

DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION

February, 1993

Volume I

The Claims Management and Carrier Practices unit at The Division of Workers' Compensation sends you greetings! In an effort to get claims adjusters the kind of "news you can use," we're publishing a one-page informational flyer. We'd welcome your impressions of this newsletter and suggestions for future topics. Direct your comments to JoAnne Ibarra at (303) 764-2920. We recognize that claims people are the front line when it comes to implementation of the statute and Rules of Procedure. Keep in mind, that as an integral part of the process, we are a readily available resource.

On December 21, 1992, the director adopted rules which were essentially housekeeping changes to Rules IV, IX and XI. Following massive rule promulgation to implement SB 218 last year, Director Ken Platt promised to revisit the rules later in the year in order to refine them as needed. In October, a task force comprised of individuals representing a cross-section of the system was convened. Following several redrafts of the proposed rules based on input from the task force, a rules hearing was held on December 3, 1992, and additional testimony was taken. We hope the changes will provide for greater efficiency in the delivery of benefits to claimants at a reasonable cost to employers.

Here are some of the highlights:

- * For all admissions dated on or after January 1, 1993, permanent disability benefits shall be paid every two (2) weeks. The purpose is to provide consistency between the various payment cycles and afford the claimant predictability relative to the receipt of benefits. Rule IV(E)(4).
- * If the carrier has overstated the amount of a permanency award on an admission due to a clerical error or miscalculation, the carrier may seek permission to revise the admission through the Division of Workers' Compensation within sixty (60) days of the date of the admission. Rule IV (L).
- * Vocational reports for claims with injuries occurring on or after July 2, 1987, shall not be filed with the division except when requested by the director, when attached to a final admission or filed pursuant to Rule VIII(I). IF THE CLAIMANT PARTICIPATES IN A VOCATIONAL EVALUATION, or the carrier offers vocational services and the claimant accepts, WRITTEN REPORTS MUST BE PRODUCED AND A COPY OF EVERY VOCATIONAL REPORT NOT FILED WITH THE DIVISION SHALL BE EXCHANGED WITH ALL PARTIES WITHIN FIFTEEN (15) WORKING DAYS OF RECEIPT. The purpose of this rule is to encourage dispute resolution through the early exchange of information by both the carrier and the claimant or the claimant's attorney. Rule IV(M)(2).
- * While we're on the subject of vocational rehabilitation, it's important to note temporary total disability benefits can now be terminated by admission on claims arising prior to July 2, 1987, with a report by the treating physician stating that the claimant has reached MMI AND documentation that the claimant has completed an approved vocational rehabilitation plan. Rule IX(A)(1)(e).
- * When the final admission is predicated upon a medical report, such report shall accompany the admission. [See 8-43-203 (2), C.R.S.] The admission shall make specific reference to the medical report by listing the physician's name and the date of the report. Rule IV(N)(1).
- * Conversely, when the admission is not based upon a medical report, the admission shall include remarks outlining the basis for the denial of temporary and/or permanent disability benefits. (This includes admissions for "medical benefits only".) Rule IV (N)(2).
- * Changes in the rule for suspension, modification or termination of temporary disability benefits by

a petition will serve to expedite dispute resolution in the event there is an objection to a petition. Specific changes include reducing the period for the objection from thirty (30) to twenty (20) days. Upon receipt of an objection, the matter will be scheduled for hearing to be held within forty (40) days of the date of the setting. **IT IS INCUMBENT UPON THE CARRIER TO SET THE CASE FOR HEARING. Rule IX(D).**

- * Finally, a copy of every medical report not filed with the division --and there are relatively few instances in which it is required to be filed--must be exchanged with all parties **WITHIN FIFTEEN (15) WORKING DAYS OF RECEIPT**. Note the single exception to providing this information is on cases which are not required to be filed with the division. If the carrier receives a request for medical reports on any of these cases, the information shall be provided **IMMEDIATELY** upon request, and five (5) working days is considered to be a reasonable time within which to exchange information.

Copies of the Workers' Compensation Rules of Procedure may be obtained by contacting the Public Record Corporation at 832-8262.

DID YOU KNOW ...

- * All physicians providing permanent impairment ratings must be Level II accredited if the date of injury is on or after 7/1/91.
- * The recently published Colorado Workers Compensation Act, 1992, contains an error in the age factor table under Section 8-4-107(8)(e) on page 19. Age 37 with its corresponding 1.46 was omitted, and age 36 is in error. The proper factor is 1.48.
- * A formula for figuring eight percent interest is available at the division.
- * The fax number for the claims unit is 764-2874.
- * Mediation (early dispute resolution) is available for all cases on a voluntary basis regardless of the date of injury. If there is a case that you, as an adjuster, would like to see in mediation, you may call the Mediation unit, 764-2860 or 764-2861, and ask to speak with a mediator. We can usually schedule a voluntary mediation within two weeks of a phone request.
- * Between July 1, 1991 and November 30, 1992, 63% of the issues discussed in mediation were resolved. The resolution rate for AWW was 72%, medical authorization was at 58%, and change of physician at 52%.
- * Harry Ferris received a lifetime achievement award from the WCCA at their recent annual seminar on January 29, 1993.

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