	8	Walk	<input type="checkbox"/>	<input type="checkbox"/>
Drive	1	2	3	4	5	6	7	8	Drive	<input type="checkbox"/>	<input type="checkbox"/>

■ Employee is required to lift/carry: (Please check as appropriate.)

	Never		Occasionally		Frequently		Continuously	
	Lift	Carry	Lift	Carry	Lift	Carry	Lift	Carry
0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ **Repetitive Motion:** Employee is required to use upper extremities for repetitive: (Please check as appropriate.)

	Simple Grasping		Firm Grasping		Fine Manipulation		Pushing and Pulling	
Right	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Left	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employee is required to use lower extremities for movement such as foot controls: (Please check as appropriate.)

Right Yes No Left Yes No

Employee is required to: (Please check as appropriate.)

	Never (0%)	Occasionally (1-33%)	Frequently (34-66%)	Continuously (67-100%)
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb (Height: ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch/Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach (Overhead? Y/N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Body Part: _____ Degrees: _____

■ **Environmental Conditions:** Inside: _____ % Outside: _____ %

Temp. Extremes Fumes Odors Dust Mist Ventilation Fans

Noise/Vibration: _____

Hazards: _____

Machines, Tools, Equipment, & Work Aids Used: _____

■ Analysis Performed By: _____ Date: _____

Reviewed By: (Manager) _____ Date: _____

Comments: _____

■ **To Be Completed By Physician:** Job Approved Job Disapproved

State Reasons _____

Signature: _____ Date _____

INSTRUCTIONS

Definitions of Terms

.....

The physical demands (PD) reflect both the physical requirements of the occupation and the physical capacities a worker must have to meet those requirements. When completing the form, identify all physical demand factors considered critical or important for average, successful work performance. The absence of a factor indicates that the activity is not critical or important for the successful job performance. When completing the job analysis form, please use the definitions provided below as reference.

BALANCE – work activities require a state of equilibrium to ensure safety. This factor is important if the amount and type of balancing exceed that needed for the ordinary locomotion and maintenance of body equilibrium.

BEND – work activities requiring the body or a part of the body to assume a curved or crooked position.

CARRY – transporting an object, usually holding it in the hands or arms or on a shoulder.

CLIMB – work activities requiring the physical ascent or descent of ladders, stairs, scaffoldings, ramps, poles, and the like, using feet and legs and/or hands and arms.

CRAWL – work activities requiring movement on hands and knees or hands and feet.

CROUCH/SQUAT – work activities requiring the body to bend downward and forward by bending legs and spine.

DRIVE – operate controls on machinery or equipment entailing the use of one or both arms or hands and/or one or both feet or legs.

ENVIRONMENTAL CONDITIONS – the physical surroundings of a worker for a specific job.

KNEEL – work activities requiring the body to bend legs at knees to come to rest on knee or knees.

LIFT – raising or lowering an object from one level to another (includes upward pulling).

REACH – work activities requiring the extension of hand(s) and arm(s) in any direction.

REPETITIVE MOTION – movement of the body or a body part in a repeating manner.

SIT – remain in the normal seated position.

STAND – remain on one's feet in an upright position at a workstation without moving about.

TWIST/ROTATE – work activities requiring the turning of a body part changing the direction of the body part to perform the job.

WALK – moving about on foot.

CATEGORIES

NEVER – not a requirement for this position.

OCCASIONALLY – required routine activity performed 0 to 3 hours of the 8-hour workday.

FREQUENTLY – required routine activity performed 3 to 6 hours of the 8-hour workday.

CONTINUOUSLY – required routine activity performed 6 to 8 hours of the 8-hour workday.

REPETITIVE MOTION

SIMPLE GRASP – light gentle holding motion of the hand with minimal force.

FIRM GRASP – steady, secure holding motion of the hand-exerting medium to maximum force

FINE MANIPULATION/FINGERING – picking, pinching, delicate, dexterous movement of the fingers

PULLING – exerting force upon an object so that the object moves toward the force (includes jerking).

PUSHING – exerting force upon an object so that the object moves away from the force (includes slapping, striking, kicking, and treadle actions).

Accident Investigation & The Claims Process



1.

Purpose of an Accident Investigation

- Determine root causes and underlying causes
- Keep employees healthy and safe
- Spot trends — prioritize
- Make necessary safety improvements
- Create employee awareness & expectations



2.

4 Key Components to an Accident Investigation

ALWAYS use a systematic approach...

1. Prompt caring reaction and response
2. Collect data
3. Analyze the data
4. Develop Corrective Measures

3.

Beginning the Investigation

- Designate an investigator (or a team)
 - This should be one of this persons key responsibilities
 - Should have a good working knowledge of operating procedures.
- Be equipped with the right tools to do the job thoroughly



4.

Interviews

- Excellent source of first hand knowledge
- Interview employees individually (never as a group)
- This is a “Fact-Finding” mission, NOT “Fault-Finding”
- What happened leading up to and after the accident
- Witnesses must describe the accident in their own words
- Don't be defensive or judgmental
- Use open-ended questions (avoid the one word response)

5.

Problem Solving Techniques

- Use the following steps in this method:
 - Define the problem (What happened?)
 - Establish the norm (What should have happened?)
Review your JHA's (Job Hazard Analyses)
 - Identify, locate, and describe the change (what, where, when, to what extent)
 - List the possible causes (5 why's)
 - Select the most likely causes



6.

Investigation Report

Recommendations for immediate and long-term corrective actions

1. Engineering Controls
 - a. Design Change
 - b. Machine Guards
 - c. Lifting Devices
2. Administrative Controls
 - a. Policy
 - b. Training
 - c. Accountability
3. Personal Protection Equipment (PPE)
 - a. Gloves
 - b. Eye Protection
 - c. Safety/Steel Toe
 - d. Respirator

7.

Safety Summary

Key Points to Remember

- All incidents should be investigated immediately
- Identify **ROOT CAUSES** (5 why's)
- Document everything – use investigation tools!
- Determine Correction Actions and Communicate
- Implement new controls
- **ULTIMATE GOAL – Prevent future occurrences**

8.

Employer's Role

- **Communicate/Collaborate** with Claims Dept.
- **Understand** the employee's mentality
 - Physical Pain
 - Financial Insecurity
 - Resentment
- **Stay in touch**, send a card.
- **Think** Modified Duty



9.

Modified Duty

- **What is it?** Limited work on a transitional basis.
- **What kind of work?** Any task that falls within their restrictions. This includes work in other departments. Be Creative!
- **Hours and Pay?** It does not have to be their regular hours and regular pay. We make up the difference.
- **How long?** Reviewed on a case by case basis, but generally it should not last longer than 60 days.

10.

Benefits of Modified Duty

- Studies have shown that those who return to work on modified duty seek less medical treatment and recover more quickly than those that wait until they are capable of full duty work.
- It keeps them in a healthy routine and prevents malingering.
- Physicians utilize it as part of the rehab process (AKA work hardening) and are more likely to return patients to full duty sooner.
- It saves money!



11.

How to Report a Claim

- Designate one person in the company responsible for reporting new claims to Cove Risk.
- Gather all demographic and factual information.
 - Date of Hire, SSN & date of birth are all required
- Using Internet Explorer, report injuries on line at www.coverisk.com.
- You may also report claims:
 - **fax** 800-382-8891
 - **email** foi@coverisk.com
 - **phone** 800-790-8877



12.

Reporting Requirements

- All Claims: Even if your internal investigation is not complete: report to Cove Risk ASAP
- Timeliness is Key
- Lost Time Claims: Disabled for 5 **calendar** days
 - If everyone waits until the last minute then the injured employee can go as long as 26 days before first check is mailed.
 - Late payments increase the chances of Attorney involvement

13.

Claims Administrator

- 3 point contact
Employer | Employee | Medical Provider



14.

Claims Tool Box

- Employer
- Treating Physician
- Independent Medical Examination
- Surveillance
- Central Index Bureau
- Pay Without Prejudice Period
- Modified Duty
- Medical Case Manager
- *Loss Control*



Tip: Ask our claims department if the Record Only program is right for your business.

Cove Risk's Self-Pay (Record-Only) Program

Purpose: To Improve the Organization's Experience Rating or Experience Modification Factor, which often results in lower Workers' Compensation Premiums.

Frequency, even more than severity, is a key driver in Experience Modification calculations. By self-paying smaller (medical only) claims, under \$1,000 (you decide the amount), those claims would be removed from your experience modification reporting, which may result in premium savings that far exceeds the self-paid amounts.

Types of claims that qualify: Medical only, First Aid claims, or any injury that requires only one or two treatments. Typical qualifying claims would be minor cuts, needle sticks, bruises, sprains or strains.

Additionally, any claimant losing *more than 5 calendar days of work* will be entitled to lost time indemnity benefits, and those "Lost Time" claims do not qualify for Self-Pay.

Of further note: If the claimant is going to need Physical Therapy or Chiropractic treatment, the claim would not be a good candidate as a Self-Pay (Record-Only) claim, as the course of treatment will likely exceed the standard \$500-\$1,000 self-pay limit.

Procedure: When minor claims are reported to the employer, the Employer's claims contact will report the claim to Cove Risk Services. Cove Risk will review claims submitted by the insured to identify potential qualifying claims.

Upon receipt, Cove Risk will set the claim up as Self-Pay (Record-Only). When medical bills are received, they will be rated to the Industrial Accident Board Rate (if applicable), which is often a reduced rate of payment established for workers' compensation. An Explanation of Benefits (EOB) will be generated, and Cove Risk will send the EOB to the insured with instructions to issue payment directly to the medical provider.

If a claim that initially appeared to be minor ends up being more severe or involving lost time (beyond 5 days), thus disqualifying it from Self-Pay, we can change the claim status and Cove Risk will pick up claim payments from that point forward. Additionally, if a claim is originally set up outside of Self-Pay (Record Only) but later qualifies, if *we have not paid any bills*, we can change it to a Self-Pay (Record-Only) upon request. However, when medical bills have already been paid, *we cannot* change to Self-Pay (Record-Only).

Keep in mind, because there is no financial transaction running through our system, we are not able to track Employer costs related to Self-Pay (Record-Only) claims. We encourage employers who wish to track these expenditures to establish an internal system for tracking the payments they self-pay.

Feel free to reach out to a Cove Risk Claims Adjuster with questions. 800-790-8877

FAQs for Cove Risk's Self-Pay (Record-Only) Program

The Self-Pay (Record-Only) program is NOT a deductible program. If the claimant has continued treatment (such as physical therapy or chiropractic), the claim would not qualify for the Self-Pay (Record-Only) program.

In Massachusetts, if the bills are rated to the Department of Industrial Accidents (DIA) fee schedule and come back in excess of the Record-Only cut-off – the claim would not qualify for Record-Only, and Cove Risk would pay the bill directly on behalf of the insured.

If we have sent an Explanation of Benefits (EOB) with a medical bill to the employer for self-pay and we are notified that the claimant requires additional or ongoing treatment which will cost in excess of the Self-Pay (Record-Only) cut off, we will notify the employer not to pay the bill. In such cases, Cove Risk will pay the bill on behalf of the insured.

Important Note: We cannot reimburse the employer for any payments made under the Self-Pay (Record-Only) program in the rare event that the claim worsens or if a subsequent bill is received that at DIA rates will be in excess of the self-pay cut-off. However, be assured in our experience, we are astute at determining which claims are a “one and done” injury and which might result in have ongoing treatment.

Important Note: The adjuster tracks the amount paid on individual claims to determine whether or not (in the case of multiple bills) a bill will be above the self-pay cut off. However, because there is no financial transaction in our system, we are unable to provide a report of total Self-Pay (Record-Only) payments made by the insured during a policy year. Therefore it is up to the insured to track out of pocket payment totals.

In the majority of cases that qualify for Self-Pay, there is one visit to a medical provider and the claimant is not in need of any follow up care. Claims that are likely to exceed the Self-Pay cut off due to ongoing treatment shall be treated as a Medical-Only claim from day one.

This is **not** a deductible plan. As such, we are not able to allow an insured to self-pay the “first \$500 and then Cove Risk will pay the balance”. It is very unusual for a claim identified for Self-Pay to change status and no longer qualify. Cove Risk will assist each insured with identifying proper claims for the Self-Pay (Record Only) Program.

Examples:

1) Insured has elected to self-pay bills up to an amount of \$500. Claimant twists ankle and goes to the Emergency Room, resulting in minor sprain with no lost time, and no follow

FAQs for Cove Risk's Self-Pay (Record-Only) Program *continued*

up expected. Claim qualifies for Self-Pay (Record-Only). Bills are received and reviewed by Cove Risk and rated to the proper state fee schedule (if any). Bills are then forwarded to the insured for direct payment. Insured calls to report the claimant is still having pain, while a repeat x-ray shows a slight fracture. Claimant is now in a cast. Insured will be instructed NOT to self-pay further bills. The claim shall be converted to Medical-Only and all further bills are paid by Cove Risk as part of an open claim.

2) Claimant while lifting boxes feels low back pain and is referred for physical therapy by Primary Care Provider (PCP). Claim does not qualify for Self-Pay (Record Only) and is set up as a Medical-Only claim because bills will exceed any self-pay threshold.

3) Claimant twists knee but has a history of prior knee surgery. Claimant seeks treatment at the Emergency Room and no follow up appears to be needed. Knee is better, but we receive bills for treatment exceeding the self-pay threshold (typically \$500-\$1,000). The claim is converted to Medical-Only and Cove Risk pays further bills as part of an open claim.

Cove Risk's Self-Pay (Record Only) Program is a unique benefit that allows Insureds to remove qualifying claims from their experience reporting. Such a program is not available through traditional insurance carriers and is often an unique offering of self-insured groups. We are glad to be able to provide the benefit of this program to our many Insureds.

For further questions feel free to reach out to a Cove Risk Claims Adjuster with questions. 800-790-8877



P.O. Box 859222-9222
Braintree, Massachusetts 02185

800-790-8877
FAX 800-382-8891

www.coverisk.com