

Your Full Service Third Party
Workers' Compensation
and Disability Management Company



Workers' Comp Newsletter

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The Federal Government Intensifies Effort for Coordination of Benefits

Part 1 of a 2-part article

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), adds new mandatory reporting requirements for group health plans, liability insurance (including self-insurance), no-fault insurance, and workers' compensation. The purpose of the Section 111 reporting process is to enable the Centers for Medicare and Medicaid Services (CMS) to correctly pay for Medicare covered items and services furnished to Medicare beneficiaries by determining primary versus secondary payer responsibility, it does not eliminate any existing statutory provisions or regulations. The new Section 111 requirements are an addition to existing Medicare Secondary Payer (MSP) law and regulations. They are set forth below:

- ▶ It includes penalties for noncompliance.
- ▶ Who must report an applicable plan: The term 'applicable plan' means the following laws, plans, or other arrangements, including the fiduciary or administrator for such law, plan, or arrangement i.e. liability insurance (including self-insurance), no-fault insurance, workers' compensation laws or plans.
- ▶ What must be reported: The identity of a Medicare beneficiary whose illness, injury, incident, or accident was at issue as well as such other information specified by the Secretary, Dept. of Health and Human Services (DHHS), to enable an appropriate determination concerning coordination of benefits, including any applicable recovery claim.
- ▶ Data elements determined by the Secretary of DHHS.
- ▶ When/how reporting must be done: In a form and manner, including frequency, specified by the Secretary of DHHS.
- ▶ Information shall be submitted within a time specified by the Secretary of DHHS after the claim is resolved through a settlement, judgment, award, or other payment (regardless of whether or not there is a determination or admission of liability).
- ▶ Submissions will be in an electronic format.

*Questions about MMSEA go to website www.cms.hhs.gov/MandatoryInsRep/
Part 2 of this article will be published in next month's RiskWatch Newsletter*

Compensability of On Site Claims Occurring on Lunch or Break

While lunch and break times are technically outside the normal hours of employment in that the employee receives no pay for that time and is not under the control or direction of the employer, injuries occurring on the employer's premises during those times are often considered to be in the course of employment, and are usually compensable. Once the employee arrives at work he is generally considered to be in the zone of employment and is therefore subject to the employer's control and employment hazards. There are however, potential exceptions to this scenario.

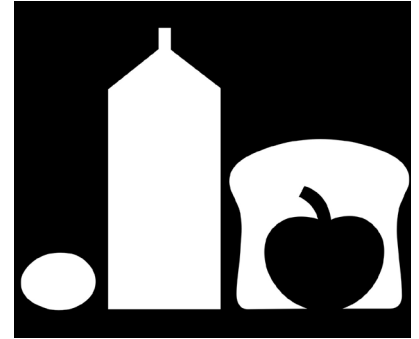
One such possible exception is an injury that occurs when an employee engages in a personal venture or activity, such as a fight or horseplay. Another possible exception may be injuries sustained while in an unauthorized part of the premises. In this case an employer can argue that the claimant left the scope of his employment by violating a work rule. The circumstances surrounding these kinds of injuries must be evaluated on a claim by claim basis. If you are in doubt as to whether or not to certify such a claim, please contact your claims administrator.



YOU AND YOUR HEALTH

Are Your Bones Strong?

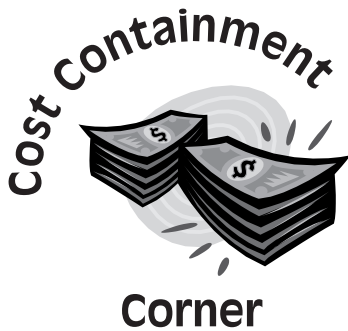
1. Do you have a small, thin frame?
 Yes No
2. Did an immediate female family member ever break a bone as an adult?
 Yes No
3. Are you a post-menopausal woman?
 Yes No
4. Have you had an early or surgically induced menopause?
 Yes No
5. Have you been taking excessive thyroid medication or prolonged doses of cortisol-like drugs for asthma, arthritis, or cancer?
 Yes No
6. Are you calcium-deficient* (you don't drink milk or take calcium supplements)?
 Yes No
7. Do you get very little weight-bearing exercise (e.g., walking, jogging, lifting weights)?
 Yes No
8. Do you smoke?
 Yes No
9. Do you drink alcohol in excess?
 Yes No
10. Are you a man over age 65?
 Yes No
11. Are you Caucasian or Asian?
 Yes No
12. Have you fractured a bone after age 50?
 Yes No



The more times you answer "yes," the greater your risk for osteoporosis.

**Calcium needs: 1 to 3 years, 500 mg; 4 to 8 years, 800 mg; 9 to 18 years, 1,300 mg; 19 to 50 years, 1,000 mg; 51 to 70 years, 1,200 mg.*

To keep your bones strong, get regular weight-bearing exercise, plenty of calcium in your diet or through supplements, don't smoke, and see your doctor about a simple bone-density screening test. You build bones at every stage of life.



Recognize Ergonomic Hazards

Incorporating ergonomic design principles into the workplace has been shown to result in fewer workplace injuries, lower workers' compensation costs and increased work productivity. Most business owners would like to correct ergonomic problems, but would they recognize an ergonomic problem if they saw one? Here's help:

Warning signs of poor ergonomic job design include:

- Repetitive tasks;
- Awkward motions or postures;
- Bent wrists, back or neck;
- Lifting;
- Twisting;
- Excessive reach;
- Excessive glare from computer screens or inadequate lighting.



Problems related to poor ergonomic design include:

- Back, neck or shoulder pain;
- Pain, numbness or tingling sensations in the extremities;
- Localized swelling or redness;
- Stiffness in the joints;
- Weakness;
- Eyestrain or headaches.

Although some solutions to ergonomic design problems may be complex, many are simple and inexpensive. Ergonomic specialists have the experience and resources to help employers find ways to create solutions to reduce poor ergonomic designs and create a win-win situation.

Your Back Starts Here

A GUIDE TO YOUR NECK

Your neck has a much wider range of motion than the rest of your spine and must also carry a big load: your skull. Because of this, it's easy to injure or overuse your neck.

Your Neck at Its Best

A healthy neck has a slight forward curve that's in balance with the other curves of your spine. This balance distributes your body weight evenly and protects your muscles and ligaments from pulls and strains.

Your neck can move forward and back, tilt from side to side and rotate in both directions, all while supporting your skull.

Strength and Flexibility

Your neck is made up of seven small bones called cervical vertebrae. Flexible but strong, they support your skull and hold your head erect. This column of vertebrae also forms a canal to protect your spinal cord.

Your neck muscles control the movements of your head and tongue. For extra support, several deep muscles of the back and shoulders extend into the neck region.

Regularly exercising the muscles of your neck keeps them strong and flexible. Good posture—your head balanced on top of your neck's curve—protects the bones and discs from wear and tear.



Nothing's Too Good for Your Neck

When it comes to back health, your neck is the top of the line. To protect your neck:

- ▶ Keep your posture in balance—whether you're sitting, standing or lying down.
- ▶ Do exercises for neck strength and flexibility.
- ▶ Use a headrest in your car and wear proper head protection during sports.

Common Causes of Neck Problems

- ▶ **cradling a telephone handset between your head and shoulder**—This position is hard on your neck joints and shoulder muscles. Newer telephones with smaller handsets can make the problem worse. Use an operator's headset, a speakerphone or shoulder rest, and switch sides every couple of minutes.
- ▶ **propping up your head with pillows to read in bed**—Bending your neck at an angle causes wear and tear on your vertebrae. Sit up straight with a pillow under your knees to relieve pressure on your lower back.
- ▶ **sleeping with the wrong pillow**—Your pillow should support your neck without lifting your head at a sharp angle.



Humor Corner

Medical Record Blunders (Part 2)

1. Examination reveals a well-developed male lying in bed with his family in no distress.
2. Patient was alert and unresponsive.
3. When she fainted, her eyes rolled around the room.
4. We will follow her eyes and nose with a foley catheter.
5. By the time he was admitted, his rapid heart had stopped, and he was feeling better.
6. Patient has chest pain if she lies on her left side for over a year.
7. On the second day the knee was better and on the third day it had completely disappeared.
8. The patient has been depressed ever since she began seeing me in 1983.
9. The patient is tearful and crying constantly. She also appears to be depressed.
10. Discharge status: Alive but without permission.
11. Healthy-appearing decrepit sixty-nine-year-old male, mentally alert but forgetful.
12. The patient refused an autopsy.
13. The patient expired on the floor uneventfully.
14. Patient has left his white blood cells at another hospital.
15. The patient's past medical history has been remarkably insignificant, with only a forty-pound weight gain in the past three days.
16. She slipped on the ice and apparently her legs went in separate directions in early December.
17. The patient had a rash over his truck.
18. Dictation blunder: lasar radar response (as opposed to vasovagal response).



The contents of this newsletter are intended to be treated merely as newsworthy articles that interest the general business community. Any information contained herein is not to be relied upon as legal or medical advice. If you should have legal or medical questions, we suggest you contact your attorney or physician.

ASI Comprehensive Disability & Workers' Compensation Services takes a Total Partnership Approach to meeting and exceeding your expectations. We offer a diverse range of services including:

- Return to Work Program
- Vocational Rehabilitation Management
- Fraud Detection & Investigation
- Independent Medical Exams

- Subrogation Investigation & Recovery
- Premium Discount Program
- Medical Bill Review, Payment & Processing
- GSA Federal Supply Schedule

What makes ASI different and a better company for you?

Physician Case Management- Improved return to work and medical outcome because we use experienced physicians for most disability and workers' compensation case management.

Attorney Representation- More favorable results because we use only experienced attorneys to represent your organization at hearings and appeals.

Online Safety Training- The best program is one that focuses on preventing work-related injuries from occurring. Reduce time and cost by enrolling your employees in our exclusive, inexpensive comprehensive online safety training courses that offer Continuing Education Unit credits.

ALPS (American Loss Prevention Services) was started in 1987. ALPS is a Service Disabled-Veteran-Owned Business.



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Workers' Compensation and Disability Management

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