

COMPCONTROL

The Official KMIT Member Newsletter

Employer's Report of Accident Form

Once again, the Division of Workers' Compensation has seen fit to revise the Employer's Report of Accident form (K-WC 1101-A). This latest version was revised 7-04. The Division does require that the report be filed on the most current revision, so please replace the form you are currently using with this updated version. We have enclosed a copy of the form for you, and the form can also be downloaded in Word format from our website, www.kmit.net, and in Word and Excel formats from the Division's website, www.dol.ks.gov. The only real changes in the form are the addition of "date of hire" on line 1, and the exclusion of line 25 "date reported to insured."

When completing the form, it is important to complete the employee's "Dept. or Division," line 5, as this allows me to code the claim to the proper department, ensuring the correct rate is charged for future premium calculations. This would be the department that you report payroll for this worker on the payroll audits. Also, please be sure to provide me with the employee's home address and phone number so that I can get in contact with the injured worker as necessary. Please mark the "yes" or "no" box in question 18, "Has employee returned to regular duty?," as that tells me how to proceed with the claim. If the employee has not returned to regular work, but is doing light duty, please mark that box, and provide a date the light duty began.

The form must be signed and dated by the person completing it. It is always our preference that the form NOT be completed by the injured worker. This is the **Employers'** Report of Accident, and should be completed by the supervisor or the person designated to handle workers' compensation issues in your organization (i.e., city clerk, HR representative, etc...). If the form is incomplete, illegible, or not signed, the Division will reject it and send it back to you, asking that you resubmit a complete, legible, and signed copy before they will accept it. So please be sure they are complete, legible, and signed as this can delay the handling of the claim.

Again, the latest version is available on-line at www.kmit.net, and also at www.dol.ks.gov. Please feel free to call me or send me an e-mail if you have any questions about the updated form or how to complete it.

Victoria Vanderhoof
1-877-502-9897
victoria.vanderhoof@imacorp.com

David Alfaro - President
Augusta

Keith DeHaven - Vice President
Sedgwick

Cheryl Lanoue - Treasurer
Concordia

Carol Eddington
Immediate Past President
Oswego

Cheryl Beatty Gary Hobbie
Kingman Russell

Linda Jones Cheryl Lanoue
Osage City Concordia

Lana McPherson Bud Newberry
De Soto Ulysses

Howard Partington
Great Bend

Don Moler
LKM Executive Director
Ex Officio

Don Osenbaugh
Pool Administrator / Agent

Victoria Vanderhoof
Claims Manager
Insurance Management Associates

Paul Davis
Assistant Risk Control Manager
Insurance Management Associates

Mark Morris Wendy Flowers
Co-Editor Co-Editor

CompControl is a publication of the League of Kansas Municipalities and the Kansas Municipal Insurance Trust for the purpose of educating and informing cities about loss control methods and risk management. If you have any questions concerning KMIT workers' compensation or risk management that you would like to see answered in this newsletter, please direct those inquiries to:

Kansas Municipal Insurance Trust
300 SW 8th Avenue
Topeka, KS 66603
Phone: (785) 354-9565
Fax: (785) 354-4186
wflowers@lkm.org

Copyright 2004 by the League of Kansas Municipalities. Contents herein are not intended to provide specific legal or medical advice. Readers should seek advice on specific concerns from a qualified professional.

Letter from the Pool Administrator

Dear KMIT Members and Others,

Happy New Year! Can it be February already? KMIT is looking forward to another year of providing workers' comp services to its 121 (and counting) members, and the new year marks the beginning of our twelfth as a pool.

In this issue, our KMIT Claims Adjuster, Victoria Vanderhoof, reminds us of the importance of the Employer's Report of Accident Form. This is a **REQUIRED** form (by state law), and is not optional in any sense of the word. And, as Victoria points out, the form is to be completed by the **EMPLOYER** (supervisor, risk manager, department head, etc.), not the employee. And, as she also reminds us, if the form is not complete or is illegible, it will likely be rejected by the Division of Work Comp (KDOL). So, **PLEASE** take this form seriously, and take the time to do it well. None of us wants a delay in a claim for any reason, and certainly not because a form wasn't done right.

Medical inflation (see "Medical Inflation: A Crisis") is significantly driving up the cost of workers' comp, as retold in our story, which was first reported by the Kansas Self-Insurance Association. Medical inflation is a serious and lasting problem for our pool...one with no apparent "happy ending", but, certainly a problem about which all cities need to be aware.

Make plans for your supervisors to attend one of our **Regional Supervisor Seminars in February** (see reminder in this edition)...all three still have lots of spaces left. These sessions are inexpensive and have proven to be very valuable for supervisors at all levels...and they are usually pretty painless to attend.

The KMIT Board of Trustees meets in Ulysses on February 25 and in Russell on April 15. Other board meetings this year will be held in Augusta (June), Oswego (August), Wichita (October), and De Soto (December).

See you next time.



Pool Administrator

Annual Kansas Safety and Health Conference Coming in October

The Kansas Department of Labor will host the **56th Annual Kansas Safety and Health Conference** at the Hilton Wichita Airport Executive Conference Center on October 11 - 14.

The Kansas Safety and Health Conference is the official resource of regulatory and procedural information on safety and health issues. Attendance is intended for safety and environmental professionals, industrial hygienists, occupational health nurses, emergency services personnel, employers, and others.

Registrants can select from a variety of registration options which include the two-day conference only, a single-day conference, one to two-day professional development classes, or all of the above. The professional development classes include OSHA certification.

The two-day conference offers general sessions and a variety of individualized offerings. The event also highlights exhibitors displaying the most current safety and health products and services.

Continuing education is prearranged in a variety of occupations. To learn more visit www.dol.ks.gov/wc/html/events_DBR.html or contact Dena Ackors at dena.ackors@dol.ks.gov or phone (785) 296-5196.

Safe Cities as of December 30, 2004

If you would like assistance returning an injured employee to work, or need ideas for modified duty, please contact Victoria Vanderhoof, 1-877-502-9897 or victoria.vanderhoof@imacorp.com.

Allen	Clay Center	Glen Elder	Maize	Ransom
Altamont	Columbus	Goodland	Marysville	Roeland Park
Andale	Concordia	Grainfield	McFarland	Rose Hill
Andover	Conway Springs	Grandview Plaza	Medicine Lodge	Satanta
Atlanta	Council Grove	Greeley	Melvorn	Sedgwick
Baldwin City	Cullison	Grenola	Minneapolis	Spearville
Basehor	Derby	Haysville	Mission	Spring Hill
Baxter Springs	De Soto	Hesston	Montezuma	Stafford
Bel Aire	Douglass	Hiawatha	Mound City	Tescott
Belleville	Eastborough	Hillsboro	Neodesha	Tipton
Beverly	Edgerton	Holcomb	Oberlin	Tonganoxie
Bird City	Elkhart	Horton	Olpe	Treece
Bonner Springs	Esbon	Hoxie	Oskaloosa	Turon
Brewster	Eudora	Jetmore	Oswego	Valley Center
Caldwell	Ford	Johnson City	Ozawkie	WaKeeney
Centralia	Fowler	Kinsley	Palco	Wakefield
Chautauqua	Frankfort	Lincoln Center	Park City	Walton
Cheney	Girard	LKM	Peabody	Wellsville
Cherryvale	Glasco	Lucas	Princeton	

“Medical Inflation”...A Crisis

In the Winter 2005 edition of “Spotlight”, the newsletter of the Kansas Self-Insurance Association (an organization which represents a large number of workers’ compensation pools...KMIT is a member), the lead-story headline reads, “You Ain’t Seen Nothing Yet...Medical Inflation’s Impact on Workers’ Compensation Costs.”

The article describes how and why rapidly escalating medical costs are driving up the cost of workers’ compensation and lists the following inflationary trends:

- 1) high inflation rates are seen in virtually all components of health care;
- 2) in-patient hospital costs are increasing due to an on-going shortage of nurses (and the resulting increased labor costs);
- 3) more restrictive caps on Medicare/Medicaid are resulting in greater shifting to private pay workers comp patients;
- 4) surgical costs are increasing...primarily due to the mainstreaming of expensive technology development;
- 5) the upwardly spiraling costs of prescriptions;
- 6) increasing costs for doctors and physical therapists—due to increased utilization as well as per-visit rates;
- 7) the flattening out of the managed-care savings of the ‘90s.

(Continued on page 5)

**IT'S NOT TOO LATE
TO REGISTER FOR:**

Regional Supervisor Training

"Risk Control for Supervisors"
"Work Comp Management for Supervisors"

Clay Center, February 10
Iola, February 17
Garden City, February 24

**For more information,
contact Wendy Flowers at wflowers@lkm.org**

Claims

Top 5 Frequency and Cost Analysis

January 1, 2004 through December 30, 2004

<u>By Job Classification</u>	<u>Frequency</u>	<u>Claims Cost</u>
Police Officers & Drivers	152	\$181,613
Municipal	100	184,875
Firefighters & Drivers	74	145,622
Park	55	90,259
Garbage, Ashed, Refuse Collection	45	346,866

<u>By Accident Type</u>	<u>Frequency</u>	<u>Claims Cost</u>
Strain or injury by lifting, pushing, carrying, etc.	145	\$372,326
Fall or slip injury	92	158,626
Miscellaneous causes	92	79,279
Occupational Hazards	76	74,797
Cut/Puncture/Scrape	60	36,110

<u>By Body Part</u>	<u>Frequency</u>	<u>Claims Cost</u>
Low back area	83	\$148,357
Knee	52	232,673
Finger(s)	50	29,964
Hand	38	22,414
Internal Organs	33	27,464

(Continued from page 4)

The article goes on to point out that recent studies have determined that the annual national medical inflation rate for workers' compensation is currently 6.3%, as compared to 4% for all other medical treatment, and cites an NCCI analysis that the rate of inflation for work comp treatment in many states is running as high as 10%-15% annually.

The concluding paragraph of the story reads, "With approximately 50% of total workers' compensation costs directly related to medical expenditures, ***a high medical inflation rate is clearly the main driver on accelerating workers' compensation costs.***" [Emphasis added.]

KMIT is continually working to minimize the costs of medical treatment— through aggressive case management, medical cost review, prescription/ physician provider networking, and other proven claims management tools. For more information on what KMIT is doing to help combat medical inflation, contact Victoria Vanderhoof, KMIT's claims manager.

KMIT Calendar

February

- 10 Regional Supervisor Training, *Clay Center*
- 17 Regional Supervisor Training, *Iola*
- 24 Regional Supervisor Training, *Garden City*
- 25 KMIT Board of Trustees Meeting, *Ulysses*

April

- 15 KMIT Board of Trustees Meeting, *Russell*

June

- 23 KMIT Board of Trustees Meeting, *Augusta*



Revenues & Expenses December 31, 2004

Combined Assets

Cash In Bank	\$ 984,244
Premiums Outstanding	
Investments	<u>3,316,739</u>
Total Assets	\$4,300,982

Combined Liabilities & Equity

Claims and Accrued Expenses Outstanding	\$1,028,940
Reserved for Losses	776,460
Incurred But Not Reported (IBNR)	<u>1,737,019</u>
Total Liabilities	3,542,420
KMIT Statutory Fund Balance	<u>758,562</u>
Total Liabilities and Equity	\$4,300,982

Kansas Municipal Insurance Trust

300 SW 8th Avenue
Topeka, KS 66603





DIVISION OF WORKERS COMPENSATION
 KS DEPT OF LABOR
 800 SW JACKSON STE 600
 TOPEKA KS 66612-1227

EMPLOYER'S REPORT OF ACCIDENT

**Submit
original
report only**

OSHA Case or File Number _____
 There is a \$250 penalty for repeated failure to file Accident Reports within 28 days of the employer's receipt of knowledge of the accident.

**DO NOT WRITE
IN THIS SPACE**

READ INSTRUCTIONS BEFORE FILLING IT OUT.

1. Federal Employers Identification Number _____ Date of Hire _____

2. Name of Employer _____ Telephone # (____) _____

3. Mailing Address _____
Street City State Zip Code

4. Location, if different from mailing address _____
Street City State Zip Code

5. Nature of Business _____ S.I.C Code _____ Dept. or Division _____

6. Name of Employee _____ Age ____ Sex ____
First Middle Last

7. Home Address _____
Street City State Zip Code

8. Soc. Sec. # _____ Birth Date _____ Emp's Occupation _____ Home Ph. # (____) _____

9. Date of injury or Occupational Disease _____ Time of injury _____ A.M./P.M.
 Date Disability Began _____ Gross Average Weekly Wage \$ _____

10. Place of Accident or last exposure _____
City County State

11. Was accident or last exposure on employer's premises? YES NO

12. How did accident occur? _____

13. What was employee doing when injured? _____

14. Name substance or object that directly caused injury _____

15. Describe in detail nature and extent of injury, indicate part of body involved _____

16. Was worker admitted to hospital? YES NO Date _____ Treated by emergency room only? YES NO
 Hospital name & address _____

17. Name and address of attending physician or clinic _____

18. Has employee returned to regular duty? YES NO Light duty? YES NO Date _____

19. Is compensation now being paid? YES NO Date first/initial payment _____

20. Weekly compensation rate \$ _____ Is further medical aid needed? YES NO UNKNOWN

21. Did employee die? YES NO If so, give date of death _____ (File amended report within 28 days if death subsequently occurs.)

22. Name and address of dependents (death cases only) _____

23. Insurance Carrier and Third Party Administrator KMIT c/o IMA of Kansas, Inc.
 Address PO Box 2992 Wichita KS 67201-2992 316-773-5234
Street City State Zip Phone
 Policy Number _____ Name of Agent KMIT
 Claim Number _____ Name of Claim Representative Victoria Vanderhoof

24. Date of Report _____ Completed by _____ Title _____

AGE

OD

Y N

CAUSE

NATURE

SEVERITY

0 - NO TIME LOST

1 - TIME LOST

2 - MEDICAL

3 - FATAL

SOURCE

MEMBER

**DO NOT WRITE
IN THIS SPACE**

Questions or comments can be directed to the Kansas Division of Workers Compensation, Topeka, KS - Phone: 1-800-332-0353

General Instructions

Please answer every question on the accident report. Failure to provide all answers may cause the accident report to be returned to the employer. Returned accident reports would most likely cause delays in benefits being paid to the injured employees, and could subject the employer to fines.

Submit the original report only. Reports must be typewritten, computer generated, or neatly printed in black ink. Please avoid faxing or otherwise sending copies of accident reports, as they are difficult for the Division to microfilm.

The employer should send this accident report to its insurance carrier, third party administrator, or pool association. They will submit the original report to this office within 28 days of date of employer's receipt of knowledge of the accident. If the employer is self-insured, it may submit the report directly.

Submission of this Employer's Report of Accident does not constitute a written claim.

Definition of an Incapacitating Injury

The Workers Compensation Act sets forth a strict time frame for filing of accident reports with the Division. The controlling statute is K.S.A. 44-557(a), which reads as follows:

(a) it is hereby made the duty of every employer to make or cause to be made a report to the director of any accident, or claimed or alleged accident, to any employee which occurs in the course of the employee's employment and of which the employer or the employer's supervisor has knowledge, which report shall be made upon a form to be prepared by the director, within 28 days, after the receipt of such knowledge, if the personal injuries which are sustained by such accidents are sufficient wholly or partially to incapacitate the person injured from labor or service for more than the remainder of the day, shift or turn on which such injuries were sustained.

Accident reports are not required for every work related injury. The statute requires a report to be filed when the worker's whole or partial incapacity continues beyond the "day, turn, or shift which such injuries are sustained" as the result of accident. "Incapacity" is not specifically defined within the law, but the Division believes that the Legislature's intent was to reference a worker's whole or partial loss of the ability to perform his or her ordinary job tasks. When in doubt, keep in mind the law contains no penalty for filing a report that ultimately proves to be unnecessary. There are penalties, however, for failing to file a report when one was required. Those penalties are fines and limitations on the defenses the employer may assert should a claim be filed.

Instructions for Specific Items

Item 14:

Name the object or substance which directly injured the employee. Examples: machine or thing employee struck or struck employee; vapor or poison employee inhaled or swallowed; chemicals or radiation which irritated employee's skin; if hernia, the thing employee was lifting or pulling.

Item 15:

Please be as specific as possible indicating all that is known about the injury. Name the part of body injured.