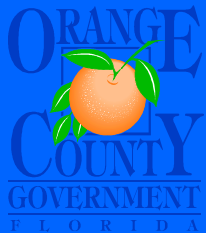
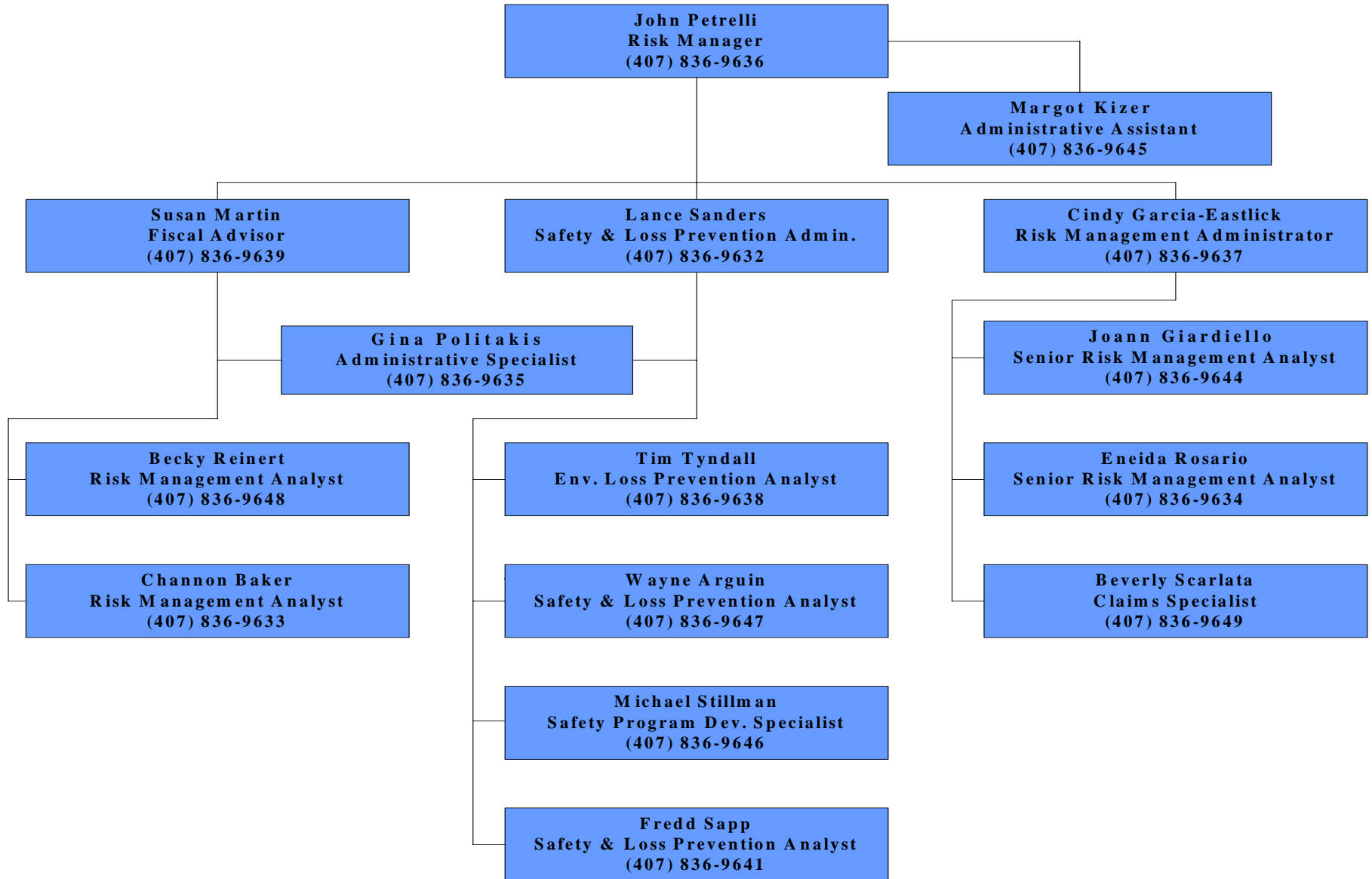


Risk Management Claims Reporting and Handling Presentation



County Administration

Risk Management Division



Workers' Compensation

→ **Definition:** A statutory benefit paid by the employer to an employee who has been injured in the course and scope of his employment duties.

→ **Benefits:**

MEDICAL BENEFITS – Payment of medical expenses for an on-the-job injury or sickness

INDEMNITY BENEFITS – Partial replacement of lost wages due to an on-the-job injury after a statutory waiting period.

Rights of Orange County

- ➔ Orange County is protected from a civil lawsuit (unless special circumstances exist) if an employee is injured or becomes ill because of conditions that exist in the workplace.
- ➔ Orange County can deny Workers' Compensation benefits to employees who are injured outside the scope of their employment, willfully intended to injure themselves or another, and is intoxicated or under the influence of drugs.
- ➔ Orange County can deny Workers' Compensation indemnity benefits to the employee, if the employee refuses the employers light or restricted duty work.
- ➔ Orange County or our third party administrator for Worker's Compensation (Crawford and Company) give authorization to the medical provider for reasonable and necessary treatment of the injured employee, except in cases of emergency treatment. Orange County has a physicians provider list and we request the employee be treated by these authorized medical providers. If the employee goes to an unauthorized medical provider his medical bills could be denied.

Responsibilities of Orange County

- ★ **Report the injury to the 1-866-8ORANGE telereporting number immediately. If Orange County does not timely report claims to the State, the State may fine Orange County.**
- ★ Welcome the injured employee when he/she is able to return to work.
- ★ **Do not terminate an employee on Worker's Compensation without first contacting the Risk Management Division.**
- ★ Contractors/Subcontractors: Employers that hire contractors who do not have Workers' Compensation coverage are liable for the contractors' employees workplace injuries. Hence, Orange County's contractors should be required to purchase a Workers' Compensation policy for their exposure.

Claims Coordinator or Supervisor's Responsibilities



Contact injured employee within 48 hours of accident notification and at least weekly until the employee returns to work

1. Express Concern
2. Obtain and initial a written copy of the work restrictions.
3. Discuss light duty work restrictions, if applicable. Plan immediately for injured employee's return to work, if applicable.



Fax a copy of the work restrictions to Crawford & Company at (407) 895-4500



Call Crawford and Company Claims' Examiner on the next business day of the injured employee returning to full or light duty. Make sure the employee does not exceed his/her restrictions.



Call Crawford and Company Claims Examiner at (407) 894-1011 with any information that could affect the handling of the claim i.e., employee has a lawyer, employee is unhappy with medical treatment, notice of hearing or contact by a lawyer, etc.

Rights of the Employee

Employees are to be provided Workers' Compensation benefits for work injuries at the employer's expense via a third party administrator. Benefits such as:

1. Reasonable and necessary medical care that is pre-approved by the employer's third party administrator.
2. Portion of lost wages (between 60-80%) resulting from a work injury
 - ➡ Doctor's verification required via written work release documentation
 - ➡ 7-Day Waiting period before Workers' Compensation lost wages begins.
 - ➡ In Orange County it can be supplemented with Personal or Term Leave. If employee loses 21 total days, the waiting period is paid.

Responsibilities of the Employee

**FAILURE TO TAKE THESE MEASURES MAY RESULT
IN REDUCED OR DELAYED BENEFITS.**

- ➔ Utilize available safety equipment to avoid work injury.
- ➔ Report work related injuries to supervisor as soon as possible.
- ➔ Go to the doctor authorized by Orange County and keep all doctor appointments.
- ➔ Obtain all necessary authorizations prior to treatment, except in the case of an emergency.
- ➔ Report all earnings received after the injury to the employer.
- ➔ Provide to your supervisor your return to work slip after every visit.
- ➔ Return to work as soon as doctor approval is given.
- ➔ Maintain records for your future reference.



Notice to Employees

IN THE CASE OF AN ON-THE-JOB INJURY



STEPS:



1. CONTACT YOUR SUPERVISOR IMMEDIATELY!
2. IF MEDICAL ATTENTION IS NEEDED, OBTAIN A PROVIDER INITIAL TREATMENT LETTER TO RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE PROVISIONS OF THE WORKERS' COMPENSATION LAW TO PRESENT TO THE NETWORK PROVIDER.

The nearest Managed Care Network Providers are listed below:

URGENT CARE CLINICS

* Lee Road Centra Care
2540 Lee Road
Winter Park, FL 32879
Phone: 407/629-9281
Fax: 407/629-5739
Weekdays: 7 am - 11 pm
Sat/Sun: 8 am - 5 pm

* Vineland Road Centra Care
6001 Vineland Rd, Ste. 108
Orlando, FL 32819
Phone: 407/351-6682
Fax: 407/345-0533
Weekdays: 7 am - 7 pm
Sat/Sun: 8 am - 6 pm

* Azalea Park Centra Care
509 S. Semoran Blvd.
Orlando, FL 32807
Phone: 407/277-0550
Fax: 407/381-4237
Weekdays: 7 am - 7 pm
Sat/Sun: 8 am - 6 pm

* Airport Center Centra Care
5810 S. Semoran Blvd.
Orlando, FL 32822
Phone: 407/207-0601
Fax: 407/207-2118
Weekdays: 8 am - 8 pm
Sat: 8 am - 1 pm

West Colonial Centra Care
9580 W. Colonial Drive
Ocoee, FL 34761
407/296-9096
Weekdays: 8 am - 8 pm
Sat/Sun: 8 am - 5 pm

* Sand Lake Road Centra Care/ D.O.T.STOP
(Near Chancellor Drive)
2201 Sand Lake Road
Orlando, FL 32809
Centra Care 407/851-6478
D.O.T.STOP 407/857-5573
Weekdays: 8 am - 8 pm
Sat/Sun: 9 am - 5pm

URGENT CARE CLINICS
(Continued)

Lake Buena Vista Centra Care
12139 S. Apopka Vineland Rd
Orlando, FL 32836
407/239-7777
Weekdays: 8 am - 8 pm
Sat/Sun: 9 am - 9 pm

Regency Family Medical Center
9815 S. Orange Blossom Trail
Orlando, FL 32837
407/851-0883
Weekdays: 8 am - 8 pm
Sat: 8:30 am - 3 pm

Pine Castle Clinic
5636 Hansel Avenue
Orlando, FL 32809
407/850-0056
Weekdays: 8:30 am - 8 pm
Sat: 8:30 am - 5 pm
Sun: 8:30 am - 1:30 pm

33rd Street Medical Center
4382 LB McLeod Road
Orlando, FL 32811
407/648-0076
Weekdays: 8 am - 5 pm

Main Street Physicians
8324 International Drive
Orlando, FL 32819
407/370-4881
Weekdays: 8 am - 8 pm
Sat/Sun: 8 am - 5 pm

ORTHOPEDIC SURGEONS
(By appointment only)

Beckner, Mark
8701 Maitland Summit Blvd
Orlando, FL 32810
407/916-4120

Chase, John
Krumins, Kenneth
Tall, Reginald
1285 Orange Avenue
Winter Park, FL 32789
407/647-2287

ORTHOPEDIC SURGEONS
(Continued)

Macksoud, Wadih
407/345-1646
Westergan, Robert
407/345-1646
7300 Sandlake Common Blvd #127
Orlando, FL 32819

Mumby, Robert
7300 Sandlake Common Blvd.
#2212
Orlando, FL 32819
407/354-3700

Macksoud, Wadih (HAND)
1700 Lucerne Terrace
Orlando, FL 32806
407/236-0404

Konsens, Richard
3403 Technological Ave. #4
Orlando, FL 32817
407/380-8705

Palumbo, Robert
615 E. Princeton St., #510
Orlando, FL 32803
407/303-4270

White, George
825 N Garland Ave. #300
Orlando, FL 32801
407/841-2100

Schellhammer, Mark
10000 W. Colonial Dr. #496
Orlando, FL 32741
407/292-2156

Cox, William
10000 W. Colonial Dr. #1262
Orlando, FL 32761
407/292-6011

Roberts, Robert
453 N. Kirkman Rd. #201
Orlando, FL 32811
407/292-8992

Davenport, William
9430 Turkey Lake Rd. #116
Orlando, FL 32819
407/345-1234

HOSPITALS

FOR EMERGENCIES ONLY
(AN EMERGENCY IS A LIFE-THREATENING SITUATION)

◆ ALL FLORIDA HOSPITAL LOCATIONS

Winter Park Memorial Hospital
200 N. Lakemont Avenue
Winter Park, FL 32792
(407) 646-7000

Health Central
10000 W. Colonial Drive
Ocoee, FL 32741
(407) 296-1000

Osceola Regional Medical Center
700 W. Oak Street
Kissimmee, FL 34741
407/518-3600

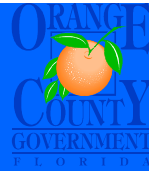
Halifax Behavioral Health North
841 Jimmy Ann Drive
Daytona Beach, FL 32117
386/274-5333

Memorial Hospital Ormond Beach
875 Sterthaus Ave
Ormond Beach, FL 32174
386/676-6000

Memorial Hospital Peninsula
264 S. Atlantic Avenue
Ormond Beach, FL 32176
386/672-4161

* Fast Track of medical attention for injured employees is available at these clinics. STEPS: (1) Call Center to alert them of employee's visit; (2) Complete Provider Initial Treatment Letter and Fax to Center.

First Health



PROVIDER INITIAL TREATMENT LETTER

INJURED EMPLOYEE INFORMATION:

Name (Please Print): _____

Date of Birth: _____ Social Security # _____

Home Address: _____ Phone Number: _____

The injured employee named above is coming to you for an initial visit as an employee of Orange County Government, who is a participant in the Crawford & Company / First Health Workers' Compensation Managed Care Arrangement. Please note that this letter does not confirm that the injury or condition is covered by Workers' Compensation Insurance. That determination will be made as soon as an investigation is completed by our claims examiner.

We are working closely with Crawford & Company / First Health and the involved medical providers to ensure that our employees receive access to timely and medically necessary treatment of their industrial injuries. **In the best interest of our employees, we will have modified work available which will allow the employee to return to work at the earliest possible date. Please keep this in mind as you treat our employee.**

WHEN ONE OF THE FOLLOWING OCCURS...

1. New injury with disability > 7 days & No Release to Return-to-Work
2. Hospitalization
3. Anticipated surgery
4. Physical Therapy or Chiropractic Treatment Recommended
5. Referral to another Provider
6. Assistance to Required to Return Injured Employees to Work
7. Repeat Major Diagnostic Studies

*...PLEASE CONTACT OUR CRAWFORD & COMPANY / CLAIMS EXAMINER OR NURSE
CASE MANAGER FOR PRE-CERTIFICATION AT:*

(407) 893-7116

All claims for treatment must be submitted to the address below, on a form HCFA 1500, form UB92 or the appropriate form required by the state. Please submit all medical reports within the time frame required by applicable state law to:

**Crawford & Company
P.O. Box 140175
Orlando, FL 32814
Fax (407) 896-1407**

Sincerely,

Orange County Supervisor/Claims Coordinator:

Printed Name: _____ Work Phone Number: _____

Signature: _____

Experience Modification

An Experience Modification Rate (EMR) is an employer's specific multiplier that measures the employer's loss experience relative to that of other employers in the same industry. The EMR is comprised of job classifications, payrolls and incurred losses for a three year period.

An EMR equal to 1 indicates average loss experience: An EMR greater than 1 indicates higher than average loss experience versus an EMR less than 1 equals a lower than average loss experience. An EMR greater than 1 will increase an employer's Workers' Compensation premium.

General Liability Claims

DEFINITION:

Claims associated with bodily injury and property damage arising out of premises, operations, products, completed operations and advertising and personal injury liability, alleged to be caused by Orange County against a third party.

Examples of General Liability Claims

- *Pot Holes*
- *Slip & falls by citizens*
- *Sewer back-ups*
- *Accidents on Orange County owned playgrounds*
- *Death of an inmate*
- *Damage to citizens property by Orange County*
- *Improper medical care*
- *Damage to utility cables*

Auto Claims

DEFINITION:

Claims associated with Orange County owned vehicles that includes both damage to other people's property and damage to the vehicles themselves.

Departments that cause damage/loss to Orange County vehicles will have a \$2,500 deductible charged to the department for the total amount of the loss.

Examples of Auto Claims

- *Vehicle accidents with County vehicles*
- *Stolen County vehicles*
- *Objects coming or falling from County vehicles*
- *Fire truck damages/losses*

** An auto accident claim kit should be provided
for each County Vehicle **

Property Claims

DEFINITION:

First party claims Orange County suffers that compensates Orange County for its property loss when caused by a covered peril such as fire, explosion or windstorm.

Departments that caused the damage/loss to Orange County property have a \$2,500 deductible which will be charged to the department for the total amount of the loss.

Examples of Property Claims

- *Missing or stolen County property (tools, computers, etc.)*
- *Damage to County property (by lightning, water damage, fire, etc.)*
- *Falling objects unto County property*

Environmental Claims

DEFINITION:

Claims that cover liability and cleanup costs
associated with pollution

Examples of Environmental Claims

- *Underground and aboveground County storage tanks
(leaking, explosion, etc.)*
- *Contaminated County water*
- *Contaminated County land*
- *Erosion*
- *Landfill clean-up*
- *Asbestos and lead base paint air releases*

Crime / Theft Claims

DEFINITION:

Claims covering property losses from criminal activity and employee dishonesty.

Crime/Theft Claim Example

- *County employee dishonesty/theft of cash or property*

Employment Law Claims

DEFINITION:

Claims covering wrongful acts arising from the employment process

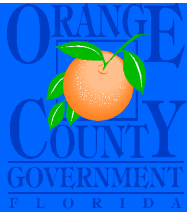
Examples of Employment Law Claims

- *Wrongful termination*
- *Sexual Harassment to County employee*
- *Discrimination to County Employee*
- *American with Disabilities' Act (ADA) Claims*

REPORTING CLAIMS

Immediately Report all Claims to
1-866-8ORANGE

Crawford and Company is the Third Party Administrator, the adjusting company for Orange County, who is handling and paying the claims.



SUPERVISORS AND COORDINATORS

IN THE CASE OF AN ON-THE JOB INJURY,
GENERAL LIABILITY, AUTO, PROPERTY,
ENVIRONMENTAL, CRIME AND
EMPLOYMENT LAW CLAIMS

PLEASE CALL OUR CLAIM
REPORTING HOTLINE
XPRESSLINK TO REPORT CLAIM

1-866-8ORANGE
(1-866-867-2643)





Worker's Compensation Reporting Instructions

1-866-8ORANGE

XPRESSLINK REPORTING



Prior to reporting the accident, please review your records to ensure the following information is available:

- ✓ Reported by:
- ✓ Name:
- ✓ Job Title:
- ✓ Phone Number:
- ✓ Date and time of injury or onset of illness
- ✓ Injured employee's name, address, telephone number (home & business) and date of hire
- ✓ Is employee male or female?
- ✓ Date of birth
- ✓ Social Security number
- ✓ Employee Job Title
- ✓ Employee's work schedule (Regular Work Hours)
- ✓ Employment Status-Full-Time, Part-Time or other (temp. seasonal, casual labor)
- ✓ Is employee hourly or salaried?
- ✓ Date of Hire
- ✓ Occupation when injured
- ✓ Salary information*
 - Average weekly wage, overtime, bonuses
- ✓ Description of accident
 - How did the loss/injury occur?
- ✓ Did employee knowingly refused to use safety appliances provided by employer?
- ✓ If other people were involved (Name, Address and Phone #)
- ✓ Equipment, material or substance involved.
- ✓ Contribution Factors (drugs, alcohol, horseplay, weather)
- ✓ Type of injury/illness
 - Nature of injury/illness
- ✓ Description of injury/illness
 - Extent of injury/illness
- ✓ Body part injured

- ✓ Location of accident (location code)
 - Street address, city, state
- ✓ First aid received?
- ✓ Did employee die? Y/N
- ✓ If yes, date and time of death.
- ✓ Medical attention received, extent
- ✓ Name, address, and telephone number of all providers
- ✓ Will employer continue to pay employee's salary?
- ✓ Last day paid through
- ✓ Lost time information, if available
 - Has the employee lost any time from work?
 - Has the employee returned to work?
- ✓ Return-to-work information
 - What is available?
- ✓ Name, address, and telephone number of any witnesses
- ✓ Supervisor's Name:
- ✓ Supervisor's Phone #:
- ✓ Best Hour to Contact:

*Salary information requirements vary by state. Depending on the jurisdiction, we may need to know the average weekly wage, wage rate, wage period, weekly wage, hourly, daily, monthly rate, return to work rate, or other compensation.

Reasons for Early Reporting of Claims: Studies and experience show that the timely reporting of accidents and other losses saves money reduces litigation, and benefits all primary parties involved.

Property Reporting Instructions

1-866-8ORANGE

XPRESSLINK REPORTING



Prior to reporting the accident, please review your records to ensure the following information is available:

- ✓ State
- ✓ Location
- ✓ Injured's Name
- ✓ Sex
- ✓ Social Security Number
- ✓ Date of Birth
- ✓ Date of Accident
- ✓ Time of Accident
- ✓ Claimant Death?
- ✓ Death Date
- ✓ Reported by (Your Name)
 - Job Title
 - Phone Number
- ✓ Accident Description
- ✓ Location Number
 - Name
 - Address
 - City, State, Zip
 - County
 - Phone Number
- ✓ Mailing Information (if different from above)
 - Name
 - Address
 - City, State, Zip
 - County

- ✓ Date of Loss
- ✓ Time of Loss
- ✓ Previously Reported
- ✓ Contact Name
 - Address
 - City, State, Zip
 - Where to Contact (H/W/O)*
 - *(H)ome(W)ork(O)ther
 - Contact Home Phone
 - Contact Business Phone
- ✓ Location of Loss
 - Address
 - City, State
- ✓ Police/Fire Dept. to which reported
- ✓ Kind of Loss
 - *(F)ire (T)heft (L)ightning (H)ail (D)flood (W)ind (O)ther
 - Other Explain:
- ✓ Probable Amount of Entire Loss
- ✓ Description of Loss and Damage

General Liability; Environmental; Crime and Employment Law
Reporting Instructions

1-866-8ORANGE

XPRESSLINK REPORTING



Prior to reporting the accident, please review your records to ensure the following information is available:

General Liability

- ✓ Reported by:
 - Name:
 - Job Title:
 - Phone Number:
- ✓ Name, address, telephone number, and Social Security number of anyone injured
 - Date of Birth
 - Male or Female?
- ✓ Date of incident
- ✓ Department, Division, Station involved?
- ✓ Description of incident
 - Events leading up to Incident
 - Cause of Incident
 - Conditions
 - Were standard operating procedures followed? Y/N
- ✓ Where did accident occur?
 - Specific location
 - City, state
- ✓ Did anyone receive medical attention?
 - On-site?
 - Provider name
- ✓ Was there damage to someone's property?
 - Description of damage
 - Where can the damage be seen?
- ✓ Name, address, and telephone number of any witnesses
- ✓ Date reported to location/employer

Reasons for Early Reporting of Claims: Studies and experience show that the timely reporting of accidents and other losses saves money reduces litigation, and benefits all primary parties involved.

Auto Liability Reporting Instructions

1-866-8ORANGE

XPRESSLINK REPORTING



Prior to reporting the accident, please review your records to ensure the following information is available:

- ✓ Date and time of accident
- ✓ Department, Division, Station involved?
- ✓ Accident location
 - Intersection, highway, etc.
 - City, state
- ✓ Description of accident
 - Road condition
 - Weather conditions
 - Brief description of events
 - Were Standard Operating Procedures followed? Y/N
 - Were seat belts worn? Y/N
 - Purpose of use?
 - Used with Permission? Y/N
- ✓ Description of each vehicle involved, including registration information
 - License plate number and state registered in
 - Make, color, model, and year of vehicle
 - Vehicle Identification Number (VIN)
 - Where and when can the vehicles be seen
 - Estimate amount of damage

- ✓ Company and driver's name, vehicle owner's address, daytime and after hours telephone number
- ✓ Other drivers' names, addresses, telephone numbers, and insurance information
- ✓ Driver's license number for all drivers
- ✓ Name, address, and telephone number of anyone injured
 - Age of injured
 - Was the injured a pedestrian, Employee, Other vehicle occupant?
- ✓ Medical attention received, extent
 - Did anyone receive medical attention at the scene?
 - Medical provider information
- ✓ Property damage information
 - Was there damage to someone's property?
 - Estimate amount of damage
 - Description of damage
 - Where and when can damage be seen
- ✓ Was a police report filed
- Report number and city, county, and/or state of jurisdiction
- Did the authorities show? Y/N If authorities can not show get a case or report number
- ✓ Witnesses' or passengers': name, address, and telephone number

Reasons for Early Reporting of Claims: Studies and experience show that the timely reporting of accidents and other losses saves money reduces litigation, and benefits all primary parties involved.

HANDLING CLAIMS

Responsibilities of the Risk Management Division

- Contacts the supervisor/claims coordinator and/or injured employee within 48 hours of accident notification
- Coordinates the efforts between Crawford and Company, claimant, supervisor and/or claims coordinator, and doctor in getting the injured employee back to work or resolving claimant's issues
- Oversees the claim adjusting efforts of Crawford and Company
- The Safety and Loss Prevention section of Risk Management will conduct loss investigations and sit with various department/divisions to discuss proactive measures in minimizing loss exposures. Welcome their expertise.

Responsibilities of the Claims Coordinator or Supervisor

Postings: Post the following information in a place visible to all employees

- ◆ State Workers' Compensation Poster (This has already been distributed, please let us know at the end of training if your unit needs another copy)
- ◆ "Supervisors and Coordinators" Claims Reporting Poster

Claims Reporting Contact Listing by Business Unit

3-Page, double-side listing has been provided in your packet with the following information:

1. Orange County Department/Divisions
2. Orange County Department/Division Coordinator's Name, Phone and Fax Numbers
3. Orange County Risk Management Contact Name, Phone and Fax Numbers
4. Crawford and Company's Adjusters Names by Type of Claim
5. Crawford and Company's Nurse Case Managers (NCM) Names, Phone and Fax Numbers

Keep this listing readily available. It should assist in streamlining the lines of communication in claims handling.