

# New York State Insurance Fund

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**NYSIF**

## Claims Case Management



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**NYSIF**

*Workers' Compensation & Disability Benefits specialist since 1914*

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## What is GCM?

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**G**lobal Case Management (GCM) uses a team of NYSIF claims specialists under a single case manager who coordinates care for the injured worker—from first report of injury until the claim is resolved—ensuring appropriate, quality medical treatment and cost-effective outcomes.

GCM helps contain the cost of workers' compensation claims. Through proactive claims management, injured workers receive the care they need and return to work as soon as medically acceptable. NYSIF claims teams also work with our policyholder service teams to find medically-approved modified job assignments to facilitate a return to work.

NYSIF's strategy to expedite claims' resolution includes:

- Electronic First Report of Injury (NYSIF eFROI<sup>sm</sup>)
- Single point of contact
- Proactive claims and medical case management
- Return-to-work consultation

**NYSIF includes the claimant, employer and medical provider throughout the claims process to provide the best outcome for the injured worker, while limiting liability and costs for the employer.**



## The Basics

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### First Report of Injury

NYSIF workers' compensation policyholders can click the eFROI button on our home page at [www.nysif.com](http://www.nysif.com) to electronically submit a workplace injury report to NYSIF any time for the fastest way to report workplace injuries to NYSIF.

This eliminates delays, reduces errors in reporting and enables NYSIF to control claims costs from day one.

When making a claim, it is the employer's responsibility to file Form *C-2 Employer's Report of Work-Related Accident/ Occupational Disease* with the Workers' Compensation Board (WCB). Upon request, NYSIF will arrange with the employer to submit a C-2 to the WCB on the employer's behalf.

Employers may submit FROI by telephone at **1-877-INS-FUND** (467-3863), in which case a NYSIF representative helps the employer complete a C-2 form to file with the WCB, should a claim be made.

Not all accidents result in compensable claims. An employer may report an employee injury to NYSIF for reporting purposes only. NYSIF eFROI<sub>sm</sub> creates a preliminary record of injury so NYSIF can begin an accident investigation and proactively manage the case.

### *Tips for Filing C-2s*

Watch your language when reporting an accident. For questionable claims, preface your statements with “It is alleged that...” or “The employee claims that.” Statements made in the C-2 have been held to be binding by WCB administrative law judges. Notify NYSIF immediately if you are suspicious about a claim.

Meet all filing deadlines and maintain adequate records for at least 18 years. Failure to do so is a misdemeanor that could cost you up to \$3,500 in fines and penalties.

### **When to File a Claim**

An employer **must** file Form C-2 with the WCB and NYSIF within 10 days of the employer’s knowledge of a work-related injury, provided the injury

- has caused or will cause the injured employee’s loss of time from regular duties of one day beyond the workday or shift during which the accident occurred; or
- has required or will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid.

## **Claims Reporting**

**An employer should submit a C-2 to NYSIF immediately upon becoming aware of a work-related injury resulting in a claim. Early filing helps lower overall claim costs by allowing NYSIF to manage the claim proactively as soon as possible.**

Employees have 30 days to give employers notice of an injury and up to two years to file a claim.

The law requires employers to keep records of all accidents for at least 18 years, whether filing a claim or not. This is in case an accident that is not reportable later becomes a claim. Form C-2 does not need to be filed with the WCB or NYSIF if the injury does not result in a claim.

## **First Aid Option**

Employers can pay for medical treatment (or NYSIF will pay, subject to reimbursement) for accidents classified as “not reportable” without affecting their claims history for accidents that do not meet the specific criteria for filing a claim (see *When to File a Claim* on page 4). An employer who chooses the first-aid option should pay medical bills promptly to avoid indexing by the WCB, or notify NYSIF immediately if it wants NYSIF to pay.

## Claim Forms

The WCB issues claim forms used by all workers' compensation insurance companies. NYSIF policyholders can obtain most of these forms from NYSIF's Claims Department or by visiting our web site.

Forms C-2, C-3 and C-4 provide three ways for the WCB to receive notice of a claim.

### *C-2 Employer's Report of Work-Related Accident/Occupational Disease*

As an employer, your role in submitting a complete and accurate C-2 to NYSIF is crucial to the process of

- Verifying compensability of a claim;
- Commencing benefit payments for lost wages;
- Proactively managing the claim to its most effective conclusion for both the policyholder and the employee.

### *C-3 Employee's Claim for Compensation*

An injured employee may use this form to file a claim with the WCB. With the exception of certain occupational diseases, an employee must file a C-3 within two years of the injury. Employees obtain this form from the WCB.

### *C-4 Attending Doctor's Report - Carrier/Employer Billing Form*

Doctors **must** file Form C-4 with NYSIF and the WCB thusly:

**48-hour initial report** - within 48 hours of rendering initial treatment;

**15-day initial report** - within 17 days after the provider first renders treatment;

**45-day progress report** - at intervals of 45 days during continuing treatment following the 15-day initial report, unless a change of condition dictates additional reporting.

Employers should immediately forward to NYSIF any medical reports received directly from doctors. All medical reports must be filed with the WCB, NYSIF and, if the claimant has legal representation, the claimant's attorney. Medical providers also use Form C-4 to bill NYSIF for services rendered. Employers can help employees receive prompt, uninterrupted payment of benefits by insisting on timely reports from all medical providers.

#### ***C-240 Employer's Statement of Wage Earnings***

Employers should prepare this WCB-required form completely and send it to the assigned NYSIF case manager immediately upon request. If the injured employee hasn't worked a substantial part of the 52 weeks prior to the accident, substitute the payroll record of a worker in the same class as the injured worker for the entire 52 weeks prior to the accident.

For payments to begin, NYSIF must obtain medical evidence of disability and determine earnings for the 52 weeks prior to the date of accident. Compensation payments are payable when the disability exceeds 14 days. For payments to begin in death cases, NYSIF awaits evidence proving dependency.

#### ***C-11 Notice of Return to Work/Change in Employment Status***

**Immediately** after a change in the injured worker's employ-

ment status, employers **must** file a completed copy of the C-11 with the WCB, another copy with NYSIF, and **must** retain a copy for their records.

### **Indexing a Claim**

Once a C-2 is filed, the WCB indexes a claim for accidents that cause more than one week's lost time from work or which may result in permanent injury. The WCB creates a claim number for the file and sends a form (C-84) to NYSIF asking whether it accepts liability. NYSIF must respond within 25 days to avoid penalties and preserve its rights in defending the case.

NYSIF also creates a case number for every claim it receives. Each indexed claim has two case numbers, NYSIF's and the WCB's. NYSIF's number helps internal tracking.

### *Electronic Claims Handling*

NYSIF is a pioneer in paperless claims processing thanks to a proprietary, electronic Claims Handling System (CHS) developed by NYSIF employees. CHS eliminates much of the paper from the claims process, with the majority of paper files entered in the system, or sent to the WCB for scanning into its electronic case file.

NYSIF claims teams have desktop computer access to CHS and the WCB electronic case file, making it possible for members of any NYSIF claims team to access information on any NYSIF claim.

CHS expedites claims processing to effectively manage claims to their quickest resolution, and deliver prompt, accurate and complete claims services to policyholders and claimants.

## The Claim Team

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### Assigning the Case Manager, Activating the Team

Every NYSIF claim is assigned to a case manager who has responsibility for that claim from inception to resolution. NYSIF assigns a case manager the same day it receives the initiating claim form to begin the flow of internal and external communication necessary for proactive claims management.

NYSIF assigns case managers based on:

- Location of policyholder business
- Location of claimant
- Policy type
- Severity of injury
- Caseload

Case managers are part of claims teams that include medical case managers, investigators, hearing representatives, attorneys and other specialists, each responsible for every case assigned to the team. If needed, each team can call upon NYSIF statewide claims resources that include:

- Claims System Division (for technical support)
- Vocational rehabilitation counselors
- High Cost Case Committee

## Three Point Contact

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Three point contact, commonly referred to as “early intervention,” is the process of gathering information from the **employer, claimant and primary physician** early in the lost time claim to control claim costs and achieve the best possible resolution.

NYSIF’s case manager contacts the **employer** to provide information beyond what is contained in the C-2. This allows the case manager to

- Acknowledge receipt of the claim and establish rapport with the policyholder;
- Ascertain special concerns relevant to the claim, claimant, prior conditions or work problems;
- Establish strategy for bringing the claim to timely resolution;
- Discuss possible light duty options that may be available or created for the claimant in a medically approved return-to-work program.

A NYSIF case manager or investigator contacts the **claimant** as close to the time of the accident as possible to

- Explore events leading up to the injury while memories of the event are still fresh;
- Ask pertinent follow-up questions;
- Determine the nature of the injury and specific body parts injured;

- Demonstrate NYSIF's concern, establish a positive working relationship and explain requirements necessary to expedite payment of the claim.

The case manager or a NYSIF nurse contacts the **primary physician**, depending upon the severity of the injury, to

- Provide assessment, diagnosis and prognosis of the injury;
- Obtain information regarding prior injuries impacting treatment decisions or potential relief under state-administered special funds;
- Discuss the anticipated treatment plan, and confirm and expedite proper treatment for the specific type of injury;
- Project accurate costs and ensure quality of care, efficiency of medical services and cost containment;
- Establish a positive working relationship with the medical provider.

### *File Forms Promptly*

It is important for employers to return the various claim forms promptly to avoid penalties that may impact their premiums and to help NYSIF manage the case effectively to control claim costs.

## Working With The Case Management Team

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### The role of the employer

A key player on the team, the employer initiates a case with a timely first report of injury (C-2) form. By providing timely information, including the details of the accident and verifying the injured worker's account of the incident or illness, the employer helps expedite the process that will provide comprehensive care for the injured worker and result in the quickest resolution of the claim.

Employers should promptly provide requested information to the case manager. Such information assists the case manager in minimizing the costs associated with the claim and the expense to the employer.

The employer provides accurate wage and attendance information regarding the injured employee by submitting Form C-240. This helps establish the validity of a claim and compensation rate, if awarded.

The employer assists the case manager or vocational case manager in identifying light duty, alternate or modified job assignments to facilitate the injured worker's re-entry to the work force.

The employer's details about the accident can lead to the development of safety training programs to prevent future accidents.

### **The role of the case manager**

Working with the case management team, the NYSIF case manager is a professional workers' compensation expert who follows a claim from injury to resolution, coordinating all aspects of the case and using the team to maximize recovery and outcomes.

The case manager provides a **single point of contact** for claimants and policyholders and assigns investigations based on the type of claim or particular issues involved in the case.

### **The role of the nurse case manager**

NYSIF nurse case managers are registered professional nurses who implement medical case management strategies to ensure timely, appropriate and cost effective medical care and rehabilitation. They coordinate medical care, identify pre-existing medical conditions, control inappropriate or over-utilized services, negotiate fees, audit medical bills, schedule independent medical examinations, and coordinate return to work.

### **The role of the vocational case manager**

NYSIF's vocational case managers are professional vocational rehabilitation counselors who coordinate return to work by performing functional job analysis, recommend job modifications and ergonomic adaptations, and assist in developing light-duty or alternate job assignments.

### **The role of the investigator**

Investigators perform many types of investigations. NYSIF investigators or private investigation firms hired by NYSIF verify the circumstances of a reported injury and validity of a claim.

## What is the Role of the WCB?

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The State Workers' Compensation Board (WCB) administers the workers' compensation program in New York State. Workers' compensation insurance provides weekly cash payments and the cost of full medical treatment, including rehabilitation, for covered employees who become disabled as a result of a disease or injury connected with their employment. It also provides payments for qualified dependents of a worker who dies from a compensable injury or illness.

In administering this program, the WCB receives and processes workers' claims for benefits, employers' reports of injury, and medical reports from physicians and other health care providers. The board adjudicates and resolves all issues and makes awards and findings as rapidly as possible to ensure that an entitled claimant receives benefits and medical treatment promptly. Hearings are conducted before law judges, or, on review or appeal, before panels of three board members.

The supplementary responsibilities of the Board include the authorization and rating of physicians to treat compensation cases, licensing of medical bureaus, and the arbitration of disputed medical and hospital bills. The board also processes applications for self-insurance of corporate entities and political subdivisions and supervises their performance.

The WCB chairman is the administrative head of the agency. The Board is composed of 13 commissioners (including the chair), appointed by the governor and confirmed by the State Senate for terms of seven years. The Board's staff is approximately 1,400 statewide.

## Paying Compensation

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The initial payment of compensation is due within 18 days of the date of disability. Subsequent compensation benefits are paid in bi-weekly intervals.

There is a statutory one-week waiting period (seven calendar days) for benefits. If an injured worker's lost time is equal to or less than one week, no compensation benefits are payable. If the injured worker loses between one week and two weeks from work, benefits are only payable for the lost time that exceeds seven days. If the injured worker's lost time exceeds two weeks, the waiting period does not apply and benefits are payable from the date of disability.

NYSIF confirms the accident and disability with the employer by phone or field investigation and obtains written or oral confirmation from the attending physician.

An employer in possession of any medical information from the claimant should forward it to the NYSIF case manager for consideration of payment of benefits.

### *C-669 Notice to Chair of Carrier's Action on Claim for Benefits*

NYSIF files this form in cases in which it begins compensation payments without a direction to do so from the WCB.

Compensation rates are determined from earnings obtained from payroll records for the last 52 weeks prior to the date of accident. If this information is incomplete, the case manager

establishes a temporary rate, subject to retroactive adjustment upon receipt of a completed *C-240 Employer's Statement of Wage Earnings*.

The injured employee is entitled to compensation at a rate equal to two-thirds of the average weekly wage (AWW) for the 52-week period immediately prior to the date of accident, subject to a prescribed maximum. If an employer is aware that a claimant is not being paid, the employer should advise the claimant to contact the case manager.

If an employer has stopped paying the injured worker after a week or more, and the claimant remains unable to return to work, the employer should advise the case manager to initiate payments, if due.

### *Reasons for Compensation Delay*

**Compensable lost time does not exceed 14 days;**

Lost time does not exceed the seven-day waiting period;

**Lost time exceeds seven days, but:**

NYSIF has received no medical evidence of a causally-related disability beyond seven days;

**The employer is paying full wages;**

NYSIF is awaiting evidence substantiating dependency as an entitlement to benefits (in death cases).

## What Happens If a Claim is Controverted?

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### *C-7 Notice That the Right to Compensation is Controverted*

This form notifies all parties of NYSIF's specific reasons for the controversy, which results in a hearing.

If a claim is questionable, NYSIF must file Form C-7 on or before the 18th day of disability or within 10 days after the employer learns of the alleged accident, whichever is greater; or within 25 days after notice of indexing by the WCB. During the time a claim is contested, claimants are eligible for New York State Disability Benefits.

### **Why a Claim May Be Contested**

*Accident or occupational disease* did not arise out of and in the course of employment.

*Notice* - The claimant did not report the accident to the employer within 30 days.

*Causal relationship* - The injury was not caused by the accident.

*Coverage* - NYSIF did not provide coverage to employer at the time of the accident.

*Employer-Employee relationship* - The claimant is not an employee of the employer, is an independent contractor or never worked for the employer.

*Timely filing* - Claimant did not file a claim within two years of the accident.

*Jurisdiction* - Claimant did not have the accident under the jurisdiction of New York State WCL.

*Prima facie evidence* - The claimant has not provided medical evidence that establishes causal relationship.

## Types of Investigations

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*Field Investigation* - Initiated when telephone contact is unsuccessful or insufficient to secure signed statements and other documents, including payroll records, medical records, police reports, etc.

*Field Activity Check* - Visit to three properly identified and verifiable adult sources. An activity check is used to gauge a claimant's degree of disability and activities by speaking with the claimant and neighborhood sources.

*Permanent Disability and Beneficiary Field Reviews* - An in-person visit to verify the claimant or beneficiary is alive, residing at the address of record, receiving payments, attempt to determine if the claimant is working, or determine marital and dependent status. Neighborhood sources may be contacted in these investigations.

*Surveillance* - Used for claims referred to NYSIF's Division of Confidential Investigations to verify a claimant's activities are consistent with the reported disability in cases of suspected fraud.

*CPA audit* - A review of the employers' records conducted by a Certified Public Accountant. Used to verify average weekly wage and reduced earnings.

## Appearances at Hearings for Controverted Cases

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In controverted cases or claims with disputed issues, the employer's role is extremely important in the production of testimony from lay witnesses and documentary evidence.

**If NYSIF requests the employer to appear at a hearing to testify, it is critical for the employer to appear.**

If the employer does not testify, the only testimony available to the workers' compensation law judge is the claimant's and that of any other witnesses produced.

If the claimant contradicts information provided by the employer, the employer may be compelled by the judge to testify.

### **Standard Closing**

A NYSIF hearing representative will attempt to close a case that goes to hearing with no substantial issues to resolve. Our hearing representative may, for example, decide to pay minor medical and travel expenses for the claimant, without receipts, to close a case.

## **Scheduled v. Non-Scheduled Awards**

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Compensation for certain types of injury or illness are “scheduled” by the WCB. This means the WCB places a certain value on the loss of use of certain parts of the body. These are known as “scheduled injuries.” All other claims are known as non-scheduled injuries.

### **Closing on a Schedule Loss of Use Award**

If there is a loss of use of an eye, arm, hand, finger, leg, foot or toe, or a combination thereof, NYSIF attempts to close the case on a scheduled award.

A claimant may receive a schedule loss of use award after returning to gainful employment.

## What is Classification?

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Classification is the term used in the disposition of cases with a continuing or progressive impairment resulting in a permanent disability from an injury of the head, neck, back, heart, lungs, abdomen, or all non-schedulable conditions of the extremities.

There are four types of classification:

*Permanent Total Disability* - Claimant cannot return to gainful employment due to disability caused by the work-related injury.

*Permanent Partial Disability* - Claimant has a permanent reduction in earning capacity due to the accident.

*Statutory Permanent Total* - Section 15 subdivision 1 of the WCL states that loss of both hands, both arms, both feet, both legs, or any two thereof constitutes a permanent total disability.

*Industrial Total Disability* - In some instances the WCL judge can find that a claimant is unable to return to the type of work in the industry in which the claimant was engaged at the time of the accident, and is incapable of being retrained for any other type of employment due to poor educational skills. In this case, the WC law judge can find the claimant to be totally disabled from an industrial point of view, even though the medical evidence suggests a partial disability.

It is the job of NYSIF's hearing representative to attempt to settle such cases and, if there are continuing payments, to obtain the most favorable rate established.

Should the claimant experience a change in condition for the worse after classification at one lower degree of disability, the case can be reopened for reclassification with appropriate medical evidence.

### **How Does NYSIF Limit Liability for Classified Claims?**

NYSIF teams use a proactive approach to claims case management that includes

- Working with the employer to alter job duties to meet a claimant's limitations;
- Using vocational rehabilitation to retrain the injured worker for another type of employment;
- Obtaining relief under the state-administered Second Injury Fund (often referred to as Section 15-8 of the WCL) to limit liability to a maximum of 260 weeks for both compensation and medical payments;
- Attempting to structure a settlement under Section 32 of the WCL.

While limiting liability in a permanent total case is difficult and many of the above options are not viable in every case, NYSIF pursues these efforts to minimize cost.

## Section 32 Settlements

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Section 32 settlements allow for complete and final resolution of a workers' compensation claim. Claims settled by Section 32 are not subject to reopening, appeals, modification or review unless by mutual consent of all parties, with WCB approval.

Section 32 permits complete or partial waiver of future compensation for any established, controverted or death claim and, on a limited basis, resolves continuing medical treatment issues.

Section 32 is a win-win settlement for claimants and employers. Section 32 settlements offer claimants the opportunity to control their financial destiny, while providing employers an effective cost containment strategy for case closure.

### *Catastrophic Case Management*

All catastrophic or complex injuries are referred to a nurse case manager who establishes a rapport with the claimant, the claimant's family and medical team to facilitate effective case management. By coordinating services, the nurse case manager's goal is to assure a smooth transition to rehabilitation, ongoing treatment and, if possible, return to a productive lifestyle for the claimant.

## Early Return To Work (RTW)

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NYSIF is committed to helping you maintain your competitive edge by controlling compensation costs.

Establishing an RTW program is a key part of a comprehensive risk management program along with an active safety program, ongoing review of workplace design and process, and proactive claims management.

RTW works to reduce costs significantly by providing the opportunity for injured workers to be productive members of the work force while they recover from their injuries.

RTW uses transitional, modified work assignments during the recovery process, depending on the physical capability of the injured worker. Our case managers, medical care reps., vocational counselors and safety specialists work together with the employer and medical provider to develop a program that allows an injured worker to re-enter the workplace while recovering.

Each program is tailored specifically to meet the needs of the injured worker and the employer.

### **Why Have an RTW Program?**

A transitional job, designed through an RTW program, can be the first step in a successful return to full duty.

- Injured workers recover faster when involved in a transitional RTW assignment.

- Companies that have provided RTW opportunities have realized a 20% to 40% savings in workers' compensation costs.
- Reintroducing injured workers to the workplace not only lowers workers' compensation costs but also the costs associated with hiring and training replacement workers.
- Studies show that the longer an injured worker remains out of work, the less likely he or she will return to legitimate, gainful employment.

With RTW, employers save money, retain valuable employees, and help maintain employee morale and loyalty.

### **What Can I Do To Get My Employees Back To Work?**

There are several things the employer can do to assist in the rehabilitation of your injured workers:

- Report accidents to NYSIF as soon as possible using NYSIF eFROI<sup>sm</sup>;
- For reportable accidents, file a C-2 form with the WCB and NYSIF promptly;
- Communicate frequently with your NYSIF case manager to request medical or vocational assistance for an employee;
- Be proactive by identifying light duty assignments or modifications to the workplace to enable injured workers to return to work sooner.

## The Keys to a Successful RTW Program

To be successful, RTW must include all of the following:

- Administrative commitment and support, as part of a fully integrated risk management program;
- Clear communication throughout the organization; development of clear goals, outcomes and policies for the program;
- Identification of an RTW coordinator or facilitator (NYSIF helps you identify coordinator responsibilities);
- Prompt filing of a C-11 form for any injured worker participating in an RTW program;
- Focus on a worker's skills and abilities, **not** his or her disabilities.

## What If the Job Doesn't Meet Medical Restrictions?

The injured worker can be referred to a variety of vocational services for return to competitive employment, sometimes using progressive "work hardening programs" to ensure job readiness.

The optimal goal of RTW is to return the injured worker to the original employer.

### *Care of the Injured Worker*

NYSIF claims personnel clarify the claimant's physical capacities with the claimant's attending physician, medical consultants or through functional capacity evaluations (FCEs).

## **Training and Communication**

Training supervisory staff in the principles and procedures of an RTW program is essential. Training topics should include:

- Accident reporting and investigation
- Need for early and ongoing communication
- Job modifications and alternative assignments
- Methods of documentation

Communication with the injured worker, medical team and co-workers is necessary to identify limitations and address them in the return-to-work experience. This also improves morale and productivity.

NYSIF's case management team offers professional support and direction in setting up an RTW program. Nurse and vocational case managers and loss control representatives are available to assist your organization in developing transitional work assignments and implementing your program.

NYSIF supplies sample forms to get you started, including:

- Accident Report Form
- Doctor Notification Form
- Return To Work Physical Form
- Job Analysis Form
- Job Approval Letter
- Return To Work Letter
- Employee Injury Tracking Form

## What If a Claim is Fraudulent?

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If you suspect fraud, contact NYSIF's Division of Confidential Investigations (DCI) at 1-877-WCNYSIF (926-9743). You may also report suspected fraud online at [www.nysif.com](http://www.nysif.com) by clicking on the "Report Fraud" tab.

There are three main types of claims' fraud:

- Establishment of claim under false pretenses
- Subsequent fraud after legitimate claim has been established
- Provider fraud

Potentially fraudulent claims often come to light via anonymous tips, tips from identified sources, or conflicting or inconsistent medical reports or treatment plans.

DCI coordinates with the case management team and other NYSIF personnel to gather information and evidence in cases of suspected fraud. Working with the New York State Insurance Department Frauds Bureau, the WCB Fraud Inspector General, the State Attorney General, local district attorneys and law enforcement officials, DCI has become a national leader in arrests and prosecutions for workers' compensation insurance fraud.

## **Mechanisms of Fraud**

Be aware of the “mechanisms of fraud” used by the claimant or medical provider, including:

- Creating a fact pattern to fit a fictitious claim;
- Not reporting or under reporting work activities;
- Magnification or invention of physical symptoms;
- Filing a false document designed to obtain benefits;
- Billing for services not rendered;
- Other attempts to defraud, which can be as creative as they are numerous.

## What is CONNECTS?

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NYSIF offers another way for employers to proactively manage claims through CONNECTS. CONNECTS stands for Clients On Net–NYSIF Electronic Claims Tracking System, available to all policyholders through the Internet on NYSIF’s web site.

A powerful claims management tool, CONNECTS allows employers and other authorized users to query, print and download current information pertaining to their claims. CONNECTS provides users with discrete claims data updated as the case progresses. Employers have 24/7 access to claims information that they can further sort to identify accident trends. This is a secure site designed to protect user and claimant information.

Employers can quickly keep track of claims with CONNECTS by accessing:

- Accident date
- Claim status
- Case manager in charge
- Reserve amounts
- Amount paid
- Hearing dates
- Settlements

Convenient and easy to use, CONNECTS gives employers a snapshot of accident and injury patterns, and helps them stay on top of claims costs.

## Resources

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To report an injury using NYSIF eFROI<sup>sm</sup>, visit NYSIF's web site at [www.nysif.com](http://www.nysif.com) and click on the "Report an Injury" tab.

[www.nysif.com](http://www.nysif.com) also provides information on when to file a claim, risk management and return to work.

Forms required for processing workers' compensation claims can be found at NYSIF's web site through a link to the WCB. The WCB site provides information on filing requirements for each form.

For more information on workers' compensation and disability benefits claims, request a copy of NYSIF's *Claims Guide For The Employer*.

For more information on safety programs and preventing workplace accidents, request a copy of NYSIF's *Partners In Safety*.

For more information on detecting workers' compensation fraud, request a copy of NYSIF's *Fighting Workers' Compensation Fraud*.

The *New York State Workers' Compensation Board Employers' Handbook* is available on the WCB web site.

**NYSIF**

## Claims Case Management

**New York State Insurance Fund**

**Governor David A. Paterson**

**Chairman Robert H. Hurlbut**

**Executive Director James J. Wrynn**

To report a work-related accident to NYSIF use  
NYSIF eFROI<sub>sm</sub> at [www.nysif.com](http://www.nysif.com)

**NYSIF**

*Then... Now... Always*



5/09