



New Workers Compensation Claim Process

To compliment the reform initiative, the Workers Compensation Board (WCB) announced the implementation of a new case assembly and indexing process on September 29, 2008. The WCB's new process requires more information upfront in order to give the Carriers needed information to decide a case. This is expected to eliminate delays in the hearing process spent on gathering information since hearings will not proceed until the materials are present.

Case Assembly

Case Assembly is a new concept. The case assembly process begins when the WCB receives any form or document that identifies the injured worker, employer and indicates an injury or illness. This will trigger a *Notice of Assembly*, which will assign a WCB number, however this is NOT a legal document and the Carrier will not be under obligation to state whether they accept or deny the case. This will eliminate many "protective" denials filed by the Carrier because of insufficient information. However, the *Notice of Assembly* will prompt the State Insurance Fund to begin gathering information and documents on the case.

Notice of Indexing

When the WCB receives both a medical report (C4) and either an employer (C2) or injured worker (C3) notice of injury a *Notice of Indexing* will be issued. At this point, if the Carrier has not already filed a decision to accept or deny the claim, they will have 25 days to do so.

Before this new process, Carriers were forced to deny claims because they did not have enough information to make the determination if a case was acceptable or not. This new process requires certain information before a *Notice of Indexing* is issued, which is the point where the Carrier must file their decision. Prompt filing of your C2s helps the State Insurance Fund begin gathering the needed information.

New C2 claim report form must be used as of 1/1/2009.
Visit our website for new forms
www.Keevily.com/claims

Controverted Cases

A controverted case is a denied claim. If the WCB had medicals (C4) on file and the Carrier has denied the case, the claim will move into the new controverted case process, also known as the Rocket Docket. This process is designed to reduce the amount of time it takes to resolve a claim from 200 days to 90 days using a 30/60/90 methodology. This means the denied claim will hit three important time points where certain information will need to be completed.

- 30 days - A pre-hearing conference will occur within 30 days of the receipt of the notice of denial (C7). A *Pre-Hearing Conference Statement* (Form PH-16.2) must be filed at least 10 days prior to that pre-hearing conference.
- 60 days - The first expedited hearing, when the injured worker is represented at the pre-hearing conference, will occur in 60 days. If an independent medical exam is needed, it must be presented 3 days prior to the hearing.
- 90 days - the second expedited hearing, if needed, will occur within 90 days.

The Carrier is obligated to provide a factual basis for the controversy and any asserted defenses. Denied claims are expected to move swiftly through this new process, it is extremely important to fully cooperate with the State Insurance Fund examiners and investigators, return all required forms promptly, and if notified, to be present for testimony. Adjournments will only be granted in emergencies.

In order for the WCB to accomplish its goal of streamlining the claim process the core forms used to gather information had to be redesigned. **The new forms must be used by January 1, 2009.** These forms were designed to be more user-friendly while collecting additional information which will be needed to resolve cases quicker. Only the C2, *Employer's Report of Work Related Injury/Illness*, needs to be completed by the employer to set up a claim with the State Insurance Fund. These new form and instructions can be found on Keevily Spero Whitelaw's webpage www.Keevily.com/claims.

C2 – This form has been renamed the *Employer's Report of Work Related Injury/Illness*. The form layout was redesigned to allow more room for information and contains additional questions including list of witnesses, employer's supervisor, and prior injuries. This form should always be completed by the employer, not the injured worker. The form should be completed and faxed to our office for processing. We have attached a copy of the C2 for you use.

C3 – *Employee Claim*, the injured worker's notice of work related injury or illness was also redesigned. This form is completed by the injured worker. The form can be submitted to the WCB by the injured worker electronically or by phone.

C3S – This is the new Spanish version of the C3.

C3.3 – This is a new form for authorizing the limited release of medical information. The form is to be completed by the injured workers who have had a previous injury to the same body part or a previous similar illness. The form can be found at the end of the C3 or as a separate form.

C4 – The C4 has been renamed *Doctor's Initial Report* and is completed by the medical provider. This form is to be completed the first time a provider treats an injured worker for a particular compensation claim. One of the changes on this form is that it no longer includes a request for medical authorization, if medical authorization is needed a separate form called the C-4AUTH needs to be completed (see below).

C4.2 – *Doctor's Progress Report*, is a new, shorter version of the C4 which the medical provider completes for all subsequent medical visits.

C4.3 – This is a new form that is to be completed by the medical provider once the injured worker reaches maximum medical improvement and will document the medical provider's opinion relating to the percentage of permanent impairment.

C4AUTH – The *Attending Doctor's Request for Authorization and Carrier's Response* is a new form which the medical provider used to request authorization from the Carrier for a special medical service costing over \$1,000. The Carrier documents their response on the same form ensuring that all medical authorizations are addressed in a timely manner.

The C2, *Employer's Report of Work Related Injury/Illness*, should be completed and faxed (914-381-1134) or emailed (WorkcompFirstReports@keevily.com) to our office immediately. If you have any questions on cases that may qualify as a First Aid case please contact us or check out our website for additional information.

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First Reports:

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Forms found at www.Keevily.com/claims

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