Creative Claims Management: Controlling Your Bottom Line

MoTA 2026 Safety Conference

Suzy Baker, CWCP
Director of Claims
Alliance Interstate Risk
sbaker@allianceinterstaterisk.org
334.425.4218

AS THE EMPLOYER, YOU ARE IN CONTROL WHEN IT COMES TO...

- **Timely Reporting of an Injury**
- **Direction of Medical Care**
- **Return to Work Programs**
- **Affirmative Defenses for WC**



TIMELY REPORTING



Report ALL incidents to your insurance carrier, ideally within 24 hours of notice

"Report Only"

Employees have **30 days** from the date of accident to timely report

Once reported Employees can still pursue a claim for up to **3 YEARS** from the date of accident

WHY THIS MATTERS TO YOU...



Early Medical Intervention

Earlier Medical Intervention → Better Medical Prognosis & Outcomes

Delayed Medical Intervention → Worsening of Injuries, Higher Medical Costs, Longer Disability



Investigation & Evidence

Earlier & More Accurate Investigation

Preservation of Evidence

Reduces Uncertainty, Potential Fraud, & Disputed Claims



Overall Claim Management

Faster Activation of the Claims Process

- Authorize Medical Care
- Wage Replacement Benefits Paid Timely
- Compensability Decision Sooner

WHY THIS MATTERS TO YOU...



Employee Morale/Trust:

Promotes Employee Trust & Engagement

Less Likely to Feel Neglected or Seek Legal Representation

More Likely to Engage Productively with Medical Treatment & RTW Programs



Insurer/Employer Cost Control:

Shorter claim life, fewer complications, & less litigation **all improve cost outcomes, experience modification factors & premiums**

PITFALLS OF DELAYED REPORTING

Higher Cost of Claim Due to Delayed Reporting

One week delay = 10% increase in cost

Two weeks delay = 35% Increase

One month delay = 45% increase in cost.

Delayed reporting can raise claim costs up to 51%.

Increased Likelihood of Litigation

- 4 week delay = significantly higher attorney involvement
  - 32% Litigated
    - Compared to 13% litigated for same-day reports.
- Claims with more than two week delay in reporting are less likely to be closed at 18 months than those reported earlier.





Direction of Medical Care

- Carrier / Employer has the right to select the treating physician
- Unauthorized treatment NOT compensable (absent exceptions)
- Control over referrals (occ clinics / specialists / etc.)
- Injured Workers can request a change of provider; panel of 2 from Carrier / TPA

PITFALLS OF NOT AUTHORIZING MEDICAL TREATMENT

- Lose control over medical treatment = increased medical exposure
- Medical malpractice liability
- Potential for inappropriate care for injured worker
- Increased litigation potential





MODIFIED DUTY & RETURNING THE EMPLOYEE TO WORK

- **RTW Light Duty with the Employer**
- **Alternative Return to Work Programs**
- **Refusal of Light Duty Work**



ALTERNATIVE RETURN-TO-WORK PROGRAMS

- **Temporary light duty jobs at local non-profit organizations through third party vendor**
- **Remote work opportunities through an alternative return to work vendor**
- **Paid via employer's payroll**
- **IW may be eligible for supplemental benefits through WC claim**

WHY USE RETURN-TO-WORK PROGRAMS?

- **Reduced Indemnity Exposure & Improves Medical Outcomes**
  - The Tennessee Department of Workforce reported that injured workers who work temporary light duty jobs recover ~30% faster. *Tennessee State Government*
- **Limits Claim Costs**
  - A long-term RTW program tracked over 10 years showed that lost-time claims decreased ~73% and total workers' compensation costs ~54%. Sheakley
- **Prevents Deconditioning**
- **Reduces Litigation Risk & Enhances Employee Morale**
- **Improves Closure Rates**



AFFIRMATIVE DEFENSES UNDER MISSOURI LAW

Willful Misconduct / Safety Rule Violation

Horseplay / Deviation

Course and Scope Defense

Intoxication

Statute of Limitations



WILLFUL MISCONDUCT

- Failure to use safety devices
- Failure to obey reasonable safety rules
- Failure to follow posted warnings
- 25% Comp reduction minimum
- **Employer bears the burden to prove willful misconduct**

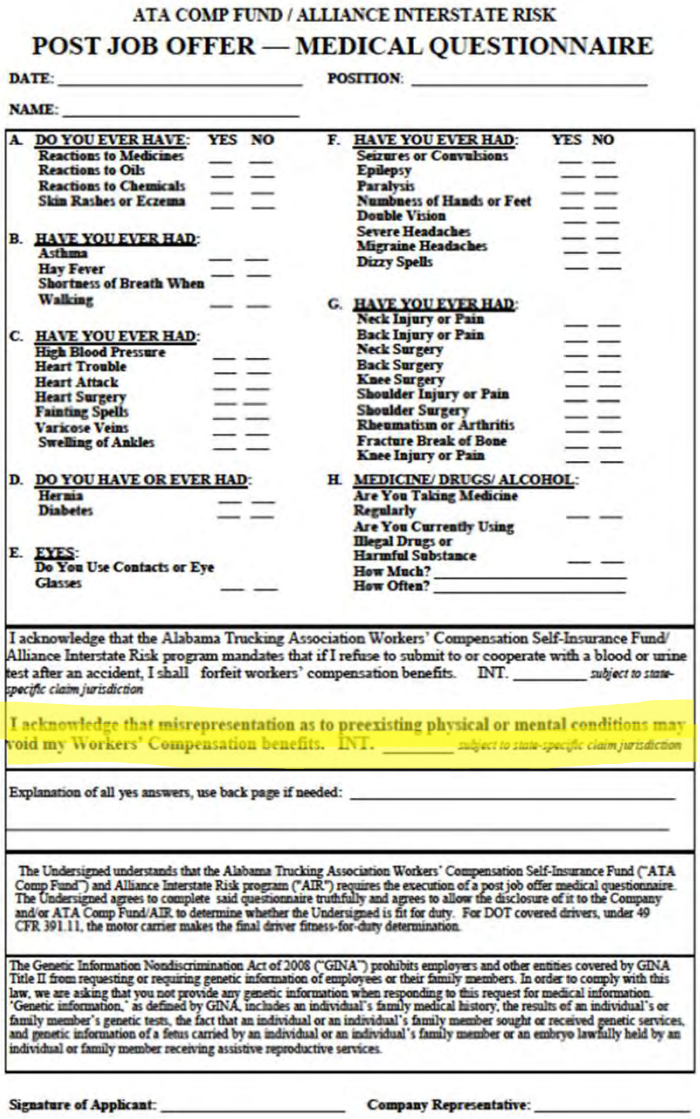


WILLFUL FAILURE TO USE A SAFETY APPLIANCE

To prove "willful failure or refusal to use a safety appliance", the Employer must prove:

- A safety device was provided
- EE was trained or instructed on how to use it
- EE understood the risks of not using it
- EE intentionally chose not to use it (not just forgot or was careless)
- The decision directly caused the injury
- There was no emergency at the time of the accident





ATA COMP FUND / ALLIANCE INTERSTATE RISK

POST JOB OFFER — MEDICAL QUESTIONNAIRE

DATE: _____ POSITION: _____

NAME: _____

		YES	NO
A.	**DO YOU EVER HAVE:**		
	Reactions to Medicines		
	Reactions to Oils		
	Reactions to Chemicals		
	Skin Rashes or Eczema		
B.	**HAVE YOU EVER HAD:**		
	Asthma		
	Hay Fever		
	Shortness of Breath When Walking		
C.	**HAVE YOU EVER HAD:**		
	High Blood Pressure		
	Heart Trouble		
	Heart Attack		
	Heart Surgery		
	Fainting Spells		
	Varicose Veins		
	Swelling of Ankles		
D.	**DO YOU HAVE OR EVER HAD:**		
	Hernia		
	Diabetes		
E.	**EYES:**		
	Do You Use Contacts or Eye Glasses		
F.	**HAVE YOU EVER HAD:**		
	Seizures or Convulsions		
	Epilepsy		
	Paralysis		
	Numbness of Hands or Feet		
	Double Vision		
	Severe Headaches		
	Migraine Headaches		
	Dizzy Spells		
G.	**HAVE YOU EVER HAD:**		
	Neck Injury or Pain		
	Back Injury or Pain		
	Neck Surgery		
	Back Surgery		
	Knee Surgery		
	Shoulder Injury or Pain		
	Shoulder Surgery		
	Rheumatism or Arthritis		
	Fracture Break of Bone		
	Knee Injury or Pain		
H.	**MEDICINE/ DRUGS/ ALCOHOL:**		
	Are You Taking Medicine Regularly		
	Are You Currently Using Illegal Drugs or Harmful Substance		
	How Much? _____		
	How Often? _____		

I acknowledge that the Alabama Trucking Association Workers' Compensation Self-Insurance Fund/ Alliance Interstate Risk program mandates that if I refuse to submit to or cooperate with a blood or urine test after an accident, I shall forfeit workers' compensation benefits. INT. _____ *subject to state-specific claim jurisdiction*

I acknowledge that misrepresentation as to preexisting physical or mental conditions may void my Workers' Compensation benefits. INT. _____ *subject to state-specific claim jurisdiction*

Explanation of all yes answers, use back page if needed: _____

The Undersigned understands that the Alabama Trucking Association Workers' Compensation Self-Insurance Fund ("ATA Comp Fund") and Alliance Interstate Risk program ("AIR") requires the execution of a post job offer medical questionnaire. The Undersigned agrees to complete said questionnaire truthfully and agrees to allow the disclosure of it to the Company and/or ATA Comp Fund/AIR to determine whether the Undersigned is fit for duty. For DOT covered drivers, under 49 CFR 391.11, the motor carrier makes the final driver fitness-for-duty determination.

The Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Signature of Applicant: _____ **Company Representative:** _____

POST JOB OFFER MEDICAL QUESTIONNAIRE

- **Should include questions regarding…**
  - Prior Illness / Injuries
  - Prior Surgeries & Surgical Recommendations
  - Prior Disability Benefits, Permanent Restrictions,
  - Prior Impairment Ratings
- **How & When to Use it**
- **Consider Sending for post-hire physicals and/or evaluations**

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Migraine Headaches	___	___
Dizzy Spells	___	___
G. HAVE YOU EVER HAD:		
Neck Injury or Pain	___	___
Back Injury or Pain	___	___
Neck Surgery	___	___
Back Surgery	___	___
Knee Surgery	___	___
Shoulder Injury or Pain	___	___
Shoulder Surgery	___	___
Rheumatism or Arthritis	___	___
Fracture Break of Bone	___	___
Knee Injury or Pain	___	___
H. MEDICINE/ DRUGS/ ALCOHOL:		
Are You Taking Medicine Regularly	___	___
Are You Currently Using Illegal Drugs or Harmful Substance	___	___
How Much? _____		
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Signature of Applicant: _____ **Company Representative:** _____



QUESTIONS?

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Workers' Compensation