

WorkSafeBC Case Management Model

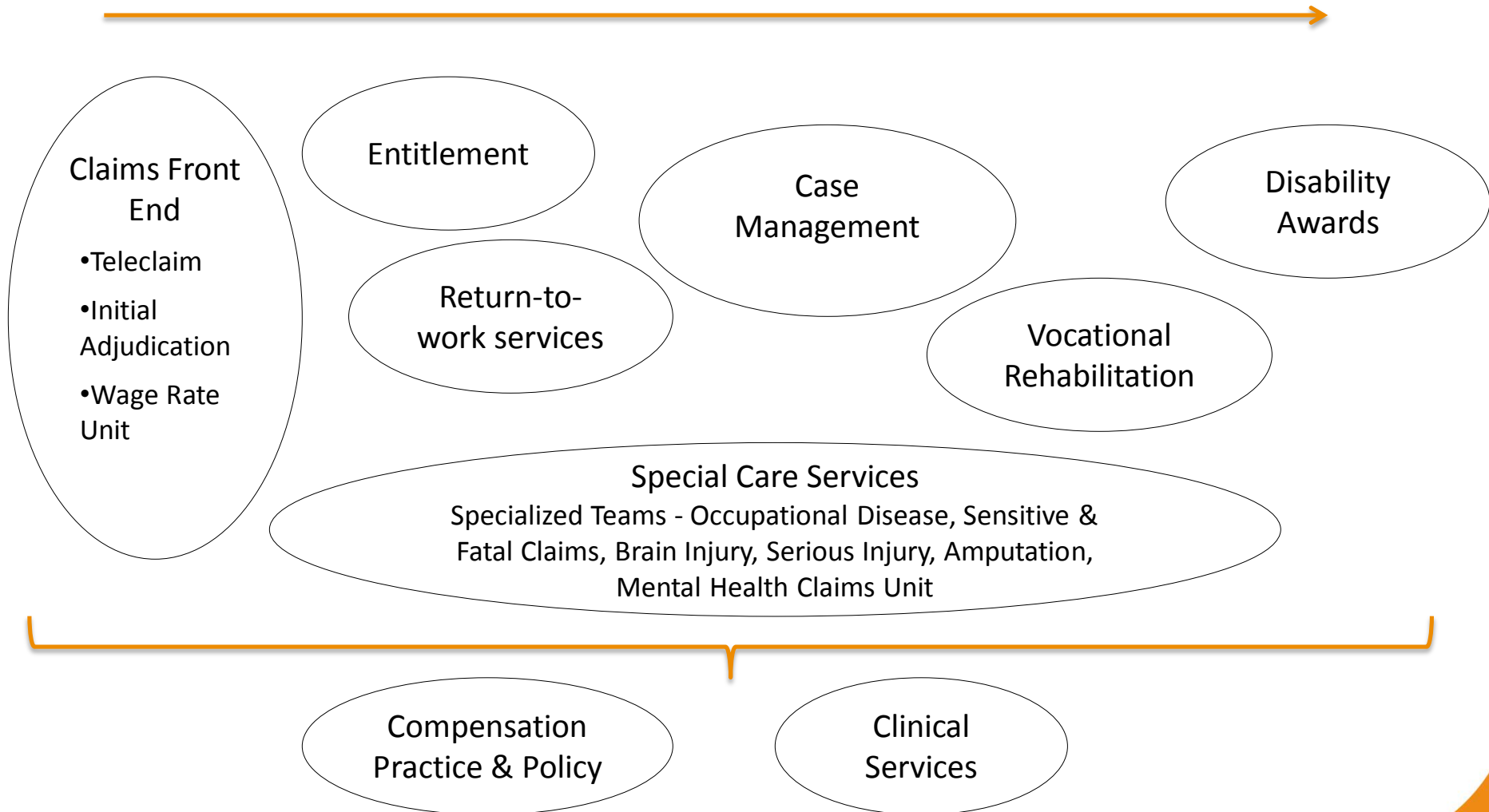
For Discussion Only

AWCBC Compensation & Benefits Committee

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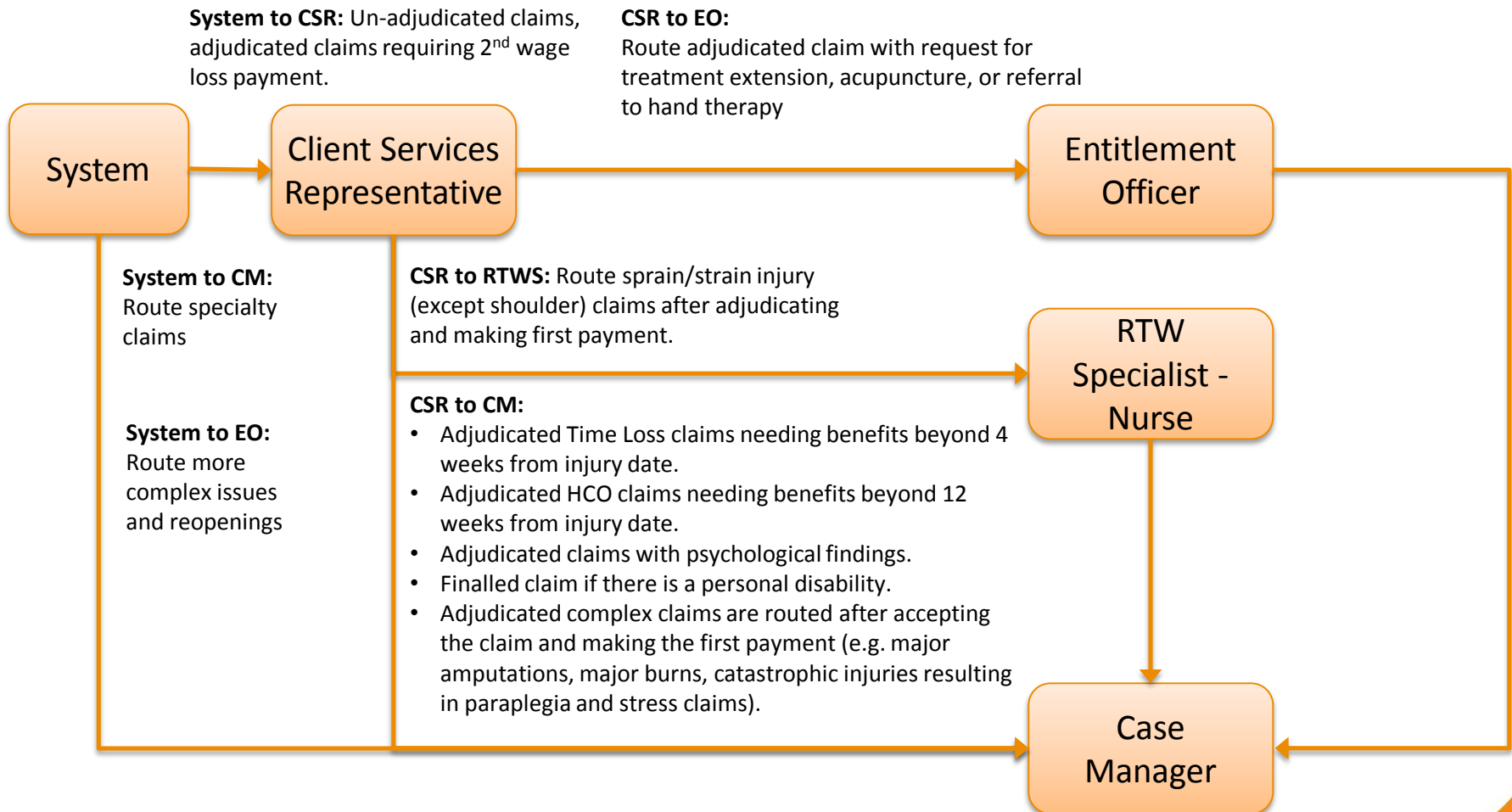
Claims - Departments

General claim flow



Claim and Injury Eligibility

Owner Level Claim Assignment / Routing



Route Specialty Claims

- CMS looks for key words in claim information to determine whether the claim requires extra sensitivity or special expertise. These claims, when identified are immediately transferred to specialized claim staff for adjudication and management.
- Examples of specialty claims:
 - An accident resulting in the death of a worker
 - Sensitive matters (for example, sexual assault)
 - Catastrophic injury (often multiple severe injuries)
 - Head injury
 - Mental health related matters (with no physical injury)
 - Activity-related soft tissue disorders (ASTD)
 - Inter-jurisdictional
 - Occupational diseases
 - Hearing loss

Claim roles

Overview

There are various claim roles identified in CMS that have different levels of permissions on a claim to perform different functions:

- Claim Owner Role
 - The Claim Owner claim role has the primary responsibility for managing the claim and adjudicating eligibility and entitlement to Health Care and Wage Loss Benefits.
 - When a claim is created in CMS, it is assigned to the Claim Owner of System (sometimes referred to as "Bob", as "Bob SystemDesk" is the system's Desk Owner name in CMS).
 - Based on business rules, CMS may reassign the claim to another Claim Owner role or a claim may be manually reassigned by a person.
 - Once a claim leaves System ownership, it cannot be reassigned back to the System.
 - The Provincial Triage and Routing Guidelines for Section 5 Claims provides details on which roles manage which claim types. <http://wpm/claimadmin/procedure.aspx?ProcID=25300204>
- Other Claim Roles
 - Non Claim Owner claim roles perform various activities on the claim but do not have responsibility for the primary management of the claim.

Claim Roles

Claim Owner Role (1/3)

CMS

- Adjudicates and pays routine claims where cause and type of injury are auto-allowable.
- All claims are initially system owned after claim creation. Various triggers determine when the claim is assigned to a claim owner to manage.
- A claim will be removed from system automation if:
 - Medical request for testing or surgery
 - Worker is off work and previous reports say there has been no time loss from work.
 - Employer protest
- A claim can only be pulled out of automation by an authorized CSR.

Client Services Representative (CSR) – Initial Adjudication Unit

- Adjudicates routine (non-complex) health care only and short duration time loss claims where cause and type of injury are not auto-allowable and/or there is insufficient information for CMS to auto-adjudicate.
- If adjudicating the claim, the CSR sets the wage rate and makes first payment and manages wage loss claims for up to 4 weeks and health care only claims up to 12 weeks.
- Route complex claims that cannot be adjudicated at CSR level.
- Routes routine claims after adjudication and first payment if entitlement cannot be made by CSR level.

Claim Roles

Claim Owner (2/3)

Entitlement Officer (EO)

- Makes claim and injury eligibility decisions for claims with more complex issues and re-openings.
- Makes first payment and routes claim immediately to CM unless return to work is imminent.
- Manages claims routed by CSR for following reasons:
 - Adjudicated claims with a request for acupuncture, treatment extension, referral to hand therapy
 - Un-adjudicated claims with a confirmed hernia diagnosis
 - Worker did not lose time from work until 7 days after the injury
 - Injury out of the country.

Claim Roles

Claim Owner (3/3)

Return to Work Specialist – Nurse (RTWS - Nurse)

- Manages adjudicated claims for a sprain/strain injury (except shoulder) that have high likelihood of RTW.
- Primary focus on early and safe return to work.
- Coordinates the efforts of the employer and service providers in the RTW plan.

Case Manager (CM)

- Role is to assist workers in their recovery and return to work.
- Manages adjudicated claims with extended period of disability where RTW is more challenging (e.g. major amputations, major burns, catastrophic injuries resulting in paraplegia, and stress claims).
- Manages adjudicated no time loss claims where health care benefits are needed 12 weeks after injury or where there are psychological findings after initial adjudication.
- Manages adjudicated claims where there is a permanent functional impairment.
- Coordinates the efforts of the employer and service providers in the RTW plan.

Hearing Claims Officer (HCO)

- Adjudicates and manages claims for non-traumatic hearing loss.

Claim Roles

Non Claim Owner Role – Clinical Advisor

Claim Owners seek medical advice/opinion from clinical advisors to make decisions on eligibility and entitlement.

Claim Owner



I suspect these graphics are inconsistent with WSBC experience

Medical Advisor (MA)

- Provides evidence-based medical opinions and recommendations on issues of medical impairment/disability, causation, diagnosis, treatment, activity restrictions.
- Meets with and examines injured workers, attends worksites, and discusses treatment with health care providers.

Psychology Advisor (PA)

- Provides clinical advice and opinions on psychological issues affecting injured workers.
- Arranges contracted psychological assessment and treatment services through network of community mental health clinicians.

Audiologist Advisor (AA)

- Provides clinical expertise/opinion on hearing loss issues affecting injured workers.

Claim Roles

Other Non Claim Owner Roles

Client Services Representative (CSR) Teleclaim

- Completes the worker's report of injury (F6T) for time loss claims when worker calls into Teleclaim to report an injury.
- If a worker is calling to report a sexual assault, sexual harassment or fatality, the call is transferred immediately to the Sensitive Claims Unit without completing the 6T.
- If no time loss, directs worker to complete the worker's report on the worker portal.

Wage Rate Officer (WRO)

- Gathers information related to the average earnings decision and makes short term and long term average earnings decisions, one of the components required to make a wage loss benefit payment.

Vocational Rehabilitation Consultant (VRC)

- Becomes involved as early as reasonable and necessary to assist injured workers to return to suitable employment with either the injury employer or a new employer.
- Makes decision on worker's entitlement to VR services and the level of service reasonably necessary to overcome or minimize the immediate and longer term impact of a workplace injury.
- Develops and implements an individualized vocational rehabilitation plan, including services such as work assessments, formal training, on-the-job training, job search support, self-employment support.
- For workers left with a permanent disability, VRC conducts a Loss of Earnings (LOE) assessment when the CM determines that the worker's circumstances are "So exceptional" such that a Loss of Function (LOF) award is not appropriate compensation.

Claim Roles

Other Roles

Disability Awards Officer (DAO)

- Adjudicates worker's entitlement to a loss of function award for permanent disabilities.
- Implements loss of earnings award approved by Disability Awards Committee.

Service Coordinator (SC)

- Provides support services and assistance for the worker and the case management team, but in particular the CM and VRC.
- Manages certification of payments based
- Maintain ongoing contact with workers.
- Manage various payments.
- Obtain and document claim related information.

Key performance indicators and Operational Trackers

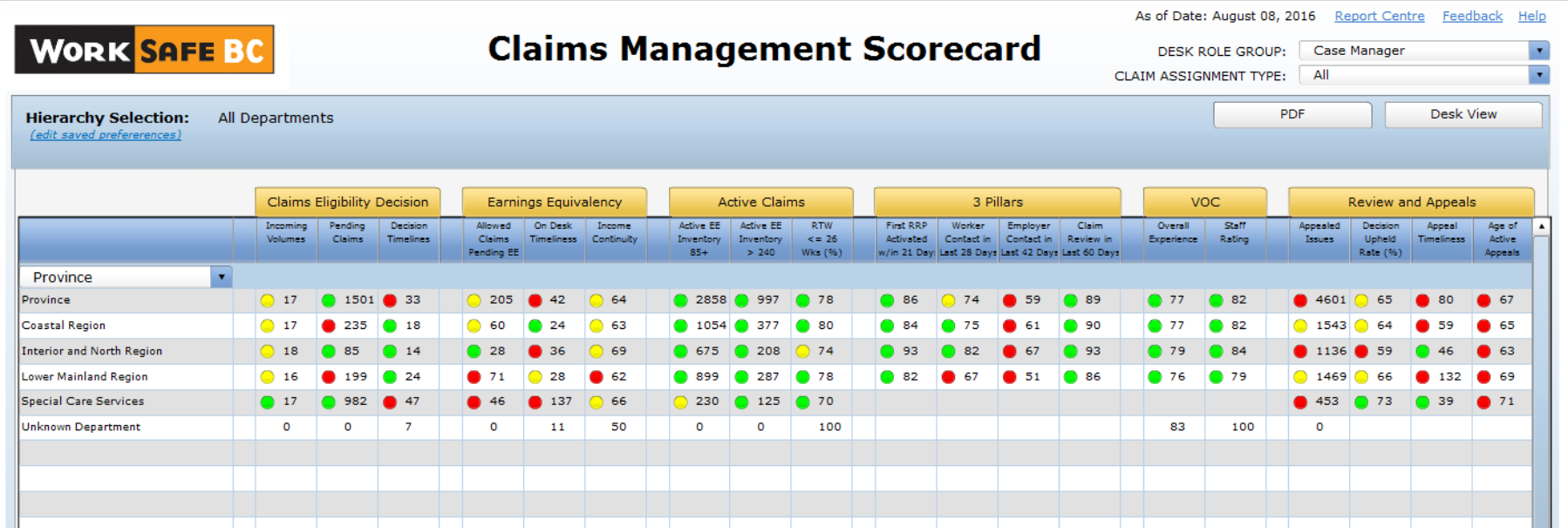
Corporate KPIs

Return to work at 26 weeks
VR Return to work outcomes
Overturn rate on decisions
Overall experience for workers and employers
Short term disability timeliness

Operational Trackers

Pending queues
Decision timeliness
Aged inventories
VR cases in planning and in pay
LTD queues and decision timeliness

Claims Management Dashboard Overview



- Each yellow tab drills to another dashboard view
- Managers can continue to drill down to office level, desk level and claim specific information