

# Worker's Compensation Guidance

## History of Worker's Compensation Coverage

Worker's Compensation is the oldest insurance program in the United States. With the rapid growth of industrial jobs in the early twentieth century, workplace injuries become more common. Prior to the establishment of worker's compensation, the only recourse an injured worker had was to sue his or her employer to pay for medical expenses and recover wages for lost earnings. Worker's usually lost these cases because it required the worker to prove that the injury occurred because the employer was negligent.

Worker's Compensation coverage is mandated in most states but there are some exceptions and exemptions. Worker's Compensation is a "no-fault" system under which a worker no longer has to prove negligence on the part of the employer.

Worker's Compensation coverage is to provide treatment for workers who are injured on the work site and covers medical expenses, lost wages if incurred (not often with MCC members), and compensates the worker for any permanent disfigurement or disability arising from the workplace accident.

Worker's compensation generally does not cover individual illnesses like colds or the flu, hygiene issues resulting in yeast infections, ingrown toenails, etc., as they are hard to prove as "work related". Worker's compensation does not cover injuries resulting from activities outside of the workplace.

## Workers Compensation at MCC

- MCC provides coverage for staff, AmeriCorps members and youth expedition members. MCC does not cover volunteers.
- Montana State Fund, MCC's Workers Compensation provider, operates in the interest of fairness to both worker and employers. They are not invested in protecting one party over the other.
- Montana State Fund determines if a claim is accepted or denied. MCC staff does not have the ability to make claim determinations; they are made by a team of professional examiners and, in some cases, legal experts.
- When a claim is filed you will receive a claim number, this is not acceptance of the claim. When you open a claim you must respond to State Fund's requests in a timely manner. You will receive several items in the mail, this is their primary method of communication. It is important that you provide an accurate address and open your mail.
- Types of work place injuries:
  - Occupational Injury – incident occurred at a specific time on a particular date
  - Occupational Disease – chronic ailment that occurs as a result of work or occupational activity. Must show that the ailment was caused by the worker being in the work environment.

## Health Insurance for Members

- Health insurance covers general health care costs not connected to the workplace.
- MCC offers a health insurance policy at no cost to members for those enrolling in a 1700, 1200, 900, or 675-hour AmeriCorps term of service.
- Participants are enrolled after 30 day probation period; returning MCC members who were covered through MCC during the year immediately prior will be covered on their start day.
- The Corps Network Insurance Plan
  - <https://4studenthealth.relationinsurance.com/plan/tcn-health-plan-for-members-2018-2019-1349/>
  - \$ 100 deductible, typically pays 80% up to \$ 2,000 out of pocket maximum
  - Unlimited lifetime maximum benefit for each injury or sickness
  - Prescription Coverage: provided but can still be expensive if non generic. Authorization may be required for some drugs.

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## Guidance for Staff

### To File or Not To File:

Generally it will be clear as to whether or not a potential claim is work-related. However there are times when it may be difficult to discern (illnesses, traveling, lingering soreness, recreational activities). In those circumstances:

- Contact the State Office staff to see if there is an existing precedent or similar incident to use for guidance.
- Remember, it is not the responsibility of MCC staff to determine the eligibility of the claim; State Fund has a team of professionals for that purpose.
- If you have reason to believe a claim is not valid and the member/staff insists on submitting it, utilize the "I have reason to question this claim" box located on the First Report Form.

### Why must a First Report be submitted so promptly?

Submitting a First Report quickly generates a claim number, something the patient will be requested to provide for billing purposes. The claim number can be generated even without patient/staff signatures. Filing online is best for this.

When there is a delay in providing a claim number, a variety of issues can arise: members are billed directly from their medical providers resulting in bills going into collections and additional paperwork, medical providers contact State/Regional Offices for payment, member/parent health insurance is billed resulting in a questioned claim and additional paperwork, etc. Additionally, submitting First Reports after an individual has received medical care creates more work on behalf of State Fund staff and could potentially raise unnecessary red-flags for our account.

### Why must the State Office be notified so quickly?

In many ways, when a First Report is filed and a member/staff seeks medical care, MCC "opens" a claim as well:

- Workers Compensation documents are kept on file to answer questions from State Fund, State Staff, and the claimant-sometimes years down the road, sometimes the day after the incident.
- First Reports are used as notification to Senior Staff of a potentially serious field incident that may require follow-up. Timely reporting insures timely follow-up, if needed.
- First-Reports and corresponding documentation are used to generate OSHA reports, a mandatory practice.
- Corresponding Incident Reports are used by the Risk Management Committee for many of their responsibilities.

### Why it serves you and MCC to have records in the State Office:

- State Fund communicates with the State Office by copying staff on all written correspondence with the claimant. With accurate and timely records in place, State Staff is able to assist in claim navigation on behalf of the claimant and the organization. This correspondence generally begins within a week of filing.
- State Office staff meets with State Fund representatives quarterly to review claims, identify any trends and potential mitigations strategies and address any issues that might have come up.
- State Office staff members are responsible for meeting with State Fund annually to review our policy and discuss our insurance premium which is partly dependent upon our incident record. Having thorough records in place allows us to respond specifically to questions and demonstrate our commitment to quality and safety.
- The State Office receives various calls regarding Workers Compensation claims (State Fund, claimants, care providers). When accurate records are in place those calls are handled promptly.