Workers’ Compensation and Employers Responsibility

Carleen Mitchell, PHR, SHRM-CP
What is Workers’ Compensation

• Workers’ compensation is a form of insurance that provides wage replacement and medical benefits to employees injured in the course of doing their job.

• Workers’ compensation in Alaska is an “exclusive remedy”; that is, it prohibits employees from suing their employer for the on-the-job injury if the employee is receiving workers’ compensation benefit.

• It is the goal of your workers’ compensation insurance provider to process each workers’ compensation claim so your injured employee receives the medical care and benefits they are entitled to while protecting your organization from excessive or fraudulent claims costs.

• The information you – the employer- provides helps us meet this goal.
How are worker injuries reported

- **Form 6100- Employee Report of Occupational Injury or Illness to Employer**
- **To be completed and signed by the employee**
- **Employee provides copy of form for the employer**
- **Employee should keep a copy for their records**
How are worker injuries reported

• Form 6101- Employer Report of Occupational Injury or Illness to the Division of Workers’ Compensation

• To be completed by the employer

• Must be submitted to your insurance carrier within 10 days
  • Late reports may result in penalties
  • Late reports can also delay treatment and payment of benefits to the injured worker

• The information collected in this form is necessary for your insurance company to adequately investigate the claim and correctly determine compensation!
What Information Does the WC Insurance Carrier Need?

1. Employer Name – The name of your organization
3. Employer Contact Name and Telephone – The name of the primary WC contact at your entity
4. NO NEED TO COMPLETE
5. NO NEED TO COMPLETE
6. Employer Mailing Address – The mailing address of your organization
7. Employer Physical Address – The physical (street) address of your organization
What Information Does the WC Insurance Carrier Need?

8. Employee Name, Last, First, Middle, Suffix – Provide this information about the injured employee

9. Employee Mailing Address - Provide the injured employee’s mailing address

10. Date of Birth – Provide the injured employee’s date of birth

11. Date of Death – If the workplace injury resulted in the employee’s death, what was that date

12. Employee ID Type & Number – ID Type refers to a Social Security Card, Passport, Green Card Number, or Employment Visa. Number refers to the corresponding number for the ID Type. This will typically be the injured employee’s social security number.
What Information Does the WC Insurance Carrier Need?

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<td>SELECT ONE</td>
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<td>DROP DOWN LIST</td>
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<td>18. Full Denial Reason Code</td>
<td>19. Full Denial Effective Date</td>
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<td>DROP DOWN LIST</td>
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<td>20. Denial Reason Narrative</td>
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<td>21. Policy Information Number</td>
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<td>22. Insurer Name</td>
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<td>23. Insurer FEIN</td>
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<td>24. Insurer Type Code</td>
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<tr>
<td>25. Claim Administrator Name</td>
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<td>26. Claim Administrator Primary Address</td>
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<td>27. Claim Admin FEIN</td>
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<td>28. Claim Admin Claim No</td>
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<td>29. Claim Admin Physical/Alternate Postal Code</td>
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Items 13 – 29 will be completed by the workers’ compensation carrier. You may leave these blank!
What Information Does the WC Insurance Carrier Need?

<table>
<thead>
<tr>
<th></th>
<th>30. Insured Name</th>
<th>31. Insured FEIN</th>
<th>32. Insured Type Code*</th>
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<td>SELECT ONE</td>
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<table>
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<tr>
<th>33. Employment Status*</th>
<th>34. Days Worked / Week</th>
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<tbody>
<tr>
<td>SELECT ONE</td>
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</table>

30. Insured Name – Enter the name of your organization

31. NO NEED TO COMPLETE

32. NO NEED TO COMPLETE

33. Employment Status – Regular/Full-time, Part-time, Volunteer Worker, Seasonal Worker, Apprenticeship Full-time, Apprenticeship Part-time, or Other.

34. Days Worked/Weeks – Enter the injured employee’s regular work day (example: Monday – Friday)
What Information Does the WC Insurance Carrier Need?

35. Wage – Enter the employee’s regular wage amount. This may be the hourly, daily, weekly, bi-weekly, monthly, or annual wage/salary

36. Wage Period Code – Indicate the wage period for the amount provided in #35

37. Employee Hire Date – Enter the most recent date of hire for the employee

38. Occupation Job/Title – Enter the injured employee’s job title

39. Full Wages Paid for Date of Injury Indicator – Indicate Yes or No, if the employee was paid their full wages on the date of the injury.

40. Employer Paid Salary in Lieu of Compensation Indicator – No Need to Complete
## What Information Does the WC Insurance Carrier Need?

<table>
<thead>
<tr>
<th>41. Accident Site Information</th>
<th>44. Date of Injury/Illness</th>
<th>45. Time of Injury/Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the employee was injured outside of the employer premises, provide the name and address of the location where the injury occurred.</td>
<td>Date the injury/illness occurred or the probable onset date.</td>
<td>Approximate time the injury/illness occurred, if able to determine.</td>
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</tbody>
</table>

**42. Explain Where the Injury Occurred** – Describe the location where the injury occurred.

**43. Accident Premises Code** – NO NEED TO COMPLETE.

**44. Date of Injury/Illness** – Enter the date the injury/illness occurred or the probable onset date.

**45. Time of Injury Illness** – Enter the approximate time the injury/illness occurred, if able to determine.
What Information Does the WC Insurance Carrier Need?

46. Date Employer First Knew of Injury/Illness – Enter the date your organization became aware of the employee’s injury or illness

47. Date Claims Admin Knew of Injury/Illness – Enter the date the employer representative responsible for completing and submitting the Report of Injury became aware of the injury.

48. – 57. NO NEED TO COMPLETE

58. Signature of Authorized Employer or Representative – Signature of individual completing this form on behalf of the organization

59. Title – Job title of individual signing #58

60. Date Signed – Enter the date #58 was signed
As soon as a Report of Injury is received, the claims adjusters review the claim to determine if it is covered.

• If the claim is NOT covered:
  • The adjuster will send the employee a denial notice.
  • Reasons a claim may not be covered include no injury (incident only), late reporting, the injury did not occur in the scope and course of work, or the injury is not unusual or extortionary in nature.
  • The denial notice can be used by the employee to submit to their health insurance company to prove the injury is not covered by workers’ compensation.
What Happens Once a Claim is Reported (cont.)

If the claim results in medical expenses the adjuster will contact both the employee and a designated employer representative (or supervisor).

• The employee will be sent a letter which includes their claim number and the name and contact information for the adjuster working on their claim.
  • This letter will include a medical release, provider list, and a written statement for the employee to complete and return.
  • If the requested information is not submitted, benefits may be denied.

• If the claim results in time away from work, the adjuster will contact the employer and request:
  • The employee’s rate of pay, including employer contributions to any pension plan
  • Information about the employee’s job duties
  • Other information needed to process the claim
Other Information
the Claims Adjuster will Request from the Employer

• Who is the employee’s immediate supervisor? If the adjuster feels they need to get clarifying information, they may contact the immediate supervisor.

• Does the employee have any military experience? This helps the adjuster identify if there may be any prior injuries that need to be investigated further.

• Does the employee have any follow up care as a result of the injury? This helps the adjuster understand the extent of the injury in order to “reserve” the appropriate amount of funds for the claim.

• Do you have any reason to doubt the validity of the injury? If the employer has concerns about the potential validity of the claim, the claims adjuster needs to be made aware so they can investigate.

• Does the employee have any pre-existing health issues that you’re aware of? This information provides insight into whether the recovery time could be impacted by a pre-existing condition.

• Questions about the employee’s job performance. Poor job performance has been tied to more costly workers’ compensation claims.
Other Employer Responsibilities

• Please respond promptly to adjuster calls or emails. This allows the adjuster to help the injured employee faster.

• Remain in contact with the injured employee to let them know that their well-being and return to work are important to the entity.

• If the employee misses work due to their injury, determine if they may be eligible for leave under FMLA/AFLA. If so, FMLA/AFLA should run concurrently with workers’ compensation.

• Discuss with the employee, claims adjuster, and possibly the employee’s medical provider about the estimated timeline for the employee’s return to work and any necessary accommodations.
Resources for APEI Members:
Jessica Garrett, Workers’ Compensation Claims Manager: 907-523-9453
Buffy Blais, Workers’ Compensation Claims Adjuster: 907-523-9450

Employer’s Guide to the Workers’ Compensation Act:
https://labor.alaska.gov/wc/employer_guide_to_wc_act.pdf