8.2 Solution: Medical Details exposure

Solution

Screenshots of solution:

Medical Details

Summary	Details	Medical Case Mgmt	ISO

Exposure

Primary Coverage	Statutory Workers' Comp
Adjuster	Will Student99
Group	WC Training Group 99
Status	Open
Created Via	Rule Set
Create Date	04/10/2019
Validation Level	Ability to pay
Alternate Contact	
Nurse Case Manager	William Andy

Contacts

New Contact Add Existing Contact Delete All All Roles

	Name	Roles	Contact Prohibited?	Phone
	William Andy	Nurse Case Manager	No	209-666-2483

Medical Details

Summary	Details	Medical Case Mgmt	ISO

Medical Personnel

Provider or Institution	Provider Specialty
William Andy	

Medical Details

Summary	Details	**Medical Case Mgmt**	ISO

Medical Personnel

Provider or Institution ⬍	Provider Specialty ⬍	Valid From ⬍	Valid To ⬍
William Andy			
Kaminsky99			
Cole Physiotherapy99			

Medical Treatment Approvals

Provider Name ⬍	Provider Specialty ⬍	Date Authorized ⬍	Approved Treatment ⬍
Cole Physiotherapy99		04/10/2018	Physical therapy

Medical Actions and Information

Contact date ⬍	Medical info source ⬍	Provider name ⬍	Treatment Status ⬍	Work Ca
		No data to display		

Medical Diagnosis

ICD Code ⬍	Description ⬍	Provider Name ⬍	Compensability
M25.512	Pain in left shoulder	Kaminsky99	
S06.0X1A	Concussion w LOC of 30 minutes or less, init	Kaminsky99	

Diagnosis Notes

Jake Roseberry99 diagnosis reconfirmation
Reconfirmed diagnosis code: S06.0X1A with Kaminsky99.
-Will Student99 (04/10/2019 12:52 PM)

Jake Roseberry99 diagnosis reconfirmation
Reconfirmed diagnosis code: M25.512 with Kaminsky99.
-Will Student99 (04/10/2019 12:52 PM)

Workplan

All open activities ▾

	☆	▤	Due ⬍	Priority ⬍	Status ⬍	Subject ⬍	Assigned To ⬍
☐	☆	▤	04/29/2018	High	Open	Determine compensability	Will Student99
☐	☆		04/17/2019	High	Open	Get wage statement and tax status	Will Student99
☐	☆		04/17/2019	Normal	Open	Get accident scene inspected	Will Student99
☐	☆	▤	05/10/2019	Normal	Open	Initial 30 day file review	Will Student99

8.3 Exercise: Indemnity exposures

Activity

In this exercise, you manage medical details on the Jason RoseberryXX claim.

1. **As studentxx, log on to ClaimCenter, and navigate to the Jason RoseberryXX claim.**

    Recall that in the previous lab, you learned that Jason RoseberryXX still suffers from fatigue, dizziness, headaches, etc., and his doctor has recommended rest and minimal physical activity.

    Therefore, he cannot work his normal job as a roofing specialist for the time being. Instead, he is working in the HGI Roofing main office, helping the purchasing and supplier's department for the next four weeks.

    You have obtained the AWW and other wage information for Jason. His employment details are as follows:

    AWW: $800/week (paid weekly)
    Post-injury wage: $675/week (paid weekly)
    Full-time employee
    5-day work week; 8 hours per day

2. **Enter these employment details in the Employment data of Loss Details and on the Indemnity exposure, where needed. NOTE: You do not need to specify Lost Time / Work status.**
3. **Complete the appropriate benefit period calculation for Jason.**

    a) Ensure that the 7-day state-mandated waiting period is applied.

    b) Remember to start the period on the Monday of the week Jason was injured.

4. **Complete the "Get wage statement and tax status" activity (associated with the Indemnity exposure).**
5. **Save your changes.**
6. **Which WC Disability type should you use?**

    a) TTD

    b) TPD

    c) PTTD

    d) PPD

7. **What is the weekly comp rate?**

8. **What is Jason's total post-injury compensation per week?**

8.4 Solution: Indemnity exposures

Solution

1. **As studentxx, log on to ClaimCenter, and navigate to the Jason RoseberryXX claim.**

   Recall that in the previous lab, you learned that Jason RoseberryXX still suffers from fatigue, dizziness, headaches, etc., and his doctor has recommended rest and minimal physical activity.

   Therefore, he cannot work his normal job as a roofing specialist for the time being. Instead, he is working in the HGI Roofing main office, helping the purchasing and supplier's department for the next four weeks.

   You have obtained the AWW and other wage information for Jason. His employment details are as follows:

   AWW: $800/week (paid weekly)
   Post-injury wage: $675/week (paid weekly)
   Full-time employee
   5-day work week; 8 hours per day

2. **Enter these employment details in the Employment data of Loss Details and on the Indemnity exposure, where needed. NOTE: You do not need to specify Lost Time / Work status.**

Loss Details

Employment Data

Average Weekly Wage	$800.00
Select Class Code by Location	No
Employment Class Code	5551 - Roofing (654321-99)
Department Code	
Date of Hire	
State of Hire	
Employment Status	Full-time employee
Supervisor	
Days Worked per Week	5
Hours Worked per Day	8
Pay Period	Weekly
Full Pay for Last Day Worked?	No
Salary Continued?	No
Modified Duty Available?	Yes
Discontinued Fringe Benefits	
Concurrent Jobs?	No

3. **Complete the appropriate benefit period calculation for Jason.**
   a) Ensure that the 7-day state-mandated waiting period is applied.
   b) Remember to start the period on the Monday of the week Jason was injured.

Indemnity

Summary | **Benefits**

Benefit Periods

Type	Begin	# Pymt Weeks	End	Monthly Comp	Wkly Comp Rate	Post Injury Wkly Wages
TPD	04/09/2018	4	05/06/2018		$83.33	

Claim Parameters

Weekly Wage (Pre-Injury)	$800.00
Weekly Wage Amount (Post-Injury)	$675.00
Jurisdiction	Georgia

Temporary Total Disability (TTD)

% of Wages	67%
Max State Comp Rate	$500.00
Min State Comp Rate	$50.00
Minimum Adjustment	If Weekly Wage < Minimum, Comp Rate is set to the Weekly Wage
Weekly Comp Rate	$500.00

Temporary Partial Disability (TPD)

% of Wages	67%
Max State Comp Rate	$334.00
Min State Comp Rate	-
Weekly Comp Rate	$83.33

Waiting Period

Waiting Period Applied	Yes
Waiting Period Days	7
Retroactive Period	21

From	To	Days Withheld	Days Repaid
		No data to display	

Permanent Total Disability (PTD)

% of Wages	67%
Max State Comp Rate	$500.00
Min State Comp Rate	$50.00
Minimum Adjustment	If Weekly Wage < Minimum, Comp Rate is set to the Weekly Wage
Weekly Comp Rate	$500.00

Permanent Partial Disability (PPD)

% of Wages	67%
Max State Comp Rate	$500.00
Min State Comp Rate	$50.00
Minimum Adjustment	If Weekly Wage < Minimum, Comp Rate is set to the Weekly Wage

4. **Complete the "Get wage statement and tax status" activity (associated with the Indemnity exposure).**

Workplan

All open activities ▼

	☆	▤	Due	Priority	Status	Subject	Assigned To
☐	☆	▤	04/29/2018	High	Open	Determine compensability	Will Student99
☐	☆		04/17/2019	Normal	Open	Get accident scene inspected	Will Student99
☐	☆	▤	05/10/2019	Normal	Open	Initial 30 day file review	Will Student99

5. **Save your changes.**
6. **Which WC Disability type should you use?**
   a) TTD
   b) *TPD*
   c) PTTD
   d) PPD

7. **What is the weekly comp rate?**

    $83.33, which is 65% of the Differential. The differential ($125) is Jason's AWW minus the post-injury weekly wage.

8. **What is Jason's total post-injury compensation per week?**

    $675 + $83.33 = $758.33. However, the first week will be only $675 due to the 7-day waiting period

Stop