

Employer Guide



COLORADO Department of Labor and Employment

Division of Workers' Compensation

We would love to hear from you.

Complete our brief survey to let us know how we can better reach you. Your feedback helps us improve our service to you.

surveymonkey.com/r/CODWC

Para la guía en Español, visite codwc.box.com/v/EmployerGuide-Espanol



Thank you for your willingness to complete this survey. Your feedback is essential to improving the services offered by the Division of Workers' Compensation.

COLORADO Department of Labor and Employment

Should you have any questions regarding any workers' compensation topics, please call 303-318-8700 or 1-888-390-7936 (toll-free) or email cdle_wccustomer_service@state.co.us.

- * 1. I am a/an:
- Injured Worker
- Employer
- 🔘 Insurer, TPA, or Adjuster
- Medical Provider or provider staff
- Other (please specify)



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DISCLAIMER

The information in this booklet is intended to be general information on the Colorado workers' compensation system and is not intended to be a substitute for legal advice.

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My Workers' Compensation Information

DIVISION OF WORKERS' COMPENSATION

633 17th Street. Suite 400 Denver, CO 80202 303-318-8700 (Metro Area) 1-888-390-7936 (Toll-Free) cdle_wccustomer_service@state.co.us

INSURANCE CARRIER NAME

Phone number	
Email	

AGENT/UNDERWRITER NAME

Phone number
Email

NAMES AND LOCATIONS OF DESIGNATED PROVIDERS

WORKERS' COMPENSATION ACT POSTER (WC 49) AND NOTICE TO EMPLOYER OF INJURY POSTER (WC 50)

(Posters can be downloaded from the Forms page at cdle.colorado.gov/dwc.)

- □ WC 49 Posted
- □ WC 50 Posted
 - Location(s) of posters_____

ADDITIONAL RESOURCES FOR YOUR EMPLOYEE

Injured Worker Guide Guía del Trabajador Lesionado





ATTORNEY



properly referred.



CLAIMANT/INJURED WORKER

Any person who is either seeking or receiving workers' compensation benefits under the Workers' Compensation Act.



CLAIMS/INSURANCE ADJUSTER



DESIGNATED PROVIDER

A physician or medical provider selected by the employer to treat work-related injuries. Typically, this is one of four providers on the designated provider list given to the injured worker to choose from when they report an injury.

Who's Who in Workers' Compensation

A person licensed and selected to act for another in legal matters, including workers' compensation cases. If a party is represented by an attorney, the attorney should be included in all communication and filings.

AUTHORIZED TREATING PHYSICIAN (ATP)

The physician selected by the injured worker from the designated provider list. This term may refer to the physician selected by the injured worker from the designated provider list or any other physician to which the injured worker is

A person who works for the insurance company and reviews insurance claims.



DIVISION OF WORKERS' COMPENSATION

A state agency that regulates and oversees insurance carriers, employers, injured workers, and health care providers. The Division of Workers' Compensation and the insurance carrier are separate entities.

A person who performs services for pay for you or your company.



NURSE CASE MANAGER (NCM)

A person assigned to the injured worker's claim by the claims adjuster. The NCM's involvement may include attending the injured worker's appointments, but the injured worker has the right to decline the NCM's presence and services.

OFFICE OF ADMINISTRATIVE COURTS (OAC)

The OAC decides disagreements in workers' compensation and a variety of other cases. The OAC enables claimants and respondents to have certain disputes resolved, like if a claim is compensable, whether medical treatment is reasonable, necessary, related, and should be covered by the insurance carrier, or any disagreements over compensation.



EMPLOYER

EMPLOYEE

Every person or company that has one or more persons engaged in the same business or employment, with limited exceptions.



PARTIES

RESPONDENT

Every person or company involved in the injured worker's claim. This may include the claimant, employer, and/or insurance carrier.



INSURANCE AGENT

An individual or company that is licensed to sell workers' compensation insurance in Colorado.



INSURANCE CARRIER

A company, association, or self-insured employer that is authorized to provide workers' compensation insurance in Colorado.



A company that processes insurance claims and some aspects of employee benefit plans for another company or employer. The TPA may also handle underwriting or customer service.



MEDICAL PROVIDER

Any person recognized by the Division of Workers' Compensation to provide medical services.

The insurance carrier (insurer), employer, and/or self-insured employer.

THIRD-PARTY ADMINISTRATOR (TPA)





INSURANCE COVERAGE



Employer Guide

What is Workers' Compensation Coverage?

Workers' compensation insurance provides medical and lost wage benefits to workers who are injured on the job. All businesses with employees operating in Colorado are required to have workers' compensation insurance, regardless of the number of employees, whether the employees only work part-time, or if they are members of the same family. Workers' compensation insurance is purchased by an employer from an insurance agent, much like liability or auto insurance. The cost of workers' compensation insurance cannot be passed on to employees.

PENALTIES FOR LACK OF COVERAGE

Workers' compensation insurance is required for all employers operating in Colorado, with limited exceptions. If you do not have workers' compensation insurance, you can be fined up to \$500 for every day you are uninsured. Your business may also be shut down. If one of your employees is hurt while you are uninsured, you will have to pay for the claim yourself as well as an additional penalty totaling 25% of the injured worker's benefits.

What Workers' Compensation is Not

HEALTH INSURANCE VS. WORKERS' COMPENSATION

Health insurance is designed to cover illnesses and injuries that occur outside of work. Health insurance policies generally exclude work-related injuries, so health insurance may deny a claim if the injury occurred while working. The only way to cover workers for work-related injuries is to get workers' compensation insurance.

DISABILITY VS. WORKERS' COMPENSATION

Disability insurance pays some of a worker's earnings if the worker cannot perform their job due to an injury or illness. Disability insurance may apply to injuries and illnesses that occur outside of work. Workers' compensation only covers injuries or illnesses suffered at work.

GENERAL LIABILITY VS. WORKERS' COMPENSATION

General liability insurance may cover claims involving injuries and property damage caused by your products or services, but **not injuries suffered by employees at work.** Your general liability insurance will **not** cover workers' compensation claims.

UNEMPLOYMENT INSURANCE VS. WORKERS' COMPENSATION

Unemployment benefits may be available to workers who have lost their job through no fault of their own. A worker does not have to be injured to collect unemployment benefits. Employers pay quarterly unemployment taxes into this fund.

The Colorado Division of Workers' Compensation does not administer Unemployment Insurance. If you have questions about unemployment, please visit cdle.colorado.gov/unemployment or call the Colorado Division of Unemployment Insurance at 303-318-9100 or toll-free at 1-800-480-8299.



How Do I Get Workers' Compensation Coverage?

There are several ways to be covered by workers' compensation insurance.

COMMERCIAL INSURANCE

Commercial insurance is the most common way to get coverage. All workers' compensation insurance in Colorado is sold by private insurance carriers; there is no state fund. Pinnacol Assurance is required to provide workers' compensation coverage for any Colorado employer; however, there are more than 500 licensed insurance companies that can provide coverage. For a list of companies visit https://bit.ly/WCCarriers.

Employers should contact their insurance agent to seek quotes and get coverage. Be sure to tell your insurance agent about all the types of services your company offers to ensure all of your workers are covered on the policy.

INDIVIDUAL SELF-INSURANCE

Employers interested in becoming certified to pay for their own workers' compensation claims must meet the requirements in the following chart.



If your company meets the criteria and is interested in becoming individually self-insured, please contact the Division of Workers' Compensation at 303-318-8700 or toll-free at 1-888-390-7936.

SELF-INSURED POOLS

Employers who do not meet the requirements for individual self-insurance may be able to join a pool to self-insure for workers' compensation coverage. Only two kinds of self-insurance pools are authorized in Colorado:

- Public sector employers such as school districts and municipalities.
- Professional associations.

The Division of Workers' Compensation does not regulate self-insured pools. For more information about workers' compensation pools, please contact the Division of Insurance in the Department of Regulatory Agencies at 303-894-7499 or toll-free at 1-800-930-3745.

Exemptions From Workers' Compensation Coverage

REJECTION OF COVERAGE BY CORPORATIONS AND LLCs

Officers of corporations and members of Limited Liability Companies (LLCs) are considered by law to be employees of the corporation or LLC. Because they are employees, corporate officers and LLC members **must** be covered by workers' compensation insurance **unless** they choose to reject coverage for themselves. In order to reject coverage, the corporate officer or LLC member must have at least a ten percent ownership interest in the corporation or LLC.

If the corporation or LLC has employees, in addition to corporate officers or LLC members, it must carry a workers' compensation policy. If the corporation or LLC does not have employees, aside from the corporate officers or LLC members, it must file a Rejection of Coverage by Corporate Officers or Members of a Limited Liability Company form (WC 43) with the Division. All forms can be downloaded from the Forms page on cdle.colorado.gov/dwc.

INDEPENDENT CONTRACTORS

Anyone who is paid to perform work for another person or business is presumed to be an employee. In order to prove that an individual is an independent contractor, the worker must have both of the following:

- Their own independent business.
- Freedom from direction and control in how the work is performed.

A W-9 or 1099 does not make someone an independent contractor. Independent contractors are not employees and will not get workers' compensation benefits unless they have purchased their own workers' compensation policy. If a worker is injured and a dispute arises about whether the worker is an employee or an independent contractor, a judge may decide the worker's status.

More information about independent contractors can be found in the Independent Contractors section on page 17 and at cdle.colorado.gov/dwc. If you have additional questions, please contact Customer Service at 303-318-8700 or toll-free at 1-888-390-7936.

OTHER EXEMPTIONS FROM WORKERS' COMPENSATION COVERAGE

In certain circumstances, the following types of workers may be exempt from needing workers' compensation coverage.

- though the total hours are only 15 hours in the week.
- Real estate brokers/agents with a contract working solely on commission.
- Ski volunteers.

For more specific information about exemptions, please visit cdle.colorado.gov/dwc or contact Customer Service at 303-318-8700 or toll-free at 1-888-390-7936.

• Domestic workers (including nannies and au pairs) who work less than 40 hours per week and less than five days a week. For example, a domestic worker who works three hours per day, five days a week would be considered an employee, requiring workers' compensation coverage, even

Motor carriers that lease vehicles to or from drivers, under specific circumstances.

 Casual farm and ranch labor, or employers of casual maintenance around the employer's place of business. If these individuals make more than \$2,000 per year they are considered employees.

Internship Programs

An internship is a type of short-term employment where a student works for your business to gain experience for an educational program.

If you are paying an intern for services, that student is considered an employee of your business and is included on your workers' compensation policy.

If the student internship is unpaid, the school must provide workers' compensation coverage for the student. There are two ways the school can do this:

- The school can cover the student on the school's workers' compensation policy.
- You can agree to put the student on your company's workers' compensation policy and the school can pay you the cost of doing so.

Construction Industry

If your business is in the construction industry, special requirements apply to you. Every person performing construction work on a construction site must be covered by workers' compensation insurance.

If you use contractors to perform construction work you must do one of the following:



PROVIDE WORKERS' COMPENSATION **INSURANCE** to your contractors.

• You can charge the contractors for their portion of the insurance premium.

If a contractor has no employees, the contractor must be covered by workers' compensation insurance unless they choose to reject coverage. There are two rejection of coverage forms, and the appropriate one depends on the type of business rejecting coverage.

For corporations and limited liability companies (LLCs)

- Liability Company
- For sole proprietors and partnerships
 - Construction Work on Construction Sites

You can download all forms from the Forms page on cdle.colorado.gov/dwc.

The Division has resources available online so you can verify if a contractor has a workers' compensation insurance policy or if a contractor has filed their rejection of coverage forms. • Insurance coverage verification: ewccv.com/cvs/

- Rejection of coverage verification: dowc.cdle.state.co.us/WCCompliance/



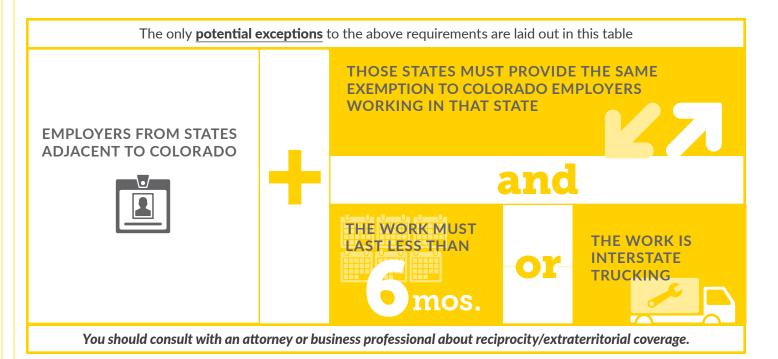
• Form WC 43–Rejection of Coverage by Corporate Officers or Members of a Limited

• Form WC 45–Rejection of Coverage By Partners and Sole Proprietors Performing

Reciprocity/Extraterritorial Coverage

Colorado employees working in other states are protected by their Colorado workers' compensation insurance for up to six months. The policy may not meet the workers' compensation coverage requirements of the other state, so you will need to check with the other state to see if they will accept your Colorado workers' compensation policy as proof of coverage.

Employers from other states sending employees to Colorado need to have a Colorado workers' compensation policy from an insurance carrier licensed to write workers' compensation insurance in Colorado. Colorado must also be listed on the policy.

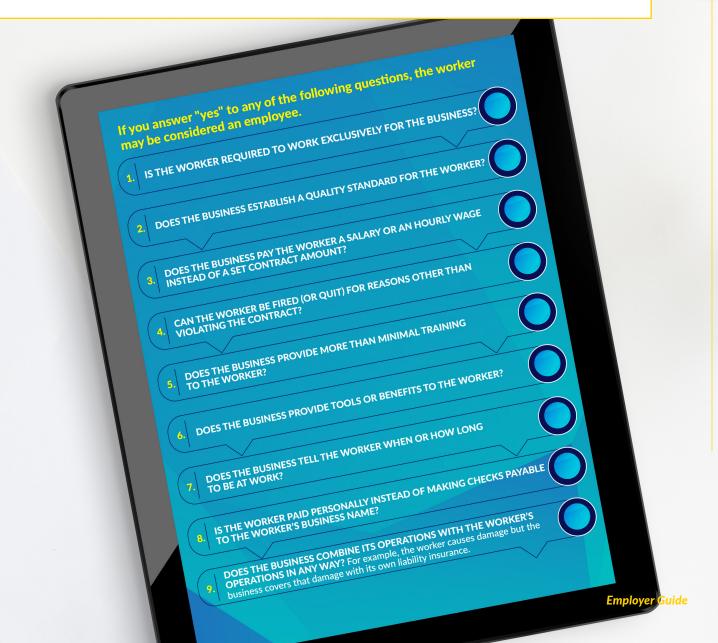


Independent Contractors

Workers are presumed to be employees unless proven otherwise.

Calling someone an independent contractor or giving them a 1099 does not make them an independent contractor. Even a contract does not determine if someone is an independent contractor or employee. The actual working conditions are what matter. Determining whether someone is an independent contractor or employee is a balancing test that looks at all the factors in the working relationship.

To prove that someone is an independent contractor and not an employee, the worker must: • Be free from direction and control in the performance of the work. • Have an independent business doing that specific kind of work.



other factors



MUCH OF A WORKER'S TIME IS SPENT WORKING HE BUSINESS

WHETHER THE WORKER HAS OTHER CUSTOMERS

Below is a list of other factors that can be considered by a judge to determine whether a worker is an independent contractor or employee.

If you misclassify employees as independent contractors and fail to carry a workers' compensation policy for those employees, you will be subject to fines and penalties. In addition, if a misclassified employee is injured and you do not have workers' compensation, you may have to pay for the entire cost of a claim yourself.

If you are considering hiring people as independent contractors, you may want to speak with an attorney or other business professionals to make sure everything is set up correctly. The Division of Workers' Compensation cannot provide legal advice.





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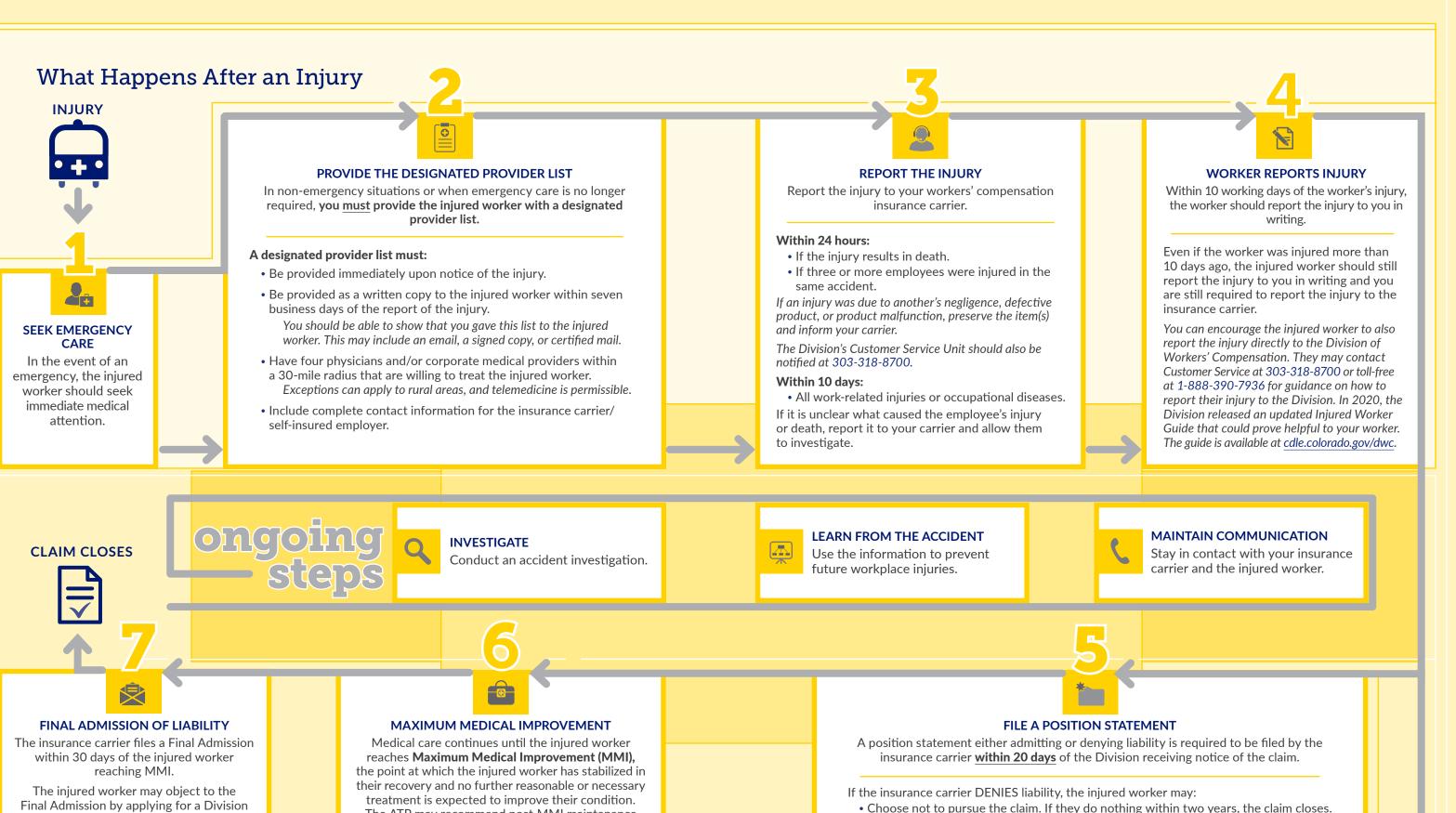
WHAT HAPPENS AFTER AN INJURY







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Final Admission by applying for a Division Independent Medical Examination or an Application for Hearing.

The ATP may recommend post-MMI maintenance medical care in order to maintain the worker's current functional status and MMI.

- Apply for an Expedited Hearing within 45 days.
- Request a Standard Hearing at any time.

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Conduct an Accident Investigation

The following steps include recommendations from the National Safety Council and will help improve your overall safety program. The investigation process should begin after arranging for first aid or medical treatment for the injured worker. In getting started, remind everyone involved, especially workers, the investigation is to learn and prevent, not find fault.

THE NECESSARY STEPS

The following steps should be part of your investigation process.

1. Secure the area where the injury occurred and preserve the work area as it is.

2. Identify and gather witnesses to the injury event.

3. Interview the involved worker.

4. Interview or gather statements from all witnesses.

5. Document the scene of the injury through photos or videos.

6. Complete an investigation report, including the determination of what caused the incident and what safety improvements will prevent recurrences.

7. Use results to improve your safety program to better identify and control hazards before they result in accidents.

8. Ensure follow-up on the completion of safety improvements.

Improving Workplace Safety

WHAT CAUSED THE ACCIDENT?

Ask why as many times as you can to break the problem down to its root cause. You may also want to use the following OSHA-recommended questions when determining the root cause:

- What happened?
- How did it happen?
- Why did it happen?
- What needs to be corrected?

Understanding why the accident happened and making changes to prevent a similar accident in the future can help keep your employees safe and save you money.

WHAT COULD HAVE PREVENTED THE ACCIDENT?

Think about the steps you can take to prevent the next accident. You may need to implement an ongoing tool inspection program, post a daily sign off sheet, or increase safety training complemented by more stringent safety rules.

PREMIUM COST CONTAINMENT (PCC)

The Division of Workers' Compensation partners with employers to protect and promote the integrity, vitality, and safety of Colorado's workforce environment through the PCC Program. Certified employers are eligible for up to a 10% reduction in workers' compensation insurance premiums. For more information on this program, please visit cdle.colorado.gov/dwc or call 303-318-8644.







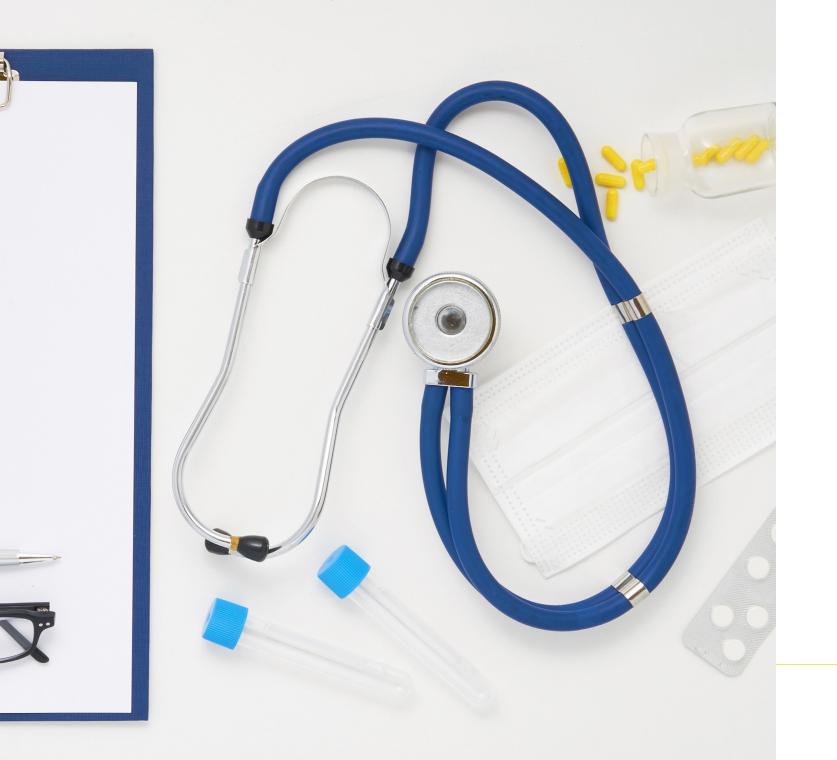
BENEFITS & PAYMENTS



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Medical

Workers' compensation insurance pays for all medical expenses that are reasonable, necessary, and related to the workplace injury if the care is received from an authorized treating physician (ATP). Other expenses such as reasonable and necessary supplies, prescriptions, and mileage for medical appointments are also covered. If an injured worker gives you a medical bill or statement balance, please reach out to your claims adjuster.



Compensation Benefits

LOST WAGES

Lost wage benefits are not due until the injured worker has missed <u>three shifts from</u> work. This "waiting period" <u>will be compensated if</u> the injured worker misses more than 14 calendar days from the date they left work as a result of their injury.

Temporary Total Disability (TTD)

TTD is due if the injured worker is taken completely off of work or if you cannot accommodate assigned restrictions. If the injured worker is having difficulty performing their duties, they should contact their ATP immediately. The worker cannot take themselves off of work. If they stop working without their ATP's approval, the injured worker may not be entitled to lost wage benefits until they are evaluated by the ATP again.

Temporary Partial Disability (TPD)

TPD is paid when the injured worker returns to work but is earning less than their pre-injury wages due to reduced hours and/or wages. The injured worker may also be entitled to intermittent TPD in order to attend medical appointments.

PERMANENT DISABILITY BENEFITS

Permanent Partial Disability (PPD)

Once an injured worker reaches **Maximum Medical Improvement**, the point at which reasonable and necessary medical treatment will no longer improve the injured worker's condition, the ATP will determine if they sustained any permanent physical impairment due to their injury. This is known as the impairment rating. If the injured worker sustained a permanent physical impairment due to their injury, they would receive PPD benefits.

Permanent Total Disability (PTD)

If the injured worker is unable to earn wages for the rest of their life following the injury, they are entitled to lifetime payment of benefits.

DISFIGUREMENT

The injured worker may be entitled to a disfigurement award if their injury results in permanent disfigurement, such as scarring on any part of their body or face that is visible to the public. A permanent limp as a result of an injury could also be considered disfigurement.

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FATALITY

If someone dies because of an injury that occurred on the job and the claim is found compensable, workers' compensation provides benefits to their spouse, minor children, and other known dependents and reimbursement for at least some funeral costs, up to a maximum adjusted annually by the Director of the Division of Workers' Compensation.

When a fatality occurs, you must report the fatality within 24 hours to your insurance carrier and the Division of Workers' Compensation's Customer Service Unit at 303-318-8700. If it is unclear what caused the employee's injury or death, report it to your carrier and allow them to investigate. By not reporting the claim because you think the cause is not work-related, it could result in delaying the investigation and any benefits that may be due to the dependents of the deceased.

You are also encouraged to do the following when a fatality occurs:

- Reach out to the deceased employee's family and provide them with carrier information, the Division's phone number, and the claim number if available.
- Instruct the family of the deceased to reach out to the carrier to discuss any benefits they may be entitled to.
- Inform the family that they will receive paperwork from the carrier as well as the Division and that it is important to return any requests for information as soon as possible to expedite the process.
- To alleviate unnecessary additional stress, inform the family that the carrier's investigation process is standard procedure.

WAGE CONTINUATION PROGRAM

In an effort to make an injured worker's salary "whole", the wage continuation program is available with prior approval. The wage continuation program allows an employer to continue to pay the injured worker for a certain period in lieu of workers' compensation benefits and later be reimbursed by the insurance carrier. In order to qualify, the employer needs to pay the injured worker more than the workers' compensation benefits that would be paid in the case. The employer can then be reimbursed by the insurance carrier in an amount equal to the workers' compensation benefits. Wage continuation programs must be approved by the Division prior to implementation. After the discretionary period, the insurance carrier will then begin paying Temporary Total or Temporary Partial benefits directly to the injured worker.

For more information including requirements about this program, please contact Customer Service at 303-318-8700 or toll-free at 1-888-390-7936.



Reduction or Termination of Benefits

In Colorado, workers' compensation is a "no-fault" system. This means that regardless of who is at fault for the injury, an employer has to pay benefits. However, an injured worker's benefits may be reduced or terminated based on the reasons listed below.



IF THE WORKER WAS INJURED BECAUSE THEY VIOLATED A SAFETY RULE The injured worker's For example, if the worker non-medical benefits may was required to wear a be reduced by 50%. safety device such as a hard hat, a harness, or safety • This would include glasses but failed to do so Temporary Disability and was injured. and Permanent Disability benefits. IF THE INJURED WORKER INTENTIONALLY MISLED YOU ABOUT THEIR ABILITY TO PERFORM A JOB AND THEN WAS INJURED • The injured worker could lose all Temporary Disability benefits for this reason. IF YOU HAVE A POST-INJURY ALCOHOL OR DRUG TESTING POLICY IN PLACE AND THE **INJURED WORKER TESTED POSITIVE** It is crucial to preserve a The injured worker's non-medical benefits may second sample from the be reduced by 50%. original test in the event the injured worker wishes • This would include to get their own test at Temporary Disability their expense. and Permanent Disability benefits.

Communications With the Injured Worker

Injuries at the workplace are difficult and stressful. When workers suffer an injury, they are concerned about their future and their ability to return to work. Uncertainty can hinder their recovery. The longer an injured worker is out of work, the more difficult it is to return to work, both physically and psychologically. You are encouraged to maintain communication with the injured worker throughout their recovery.



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RETURNING TO WORK





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Returning to Work

Getting back to work is an important part of the healing process. Creating a plan for safely returning to work not only helps boost the injured worker's morale and recovery, but it also helps reduce costs for employers.

MODIFIED DUTY

An ATP may release an injured worker to return to work in a limited capacity. For example, the injured worker may be instructed to lift no more than 20 pounds. This may be communicated by the ATP to you on a work status or the Physician's Report of Workers' Compensation Injury form (WC 164).

Studies have shown that bringing an injured worker back to work modified duty can help in their recovery. An injured worker may be eager to return to work and can do so voluntarily but should only do so as long as they are working within restrictions imposed by the ATP. If this happens, complete a Supplemental Report of Return to Work form (WC 12) and submit the form to your insurance carrier.

Modified duty can be offered at their full pre-injury wages and schedule or at a reduced wage and schedule if that is all you are able to accommodate at the time.

If you are able to accommodate the current restrictions, but the injured worker does not return to work voluntarily, you will need to follow the steps in Rule 6 in preparing a formal written job offer. If the injured worker fails to report to work based on the valid job offer, it could jeopardize some of their benefits.

The formal job offer must include all of the following:

- Be in writing.
- Give the injured worker at least three business days to return to work.
- Include a signed certificate of service.
- Inform the injured worker when to report to work how much they will be earning, and what their work schedule will be.
- Include an approved job task list from the injured worker's ATP that the job duties are within their restrictions.

If you cannot bring the injured worker back to work within the ATP's restrictions, they may be entitled to Temporary Total Disability (TTD) benefits. You may only be able to offer them a part-time schedule as opposed to their normal full-time schedule. If this is the case, the carrier will pay the injured worker Temporary Partial Disability (TPD) benefits.

If the injured worker returns to work and later informs you that they can no longer perform the modified duties due to their injury, the injured worker should contact their ATP. Only the ATP can take the injured worker off of work. It is important to keep the adjuster informed of any changes in the injured worker's work status.

Day/Month/Year Employer Name Employer Street Address Employer City, State, and Zip RE: Claimant Name: Employer: Date of Injury: Claim No .: Dear Claimant:

Start Time and End Time:

Hours of Modified Position:

• I decline this offer of modified employment

Claimant attorney

Salary of Modified Position: Location of Employment:

of days per week:

sample modified duty offer letter Please be advised that your employer is offering you a temporary modified position, which has been approved by your Please find below information regarding the modified duty position being offered to you: (If offer is mailed, the start date will be 7 days from the date of this letter) Physical Requirements: See physician's report attached. Please complete this section by signing and dating the acceptance or declination. Please be advised that a rejection of this offer could result in a termination or modification of your Temporary Total Disability benefits. You have three (3) business days to respond to this job offer. Please be advised that a rejection of this offer could result in a termination or modification of your Termorary Total Disability benefits. You have three (3) business days to respond to this job offer. I certify that on _____ copies of this document were placed in the U.S. mail or delivered to the following parties: **Employer Guide**

RELEASED TO FULL DUTY VS. RELEASED FROM CARE

Being "released to full duty" means the injured worker does not have any physical limitations or restrictions. An injured worker can be "released to full duty" (also can be noted as "regular duty"), but still be in need of additional treatment in order to reach Maximum Medical Improvement (MMI).

Being "released from care" could mean the injured worker is being placed at MMI or released from that particular ATP's care. They may be "released from care" and be referred to another ATP to address MMI and/or impairment. This will likely be noted in the *Physician's Report of Workers' Compensation Injury* (WC 164) and the narrative.



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ADDITIONAL CONSIDERATIONS



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Doctors and Appointments

BENEFITS OF DESIGNATING A MEDICAL PROVIDER

As an employer, you have the right to select the medical providers available to your injured workers. This becomes the designated provider list.

When selecting your designated providers, it is important to make sure that the best medical care possible will be available to the injured worker. Quality and appropriate medical care is important in keeping costs low and minimizing the effects of an injury on an injured worker. Be sure to check with your insurance carrier, they may have a preferred provider network.

If you do not properly designate any medical providers, the injured worker may seek medical care with the medical provider of their choice.

TIME OFF FOR APPOINTMENTS

While there is **no legal requirement** to offer time off work to attend medical appointments, this could help injured workers recover from their injury faster. Reach out to the insurance carrier if it looks like the injured worker may lose more than 24 hours due to appointments. They may be entitled to Temporary Partial Disability or intermittent time.

HOW INJURED WORKERS CAN CHANGE THEIR DOCTOR

The process of how to change their doctor depends on when the injured worker is trying to make the change and if the new doctor is on the designated provider list. If it is within 90 days from their date of injury <u>and</u> the injured worker wants to change to another doctor on the designated provider list, they can make that change using the *One-time Change of Physician* form (WC 3). The injured worker **does not need the insurance carrier's permission to make this change.**

If it has been **more than 90 days** since the worker's date of injury and the worker wants to change to another doctor on the designated provider list, they may ask to make that change using the *Request for Change of Physician* form (WC 197). **At any time**, the injured worker may ask to switch to a doctor **not on the designated provider list** using the same form. In both instances, **the injured worker needs approval from the insurance carrier to make the change**. The insurance carrier has 20 days from the date of receipt of the request to approve or deny the request. If the injured worker does not receive a timely response or denial, their request to change their doctor is automatically approved. If the request for change is denied, the injured worker may request a hearing.



Prehearings, Settlement Conferences, and Hearings

A prehearing conference is a hearing conducted by an administrative law judge at the Division of Workers' Compensation. Prehearing conferences are limited to procedural issues such as scheduling of formal hearings and discovery (the exchange of evidence before a hearing). Any party can schedule a prehearing conference. A settlement conference may be requested by either party, but it will not be held unless all parties agree to participate.

Prehearing and settlement conferences can be conducted in person or by telephone.

The injured worker may settle all or part of their claim with you or the insurance carrier. Settlements are completely voluntary. No one can force the injured worker to settle their claim, nor can anyone require the insurance carrier to offer a settlement. Any settlement must be submitted to the Division of Workers' Compensation for approval. A settlement should not be confused with an impairment rating/Permanent Partial Disability (PPD) award. For more information about impairment and PPD, please see "Permanent Disability Benefits" on page 29.

A hearing is a formal legal proceeding where an administrative law judge decides several issues, including what, if any, benefits must be paid. To request a hearing, you must file an Application for Hearing with the Office of Administrative Courts (OAC) using the form located at <u>oac.colorado.gov</u>.



Colorado Uninsured Employer Fund

Employers in Colorado are required to carry workers' compensation insurance, with limited exceptions. The Colorado Uninsured Employer (CUE) Fund exists to provide financial assistance to individuals injured while working for employers who did not carry workers' compensation insurance. This program does not change your obligations to pay for benefits to an injured employee if you were uninsured.

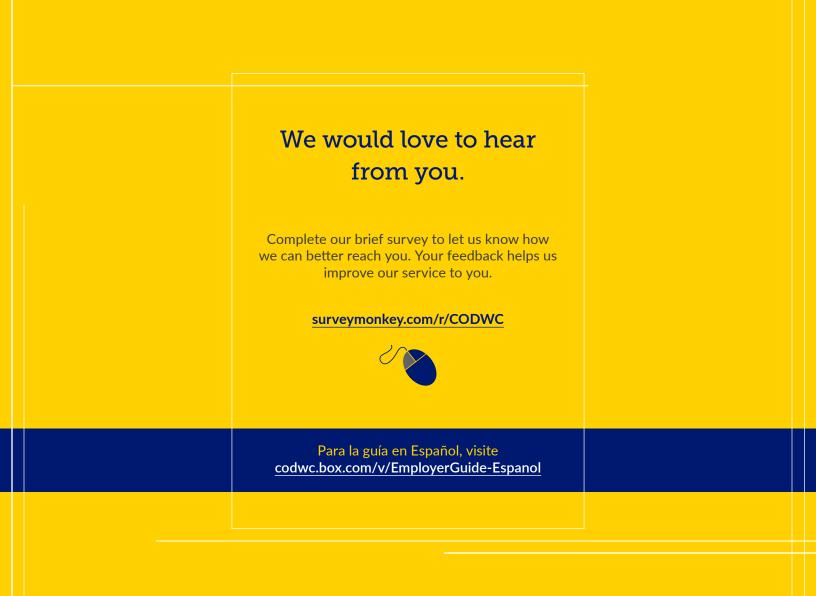
PENALTIES

If you have employees and do not have workers' compensation insurance, you can be fined up to \$500 for every day you do not have insurance. Your business may also be shut down. If one of your employees is hurt while you are uninsured, you will have to pay for the claim yourself and will also have to pay an additional penalty totaling 25% of the injured worker's benefits.

Workers' Compensation Act

For copies of the Workers' Compensation Act, please call Customer Service at 303-318-8700 or toll-free at 1-888-390-7936 or visit cdle.colorado.gov/dwc.







Division of Workers' Compensation 633 17th St., Suite 400 Denver, CO 80202-3626 303-318-8700 cdle.colorado.gov/dwc

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