

# Loss Control Newsletter

Kansas Automobile Dealers Workers' Compensation Fund

This newsletter is distributed to you by the Kansas Automobile Dealers Workers' Compensation Fund (KADWCF) to increase the awareness of and stress the importance of safe work practices.

## Implementing a Return-to-Work Program

The single most important factor in controlling injury claim costs is bringing the injured employee back to work in a timely manner. By proactively managing a return-to-work (RTW) program, you can significantly reduce your indemnity claim costs and avoid certain medical costs. Key RTW program components include:



- Identifying a limited number of positions that lend themselves to alternative work.
- Picking good candidates: those generally in good health who also exhibit a willingness to return.
- Obtaining clearance in writing from the employee's physician.
- Keeping the employee's supervisor(s) in the loop.
- Setting time limits for alternative work.
- Developing a target schedule to expand and increase work functionality.
- A formal work hardening program to increase the employee's strength and stamina.
- When appropriate, physical, vocational and psychological rehabilitation assistance.

The more alternative work assignments you can provide an injured worker, the more likely you will achieve success in your RTW program. First, have a detailed written position description for each job. Then consider some alternatives to migrate the injured employee from the alternative jobs back to his/her primary job. Options for work capacity include:

- Returning to the old position with/without modifications.
- Returning to a new position, using transferable skills or requiring a new skill set.
- Permanent part-time return.
- Temporary part-time return.

RTW programs are not a panacea as injury and worker circumstances vary. Workers most likely to return to a modified environment will exhibit a positive attitude, will not be hampered by negative input (family, community, co-workers urging them to stay at home), will generally be in good physical health, and will have a wage base well above their indemnity rate. Job position descriptions should include:

- A concise description of the job and its requirements, including heat/cold, fumes/dusts/gases, chemicals, machinery, noise and equipment to be used.
- Physical demands including requirements for frequency/weights, standing/walking/sitting, lifting/carrying/pushing, moving fingers/hands, climbing stairs/ladders, balancing/kneeling/squatting.

The supervisor plays an important role in the (RTW) process; keep them in the loop. They can provide valuable perspective on alternative jobs or modifications to the old job; they can maintain the supervisor/employee relationship; and they can send a card or make a call to the employee.

If you have any questions regarding this newsletter or for additional loss control information, please contact Mark Valentine at 816-698-4611 or via email at [mark.valentine@aon.com](mailto:mark.valentine@aon.com).



## Identifying Exaggerated and Fraudulent Claims

A small percentage of workers' compensation claims are fraudulent. However, nearly 25% of all lost-time claims are "exaggerated." In other words, the employee has recovered enough to return to work but hasn't returned to work. This can be a result of employee intent, the medical provider's lack of knowledge about the job requirements, employer disinterest, and other factors. Examples of taking advantage of the system include:

- Staging accidents
- Faking injuries
- Claiming that a non-work related injury occurred on the job
- Inflating the degree of an injury and the length of disability
- Claiming an old injury is a new work related injury
- Malingering, i.e. exaggerating injury conditions

These types of claims can be frustrating for the dealership employees responsible for handling them, but methods exist to identify such claims. When a claim is reported, keep in mind these commonly used injury tactics and warning flags:

1. **Monday Morning Reports:** The alleged injury occurs first thing on Monday morning, or the injury occurs late on Friday afternoon but is not reported until Monday.
2. **Suspicious Providers:** An employee's medical providers and legal consultants have a history of handling suspicious claims, or the same doctors and lawyers are used by groups of claimants.
3. **Conflicting Descriptions:** The employee's description of the accident conflicts with the medical history or first report of injury.
4. **Treatment is Refused:** The claimant refuses a diagnostic procedure to confirm the nature or extent of the injury.
5. **Claimant is Hard to Reach:** The alleged disabled claimant is hard to reach at home.
6. **Employment Change:** The reported accident occurred immediately before or after a strike, job termination, layoff, completion of a big project or the conclusion of seasonal work.
7. **No Witnesses:** There are no witnesses to the accident and the employee's own description does not logically support the cause of injury.
8. **History of Claims:** The claimant has a history of suspicious or litigated claims.
9. **Late Reporting:** The employee delays reporting the claim without a reasonable explanation.
10. **Changes:** The claimant has a history of frequently changing physicians, home address and employers.

## Reporting a claim to Gallagher Bassett (GB)

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**Fund Account Number: 004352**

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**Internet:** [www.risxfacs.com](http://www.risxfacs.com)

**Telephone:** 1-800-779-6142

**Fax:** 1-800-748-6159

**Email:** [tnwclaims@tnwinc.com](mailto:tnwclaims@tnwinc.com)

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### Dedicated Adjuster:

Josie Landes – Senior Adjuster  
 Phone: 816-216-5516  
[Josephine\\_Landes@gbtpa.com](mailto:Josephine_Landes@gbtpa.com)

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### Claim related medical bills should be mailed to:

Gallagher Bassett Central Bill  
 Processing Center  
 P.O. Box 23812  
 Tucson, AZ 85734

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### Any other claim related information should be mailed to your adjuster at:

Gallagher Bassett  
 1300 E. 104<sup>th</sup> Street, Suite 200  
 Kansas City, MO 64131

**or Fax to:** 816-942-0695

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**You can also email the information directly to the adjuster. The preferred method to report claims is via the internet.**

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