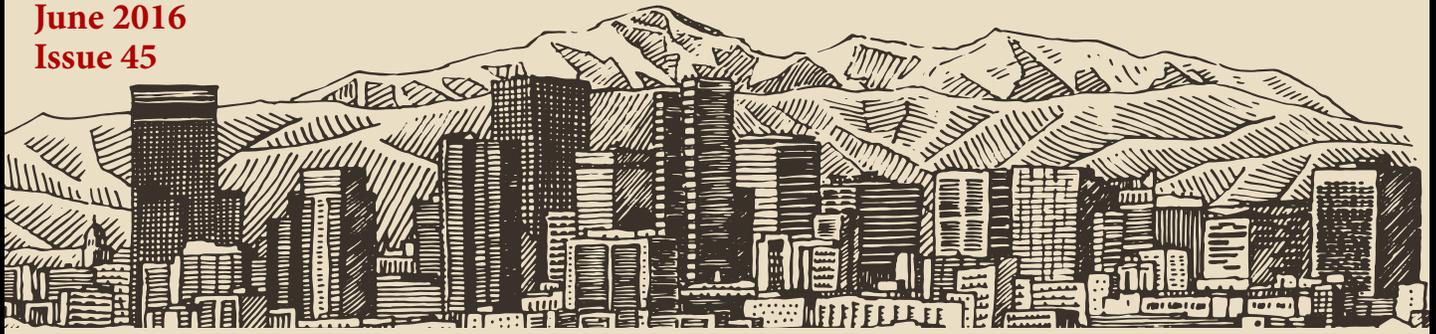


ALL ABOUT CLAIMS

June 2016
Issue 45



All About Claims is a newsletter published by the Colorado Division of Workers' Compensation designed to provide information to claims practitioners. Please send comments or suggestions for future topics to Adam Gardner by emailing adam.gardner@state.co.us.

Colorado Division of Workers' Compensation **2016 Legislative Advisory**

Legislation enacted by the 2016 General Assembly contained amendments to the Colorado Workers' Compensation Act of importance to practitioners. There are also a number of significant procedural changes of which claims handlers will want to take notice. The following reiteration will highlight changes that should be fully considered and implemented to ensure compliance. This is not intended to be an exhaustive summary.

[Senate Bill 16-217](#)

[Signed June 10, 2016: Effective July 1, 2016](#)

- Requires an admission of liability include an employer statement listing specific facts on which a fifty percent reduction in compensation is based, for alleged willful failure to:
 - use a safety device,
 - obey any reasonable safety rule; or
 - where it is alleged the employee willfully misled the employer concerning the employee's physical ability to perform the job and was subsequently injured as the result.

[C.R.S. § 8-42-112 \(3\)](#)

- Affords any party the right to request an *expedited hearing* on whether compensation may be reduced by fifty percent, if an application is filed within 45 days after the date of the admission. The director is required to set the matter for hearing within 60 days after the date of the application though the schedule is subject to extensions set forth in section 8-43-209. Nothing precludes a party from submitting evidence at hearing or from requesting a non-expedited hearing in accordance with section 8-43-209.

[C.R.S. § 8-42-112 \(4\),\(5\) & \(6\)](#)

- Extends the time for the director to set an expedited hearing from 40 to 60 days after the application, where *liability for a claim is denied*.
[C.R.S. § 8-43-203\(1\)\(a\)](#)
- Treats the alleged failure of an employer to provide a list of medical providers from which the injured worker may select a treating physician in the first instance, as a basis for requesting an expedited hearing:
 - if the application is filed within 45 days *after the injured worker provides notice of the injury to the employer*, or
 - in the case where liability for the claim has been admitted, the application must be filed within 45 days *after the initial admission*.

The director is required to set the matter for hearing within 60 days after the date of the application though the schedule is subject to extensions set forth in section 8-43-209. Nothing precludes a party from requesting a non-expedited hearing in accordance with the time schedule set forth in section 8-43-209. [C.R.S. § 8-43-404\(5\)\(a\)\(I\)\(D\)& \(E\)](#)

- Amends the section in which an injured worker may request a change of physician in writing, to require:
 - that *the request be completed on a form prescribed by the director* (and if permission is neither granted or refused within 20 days, the insurer shall be deemed to have waived any objection to the request), and
 - that *an objection by the insurer shall be in writing on a form prescribed by the director* and shall be served on the injured worker or, if represented, on the injured worker's authorized representative, within 20 days after the certificate of service of the request form.
[C.R.S. § 8-43-404\(5\)\(a\)\(VI\)\(A\)](#)
 - If the injured worker is permitted to change to a new authorized treating physician, primary care with the previously authorized physician will continue until the initial visit with the new authorized physician. At that time, primary care with the previously authorized physician will terminate. [C.R.S. § 8-43-404\(5\)\(a\)\(VI\)\(B\)](#)
 - The previously authorized treating physician is not precluded from performing an examination at the request of the insurer.
[C.R.S. § 8-43-404\(5\)\(a\)\(VI\)\(C\)](#)
 - The opinion of the previously authorized treating physician regarding work restrictions and return to work controls unless that opinion is expressly modified by the newly authorized treating physician.
[C.R.S. § 8-43-404\(5\)\(a\)\(VI\)\(D\)](#)

Applicability: The bill takes effect July 1, 2016, is procedural in nature, and applies to all claims regardless of the date of filing or the date of injury.

Implementation: Rule making by the Division of Workers' Compensation ("Division") may be indicated at a later date. The [form](#) to request a change of physician by the injured worker, and for the insurer to grant/object to the request, will be made available by the Division and distributed on-line, in person or on the website, prior to the effective date of the statute.

Senate Bill 16-158

Signed June 1, 2016: Effective August 10, 2016, unless a referendum petition is filed by that date

- Defines “physician” for purposes of Level 1 Accreditation, to include a *Physician Assistant* licensed under the Colorado Medical Practice Act. In order for a Level 1 Accredited Physician Assistant to perform medical services requiring Level 1 accreditation, a Level 1 Accredited *Physician* must delegate the performance those services. [C.R.S. § 8-42-101\(3.5\)\(a\)\(I\)\(B\)](#)

Applicability: The bill takes effect August 10, 2016, unless a referendum petition is filed by that date, then it will not take effect unless approved by the people in a general election in November, 2016.

Implementation: Rule making by the Division may be indicated at a later date.

Senate Bill 16-198

Signed June 8, 2016: Effective upon signature

- Relieves workers’ compensation insurance carriers of the requirement to provide a sample of forms of policies, riders, letters, and notices to the commissioner of insurance, (and certify that these documents comply with Colorado law), if the carrier uses unmodified forms prepared by a statutory advisory or rating organization. [C.R.S. § 8-44-102\(2\)\(a\)\(I\),\(II\)&\(III\)](#)
- Deems new or revised policy forms submitted by an advisory or rating organization on behalf of its members to be automatically adopted by the member carrier without modification. [C.R.S. § 8-44-102\(2\)\(b\)\(I\),\(II\)&\(III\)](#)

Applicability: Applies to all insurers authorized to provide workers’ compensation insurance in the state and is effective upon signature.

Implementation: No rule making by the Division of Workers’ Compensation is anticipated.

House Bill 16-1323

Signed April 22, 2016: Effective August 10, 2016, unless a referendum petition is filed by that date

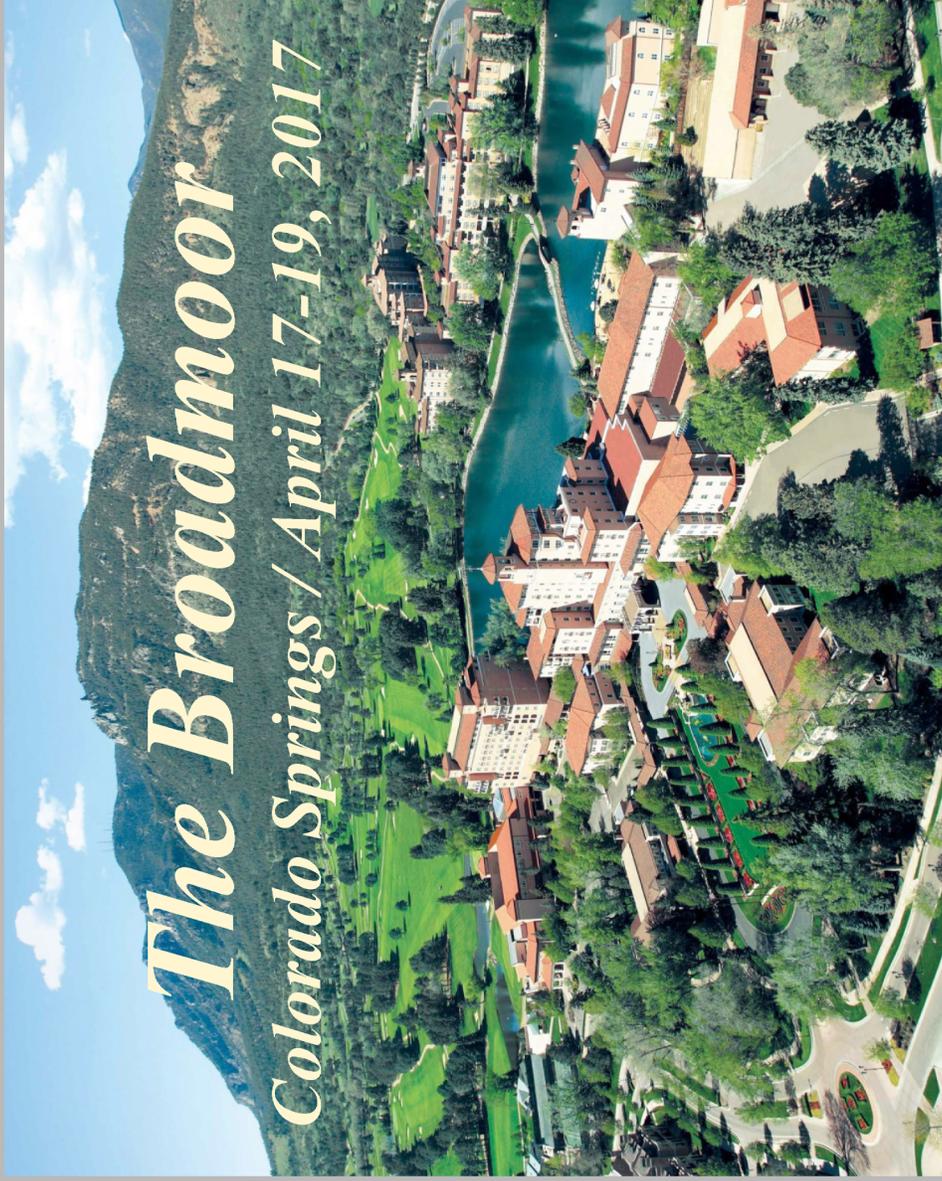
- Changes the name of the *Division of Labor* to the *Division of Labor Standards and Statistics* wherever referenced in the Colorado statutes. Specific reference is made to the creation of the Division of Workers’ Compensation and the transfer of powers and duties on and after July 1, 1991. [C.R.S. § 8-47-101\(3\),\(5\)&\(6\)](#)

Applicability: The bill takes effect August 10, 2016, unless a referendum petition is filed by that date, then it will not take effect unless approved by the people in a general election in November, 2016.

Implementation: No rule making by the Division of Workers’ Compensation is anticipated.

2017 Colorado Workers' Compensation Educational Conference

The Broadmoor
Colorado Springs / April 17-19, 2017



Conference Outline

April 17:

*Welcome / Opening Session
Evening Welcome Reception*

April 18:

*General Sessions / Breakouts
Convention Lunch
Director's Reception*

April 19:

*General Session / Legislative
Updates / Keynote Speaker*

Convention Registration: \$375

Spouse / Companion Registrations: \$100

Hotel Accommodations: \$229

Call 800-634-7711, Ask For CWCEC Rate

*For Registration, Exhibitor & Sponsor Info
Contact Gary Davis 859-219-0194 or at*

Gary.davis@sawca.com



*The 2017 Colorado Workers' Compensation Educational Conference is
presented by the Colorado Division of Workers' Compensation in association
with the Southern Association of Workers' Compensation Administrators.*

2016 Amendments to Colorado Workers' Compensation Statute

(Please note that these statutory amendments have different effective dates)

8-42-101(3.5)(a)(I)(A),(B),(C) Signed June 1, 2016 Effective July 1, 2016 Amended/New SB 16-158

8-42-101. Employer must furnish medical aid - approval of plan - fee schedule - contracting for treatment - no recovery from employee - medical treatment guidelines - accreditation of physicians and other medical providers - rules - repeal. (3.5) (a) (I) (A) "Physician" means, for the purposes of the level I and level II accreditation programs, a physician licensed under the "Colorado Medical Practice Act". For the purposes of level I accreditation only and not level II accreditation, "physician" means a dentist licensed under the "Dental Practice Act", ARTICLE 35 OF TITLE 12, C.R.S.; a podiatrist licensed under the provisions of article 32 of title 12, C.R.S.; and a chiropractor licensed under the provisions of article 33 of title 12, C.R.S.

(B) A PHYSICIAN ASSISTANT LICENSED UNDER THE "COLORADO MEDICAL PRACTICE ACT", ARTICLE 36 OF TITLE 12, C.R.S., MAY RECEIVE LEVEL I ACCREDITATION. IN ORDER FOR A LEVEL I ACCREDITED PHYSICIAN ASSISTANT TO PERFORM MEDICAL SERVICES REQUIRING LEVEL I ACCREDITATION, A LEVEL I ACCREDITED PHYSICIAN MUST DELEGATE THE PERFORMANCE OF THOSE MEDICAL SERVICES TO THE LEVEL I ACCREDITED PHYSICIAN ASSISTANT.

(C) ~~No~~ A physician shall NOT be deemed to be accredited under either level I or level II solely by reason of being licensed.

8-42-112(3),(4),(5),(6) Signed June 10, 2016 Effective July 1, 2016 New SB 16-217

8-42-112. Acts of employees reducing compensation. (3) AN ADMISSION OF LIABILITY REDUCING COMPENSATION UNDER THIS SECTION MUST INCLUDE A STATEMENT BY A REPRESENTATIVE OF THE EMPLOYER LISTING THE SPECIFIC FACTS ON WHICH THE REDUCTION IS BASED.

(4) IF THE INSURER OR SELF-INSURED EMPLOYER ADMITS LIABILITY FOR THE CLAIM, ANY PARTY MAY REQUEST AN EXPEDITED HEARING ON THE ISSUE OF WHETHER THE EMPLOYER OR INSURER MAY REDUCE COMPENSATION UNDER THIS SECTION IF THE APPLICATION FOR HEARING IS FILED WITHIN FORTY-FIVE DAYS AFTER THE DATE OF THE ADMISSION REDUCING COMPENSATION UNDER THIS SECTION. THE DIRECTOR SHALL SET ANY EXPEDITED MATTER FOR HEARING WITHIN SIXTY DAYS AFTER THE DATE OF THE APPLICATION. THE TIME SCHEDULE FOR AN EXPEDITED HEARING IS SUBJECT TO THE EXTENSIONS SET FORTH IN SECTION 8-43-209. IF THE PARTY ELECTS NOT TO REQUEST AN EXPEDITED HEARING UNDER THIS SUBSECTION (4), THE TIME SCHEDULE FOR HEARING THE MATTER IS AS SET FORTH IN SECTION 8-43-209.

(5) NOTHING IN THIS SECTION LIMITS THE RIGHT OF A PARTY TO SUBMIT EVIDENCE AT A HEARING SCHEDULED UNDER THIS SECTION OR SECTION 8-43-209.

(6) NOTHING IN THIS SECTION PRECLUDES A PARTY FROM REQUESTING A HEARING PURSUANT TO THE TIME SCHEDULE SET FORTH IN SECTION 8-43-209.

8-43-203(1)(a)

Signed June 10, 2016

Effective July 1, 2016

Amended

SB 16-217

8-43-203. Notice concerning liability - notice to claimants - notice of rights and claims process - rules. (1)(a) The employer or, if insured, the employer's insurance carrier shall notify in writing the division and the injured employee or, if deceased, the decedent's dependents within twenty days after a report is, or should have been, filed with the division pursuant to section 8-43-101, whether liability is admitted or contested; except that, for the purpose of this section, any knowledge on the part of the employer, if insured, is not knowledge on the part of the insurance carrier. The employer or the employer's insurance carrier may notify the division electronically. Unless exempted by the director pursuant to rule because of a small number of filings or a showing of financial hardship, beginning July 1, 2006, all notices of contest shall be filed electronically. The rejection of an electronically filed notice by the division for a technical error shall not affect the validity of the notice to the claimant. If the insurance carrier or self-insured employer denies liability for the claim, the claimant may request an expedited hearing on the issue of compensability if the application therefor is filed within forty-five days after the date of mailing of the notice of contest. The director shall set any such expedited matter for hearing within ~~forty~~ SIXTY days after the date of the application, when the issue is liability for the disease or injury. The time schedule for such an expedited hearing is subject to the extensions set forth in section 8-43-209. If a claimant elects not to request an expedited hearing pursuant to this subsection (1), the time schedule for hearing the matter shall be as set forth in section 8-43-209.

8-43-404(5)(a)(I)(D),(E),(VI)(A)

Signed June 10, 2016

Effective July 1, 2016

Amended/New

SB 16-217

Examination - refusal - personal responsibility - physicians to testify and furnish results - injured worker right to select treating physicians - injured worker right to third-party communications - definitions - rules. (5) (a) (I) (D) EXCEPT AS OTHERWISE PROVIDED BY SUB-SUBPARAGRAPH (E) OF THIS SUBPARAGRAPH (I), ANY PARTY MAY REQUEST AN EXPEDITED HEARING ON THE ISSUE OF WHETHER THE EMPLOYER OR INSURER PROVIDED A LIST IN COMPLIANCE WITH THIS SUBSECTION (5) IF THE APPLICATION FOR EXPEDITED HEARING IS FILED WITHIN FORTY-FIVE DAYS AFTER THE CLAIMANT PROVIDES NOTICE OF THE INJURY TO THE EMPLOYER.

(E) IF THE INSURER OR SELF-INSURED EMPLOYER ADMITS LIABILITY FOR THE CLAIM, ANY PARTY MAY REQUEST AN EXPEDITED HEARING ON THE ISSUE OF WHETHER THE EMPLOYER OR INSURER PROVIDED A LIST IN COMPLIANCE WITH THIS SUBSECTION (5) IF THE APPLICATION FOR EXPEDITED HEARING IS FILED WITHIN FORTY-FIVE DAYS AFTER THE INITIAL ADMISSION OF LIABILITY FOR THE CLAIM. THE DIRECTOR SHALL SET ANY EXPEDITED MATTER FOR HEARING WITHIN SIXTY DAYS AFTER THE DATE OF THE APPLICATION. THE TIME SCHEDULE FOR AN EXPEDITED HEARING IS SUBJECT TO THE EXTENSIONS SET FORTH IN SECTION 8-43-209. IF THE PARTY ELECTS NOT TO REQUEST AN

EXPEDITED HEARING UNDER THIS SUBSECTION (5), THE TIME SCHEDULE FOR HEARING THE MATTER IS AS SET FORTH IN SECTION 8-43-209.

(VI) (A) In addition to the one-time change of physician allowed in subparagraph (III) of this paragraph (a), upon written request to the insurance carrier or to the employer's authorized representative if self-insured, an injured employee may procure written permission to have a personal physician or chiropractor treat the employee. THE WRITTEN REQUEST MUST BE COMPLETED ON A FORM THAT IS PRESCRIBED BY THE DIRECTOR. If permission is neither granted nor refused within twenty days AFTER THE DATE OF THE CERTIFICATE OF SERVICE OF THE REQUEST FORM, the employer or insurance carrier shall be deemed to have waived any objection to the employee's request. Objection shall be in writing ON A FORM PRESCRIBED BY THE DIRECTOR and shall be ~~deposited in the United States mail or hand delivered to~~ SERVED ON the employee OR, IF REPRESENTED, THE EMPLOYEE'S AUTHORIZED REPRESENTATIVE within twenty days AFTER THE DATE OF THE CERTIFICATE OF SERVICE OF THE REQUEST FORM. An insurance carrier, or an employer's authorized representative if self-insured, shall track how often an injured employee requests to change his or her physician and how often such change is granted or denied and shall report such information to the division upon request. Upon the proper showing to the division, the employee may procure the division's permission at any time to have a physician of the employee's selection treat the employee, and in any nonsurgical case the employee, with such permission, in lieu of medical aid, may procure any nonmedical treatment recognized by the laws of this state as legal. The practitioner administering the treatment shall receive fees under the medical provisions of articles 40 to 47 of this title as specified by the division.

(B) IF AN INJURED EMPLOYEE IS PERMITTED TO CHANGE PHYSICIANS UNDER SUB-SUBPARAGRAPH (A) OF THIS SUBPARAGRAPH (VI) RESULTING IN A NEW AUTHORIZED TREATING PHYSICIAN WHO WILL PROVIDE PRIMARY CARE FOR THE INJURY, THEN THE PREVIOUSLY AUTHORIZED TREATING PHYSICIAN PROVIDING PRIMARY CARE SHALL CONTINUE AS THE AUTHORIZED TREATING PHYSICIAN PROVIDING PRIMARY CARE FOR THE INJURED EMPLOYEE UNTIL THE INJURED EMPLOYEE'S INITIAL VISIT WITH THE NEWLY AUTHORIZED TREATING PHYSICIAN, AT WHICH TIME THE TREATMENT RELATIONSHIP WITH THE PREVIOUSLY AUTHORIZED TREATING PHYSICIAN PROVIDING PRIMARY CARE IS TERMINATED.

(C) NOTHING IN THIS SUBPARAGRAPH (VI) PRECLUDES ANY FORMER AUTHORIZED TREATING PHYSICIAN FROM PERFORMING AN EXAMINATION UNDER SUBSECTION (1) OF THIS SECTION.

(D) IF AN INJURED EMPLOYEE IS PERMITTED TO CHANGE PHYSICIANS PURSUANT TO SUB-SUBPARAGRAPH (A) OF THIS SUBPARAGRAPH (VI) RESULTING IN A NEW AUTHORIZED TREATING PHYSICIAN WHO WILL PROVIDE PRIMARY CARE FOR THE INJURY, THEN THE OPINION OF THE PREVIOUSLY AUTHORIZED TREATING PHYSICIAN PROVIDING PRIMARY CARE REGARDING

WORK RESTRICTIONS AND RETURN TO WORK CONTROLS UNLESS THAT OPINION IS EXPRESSLY MODIFIED BY THE NEWLY AUTHORIZED TREATING PHYSICIAN.

8-44-102(2)

Signed June 8, 2016

Effective July 1, 2016

Amended/New

SB 16-198

8-44-102. Contract for insurance subject to workers' compensation act.

(2)(a)(I) EXCEPT AS SPECIFIED IN SUBPARAGRAPH (III) OF THIS PARAGRAPH (a), every carrier providing workers' compensation insurance that is authorized to conduct business in Colorado shall submit an annual report to the commissioner of insurance listing any policy forms ~~endorsements, riders, letters, notices, or other documents affecting an insurance policy or contract issued or delivered to any policyholder in Colorado~~ as may be requested by the commissioner. The listing must be submitted no later than July 1 of each year and must contain a certification by an officer of the carrier that, to the best of the officer's knowledge, each policy form ~~endorsement, rider, letter, notice, or other document affecting an insurance policy or contract~~ in use complies with Colorado law. The commissioner shall determine the necessary elements of the certification.

(II) (A) AN ADVISORY ORGANIZATION AS DEFINED IN SECTION 10-4-402 (1), C.R.S., OR A RATING ORGANIZATION AS DEFINED IN SECTION 10-4-402 (3), C.R.S., SHALL SUBMIT AN ANNUAL REPORT TO THE COMMISSIONER OF INSURANCE LISTING ANY POLICY FORMS AS MAY BE REQUESTED BY THE COMMISSIONER. THE LISTING MUST BE SUBMITTED NO LATER THAN JULY 1 OF EACH YEAR AND MUST CONTAIN A CERTIFICATION BY AN OFFICER OF THE ORGANIZATION THAT, TO THE BEST OF THE OFFICER'S KNOWLEDGE, EACH POLICY FORM LISTED COMPLIES WITH COLORADO LAW. THE COMMISSIONER SHALL DETERMINE THE NECESSARY ELEMENTS OF THE CERTIFICATION.

(B) AS USED IN THIS SECTION, "FORM" MAY INCLUDE ANY ENDORSEMENT, RIDER, LETTER, NOTICE, OR OTHER DOCUMENT AFFECTING AN INSURANCE POLICY OR CONTRACT ISSUED OR DELIVERED TO ANY POLICYHOLDER IN COLORADO.

(III) IF A CARRIER USES, IN THEIR ENTIRETY AND WITHOUT MODIFICATION, FORMS PREPARED BY AN ADVISORY ORGANIZATION AS DEFINED IN SECTION 10-4-402 (1), C.R.S., OR A RATING ORGANIZATION AS DEFINED IN SECTION 10-4-402 (3), C.R.S., THE CARRIER SHALL NOTIFY THE COMMISSIONER OF INSURANCE THAT IT ADOPTS THE ANNUAL REPORT FILED BY THE ADVISORY ORGANIZATION OR RATING ORGANIZATION UNDER SUBPARAGRAPH (II) OF THIS PARAGRAPH (a) AND, IF IT SO NOTIFIES THE COMMISSIONER, IT NEED NOT SUBMIT THE CERTIFICATION REQUIRED BY SUBPARAGRAPH (I) OF THIS PARAGRAPH (a). IF A CARRIER USES FORMS THAT DEVIATE FROM THE FORMS LISTED BY THE ADVISORY ORGANIZATION OR RATING ORGANIZATION, OR IF IT USES FORMS OTHER THAN THOSE LISTED BY THE ADVISORY ORGANIZATION OR RATING ORGANIZATION, THE CARRIER SHALL SUBMIT THE ANNUAL LISTING OF FORMS AND CERTIFICATION AS REQUIRED BY SUBPARAGRAPH (I) OF THIS PARAGRAPH (a).

(b) IN ADDITION TO SUBMITTING THE DOCUMENTATION REQUIRED UNDER PARAGRAPH (a) OF THIS SUBSECTION (2) AND EXCEPT AS SPECIFIED IN SUBPARAGRAPH (III) OF THIS PARAGRAPH (b):

(I) Every carrier providing workers' compensation insurance that is authorized to conduct business in Colorado, EVERY ADVISORY ORGANIZATION AS DEFINED IN SECTION 10-4-402 (1), C.R.S., AND EVERY RATING ORGANIZATION AS DEFINED IN SECTION 10-4-402 (3), C.R.S., shall ~~also~~ submit to the commissioner a list of any new OR REVISED policy forms ~~endorsements, riders, letters, notices, or other documents~~ as may be requested by the commissioner at least thirty-one days before ~~using~~ A CARRIER USES the policy forms. ~~endorsements, riders, letters, notices, or other documents~~. UNLESS A CARRIER NOTIFIES THE DIVISION OF INSURANCE OTHERWISE, POLICY FORMS SUBMITTED ON BEHALF OF A MEMBER OF AN ADVISORY ORGANIZATION OR RATING ORGANIZATION ARE DEEMED TO BE AUTOMATICALLY ADOPTED BY THE CARRIER WITHOUT MODIFICATION.

(II) The listing must also contain a certification by an officer of the carrier OR AN OFFICER OF THE ADVISORY OR RATING ORGANIZATION that, to the best of the officer's knowledge, each new OR REVISED policy form, endorsement, rider, letter, notice, or other document proposed to be used complies with Colorado law. The commissioner shall determine the necessary elements of the certification.

(III) IF AN ADVISORY ORGANIZATION OR RATING ORGANIZATION CERTIFIES A FORM AS REQUIRED BY SUBPARAGRAPH (II) OF THIS PARAGRAPH (b) AND A CARRIER IS A MEMBER OF THAT ORGANIZATION AND USES THE FORM IN ITS ENTIRETY, THE CARRIER NEED NOT LIST THAT FORM AS REQUIRED BY SUBPARAGRAPH (I) OF THIS PARAGRAPH (b) OR SUBMIT A CERTIFICATION FOR THAT FORM AS REQUIRED BY SUBPARAGRAPH (II) OF THIS PARAGRAPH (b).

(c) The commissioner may examine and investigate workers' compensation carriers authorized to conduct business in Colorado to determine whether workers' compensation policy forms ~~endorsements, riders, letters, notices, or other forms~~ as may be requested by the commissioner comply with the certification of the carrier and statutory mandates.

8-47-101(3)(a),(3)(c),(5),(6) Signed April 22, 2016 Effective August 10, 2016 Amended HB 16-1323

8-47-101. Division of workers' compensation - creation - powers, duties, and functions - transfer of functions - change of statutory references.

(3) (a) The division of workers' compensation shall, on and after July 1, 1991, execute, administer, perform, and enforce the rights, powers, duties, functions, and obligations vested in the division of labor STANDARDS AND STATISTICS prior to July 1, 1991, concerning the duties and functions transferred to the division of workers' compensation. On July 1, 1991, all employees of the division of labor STANDARDS AND STATISTICS whose principal duties are concerned with the duties and functions transferred to the division of workers' compensation and whose employment in the division of workers' compensation is deemed necessary by the

executive director of the department of labor and employment to carry out the purposes of this article shall be transferred to the division of workers' compensation and shall become employees thereof. Such employees shall retain all rights to the state personnel system and retirement benefits under the laws of this state, and their services shall be deemed to have been continuous. All transfers and any abolishment of positions in the state personnel system shall be made and processed in accordance with state personnel system laws and rules and regulations.

(c) Whenever the division of labor STANDARDS AND STATISTICS is referred to or designated by any contract or other document in connection with the duties and functions transferred to the division of workers' compensation, such reference or designation shall be deemed to apply to the division of workers' compensation. All contracts entered into by the said division of labor STANDARDS AND STATISTICS prior to July 1, 1991, in connection with the duties and functions transferred to the division of workers' compensation, are hereby validated, with the division of workers' compensation succeeding to all the rights and obligations of such contracts. Any appropriations of funds from prior fiscal years open to satisfy obligations incurred under such contracts are here by transferred and appropriated to the division of workers' compensation for the payment of such obligations.

(5) On and after July 1, 1991, when any provision of articles 40 to 47 of this title refers to the division of labor STANDARDS AND STATISTICS, said law shall be construed as referring to the division of workers' compensation.

(6) The revisor of statutes is authorized to change all references to the director of the division of labor STANDARDS AND STATISTICS and the division of labor STANDARDS AND STATISTICS in articles 14.5 and 40 to 47 of this title to refer to the director of the division of workers' compensation and the division of workers' compensation.



TO: ALL WORKERS' COMPENSATION INSURANCE CARRIERS, THIRD-PARTY ADMINISTRATORS, AND ALL SELF-INSURED EMPLOYERS

FROM: PAUL TAURIELLO, DIRECTOR
COLORADO DIVISION OF WORKERS' COMPENSATION

DATE: MAY 2, 2016

SUBJECT: MAXIMUM RATES FOR WORKERS' COMPENSATION BENEFITS FOR THE YEAR BEGINNING JULY 1, 2016, THROUGH AND INCLUDING JUNE 30, 2017.

MAXIMUM TEMPORARY DISABILITY BENEFIT SCHEDULE

	DAYS:	1	2	3	4	5	6
		\$ 134.26	\$ 268.52	\$ 402.78	\$ 537.04	\$ 671.30	\$ 805.56
1 Week	\$ 939.82	\$ 1,074.08	\$ 1,208.34	\$ 1,342.60	\$ 1,476.86	\$ 1,611.12	\$ 1,745.38
2 Week	\$ 1,879.64	\$ 2,013.90	\$ 2,148.16	\$ 2,282.42	\$ 2,416.68	\$ 2,550.94	\$ 2,685.20
3 Week	\$ 2,819.46	\$ 2,953.72	\$ 3,087.98	\$ 3,222.24	\$ 3,356.50	\$ 3,490.76	\$ 3,625.02
4 Week	\$ 3,759.28	\$ 3,893.54	\$ 4,027.80	\$ 4,162.06	\$ 4,296.32	\$ 4,430.58	\$ 4,564.84

EFFECTIVE JULY 1, 2016, AT 12:01 AM

MAXIMUM COMPENSATION BENEFIT RATE: To qualify for the maximum rate of \$939.82, a wage of at least \$1,409.73 per week must be earned. C.R.S. § 8-42-105.

SCHEDULED IMPAIRMENT RATE: Payable at a weekly compensation rate of \$294.93. C.R.S. § 8-42-107(6)(b)

NON-SCHEDULED (OR MEDICAL) IMPAIRMENT: Payable at the TTD weekly rate, but not less than \$150.00 per week and not more than \$516.39 per week. C.R.S. § 8-42-107(8)(d).

BODILY DISFIGUREMENT: Maximum is \$4,975.46 and up to \$9,949.17 for extensive facial or body scars, burn scars or stumps resulting from the loss of limbs. C.R.S. § 8-42-108.

LUMP SUMS: Maximum lump sum for an injured worker or sole dependent with a date of injury after January 1, 2014 is \$86,697.04. For cases with multiple dependents, the aggregate of all lump sums cannot exceed \$173,391.90.

COMBINED CAPS: Maximum combined TTD and PPD benefits for individuals with 25% or less whole person impairment is \$86,697.04. Maximum combined benefits for individuals with greater than 25% whole person impairment are \$173,391.90.

FATAL CASE: Maximum of \$939.82 per week, C.R.S. § 8-42-114.

Dependents Benefits: and the extent of their dependency is determined as of the date of injury. The right to death benefits becomes fixed as of that date except as provided in C.R.S. § 8-41-501 (1)(c).

Minimum Death Benefit: 25% of Maximum Weekly Benefit or \$234.96, C.R.S. § 8-42-114.

Claims with no dependents: \$15,000.00 payable the Subsequent Injury Fund, C.R.S. § 8-46-102, C.R.S.

Requests for Copies of Division Files Can Now be Emailed!

The Division of Workers' Compensation Customer Service Unit has launched a new more efficient and effective way through which you may obtain copies of Workers' Compensation files! In the past, customers would request copies of Division files/documents by submitting a triplicate Request for Services form by regular U.S. mail. While this process is still in place and can continue to be used, we now have the ability to receive copy requests via email! The request for services form is now available in electronic format and can be found on our website www.colorado.gov/cdle/dwc under Forms, Forms by Type, and is listed under [Request For Division of Workers' Compensation Files](#), Form WC134, and Instructions WC134A. Once the form is completed,

it can be submitted to the Division via Email. This electronic process will maximize efficiency by reducing mail delivery time and cutting down mailing costs! All Division file copies will still be returned via U.S. Mail using the same prompt turn around times currently in place. We are excited to be able to offer a more cost-effective, streamlined way to meet your needs. If you have any questions about this process, you may contact the Customer Service Unit at (303) 318-8700.

DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation
633 17th Street, 4th Floor
Denver, CO 80202-3626
(303) 318-8700

REQUEST FOR SERVICES

Date: _____ SSN: _____
 Claimant Name: _____

Service Requested:	W.C. #	DOWC Use Only	
		LOC	PGS
<input type="checkbox"/> Examine Records <input type="checkbox"/> Copy Complete File			
<input type="checkbox"/> Copy Paper Clipped Pages Only <input type="checkbox"/> Certified Copy			
<input type="checkbox"/> Other: _____			
Authority to this information:			
<input type="checkbox"/> Enclosed Entry			
<input type="checkbox"/> Enclosed Release			
<input type="checkbox"/> A Party to W.C. #: _____			
<input type="checkbox"/> a. Employer <input type="checkbox"/> b. Insurance Carrier <input type="checkbox"/> c. Claimant			
<input type="checkbox"/> Attorney for Claimant or Respondent			
Name of Requesting Attorney: _____			

Note: Dates of injury after July 1, 1989 require a Division notarized authorization signed by the claimant, for all non-party requestors.

Billing Information

Job #: _____	Invoice #: _____
Contact: _____	Phone #: (____) _____ Ext. _____
Agency: _____	Fax #: (____) _____
Address: _____	JOB: <input type="checkbox"/> Mail <input type="checkbox"/> Pickup <input type="checkbox"/> Rush
	Received By: _____
	Date: _____

DOWC Use Only					
Quantity	Item	Unit Cost	Total Cost	By	Date
	Copy	\$0.25		Approved	
	Rush	\$0.50		Copied	
	Certified Copy	\$2.00		Contacted	
	Fax	\$1.00		Posted	
	Postage				
	TOTAL				

EMAIL COMPLETED REQUEST TO: cdle_dowc_rfs@state.co.us **DO NOT PRINT/MAIL**

WC 134 Rev. 04/16

Upcoming Webinars!

Keep your eyes open for an announcement about upcoming Division workshops that will be held on Wednesday, August 17, 24 and 31. These workshops will deal with how medical issues relate to admissions and claims auditing. We believe these will be very informative and center around the questions you have and the issues you care about most. The announcement will be coming out soon, so be sure not to miss out!

ANNOUNCEMENTS!

The Division has recently released two new/amended forms. Due to statutory and rule changes effective July 1, the following Division forms have now been created and/or modified to ensure compliance.

- ***[WC104 Claims Settlement Agreement](#)*** - new permanent impairment, lump sum and disfigurement amounts have been added to reflect the new annual benefit rate adjustments
- ***[WC197 Request for Change of Physician](#)*** - This form is required for use by the injured worker to request a change of physician. (If permission is neither granted or refused within 20 days, the insurer shall be deemed to have waived an objection.) The same form is required for use by the insurer when objecting to the request for change of physician.

As always, please check our website at <https://www.colorado.gov/pacific/cdle/forms-3> to get the most recent forms.



COLORADO

Department of
Labor and Employment

Division of Workers' Compensation
Communications
633 17th Street, Suite 400
Denver, CO 80202-3660
www.colorado.gov/cdle/dwc
adam.gardner@state.co.us
"Quality and excellence in all we do."

