

Hanford's Guide to Industrial Insurance Benefits for Employees of Self-insured Businesses

Supplemental Guide

December 2002



Introduction

All injured workers receive the Washington Department of Labor and Industries (L&I) publication, "A Guide to Industrial Insurance Benefits for Employees of Self-Insured Businesses", when a claim is filed. Through the joint efforts of the U.S. Department of Energy (DOE), Contract Claims Services, Inc. (CCSI), and the contractors covered under this program, this pamphlet was created as a supplement to the L&I guide. It will provide you with information specifically related to the Hanford Site and DOE.

This pamphlet will expand on some of the rules and information provided in the L&I guide regarding some of the benefits you may be eligible for if you were injured on the job or developed an occupational disease. These benefits vary, depending on the nature of your injury/illness. They can include medical treatment, time loss, and other benefits/ services needed to aid in your recovery. It will also explain your rights and responsibilities throughout the claim process, as well as protesting and appealing decisions made on your claim.

What Is Industrial Insurance?

In Washington State, some employers are covered under the Labor and Industries (L&I) State Fund Program while other employers are self-insured. This "industrial insurance" covers medical expenses and pays a portion of wages lost while a worker recovers from a workplace injury or illness. DOE has elected to provide workers' compensation coverage for many of the contractors under the Self-Insurance Program. Therefore, as an employee of a self-insured business you are eligible for no-fault accident and disability coverage. This means you have the same rights and responsibilities as any other worker in Washington State.

To provide a system for processing the self-insured claims, DOE entered into a contract in 1999 with a third-party administrator, CCSI. Under this contract, CCSI is required to handle Hanford site claims in accordance with Washington State laws. As part of their contract, CCSI must conduct a full investigation of all claims before submitting them to L&I for allowance or denial. The investigation will address the incident described, injuries suffered, and causal relationship to the events that led to the injury. (Investigations vary depending on the nature of the injury or illness and may include recorded statements from injured workers and witnesses, obtain and review medical records, work history and exposure records, independent medical examinations, etc.) If a claim meets the Washington State criteria, CCSI is required to work closely with the employer and physicians to address return to work issues, ongoing treatment needs, recovery, and payment of related medical bills.

The Washington State L&I has oversight authority of the workers compensation claims process and will review all information before allowing or denying a claim. If L&I feels additional information is necessary, they will direct CCSI to obtain additional information. L&I will also review claims when requested by an injured worker only after CCSI has completed their process.

What If I Am Injured At Work?

Do not delay reporting your injury. Injuries must be reported within one (1) year of the date of accident. Occupational diseases must be reported within two (2) years after receiving written notice from a doctor that the condition exists and is work related. Below are some tips that can help you when filing a claim or during the processing of your claim:

1. Report your injury or exposure to your employer as soon as possible. Your employer needs to know about your condition and what caused it. Without knowledge of your work-related injury or occupational disease, your employer may ask CCSI to submit your claim to L&I, requesting denial. CCSI will conduct a full investigation prior to submitting any claim to L&I for a denial. L&I will also review all information before allowing or denying a claim.
2. You may file a claim for benefits by contacting the listed workers' compensation representative for your employer (*see insert*). The representative will assist you in completing a "Self-Insurer Accident Report" form and will forward it to CCSI for claims administration. If your injuries result in your inability to complete the form, someone else may file a claim on your behalf.
3. Communicate with your doctor. It is your responsibility to make sure your doctor knows your injury or disease is job-related and that your employer is self-insured. Your doctor must agree to provide treatment in accordance with the laws and L&I fee schedules that apply. If your doctor accepts workers' compensation patients, s/he must complete a "Physicians Initial Report" form and forward it to CCSI as required by law. NOTE: If your doctor elects not to provide treatment for workers' compensation claims, it is your responsibility to immediately choose an attending physician who accepts workers compensation patients.
4. Stay in touch with your employer. Work closely with your manager/supervisor as well as your employer's workers' compensation representative. Notify your employer and CCSI immediately if

there are any changes in your medical condition or if work restrictions are set by your physician.

5. Cooperate with those involved in your claim. The law requires that you cooperate with all reasonable requests from your doctor, employer and CCSI, as well as any others authorized to assist in your treatment, recovery, and return to work. This will avoid unnecessary delays and/or adverse decisions being made on your claim

NOTE: You must notify CCSI immediately of changes to your address or contact telephone numbers. Failure to do so may result in delays in receiving benefit checks or other important correspondence.

Beryllium-related Illnesses

Beryllium sensitivity or chronic beryllium disease claims are processed in accordance with Washington State laws. If you are in the Advanced Med Hanford (AMH) Beryllium Program, your medical information is transferable and can be used in the workers' compensation claim process. Please be aware that CCSI uses a different process from AMH and you have more responsibility in the workers compensation claim process. If diagnostic testing is required under the L&I process, the testing will be provided at either Harborview Hospital in Seattle, WA or at the National Jewish Hospital in Denver, CO. Your responsibility for a beryllium-related illness is no different than any other type of workers' compensation claim.

What Information is Needed to Support My Workers Compensation Claim

In order for a claim to be accepted, CCSI must conduct an investigation which may require the following:

1. A clear description of the work-related accident, work activities, or exposures that lead to the injury or illness requiring treatment. To confirm the events that occurred, you might be asked to provide a recorded statement regarding the

incident, treatment received, and prior injuries and/or treatment.

2. All related medical information, including a valid medical opinion with a valid diagnosis and the causal relationship to employment on a "more probable than not basis." The physician must include the objective medical evidence used to support the opinion of the diagnosis and its relationship to employment.
3. All medical records from each medical provider you have seen for the claimed condition or similar problems.
4. Work history questionnaires, union records release, and/or Social Security records release forms may be sent to you to complete and return if the claim is for an occupational disease.
5. Any related medical records from AMH and/or the onsite medical provider.
6. Employer exposure records/history, employment and wage verification, job description, and other pertinent employment related information.

worker to regain functional activity levels in the presence of an interfering accepted condition. Both types of treatment produce long-term changes.

4. Medically Reasonable - Treatment must be medically reasonable and must not be delivered primarily for the convenience of the claimant, attending physician, or any other provider. Treatment must demonstrate it is curative and/or rehabilitative and not be performed simply because it feels good.

All doctors, hospital, surgical, pharmacy, and other healthcare services meeting the above criteria and deemed reasonable and necessary for treatment of your work-related injury or occupational disease are paid directly by CCSI. Healthcare services are provided until your work-related injury is considered fixed and stable and has reached a point where further recovery is not expected; this means your condition has reached Maximum Medical Improvement.

Other services may include, but are not limited to: medication, convalescent center care, crutches, braces, artificial limbs, glasses, and hearing aids. Some automobile and home modification costs are covered for workers suffering amputation and/or paralysis. These workers also receive lifetime prosthesis maintenance, including replacements needed because of normal wear and tear of the prosthesis or related physical changes.

Healthcare Services

What Healthcare Services and Costs Will Be Covered by L&I?

Healthcare services and costs must meet the following criteria before payment by CCSI:

1. You must have an open and accepted claim.
2. Proper and Necessary - Treatment must be reflective of accepted standards of good practice within the scope of the provider's license or certificate. This means it must be a widely accepted form of treatment necessary for the nature of the injury/ illness and performed by a provider who is licensed or certified to perform said services.
3. Curative or Rehabilitative - Treatment must be of the type to cure the effects of a work-related injury/illness or it must be rehabilitative. Curative treatment produces permanent changes that eliminate or reduce the clinical effects of an accepted condition. Rehabilitative treatment allows an injured or ill

May I Choose My Doctor (attending physician)?

Yes. You may choose any doctor who is qualified to treat your condition and is reasonably convenient to you. Your attending physician must also be willing to provide treatment that is consistent with

Washington State laws and fee schedules. Qualified doctors include medical, osteopathic, chiropractic, naturopathic and podiatric physicians; dentists; optometrists; and ophthalmologists.

May I Change Doctors Once My Claim Is Filed?

Yes. You may change your attending physician or ask for a consulting opinion from another doctor if you feel you are not making progress with your current doctor. However, to ensure proper payment of medical bills, you must get approval from the CCSI Adjuster before changing doctors or seeking another opinion.

Who Pays My Medical Bills?

Usually there are no out-of-pocket expenses to you. However, if your eligibility for benefits has not been established, a provider may bill you. In that case, keep a copy of your invoice/receipt. If the bills are related to a condition that is ultimately accepted, you can send your invoices to CCSI for reimbursement. If your private insurance has paid the bills and you have paid co-payments, the medical provider is required to reimburse you and your insurance company in full and resubmit the bills to CCSI for payment in accordance with the Washington State Fee Schedule.

Healthcare providers should send their bills to:



CCSI, LP
P.O. Box 560
Richland, WA 99352.

Time-loss Compensation (Wage-replacement Benefits)

If you are unable to work as a result of your injury or occupational disease, you will be paid a portion of your regular wages. These time-loss compensation benefits will not provide you with the same income you earned when you were working. However, if your employer is covered under this DOE program, they may pay you the difference between your time-

loss benefits and what you were earning at the time of your injury for a period of time. To find out if your employer is covered, please contact your employer's workers' compensation representative (*see insert*).

The law does not cover wages for time lost from work for regular visits to your attending physician, physical therapy appointments, or any other forms of treatment you are receiving for your industrial injury. Therefore, CCSI is unable to consider wage loss under these circumstances. For additional clarification on this, contact your employer's workers' compensation representative (*see insert*).

How Do I Qualify for Time-Loss Compensation?

Your attending physician must provide written documentation to CCSI that s/he certifies that your condition is work related and that you are unable to work. Your attending physician's certification must be based on a physical exam that reveals objective findings to support their opinion that: a) an injury or condition exists; b) the injury or illness is related to the incident described on a "more probable than not basis"; and c) you are unable to work for the specified period due to the direct effects of the industrial injury. Objective findings are those findings that are directly observed and noticeable by the medical provider. This includes factual information, such as the physical exam, lab tests, x-rays, etc.

When Will I Receive Time-Loss Compensation Benefits and How Long Will I Receive It?

Benefits are paid within 14 days of receiving a claim and every 14 days thereafter, as long as your doctor continues to certify that, based upon objective medical evidence, your condition prevents you from returning to any work. In order to avoid a delay in your benefits, you and your attending physician need to keep your employer and CCSI informed of your progress.



Will I Ever Have to Return Time-Loss Compensation Benefits?

If your claim is ultimately rejected as not work related, you will be required to refund the benefits you received provisionally during the investigation. You may also be required to reimburse benefits if information indicates you were able to work or did work days for which you received benefits. Additionally, you may be required to refund a portion of time-loss benefits if new information shows your check should have been for a lower amount. To avoid overpayments, it is important that you notify CCSI immediately if you return to work or if the information used to calculate your time-loss benefits is inaccurate.

How Are Time Loss Compensation Benefits Calculated?

For Injuries

The amount of your time-loss benefit check will be based on your total wages at the time of injury, regardless of when the claim is filed. You will receive between 60% and 75% of your total wages, depending on your marital status as well as the number of dependents you have. You will receive 60% of your wages for yourself, an additional 5% if you are married, and 2% for up to 5 dependent children under 18 years of age, unless enrolled in school. These benefits cannot exceed specified limits based on a percentage of the state's average wage.

Wages include the following: a) your wages earned before taxes, including any income from a second job; b) the average number of hours worked overtime in the 12 months prior to the date of injury; c) medical, dental, and optical benefits paid by your employer; d) all reasonable value of room and board, housing, fuel or similar considerations received from your employer as part of your income; and e) any bonus you received as a part of the contract of hire with the employer at the time of injury.

If your work is essentially part-time or intermittent, your monthly wage is determined by averaging the total wages earned from all employment in any 12 successive calendar months preceding the injury that most fairly represents your employment pattern.

For Occupational Diseases (including beryllium-related diseases)

Gross income is based on the date you were last exposed, your first required medical treatment, or when you became disabled, whichever came first. Benefits are the same as above.

For Asbestos-Related Diseases the responsible employer for asbestos-related claims is the "Last Employer of Significant Exposure Which Gave Rise to the Manifestation of the Disease." Many people who suffer from asbestos-related diseases have a very extensive employment history with multiple employers covered by Federal, state, or maritime industrial insurance laws. Because of this, it is often difficult to determine the responsible employer. This becomes even more difficult on the Hanford Site because of the numerous past and present subcontractors who carry their employee's industrial insurance coverage and are not covered under this self-insured program. Because medical treatment is often urgent, L&I will provide benefits to those who would be eligible under Washington State law.

To be eligible, there must be objective clinical findings to prove you have an asbestos-related occupational disease. Also, your work history must indicate an exposure to asbestos fibers while you worked for a covered employer within Washington State. Once the responsible employer has been established, L&I will pursue reimbursement of any payments from that employer.

What Is An Independent Medical Evaluation And Why Do I Have To Be Subjected To It?

As part of the workers compensation/L&I process, it may become necessary for CCSI to schedule an independent medical examination (IME). An IME can occur:

1. To ensure that you receive appropriate care for your workplace injury or occupational disease.
2. When your physician, employer, CCSI or L&I have requested an evaluation of your condition.
3. When a question arises about the type and/or

duration of treatment you need.

4. When you have asked to have your claim allowed, closed, or reopened.
5. To ensure your condition is no longer in need of treatment.
6. To evaluate whether any permanent impairment has resulted and to what extent.
7. When there are differing medical opinions as to the diagnosis of your condition(s), relationship to your work activities, impact of pre-existing conditions, treatment recommendations, ability to work, and other issues that may develop.

Refer to the Travel Reimbursement section in this pamphlet for information related to lost wages and travel expenses.

I Have Been Scheduled for a IME, What Am I Responsible For?

You will receive a letter via regular and certified mail, from the assigned CCSI Adjuster. The letter will advise you of where and when the exam will take place. It is your responsibility to keep your appointment. If you have good reason for rescheduling your exam and you provide CCSI with enough notice, your claim will not be affected. To reschedule, contact the assigned CCSI Adjuster at least 5 working days before the exam. CCSI pays for costs associated with the IME, if you appear and cooperate. NOTE: If you fail to attend the exam without good cause, your time-loss benefits may be reduced by the amount of the examination charge. You may also jeopardize other benefits you would otherwise be entitled to.

If you are required to lose time and wages from work to attend an IME, you will be entitled to reimbursement of your lost wages.

What About My Travel To And From Appointments? Who Pays For It?

In accordance with Washington State laws, CCSI may authorize reimbursement of travel expenses for the following reasons:

1. If you must travel more than 10 miles from home to the nearest point of adequate health-care services;
2. If you need fitting of a prosthetic device;
3. If you are requested by CCSI to attend an independent medical exam;
4. If it is necessary to travel more than ten (10) miles to participate in your approved vocational retraining plan.

When it is deemed necessary for you to travel, your costs for mileage, food, and lodging will be reimbursed at established L&I rates. Because these rates change periodically, contact the CCSI adjuster for the applicable allowable rates prior to traveling. This will enable you to make informed decisions about your lodging and meals you will choose. Other reimbursable transportation costs may include: parking fees, bridge and ferry tolls. **Receipts are required for all expenses except parking expenses under \$10.00.**

To receive travel reimbursement, please use the "Injured Worker Travel Expense Voucher" available from CCSI or a local L&I office. Complete the form and clearly note the date, destination, and reason for travel. Submit the completed form to your adjuster at:



CCSI, LP
P.O. Box 560
Richland, WA 99352

You must submit this form to CCSI within one (1) year of the date of travel for reimbursement to be considered.

How And When Is A Claim Closed By CCSI?

Three factors must be considered before CCSI can submit your claim for closure:

1. Your medical condition must be considered fixed and stable with no further treatment necessary.
2. Your ability to work based on your injury.
3. Any permanent partial impairment you may suffer due to the injury.

CCSI will address these issues with physicians who evaluated you throughout the course of your claim. CCSI will send a recommendation to accept or deny the claim based on all the information obtained.

Upon receipt of the claim, L&I will review it and make a determination. L&I will not support any request for claim closure without sufficient medical information confirming your condition is fixed and stable with no further treatment necessary and that you are physically able to work. L&I will also determine whether you are entitled to a Permanent Partial Disability Award.

What If I Disagree With a Vocational Decision Made On My Claim?

L&I's Self-Insurance Section approves or disapproves determinations made by CCSI, your vocational counselor, and/or employer about your ability to work. If you disagree with the decision L&I makes, you have the right to protest it. You must send a written complaint within 15 days after receiving the notice with which you disagree, to:

Vocational Dispute Resolution Office
(VDRO), L&I
P.O. Box 44880
Olympia, WA 98504-4880

The VDRO office will investigate your complaint and help resolve the dispute. Their recommendations will then go to the Director of L&I, who will make a final decision.

How Do I Protest Other Decisions Related to My Claim?

CCSI will review your claim and submit it to L&I, requesting a formal decision. L&I will review your file and issue a formal Order and Notice of their decision. You will receive a copy of the Order and Notice in the mail, which will provide an explanation of the decision. It will also advise you of your rights and responsibilities, if you disagree with the decision that was made on your claim. You have the right to protest it to L&I or appeal the decision directly to the Board of Industrial Insurance Appeals.

Are Other Benefits Available To Me?

Vocational Services, Permanent Partial Disability Awards, Pension/Permanent Total Disability, and Survivor Benefits are available. Refer to the Department of Labor & Industries publication, "A Guide to Industrial Insurance Benefits for Employees of Self-Insured Businesses", which is available on the Internet at <http://www.lni.wa.gov/ipub/207-085-000.pdf>.

Protest To The Department Of Labor & Industries

Send written protests to: Department of Labor & Industries

Self-Insurance Section
P.O. Box 44892
Olympia, WA 98504-4892

Send a copy to:

CCSI, LP
P.O. Box 560
Richland, WA 99352

A written protest must be sent to L&I within 60 days of receiving the decision you disagree with. The protest should provide a detailed explanation for your disagreement of the decision and include any documentation you feel would support reconsideration of that decision.

L&I will review your protest, reconsider the decision made, and issue a new Order and Notice. If you disagree with this decision, you will have the right to appeal it in writing to the Board of Industrial Insurance Appeals in Olympia.

Appeal To The Board Of Industrial Insurance Appeals After Protest To Labor & Industries

Send your appeal in writing to:

Board of Industrial Insurance Appeals
2430 Chandler Ct., SW
PO Box 42401
Olympia, WA 98504-2401

Appeals must be sent to the Board within 60 days of receiving L&I's decision. The Board of Industrial Insurance Appeals is independent of L&I and conducts hearings on claim issues that cannot otherwise be settled to the satisfaction of you, CCSI, your employer, or L&I. The Board issues a written decision about your case after personal arguments and testimony have been taken. For additional information, contact the Board of Industrial Insurance Appeal at 360-753-6823 or 1-800-442-0447 (in-state toll-free line).

References: U.S. Department of Labor and Industries, “Employees of Self-Insured Businesses: A Guide to Industrial Insurance Benefits”

State of Washington Board of Industrial Insurance Appeals,
“Your Right to be Heard”

Washington State Labor and Industries web site:
www.lni.wa.gov

