

### SECTION 5

## CLAIMS MANAGEMENT

Prompt reporting of claims and treatment of injuries, regardless of severity, is an important means of reducing accidents. Management must be informed so any appropriate treatment can be arranged.

It must be remembered that the overriding reason for prompt and accurate reporting is to prevent the same kind of accident from happening again. Protecting our employees is of utmost importance and this communicates to the employee our concern for their safety and well-being.

### **WORKERS' COMPENSATION**

Employees who experience a work related injury or illness may choose to file a workers' compensation claim. Employees are not required to file a claim if they do not wish. Employees who wish to file a workers' compensation claim shall:

- complete the worker section of the State of Oregon Workers' and Employers' Report of Occupational Injury or Disease Form (801) on the County intranet according to the instructions attached to it (also located on pages 5-3 to 5-4 below);
- keep a copy of the completed 801 form for your records;
- deliver the completed 801 form by hand or mail to your supervisor. If delivered by mail, use certified mail so that you have record of the date it was mailed as well as the date it was delivered;

Upon notification by an employee that:

- they have been injured and the injury/illness requires medical treatment greater than first aid; **and**
- the injury/illness is work related; **and**
- the employee wishes to file a workers' compensation claim;

the supervisor shall:

- ensure an I/A report has been completed (Section 4: Incident & Accident Procedures);
- locate the State of Oregon Workers' and Employers' Report of Occupational Injury or Disease Form (801) on the County Intranet and have the employee complete the Worker's section according to the instructions attached to it;
- complete the Employer's section of the 801;
- send the completed form to the Risk Management Division within 5 days from the date of injury or from the date the supervisor knows the injury/illness is work related, whichever is sooner. If the injured worker is not available to sign the 801, complete as much of both sections as possible and forward to the Risk Management Division within the time frame given above;
- inform the Risk Management Division by phone and complete a "Return to Work" form when the injured worker returns to work and send it to the Risk Management Division that same day.

### **Discretionary Claim Filing**

When does an on-the-job “incident” become a claim? Some of our workers’ compensation claims are actually “incidents” that need not be filed as a claim. They are “discretionary”, in that they are aches and pains (pain complaints) that come from hard work. Our managers and supervisors have the responsibility of determining how to handle on-the-job incidents. The Risk Management Division can assist supervisors and managers in making these decisions.

To ensure proper handling of incidents/ injuries:

- Be aware it is illegal to refuse an employee the right to file a workers’ compensation claim, or to hide (not report) an on-the-job injury that results in professional medical care or time loss;
- Encourage “walking off” pain complaints rather than immediately filing a claim – but use good judgment. When in doubt – file a claim; and
- Show plenty of TLC and compassion for each injury, incident or pain complaint. But also use good judgment in knowing when to send employees out for medical treatment. Do not refuse to take a claim, or in any way discriminate against an employee who reports an on-the-job incident.



# Understanding workers' compensation claims

## A guide for workers recently hurt on the job

**With some exceptions, you must file a workers' compensation claim with your employer within 90 days of injury or within one year of learning you have an occupational injury or illness.** Failure to do so may result in denial of the claim. Knowingly making a false statement or representation for the purpose of obtaining a benefit or payment is punishable by law.

**Form 801 is your receipt that you gave notice of a claim. Keep a copy as your record.** Your employer is required to submit your claim to its insurer within five days. The insurer must notify you of its acceptance or denial of your claim within 60 days after the date your employer knows of your claim. If your employer is self-insured, the acceptance or denial notice will be sent by your employer or the company your employer has hired to process its workers' compensation claims. If your claim is denied, the reason for the denial and your rights will be explained.

**If you have questions, contact your employer's workers' compensation insurer.** If you do not know who your insurer is, call the Employer Index in Salem at (503) 947-7814 or toll-free (888) 877-5670.

If you have a disabling claim, your insurer will send you a brochure called "*What happens if I'm hurt on the job?*" that should answer many of your questions. If you still have questions, call the Ombudsman for Injured Workers for help understanding your rights and responsibilities: (503) 378-3351, (800) 927-1271, or TTY (503) 947-7189. For general information about benefits, call the Workers' Compensation Division at (503) 947-7585, (800) 452-0288, or TTY (503) 947-7993.

**Tell your doctor or authorized nurse practitioner that you were hurt on the job.**

Your doctor or authorized nurse practitioner will ask you to fill out a Form 827 – "*Worker's and Physician's Report for Workers' Compensation Claims.*" Your doctor or authorized nurse practitioner will send the Form 827 to the insurer for you.

**May I get treatment from any doctor?**

Unless the insurer has enrolled you in a managed-care organization (MCO), you may treat with any medical provider who qualifies as an "attending physician" under Oregon law or any authorized nurse practitioner. Your attending physician or authorized nurse practitioner is primarily responsible for your care and will tell you if there are any limits to the services he or she can provide.

Only your attending physician or authorized nurse practitioner can authorize time off work, reduce your work hours or duties, or release you to go back to work.

**Who will pay my medical bills?**

If your claim is accepted, the insurer will pay medical bills related to the medical condition they accepted in writing. **Save your receipts** for prescription medications, transportation, and other bills you pay for treatment related to the medical condition the insurer accepted. You may then request reimbursement in writing from the insurer.

Bills are not paid if your claim is denied or if the bills are related to a condition other than that accepted in writing by the insurer. Contact the insurer if you have questions.

**If I can't work, will I receive payments for lost wages?**

You will receive temporary disability payments if your attending physician or authorized nurse practitioner notifies the insurer that you **cannot work** due to your injuries or releases you to modified work that results in a loss of wages. Generally, you will not be paid for the first three calendar days of lost wages. However, you may receive payment for those three days if you are not released to do any type of work for at least 14 days from the time you left work, or if you were admitted to a hospital during your first 14 days of total disability.

If you have another job, you may be eligible to receive supplemental disability payments. To receive these benefits, you must notify the insurer about your other job(s) **within 30 days of the insurer's receipt of your initial claim** and provide proof of wages paid to you on the other job(s) (i.e., check stubs or payroll records).

**What can I do to make sure I receive benefits to which I am entitled?**

- **Find out the legal business name of your employer** and the name of its workers' compensation insurer. The Employer Index can help you identify the insurer if the employer is known.
- **Keep all medical appointments** and follow your attending physician's or authorized nurse practitioner's instructions.
- **Read and keep copies** of all letters and forms you receive regarding your claim.
- **Keep notes** of phone calls, including with whom you speak, subject matter, and dates.
- **Observe all deadlines.** Do not be late to submit information or to file appeals.
- **Contact your employer** immediately when your doctor releases you for work.

**If you have questions** about your claim that are not resolved by your employer or insurer, contact the Ombudsman for Injured Workers at (800) 927-1271.

440-3283 (8/04/DCBS/WCD/WEB)

## RISK MANAGEMENT MANUAL

Clackamas County Risk Management  
2051 Kaen Road  
Oregon City OR 97045  
(503)655-8459

### Report of Job Injury or Illness

Workers' compensation claim

#### Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give it to your employer. **If you do not intend to file a workers' compensation claim with the insurance company, do not sign the signature line.** Your employer will give you a copy.

Date of injury or illness:	Date you left work:	Time you began work on day of injury: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Regularly scheduled days off: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W T F S S	<b>DEPT USE:</b> Emp Ins Occ Nat Part Ev Src 2src
Time of injury or illness: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time you left work: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Check here if you have more than one job: <input type="checkbox"/>		
What is your illness or injury? What part of the body? Which side? (Example: Sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right				
What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				
<b>Information ABOVE this line; date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.</b>				
Your legal name:		Language preference:	Birthdate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Your mailing address:			Home phone:	
Social Security no. (see Form 3283):		Occupation:	Work phone:	
Names of witnesses:				
Name and phone number of health insurance company:		Name and address of health care provider who treated you for the injury or illness you are now reporting:		
Were you hospitalized overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>By my signature,</b> I am making a claim for workers' compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. <b>Notice:</b> Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.				
Worker signature:		Completed by (please print):		Date:

#### Employer

Complete the rest of this form and give a copy of the form to the worker. Notify your workers' compensation insurance company within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

Employer legal business name: Clackamas County		Phone:	FEIN: <b>93-6002286</b>	
If worker leasing company, list client business name:			Client FEIN:	
Address of principal place of business (not P.O. Box): <b>2051 Kaen Road, Oregon City OR 97045</b>			Insurance policy no.: Self-Insured	
Street address from which worker is/was supervised: ZIP:			Nature of business in which worker is/was supervised:	
Address where event occurred:				
Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No			OSHA 300 log case no:	
Date employer knew of claim:	Date worker returned to work:	Worker's weekly wage: \$	Date worker hired:	If fatal, date of death:
Employer signature:		Name and title (please print):		Date:

**OSHA requirements:** On-the-job fatalities and catastrophes must be reported to Oregon OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to Oregon OSHA. Call 800-922-2689, 503-378-3272, or Oregon Emergency Response, 800-452-0311, on nights and weekends.

801



**Evelyn Minor-Lawrence**  
Director

**DEPARTMENT OF EMPLOYEE SERVICES**

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**PUBLIC SERVICES BUILDING**  
2051 Kaen Road | Oregon City, OR 97045

## **NOTICE TO MEDICAL PROVIDERS**

Clackamas County is self-insured for Workers' Compensation. Any medical reports and/or billings should be mailed to the following address:

**Clackamas County Risk Management  
2051 Kaen Road Suite 310  
Oregon City, OR 97045**

**Phone: 503-655-8459  
503-655-8577  
503-742-5477**

**Fax: 503-742-5478**

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## RISK MANAGEMENT MANUAL

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Clackamas County is self-insured and self-administered for workers' compensation coverage for our employees. If an employee needs to receive medical treatment as a result of a work-related injury or condition, the County does not direct where the employee receives medical care. It is recommended to treat with a provider or clinic that is part of the employee's private health insurance network. This way, if for some reason workers' compensation does not pay for the services, it is more likely the private health insurer will.

Here are some guidelines for our employees who are looking for options on where to go for care:

### IF THE CONDITION IS NOT LIFE-THREATENING:

- The employee's own **primary care provider** is a valid choice
- **Occupational Health clinics** through Providence or Kaiser. Some choices in the Oregon City area:

#### **Kaiser Mt. Talbert Occupational Health**

10100 SE Sunnyside Rd.  
Clackamas, OR 97015  
(503) 571-3366  
<https://healthy.kaiserpermanente.org/health/care/poc/>

#### **Providence Occupation Health, Clackamas**

9290 SE Sunnybrook Rd., Ste. 210 and 220  
Clackamas, OR 97015  
(503) 215-2890  
<http://oregon.providence.org/our-services/w/workplace-health-services/locations/>

- **Urgent or immediate care centers.** Some choices in the Oregon City area:

#### **Legacy GoHealth Urgent Care**

1900 McLoughlin Blvd., #127  
Oregon City, OR 97045  
(503) 305-6159  
<http://www.gohealthuc.com/metro/legacy/locations/oregon-city>

#### **Providence Immediate Care**, numerous locations in the area

<http://oregon.providence.org/our-services/i/immediate-care-clinics/locations/>  
(503) 215-9900

#### **Happy Valley**

16180 SE Sunnyside Rd., #102  
Happy Valley, OR 97015

#### **Canby**

200 S Hazel Dell Way  
Canby, OR 97013

- **Urgent or immediate care centers, Continued**

#### **Bridgeport**

18040 SW Lower Boones Ferry Rd., #100  
Tigard, OR 97224

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## RISK MANAGEMENT MANUAL

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(503) 216-0700

**Kaiser Mt. Scott Medical Office Urgent Care**

9800 SE Sunnyside Rd.

Clackamas, OR 97015

(503) 652-2880

<https://healthy.kaiserpermanente.org/health/care/poc/>

**IF THE CONDITION IS LIFE-THREATENING, NEEDING HOSPITAL CARE:**

There are a number of ***emergency rooms*** in the area:

**Providence Willamette Falls Medical Center**

1500 Division St.

Oregon City, OR 97045

(503) 656-1631

<http://oregon.providence.org/location-directory/p/providence-willamette-falls-medical-center/contact-us/>

**Legacy Meridian Park Medical Center**

19300 SW 65<sup>th</sup> Ave.

Tualatin, OR 97062

(503) 692-1212

<http://www.legacyhealth.org/locations/hospitals/legacy-meridian-park-medical-center/in-an-emergency.aspx>

**Kaiser Sunnyside Medical Center**

10180 SE Sunnyside Rd.

Clackamas, OR 97015

(503) 652-2880

<https://healthy.kaiserpermanente.org/health/care/poc/>

When asked for the ***workers' compensation insurance carrier's information***:

**Clackamas County Risk Management**

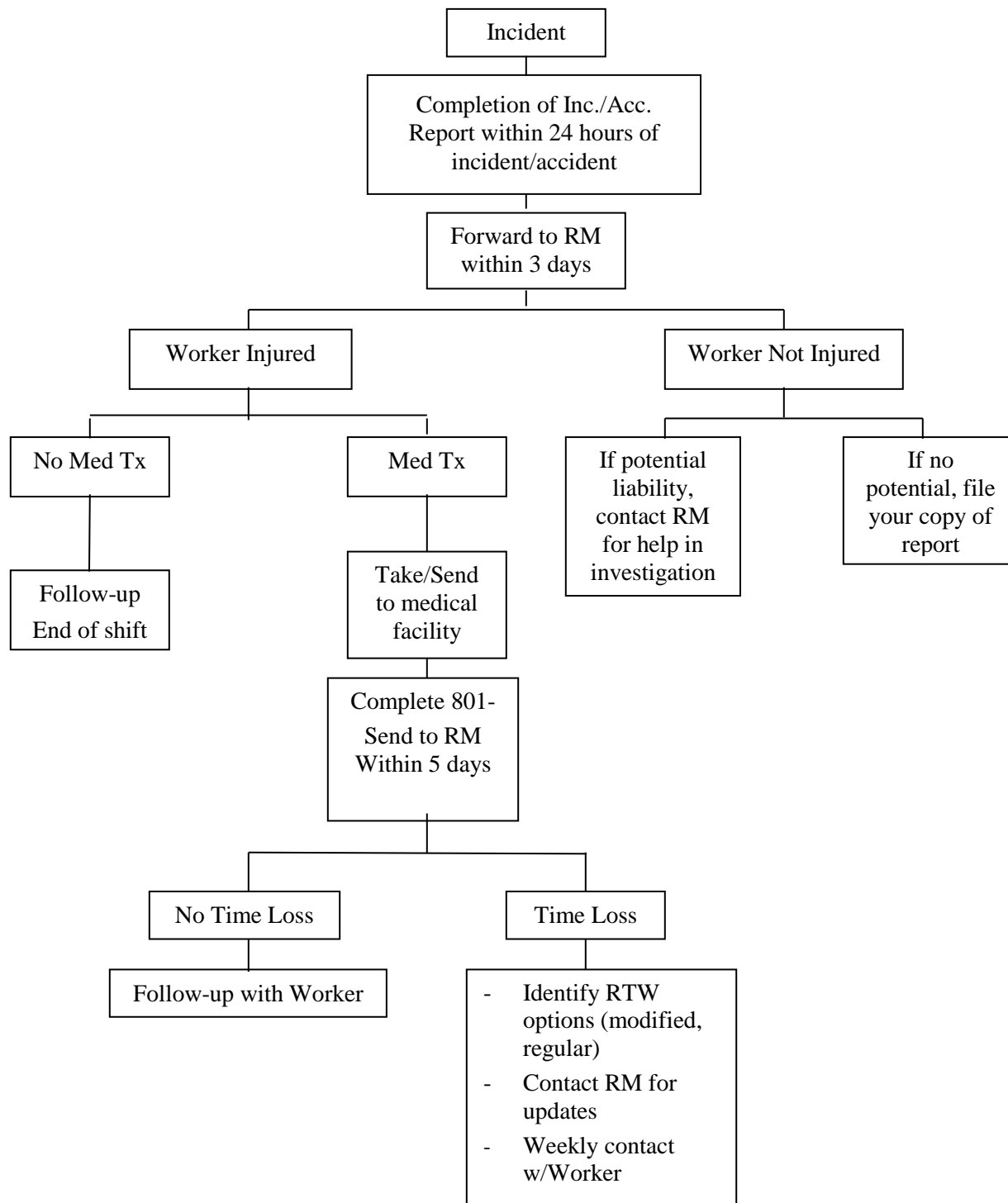
2051 Kaen Rd., #310

Oregon City, OR 97045

Phone: (503) 655-8577 or (503) 742-5477

Fax: (503) 742-5478

## WORKERS' COMPENSATION FLOW CHART





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## RISK MANAGEMENT MANUAL

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### LIABILITY

When an individual or organization wishes to file a claim against the County, or a notice of a Liability Claim is received, supervision and Risk Management/County Council must be notified immediately or as soon as is reasonably possible. Liability Claims include and are not limited to Lawsuits, Torts and claims for damages or injuries resulting from a vehicle or non-vehicle accident. Third parties inquiring about the process of filing a Claim against the County should be referred to Risk Management.

When a notice of Claim, Lawsuit or Tort is received,

The employee shall:

- immediately notify their supervisors; **and**
- relinquish any and all original documentation related to the incident to their supervisor and/or Risk Management;
- refer other parties to Risk Management for any inquiries about initiating a claim against the county or for any communication about an existing claim;

The supervisor shall:

- forward the notice and all supporting documentation to the Risk Manager or County Counsel;
- immediately give verbal or e-mail notification to Risk Management or County Counsel regarding the arrival of the Claim, Lawsuit or Tort notice.
- not discuss or agree about possible causes of the incident or accident with anyone except Risk Management, County Counsel or the Third Party Administrator.
- not discuss insurance or claim settlements with anyone.
- not admit responsibility for the County or indicate the County will pay any expenses.

County Council shall:

- have the County Counsel Administrative Assistant scan and email the notice or report with all supporting documentation to the Risk Manager and the Wellness and Safety Program Assistant, unless the Claim, Lawsuit or Tort Notice was supplied by Risk Management.
- keep all original documentation on file.

Risk Management shall:

- have Risk staff assign a claim number
- scan and email a copy of the notice with claim details (including claim number) to County Counsel, the Risk Manager and the Third Party Administrator. If the claim involves the Sheriff Office, then the designated management level employee assigned to handle risk management matters should be included in the email.
- forward all original notices or documents that are received by Risk Management to the County Counsel Administrative Assistant to keep on file.

Third Party Administrator shall:

- set up a claim and issue an acknowledgement letter including claim number to Risk Management with a carbon copy email to the County Counsel Administrative Assistant

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## RISK MANAGEMENT MANUAL

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when the claim information and Notice of Claim, Lawsuit or Tort is received from Risk Management.

- Manage its own internal communication processes.

Neither Risk Management nor County Counsel will require a copy of the letter the Third Party Administrator sends to the claimant or claimant's attorney.

### **LIABILITY CLAIM SETTLEMENT PROCESS**

Section 2, Rule 4.8 through 4.10 under the Rules and Regulations sub-section of the Risk Manual describe the settlement authority levels for settling casualty/liability claims. The following process will describe how these authority levels are documented in specific claims. It is important to note that this process relates to settlements, which is distinguishable from payments made for third party damages where no dispute exists.

- When a dispute exists with a third party, the County wishes to settle the claim, and the dollar amount is within the Risk Manager's (RM) authority (\$5,000 or less), the Third Party Claims Administrator (TPA) shall provide a written request for settlement authority. The request will include sufficient detail for the RM to make a decision to approve the settlement. The RM will respond to the TPA in writing with the decision. The written request and response will be made part of the claim file within the TPA's Risk Management Information System (RMIS) by the TPA.
- For disputes where settlement authority is sought between \$5,000 and \$40,000 and the claim is being processed by the TPA, the TPA shall provide a written request for settlement authority to the RM. The request will include sufficient detail to make a decision to approve the settlement. The RM will forward the request to County Counsel (CC) for review. The RM and CC will either agree to approve the request, request additional information or deny the request. The RM will communicate this decision to the TPA in writing with a cc to CC. This communication will be made part of the claim file within the RMIS by the TPA.
- For disputes where settlement authority is sought between \$5,000 and \$40,000 and the claim is being processed by CC, CC and the RM shall discuss the claim and come to an agreement on the amount of settlement. This agreement will be provided to the TPA in written form by the RM requesting that payment be made to the appropriate parties. The written request will be made part of the claim file within the RMIS by the TPA.
- For disputes where settlement authority is sought between \$40,000 and \$80,000 and the claim is being processed by the TPA, the TPA shall provide a written request for settlement authority to the RM. The request will include sufficient detail to make a decision to approve the settlement. The RM will forward the request to County Counsel (CC) for review. The RM and CC will either agree to approve the request, request additional information or deny the request. Upon agreement, CC and the RM shall advise the County Administrator (CA). This agreement, including a notation that the CA was advised, will be provided to the TPA in written form by the RM requesting that payment be made to the appropriate parties. This communication will be made part of the claim file within the RMIS by the TPA.
- For disputes where settlement authority is sought between \$40,000 and \$80,000 and the claim is being processed by CC, CC and the RM shall discuss the claim and come to an agreement on the amount of settlement. Upon agreement, CC and the RM shall advise the

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## RISK MANAGEMENT MANUAL

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County Administrator (CA). The CA will send an email to the RM confirming same. This agreement, including a notation that the CA was advised, will be provided to the TPA in written form by the RM requesting that payment be made to the appropriate parties. The written request will be made part of the claim file within the RMIS by the TPA.

- For disputes where the settlement amount is between \$80,000 and \$100,000, once the settlement amount has been agreed upon by the CA, CC and the RM and a settlement agreement reached, there will be written communication with the TPA by the RM outlining the details of the settlement and requesting payment(s) be made. This communication will be made part of the claim file within the RMIS by the TPA.
- For disputes where the settlement amount is \$100,000 or more, a briefing with the Board of County Commissioners (BCC) will occur in Executive Session, where no final decision can be made but direction can be provided. Upon formal approval of the BCC at a Public Hearing, County Counsel will request in writing from the RM that payment be issued per the terms of the settlement. Approval from the BCC will be documented in the business meeting agenda and minutes. Upon receipt of CC's request, the RM will send written communication to the TPA outlining the details of the settlement and requesting payment(s) be made. This communication will be made part of the claim file within the RMIS by the TPA.