



**WC 102:
First Aid & Workers' Comp,
Navigating Claims, Employee Pay
Continuation & More**

As detailed in the Bulletin, effective January 1, 2017, employers will be required to report all claims for which any medical care is provided and medical costs are incurred, including those involving first aid treatment. This is required regardless of whether the medical services (including first aid) were paid by the employer or a third party (e.g., the applicable insurance carrier).

All amounts paid for first aid are now required to be reported regardless of who pays the provider.

Employers can choose to continue paying their first aid bills; however, policyholders must contact the provider's office and have the office send the bill to the employer directly. If the bill is sent to the carrier, the carrier will pay the bill on the employer's behalf at the applicable fee schedule rate. Carriers request that, if the carrier pays the first aid bill, the claim will now be reflected as a medical only claim instead of a first aid claim.

- Policyholder premium includes payment of first aid claims.
- Carrier pays a contract rate for network services or Official Medical Fee Schedule (OMFS) for non network services.
- The first \$250 of each claim is subtracted by the WCIRB for experience modification reporting purposes

- Claim reported to the carrier – then what?
 - Adjuster gathers information & has to make a liability decision within 90 days of employer knowledge of the claim
 - Accept, Delay or Deny
 - Determine if benefits are due within 14 days
- Relationship building with adjuster & Medical provider – why is that important?
- Regular work or modified work
 - Importance of offering modified work
 - Salary Continuation
- Claims Reviews
 - How often? Why is it important?

- Timely investigation
 - Witness statements
 - Job description
 - Pictures
 - Documentation forms

Q&A



Contact

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