

Checklist For Insurance Carrier Loss Control Services

 Does your insurer explain the company's loss control services within 30 days of the beginning of the policy period? Do they feature safety in their communications with you?

 For policyholders with regularly occurring lost-time claims (10-12 claims per year), the insurer offers to meet with you at your business location to discuss safety, loss control, and claims administration. If you request on-site consulting, do you get a response within a reasonable time (say 30 days)? The on-site services should take into consideration the particular needs of that place of employment and special industry processes and hazards. Some important parts of their on-site service should be: 1) evaluation of employer's loss prevention needs; 2) assistance in evaluating records that may be pertinent to the firm's illness and injury experience; 3) provision of on-site health and safety surveys to identify practices not in compliance with federal and state law and generally recognized safety practices; 4) assistance in identifying special chemical hazards; 5) assistance in evaluating and selecting appropriate safety equipment; 6) evaluation of the workplace design and layout and assistance with job site modifications to conform with modern ergonomic standards; 6) assistance in evaluating and improving the employer's safety management practices; 7) assistance in developing health and safety training resources and programs; and 8) an offer to provide a follow-up evaluation of the employer's efforts to implement new and improved safety practices upon an agreed schedule.

 Employee involvement and "buy-in" is critical to the success of any safety program. Does your carrier help you communicate your loss control, accident investigation, medical care, and return to work programs to your entire workforce? Some carriers help design ways of involving workers in hazard identification, accident investigation, and follow-up and monitoring of results?

 Prompt reporting of claims to the carrier has been proven to reduce the cost of claims. Even a one-day delay hurts. The insurer should provide written guidelines on prompt and accurate reporting of all potential policy claims. Specialized forms for the administration of claims are provided to all policyholders, with easy to read instructions about how to file a claim. They should explain the benefits and the importance of good accident investigation. Most leading carriers now have 800 and fax numbers for the prompt filing of claims.

 The insurer offers specialized safety information in written and oral form for special safety hazards peculiar to an industry or process. Some examples of special hazards requiring detailed advice are: 1) blood borne pathogens, 2) indoor air quality testing, 3) high fall protection and 4) floor slip prevention. A good carrier should be

alert to the special risks to your type of business and advise you to correct these hazards before they result in injury.

 The insurance claims adjuster should make every effort to contact the injured worker as quickly as possible after notice of a lost-time injury (many insurers have a “one workday” standard). The adjuster should fully explain to the injured worker how and when medical care will be provided and paid for by the insurer. Prompt high quality medical treatment of injuries is a must! Without experienced advice injured workers may neglect treatment or seek the wrong kind of treatment. If the worker has lost any time, the formula for computing indemnity should be explained in terms that the worker can understand. Any questions should be promptly and accurately resolved. Doubts about the fairness of benefit payment encourages the worker to see a lawyer. A good claims adjuster can avoid the extra cost and delay that comes with attorney involvement.

 Does the insurance claims adjuster review the results of their contact with employees and medical providers and any other investigations they have begun with a member of your staff? (This is often done within 2-3 days of the injury report to the carrier). Good coordination is a must, particularly in cases involving complex medical issues, early return-to-work issues, or potential defense against the claim itself.

 Do you get a detailed loss run from your insurer? The frequency of loss reports might depend on your volume of claims. Annual reports may be adequate if you have only a dozen or so claims per year; or quarterly if you have a larger volume of claims. If you have a high volume of claims, does your carrier periodically meet to go over the loss experience?

 Does your insurer assist you in developing light duty and modified duty programs? Your insurer should be active in facilitating communication with the treating physician on return-to-work options. In many cases, effective return-to-work programs must be skillfully linked to medical treatment and therapy. This may include work release time for therapy. In-plant therapy has become increasingly used as a means of controlling cost and maintaining productivity for larger employers. Has your carrier discussed this option?

Of course, even the best insurers loss control programs have their own style and communication differences. You may wish to contact your existing insurance agent and carrier to discuss how they can work with you in reducing your work-related injuries. If your carrier is unwilling or unable to help, or if you are unsatisfied with the service go on to another carrier. Remember, when purchasing workers’ compensation insurance, you are not merely buying indemnification for losses. You are purchasing a bundle of services, some of which can greatly affect the welfare of your company and your employees. Pay as much attention to the quality of services as to the cost of the policy.