Workforce Safety & Insurance

WSI

To us, it's personal.

WSI Legal and SIU

August 24, 2011

Putting safety to work . . . www.WorkforceSafety.com

Legal Department

- Three attorneys
- Five paralegals
- Three administrative assistants
- Part-time file copy clerk
- Outside counsel
  - Nilles Law Firm
  - Smith Bakke Porsborg Schweigert & Armstrong
  - Morley Law Firm

Special Investigations Unit

- Director- one internal investigator, two paralegals, outside contract investigators
- Claims investigations
- Subrogation investigations
- Collections information
- Fraud investigations
  - Claimant
  - Employer
  - Medical Provider

Workforce Safety & Insurance
WSI
To us, it's personal.

Injury Services

- Claims Department
  - Approx. 45 adjusters, eight supervisors
  - Approx. 21,000 claims per year

Workforce Safety & Insurance
WSI
To us, it's personal.

Employer Services

- Underwriting
  - New accounts, renewal accounts
- Premium Audit and Collections
  - Seven auditors
  - Collections Unit pursues debt owed to WSI
- Loss Control (Safety)
  - Twelve safety consultants
  - Grants

Decisions

- Adjusters' resources: treating doctors, supervisors, attorneys, paralegals, WSI's medical doctor, WSI's pharmacy director, vocational rehabilitation department, medical services staff
- Notice of Decision (NOD) or Notice of Intention to Discontinue/Reduce Benefits (NOID) N.D.C.C. §65-01-16; §65-04-32
- If NOD or NOID appealed, adjuster reconsiders

Decisions

- Administrative Order affirming NOD or NOID or NOD reversing previous NOD/NOID
- Decision Review Office- (65-02-27)
- To Outside Counsel
- Any claims issue is potentially an employer issue; employers have a right of appeal, they are an interested party

Hearing Process

- Outside counsel is referred an Order and request for hearing for handling from WSI. Outside counsel submits Request for Appointment of Administrative Law Judge to the Office of Administrative Hearings. N.D.C.C. § 65-02-22.1 requires WSI to contract with the Office of Administrative Hearings for designation of administrative law judges who shall conduct evidentiary hearings and issue final findings of fact, conclusions of law and orders.

Hearing Process

- OAH will notify WSI, counsel for WSI, counsel for claimant, Claimant individually (if pro se), and employer of administrative law judge assigned to conduct the hearing. OAH or the ALJ will contact the parties to schedule the hearing.
- Once date is determined, ALJ will serve Notice of Hearing, Prehearing Order and Specification of Issue.

BURDEN OF PROOF

- Burden of Proof.
- Generally, Claimant has the burden of proving entitlement to benefits and will present his/her case first. However, WSI has the burden of proof and will present its evidence first in cases of claims of fraud under N.D.C.C. § 65-04-33 or 65-05-33 or when the issue of viability of WSI's vocational rehabilitation plan is challenged.

CLOSE OF HEARING/RECORD

- Generally, closing arguments are made at the conclusion of presentation of the evidence at the hearing. ALJ then will take the matter under advisement and issue Findings of Fact, Conclusions of Law and Final Order. However, occasionally the parties may agree to submit written closing arguments or the ALJ may request briefing on specific legal issues. A briefing schedule is then set up for submission to the ALJ. Upon conclusion of the briefing schedule, the matter is deemed closed and the ALJ will issue Findings of Fact, Conclusions of Law and Final Order.

«to_recip_nm»
«to_recip_addr_block»

«empadblck»

Injured Worker:	«iw»	Birth Date:	«bd»
Claim No.:	«claimno»	Injury Date:	«injurydt»
Body Part:	«bodypt»		

NOTICE OF DECISION DENYING BENEFITS

Please read this notice carefully as it may require action within 30 days. This notice is to inform you of Workforce Safety & Insurance's decision to deny benefits.

Your claim for workers' compensation benefits is denied because:

* There has been no medical treatment from a doctor for the alleged work injury. To be eligible for benefits an injured worker must be examined by a doctor. The doctor must state the nature of the injury and the extent of any disability.

If you feel this decision is incorrect, please write to your claims adjuster within 30 days of the date on this notice to request reconsideration. Please explain why you think the decision is wrong and what you think the correct decision should be. Also enclose any additional information for WSI to consider. The request for reconsideration must be in writing from you, not your physician. If a request for reconsideration is not received within 30 days, this decision will be final. **If you agree with this decision,** nothing more is required.

Your personal insurance provider may require a copy of this denial in order to process your request for payment from them.

Sincerely,

«ca», Claims Adjuster
«calocation»

«cc_recip_nm»

FL702-16

BEFORE WORKFORCE SAFETY AND INSURANCE
BISMARCK, NORTH DAKOTA

CLAIM NO. claim number

EMPLOYER ACCOUNT NO. employer acct number

In the Matter of the Claim of	)	
	)	
IW name	)	
	)	DISMISSAL
for compensation from Workforce	)	
Safety and Insurance.	)	

Workforce Safety and Insurance (hereinafter WSI) has reviewed the entire file in this case and, based upon that review, makes the following:

FINDINGS OF FACT

I.

An application for workers' compensation benefits was filed on C1 date, in connection with an alleged work injury sustained on date of injury.

II.

On the date of the alleged injury the claimant was employed by name of employer as a occupation.

III.

The claimant alleges an injury to his/her body part while in the course of employment.

IV.

The claimant was not treated by a physician for the alleged injury.

V.

Section 65-05-02 of the North Dakota Century Code requires that each claim shall be accompanied by a certificate of the employee's physician stating that the employee was physically examined and stating the nature of the injury and the nature and probable extent of the disability.

VI.

The claimant's claim does not meet the requirements set forth in N.D.C.C. § 65-05-02.

CONCLUSIONS OF LAW

I.

The claimant has not proven he/she sustained a compensable injury because there are no compensable damages.

II.

The claim was not accompanied by a doctor's certificate as required by N.D.C.C. § 65-05-02.

ORDER

IT IS ORDERED that this claim is in all things dismissed;