

Handbook for **Injured Employees**



Ohio

Bureau of Workers' Compensation

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Introduction

Helping people get back on their feet and back to work after an on-the-job injury is what BWC is all about. As one of the nation's premiere governmental agencies in providing efficient service to its customers, you can count on us to answer all of your questions, see to it you get proper medical care and help you get back to work.

This guide provides you with basic workers' compensation information that you need. It includes information about how to file a claim, how to file an appeal if you disagree with a claim decision, programs and services to help you get back to work, types of compensation and how we make a difference in the lives of Ohio's injured workers.

We encourage you to read this guide. We believe it will help make your experience with us a positive one.

We are here to help.

For more information, log on to ohiobwc.com. You also can call 1-800-OHIOBWC or one of the local customer service offices.

See page 12 for phone numbers and addresses.

Disclaimer

— Quotes featured in this publication are from actual injured workers. To ensure their privacy, we have not printed their last names.



You were injured at work

You're hurt. You're worried about getting proper medical treatment. You're frightened that you may not be able to return to work. You wonder who you can turn to for help.

Turn to BWC. Our customer care team members team up to make your needs the center of their focus. Our injury and employer management resource experts work closely with your managed care organization (MCO) and employer to assist you with your workers' compensation claim and your return-to-work efforts.

Our goal is to provide you with quality, coordinated services; customized to fit your injury needs.

Injured Worker Pledge of Service

Anyone who suffers a work-related injury in Ohio deserves BWC employees to treat him or her fairly. He or she also deserves to receive promptly the benefits to which he or she is entitled. BWC believes every employee injured at work should receive appropriate and coordinated care with a goal of returning to work and quality of life.

As an injured worker in Ohio, you have the right:

1. To workers' compensation benefits if you sustain a work-related injury or contract an occupational disease;
2. To quick access to high-quality health care from any BWC-certified health-care provider you choose;
3. To have your approved medical bills paid and not to be billed an additional amount;
4. To expect prompt, professional and courteous customer service from all BWC employees;
5. To access your records either in person or online;
6. To receive timely payments for the allowed conditions in your claim;
7. To be considered for all benefits and rehabilitation services for which you may be eligible;
8. To a quality independent medical examination when required in your claim;
9. To appeal a decision made in your claim to BWC, the MCO or the Industrial Commission of Ohio (IC);
10. To represent yourself or hire a lawyer at your own expense.

Ohio law

Ohio law requires employers to obtain workers' compensation insurance for all employees. Ohio employers are either state-fund or self-insured. State-fund employers pay an insurance premium to BWC. The bureau then pays compensation benefits directly to you. Self-insuring employers pay workers' compensation benefits directly to their employees. If you do not know if your employer is state-fund or self-insured, ask your employer. If your company is self-insured, file a workers' compensation claim with your employer.

Making a difference

For more than 90 years, Ohio's workers' compensation system has helped employers and employees cope with workplace injuries. BWC pays medical benefits and lost wages to employees who are injured or contract an occupational disease on the job. We also pay death benefits to survivors when a death results from a work-related injury or disease.

Since 1912, the workers' compensation system has distributed more than \$40 billion in benefits and handled more than 26 million claims.

However, we do much more than just provide you with a benefit check. We give peace of mind to you and thousands of other injured workers every year by providing a quality, customer-focused workers' compensation insurance system. We're committed to providing you with customer care that exceeds your expectations.

Reporting a claim

When you're injured at work, the last thing you want to worry about is how to file a claim. Because of our commitment to customer care and one-on-one service, and knowing you have many other things on your mind, we've made the process easy. No red tape; no daunting paperwork to complete; just peace of mind that the claim is filed, and a team of caring professionals is committed to your recovery.

Although the process is easy, it's important you follow it. When an injury occurs, immediately report the accident to your employer. Your employer will help you file the claim with the company's MCO. Reporting the claim online at ohiobwc.com is the preferred way of filing a claim. When you file a claim online, you immediately receive a claim number. However, if you choose, you can file the claim through the MCO, or complete the *First Report of an Injury, Occupational Disease or Death* (FROI) application.

Note: Some large employers are self-insured and pay workers' compensation benefits directly to you. Thus, this information may not apply to you if you work for such an employer. Although employees of self-insuring employers can file a claim with BWC, we recommend you check with your employer on how to file your workers' compensation claim. If you have questions about a self-insuring employer, call the self-insured department at 1-800-OHIOBWC or 614-466-8222.

If you seek medical attention before notifying your employer about the injury, tell the physician that this is a workers' compensation claim. The medical provider must report the injury to the MCO within 24 hours of treatment. So, if you visit a physician before talking to your employer, you should let your employer know the physician may have already filed the claim.

After you report the claim, we will send you an informational packet, including a BWC identification card. The card contains your claim number, name and phone number of your BWC claims services specialist, and your MCO's name and phone number. Your employer and provider of record also will receive a notice of the claim number. If needed, we will send a form requesting additional information to you.

You should complete and return the form to the BWC customer service office indicated.

Your claim number is important. It is a tracking number. Use it whenever you contact BWC or your MCO, and give it to all of your physicians treating the work-related injury. If you have not received your informational packet from us within two weeks of the injury, call your local BWC customer service office to verify the filing of the claim before filing a duplicate.

Your assigned BWC claims services specialist can help you through this process. And online services are available 24 hours a day via ohiobwc.com.

In addition, if you miss eight or more days of work, a BWC claims services specialist will call you within one week of your claim being filed with the MCO.

Better health care

Under BWC's health-care system, when you are hurt on the job, you can see any physician for the first visit. After that, we encourage you to visit BWC-certified health-care providers for treatment, except during an emergency or initial visit. You are free to choose any BWC-certified physician. If you choose to have a non-certified provider treat you, ask him or

Immediately after a work-related injury, follow these basic steps:

- Seek medical attention;
- Inform your employer of the incident;
- Tell the physician it is a workers' compensation claim;
- Inform the physician of your MCO, and ask the provider to file the claim online at ohiobwc.com.

When you file a claim online, you will automatically receive a claim number, or you can complete the *First Report of an Injury, Occupational Disease or Death* form.

her to become BWC-certified. Except in an emergency situation or initial visit, you will be responsible for payment of your medical bills if you have a non-certified provider treat you. You can locate a BWC-certified provider in your area by calling your local customer service office or by calling 1-800-OHIOBWC. BWC's Web site, ohiobwc.com, lists certified providers in the Medical providers' section.

You need to inform your pharmacist that your prescriptions are for treatment of an Ohio workers' compensation claim. The pharmacist requires the following information from you: Social Security number, date of injury and your BWC claim number.

MCOs manage the medical services in your claim. This includes treatment and surgery approvals, payment of medical bills and rehabilitation referrals.

Each state-fund employer has an MCO, while self-insuring employers may have their own managed-care systems. If your employer is state funded, the MCO will work with your physician to make sure you receive appropriate medical care geared toward return to work. BWC cannot pay any benefits until it allows the claim.

Claim allowed or denied

Within 28 days, we will decide to allow or deny your claim. By responding to any inquiries from us or your MCO, you will speed up the decision process and receipt of benefits. If you or your employer disagrees with BWC's decision, either party can file an appeal with the IC within 14 days. If we allow your claim, the MCO will reimburse you or the provider for medical expenses. If you cannot return to work for eight or more days, we will pay a percentage of the wages you lose as a result of the allowed work-related injury. You should contact your customer service specialist if you are working and collecting benefits, or if you are offered payment for your injury by an insurance company or anyone else.

Hearing your appeal

If you or your employer contests the payment of compensation in a claim, the IC hears the dispute. There are three levels for workers' compensation claims at the IC.

- District level hearings — These take place in locations throughout Ohio within 45 days of filing an appeal. The district hearing officer will issue a decision within seven days of the hearing. The IC sends both parties a written notice of the hearing officer's decision. Each party has 14 days from receipt of the district hearing officer's decision to file an appeal to the next level.
- Staff level hearings — These take place within 45 days after the filing of an appeal of the district hearing officer's decision. The staff hearing officer will make a decision within seven days of the hearing. The IC will send each party a written notice of the staff hearing officer's decision. Each party has 14 days from the receipt of the staff hearing officer's decision to file an appeal to the next level.
- The commission level — After studying the staff hearing officer's decision, the commission either agrees to hear the appeal or refuses to permit further appeal. If the commission accepts the appeal, a commission hearing will occur within 45 days. The commission will issue a decision within seven days of the hearing. If the commission refuses to hear the appeal, depending upon the issue, you may be able to appeal the matter to the court within 60 days after receipt of the commission order.

For more information about the appeals process, call the IC at (800) 521-2691 or (614) 466-6136.

“...thanks and appreciation for the courteous, responsive, efficient and thoroughly professional treatment ... About a month ago, I struck my head ... and sustained several fractures, cuts and bruises ... Robin K. of the BWC Columbus S.O. (customer service office) also was wonderful to work with. I believe she had everything taken care of before my bruises even healed.”

— Cynthia

Lending a hand

From the beginning of the claims process, we and the MCO will assess your vocational ability and optimal return-to-work date. Together, we will work with your physician and employer to help you remain at work, or return to work as quickly and safely as possible.

In addition, the MCO may work with your employer to set up a transitional work program. The MCO would base the program on your physician's recommendations even before you are 100-percent recovered. To ensure you are on the road to recovery, we may periodically schedule a medical exam to evaluate your progress. We'll help you remain at work or return to work with rehabilitation tailored to your job and injury.

If you have not returned to the job 30 days after the optimum date, we and the MCO will work to provide you with specialized, in-depth services to prepare and integrate you back into the work force.

Return-to-work programs

Our return-to-work programs lessen the financial, emotional and physical burden for you. In addition, they reduce your employer's workers' compensation costs. We continually enhance these programs to help keep employees at work, or return them to work as quickly as possible.

Along with your physician, employer and team of rehabilitation professionals, we work with your MCO to coordinate a treatment plan tailored for your job, as well as the injury.

Remain at work

Managed by your employer's MCO, this program provides you with rehabilitation services if you missed less than seven days of work due to your injury. The program's goal is to reduce the impact your injury has on your employability.

90-day exams

If you have received temporary total compensation payments for 90 days or more, we will schedule a medical exam with an independent BWC-certified physician to evaluate your progress. This exam ensures you are getting the proper treatment and determines whether you can return to work.

However long it takes, BWC and MCO staff will work to keep you on a successful path toward a safe return to work. That's one-on-one customer service.

Return-to-work options

If you can return to work, but not to full duty, you may be able to work with restrictions. There are several types of return-to-work options, including:

- **Transitional work** — Work that uses real job duties for a specified period of time (generally not exceeding two or three months) to help you progress to your original job;
- **Modified work** — Work in which physical barriers that may keep you from performing your essential job functions are adapted, altered or removed;
- **Light duty** — Work in which the job requirements are performed at reduced physical capabilities. Job tasks may be temporary or permanent;
- **Alternative work** — Work you can do if you are permanently restricted from your original job, but have other abilities and can be employed.

Maximum medical improvement

Maximum medical improvement (MMI) occurs when your medical condition stabilizes to the point where your physical condition will not change, despite continued medical treatment and/or rehabilitation. For example, if you suffer a lower back injury because of an accident, and medical treatment hasn't improved it, continued medical treatment will not restore it. You may be entitled to other forms of workers' compensation from BWC or the IC decides you have reached MMI and terminates temporary total compensation. These include wage loss compensation, percent of permanent partial compensation, permanent total compensation or settlement of the claim.

Types of compensation

Temporary total compensation

This is usually the first form of compensation you receive during your recovery from a work-related injury where you have lost eight or more calendar days of work. You cannot work and receive temporary total benefits.

Temporary total compensation begins on the eighth day following the accident. We issue benefits on a biweekly basis. If you are off work for 14 consecutive days, we will pay you for the first seven days. Once you return to work, temporary total benefits cease.

We pay temporary total compensation based on medical evidence submitted by the attending. He or she submits evidence on the *Request for Temporary Total Compensation (C-84)*. Periodic reports ensure the continuous payment of compensation. The severity of the injury and the length of time off work determine the frequency at which we request these reports.

We base your weekly rate of compensation on your wages earned at the time of injury. The weekly benefit rate cannot exceed the statewide average weekly wage for the year in which you were injured. The statewide average weekly wage is the average weekly wage for all Ohioans. For the first 12 weeks of missed work, you receive 72 percent of your full weekly wage. After 12 weeks of missed work, you receive temporary total compensation at the rate of 66.67 percent of your average weekly wage.

Other types of compensation

If you actively participate in an approved rehabilitation plan with the goal of returning to work, you may be eligible for living maintenance compensation instead of temporary total compensation.

You may be entitled to wage loss compensation under two circumstances:

- If you found work other than your former position and now receive less pay than you did at the time of the injury based on medical restrictions;
- if you cannot find work within your allowed medical restrictions.

You may be eligible to receive **living maintenance wage loss** compensation if you complete an approved rehabilitation program and successfully return to work but suffer a wage loss compared to the wages earned at the time of injury.

You may receive **permanent total disability** or **statutory permanent total disability** when the IC declares you permanently disabled. You cannot return to work and receive permanent total disability payments. However, you may return to work if you receive statutory permanent total disability compensation.

“...since I have been hurt, I have had nothing but PROFESSIONALS to help me in my time of need and not knowing what to do next or who to contact. ... These two men and the nurse have always been there to help me in getting to the next step. ... PLEASE let these two men know how much myself and my kids APPRECIATE everything they have done for me, and that we think they are GREAT.”
— Carmey

Disabled Workers' Relief Fund (DWRF) is a special fund that supplements the benefits received by permanently and totally disabled injured workers whose benefits fall below the current cost of living. We automatically evaluate permanent total disability recipients each year to determine eligibility.

We award **percentage of permanent partial disability benefits**, also known as C-92 benefits, as compensation for residual impairment that results from a work-related injury.

With dates of injury prior to June 30, 2006, you may file for **permanent partial disability**:

- 40 weeks after receiving your last payment of temporary total compensation or wage loss; or
- 40 weeks from the date of injury if we do not pay compensation.

With dates of injury after June 30, 2006, you may file for permanent partial disability:

- 26 weeks after receiving your last payment of temporary total compensation or wage loss; or
- 26 weeks from the date of injury if we do not pay compensation.
- We determine the percentage of permanent partial impairment based on the recommendation of an independent medical examiner.

We provide **permanent partial (scheduled losses) disability** compensation for loss of, or loss of use of, specific body parts due to a work-related injury or occupational disease. The location of the amputation or ankylosis, a total stiffness of the body part, determines the period of time for which we will pay compensation. Unlike C-92 benefits, there is no waiting period.

Facial disfigurement is a one-time award given to you if you experience a work-related facial or head disfigurement that either impairs, or may in the future impair, opportunities to seek and retain employment. The maximum facial disfigurement award is \$5,000 for claims with dates of injury prior to June 30, 2006, and \$10,000 for claims with dates of injury on or after June 30, 2006.

The IC may grant an additional award over and above normal workers' compensation payments if you prove your employer committed a **violation of a specific safety requirement (VSSR)** established by Ohio law. You have two years from the date of injury to file for VSSR compensation.

We pay **death awards** when a death results from a work-related injury. Dependents of the deceased at the time of death may be eligible.

A **lump sum advancement** is the prepayment of future compensation. Injured workers or a surviving spouse (in case of death) who receive permanent total disability, schedule loss or death benefits may request a lump sum advancement.

You also may file an application for a one-time, final **lump sum settlement** or partial settlement of your workers' compensation claim. Partial settlement may be for medical benefits only or compensation benefits.

As you can see, there are many forms of workers' compensation payments other than temporary total compensation. These are other ways we give you peace of mind and customer care that exceed your expectations. We work hard to provide effective services and programs to you and Ohio's employers.

Because we care

Our commitment also has enabled employers to provide their employees with the best medical care and return-to-work options. And because of our size and resources, we can provide one-on-one customer service.

Our Injured Worker Pledge of Service and commitment to personalized customer service include:

- Our e-business system, which allows you to connect with us anytime at ohiohwc.com. More than 90 online services are available to you 24 hours a day, seven days a week. That means you can file a claim online, access specific information, and find out who manages your claim and the customer service office it's located in, and more;
- LIVE support—When online, if you have a question about a particular service, or a problem navigating the system, you can click on LIVE support and get immediate personal help from 7:30 a.m. to 5:30 p.m. Monday through Friday.

Here are things we do to ensure you receive a timely benefit check:

- Provide faster and more efficient processes to ensure you get your benefits more quickly, whether it's your first benefit check or a claim settlement;
- Deliver a benefit check overnight if it's lost in the mail or not mailed timely;
- Accelerate the mailing of benefit checks around major holidays when mail service might be delayed;
- Provide electronic fund transfer or electronic benefit transfer services for timely receipt of benefits in your banking account or via a debit card;
- Improve payment lag times for lost-time claims, allowing us and the MCO to more effectively manage your claim and provide timely benefits.

We also have taken steps to ensure your benefits remain favorable and sufficient, including:

- Reviewing the rates for possible adjustment of permanent total disability recipients, who are also eligible for DWRF payments, four times a year;
- Reviewing, evaluating and adjusting benefit levels annually ensure benefit levels are fair and equitable.

We work hard to ensure you receive quick, appropriate care:

- Presumptive approval/authorization and proactive allowance permit medical providers to provide certain services for specific injuries immediately, and allow us to make quicker decisions on additional condition requests;
- Catastrophic nurse advocates, who possess specialized experience and training in the rehabilitation of severely injured workers, will ensure you receive quality customer care. The catastrophic nurse advocate is the liaison between the MCO and our customer service team managing the claim.

We make sure MCOs and physicians meet your needs. For example:

- We base MCO payment incentives on performance, including customer service and return-to-work success;
- We identify and decertify physicians not performing quality exams and reviews.

“... they (Portsmouth customer service office team 2) were very helpful with all my questions, and they showed compassion for me when I needed it, which to myself meant a lot ... You know ... you only hear the negative things of BWC. I know better. Thank you. Right now, I'm happy to say I have a job ... I just wanted to say thank you to the fine team work of everybody ... at BWC.”

— Jeffrey

We help your employer with funds and/or expertise to implement programs, such as:

- Transitional work for injured workers to help them get back to a productive lifestyle, and reduce the psychological impact of the injury;
- The SafetyGRANT\$ program for employers so they can purchase equipment that reduces the likelihood of cumulative trauma disorders;
- Remain-at-work services, including an ergonomic study, job analysis, on-site therapy, job modification and tools and equipment with any or all of these methods used to keep injured workers on the job.

But we don't stop there. Additional examples of BWC's one-on-one services include:

- You can contact our legal operations department at 1-800-OHIOBWC and the Ombuds office at 800-335-0996 for help or to get a workers' compensation question answered;
- Informational seminars on workers' compensation law for employee groups (e.g. annual AFL-CIO Workers' Compensation Institute for union representatives, Fraternal Order of Police and others);
- Comprehensive investigations for injured workers who file a VSSR award with the safety violations investigation unit. This means the hearing officer receives much more detailed information than was previously available.

As you can see, we are here for you, and we work with employers to make their workplaces safer, resulting in saved employees' lives and less work-related injuries. And we team up with MCOs and medical providers to save you time. Our services provide Ohio's work force with the safety programs, services and guidance to be more productive and successful.

Customer service offices

Call your local BWC customer service office for claims information.

Cambridge

61501 Southgate Road
Cambridge, OH 43725
Claims 800-644-6292

Canton

400 Third St., SE
Canton, OH 44702-1102
Claims 330-438-0638
Toll free 800-713-0991

Cleveland

615 Superior Ave., W. Sixth Floor
Cleveland, OH 44113-1889
Claims 216-787-3050
Toll free 800-821-7075

Columbus

30 W. Spring St., 11th floor
Columbus, OH 43215-2256
Claims 614-728-5416

Dayton

3401 Park Center Drive
Dayton, OH 45414
Claims 800-644-6292

Garfield Heights

4800 E. 131 St.
Garfield Heights, OH 44105
Claims 216-584-0100
Toll free 800-224-6446

Governor's Hill

8650 Governor's Hill Drive
Cincinnati, OH 45249-1369
Claims 513-583-4400

Hamilton

1 Renaissance Center
345 High St.
Hamilton, OH 45011
Claims 513-785-4500

Lima

2025 E. Fourth St.
Lima, OH 45804-4101
Claims 419-227-3127
Toll free 888-419-3127

Logan

P.O. Box 630
1225 W. Hunter St.
Logan, OH 43138-0630
Claims 740-385-5607
Toll free 800-385-5607

Mansfield

240 Tappan Drive, N., Suite A
Mansfield, OH 44906-8051
Claims 419-747-4090

Portsmouth

P.O. Box 1307
1005 Fourth St.
Portsmouth, OH 45662-1307
Claims 740-353-2187

Toledo

P.O. Box 794
1 Government Center, Suite 1136
Toledo, OH 43697-0794
Claims 419-245-2700

Youngstown

242 Federal Plaza, W.
Youngstown, OH 44503
Claims 330-797-5500
Toll free 800-551-6446

TTY/TDD Ohio Relay Service

Statewide 800-292-4833

Ombuds office

The Ombuds office is another source of information for injured workers. You can reach the Ombuds office at: 800-35-0996

By calling 1-800-OHIOBWC, you can reach key information areas and customer service representatives ready to respond to inquiries. The number is effective nationwide, and in Canada and Mexico. Automated information is available from 7 a.m. to 7 p.m.

Questions?

Visit our Web site at ohiobwc.com.

Call 1-800-OHIOBWC.