FAQs with the Small Business Ombudsman

Presented by:

Caitlin Breitbach

DCBS | Department of Consumer and Business Services

Agenda

- Background
- Frequently asked questions
- Non-complying employer penalties
- How we can help

Small Business Ombudsman

- Position created in 1990
- Workers' compensation resource for businesses of all sizes
  - Help you determine if you need to buy insurance
  - Show you how to buy insurance
  - Help you handle billing, classification, and audit disputes

Commonly asked questions

Do I need to buy workers' compensation insurance?

How do I buy workers' compensation insurance?

Can you help with a dispute with my workers' compensation insurer?

How do I appeal my workers' compensation premium audit?

What is a test audit, and am I required to participate?

Who is NCCI?

I received a non-complying employer (NCE) penalty, can you help me?

Steps we take to help non-complying employers

Help employers get coverage and provide payroll documentation.

- No reduction will happen without these two things.

Research into whether the employer needs workers' compensation insurance.

- Independent contractors
- Casual labor
- Owners
- Errors and omissions
- Multiple classifications

Work with the Employer Compliance Unit.

Help navigate employer through the process.

Help find a good agent so that it doesn't happen again.

Small Business Ombudsman Information

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PO Box 14480
Salem, OR 97309-0405

Oregon Employer-at-Injury Program Overview

Presenters:

Zoe Tacadena, re-employment specialist

Donita White, reimbursement specialist

Understanding our audience

Help us better meet your needs.

What is your connection to workers' compensation?

Return-to-work program

The Employer-at-Injury Program (EAIP) is designed to encourage early return to work for qualified Oregon workers who have sustained an on-the-job injury resulting in work limitations.

How is the Employer-at-Injury Program funded?

- EAIP is funded by worker and employer contributions to the Workers' Benefit Fund (WBF).
- In 2024, the WBF assessment rate is 2.0 cents per hour worked, with the worker and employer equally contributing 1.0 cents per hour.

EAIP program objectives

- Encouraging early return to work for injured workers
- Reduce employers' early return-to-work costs
- Reduce claim costs

How is the Employer-at-Injury Program initiated?

- When the worker receives a medical release stating the worker's current or projected restrictions are due to the claim or compensable injury
- EAIP is initiated by the employer and administered by the insurer

Which workers are eligible for EAIP?

- The worker must have an Oregon workers' compensation injury or occupational disease claim.
- The worker must be released from work with restrictions that prevent them from performing regular, full-duty work.

EAIP insurer responsibilities

Assist employers with:

- Obtaining medical releases
- Identifying transitional work
- Processing wage subsidy requests
- Making EAIP purchases
- Requesting reimbursement from the Oregon Workers' Compensation Division (WCD)

Employers eligible for EAIP

- Must maintain Oregon workers' compensation insurance coverage.
- Must be the employer at injury or the employer at the time of aggravation.
- Must employ an eligible worker.

EAIP benefits provide

Wage subsidies, up to 50 percent of early return-to-work gross wages for up to 66 workdays within a consecutive 24-month period

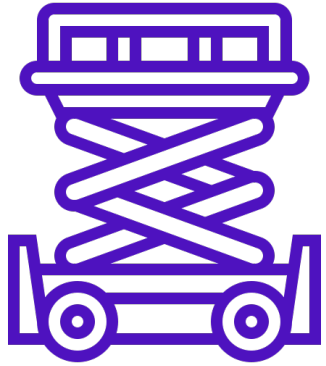
Clothing, up to $400

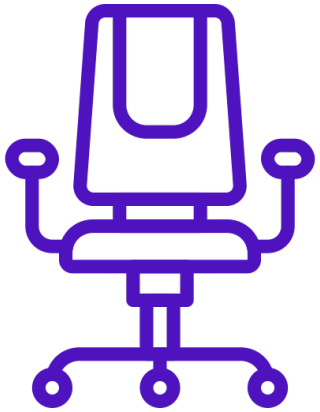
Tools and equipment combined with worksite modification, up to $5,000

Tuition, books, and fees, up to $1,000

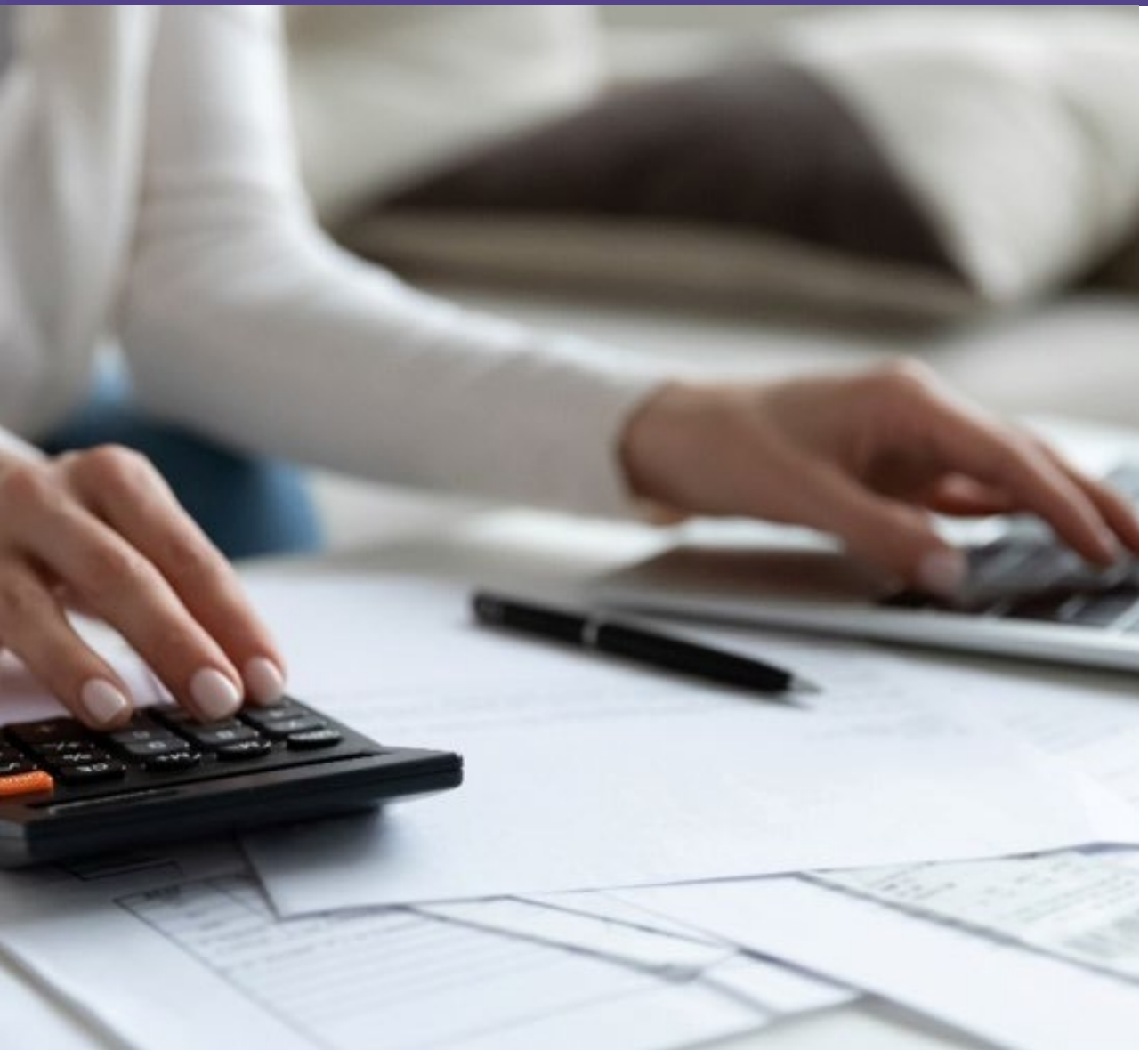
EAIP worksite modifications

- Up to $5,000 (combined with the tool and equipment category) for altering a worksite.
  - Includes rent, purchase, modification, or supplement
- Must be ordered during the EAIP period.
- Reimbursable if the employer purchased items in good faith and the worker refuses to return to work.





EAIP worksite modifications



- Purchases become the property of the employer.
- The insurer determines appropriate worksite modifications for the worker.
- Must link the modifications to the restrictions.
- The insurer documents the reason for approval.

Requesting reimbursement for EAIP

Tips for timely EAIP reimbursements

What ends the EAIP program?

- The worker's claim is denied or closed
- The insurer ends the EAIP benefits while the claim is open
- Two years after the original date of acceptance of a nondisabling claim
- When benefits under the Preferred Worker Program (PWP) begin

Time frame for reimbursement

1 year and 30 calendar days
from the end of EAIP period

What to submit

Wage subsidy reimbursements

- Submit the completed reimbursement request form

EAIP purchases

- Submit the completed form, along with:
  - Documentation of the transitional work
  - Medical releases
  - Proof of purchase and proof of payment records

Worksite modification purchases

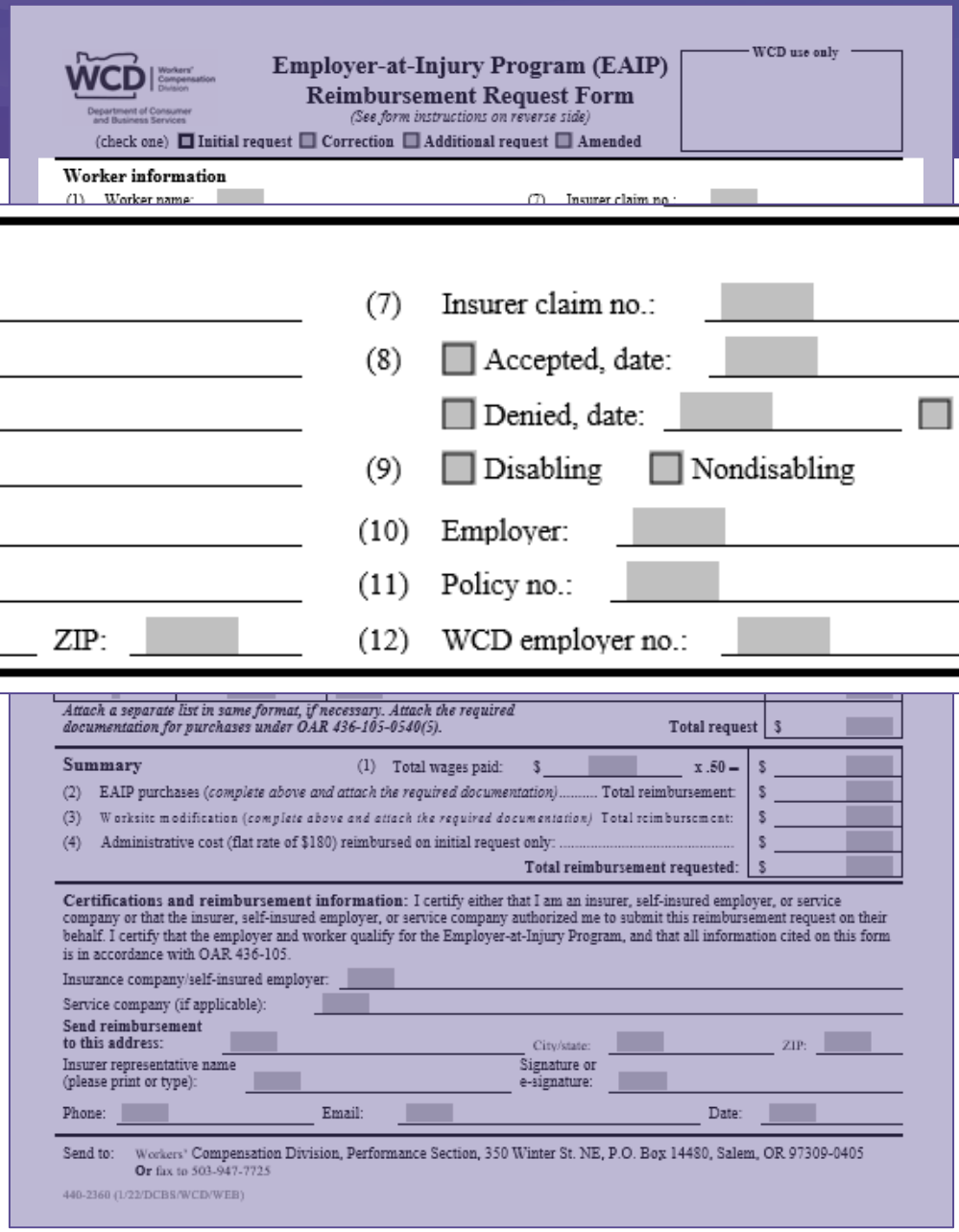
- Submit the completed form. Include EAIP documentation, along with:
  - Insurer approval of these purchases

If the form is incomplete or inaccurate, or if the claim is nondisabling or deferred, the reimbursement assistant may reach out for more information.

What to avoid

Inaccurate worker information

- Social Security number
- Employer information
- Date of injury and date of acceptance or denial discrepancies
- Incorrect insurer or processor information
- Typos



WCD Workers' Compensation Division
Department of Consumer and Business Services

Employer-at-Injury Program (EAIP)
Reimbursement Request Form
(See form instructions on reverse side)

WCD use only

(check one) ☐ Initial request ☐ Correction ☐ Additional request ☐ Amended

Worker information

(1) Worker name: _____ (7) Insurer claim no.: _____

(2) SSN: _____ (8) ☐ Accepted, date: _____

(3) Date of birth: _____ ☐ Denied, date: _____ ☐ Deferred

(4) Date of injury: _____ (9) ☐ Disabling ☐ Nondisabling

(5) WCD file no.: _____ (10) Employer: _____

(6) Address: _____ (11) Policy no.: _____

City/state: _____ ZIP: _____ (12) WCD employer no.: _____

Attach a separate list in same format, if necessary. Attach the required documentation for purchases under OAR 436-105-0540(5). Total request $

Summary

(1) Total wages paid: $ _____ x .50 = $

(2) EAIP purchases (*complete above and attach the required documentation*)..... Total reimbursement: $

(3) Worksite modification (*complete above and attach the required documentation*) Total reimbursement: $

(4) Administrative cost (flat rate of $180) reimbursed on initial request only: ..... $

Total reimbursement requested: $

Certifications and reimbursement information: I certify either that I am an insurer, self-insured employer, or service company or that the insurer, self-insured employer, or service company authorized me to submit this reimbursement request on their behalf. I certify that the employer and worker qualify for the Employer-at-Injury Program, and that all information cited on this form is in accordance with OAR 436-105.

Insurance company/self-insured employer: _____

Service company (if applicable): _____

Send reimbursement to this address: _____ City/state: _____ ZIP: _____

Insurer representative name (please print or type): _____ Signature or e-signature: _____

Phone: _____ Email: _____ Date: _____

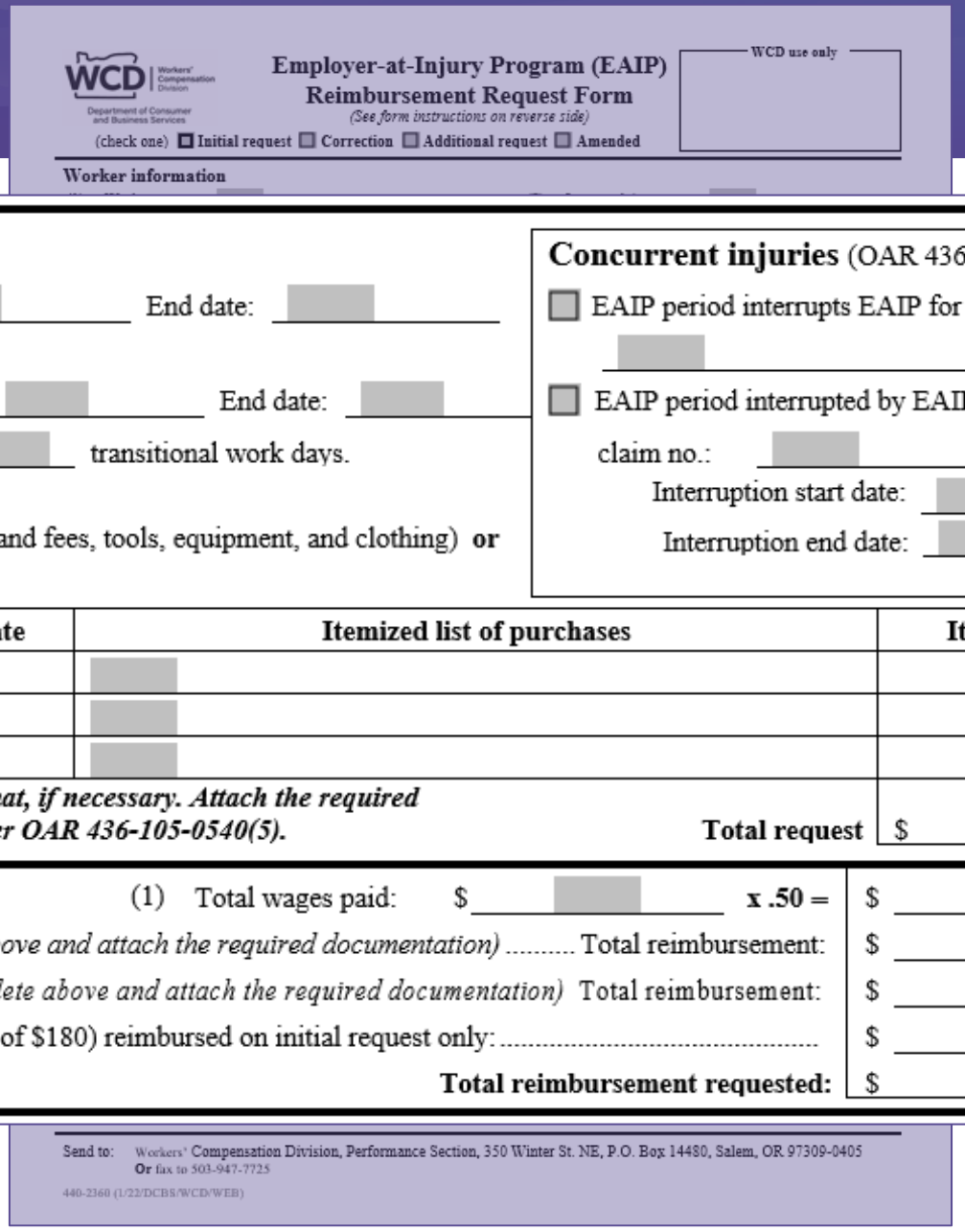
Send to: Workers' Compensation Division, Performance Section, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405
Or fax to 503-947-7725

440-2360 (1/22/DCBS/WCD/WEB)

What to avoid

Inaccurate EAIP information

- Overlapping EAIP periods
- Requested wage subsidy before or after the EAIP period start and end dates
- Incomplete or unreadable documents
- Item purchase dates do not have a corresponding medical release
- Proof of purchase or proof of payment not provided
- Calculation discrepancies
- Inaccurate administrative fee



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(See form instructions on reverse side)

WCD use only

(check one) ☐ Initial request ☐ Correction ☐ Additional request ☐ Amended

Worker information

EAIP information

EAIP period: Start date: _____ End date: _____

Wage subsidy information

Wage subsidy period: Start date: _____ End date: _____

Reimbursement requested for _____ transitional work days.

Purchase information

(a) EAIP purchases (tuition, books and fees, tools, equipment, and clothing) **or**
(b) worksite modifications

Concurrent injuries (OAR 436-105-0530)

☐ EAIP period interrupts EAIP for claim no.: _____

☐ EAIP period interrupted by EAIP for claim no.: _____

Interruption start date: _____

Interruption end date: _____

Type (a) or (b)	Purchase date	Itemized list of purchases	Item cost

Attach a separate list in same format, if necessary. Attach the required documentation for purchases under OAR 436-105-0540(5).

Total request $ _____

Summary

(1) Total wages paid: $ _____ **x .50 =** $ _____

(2) EAIP purchases (*complete above and attach the required documentation*) ..... Total reimbursement: $ _____

(3) Worksite modification (*complete above and attach the required documentation*) Total reimbursement: $ _____

(4) Administrative cost (flat rate of $180) reimbursed on initial request only: ..... $ _____

Total reimbursement requested: $ _____

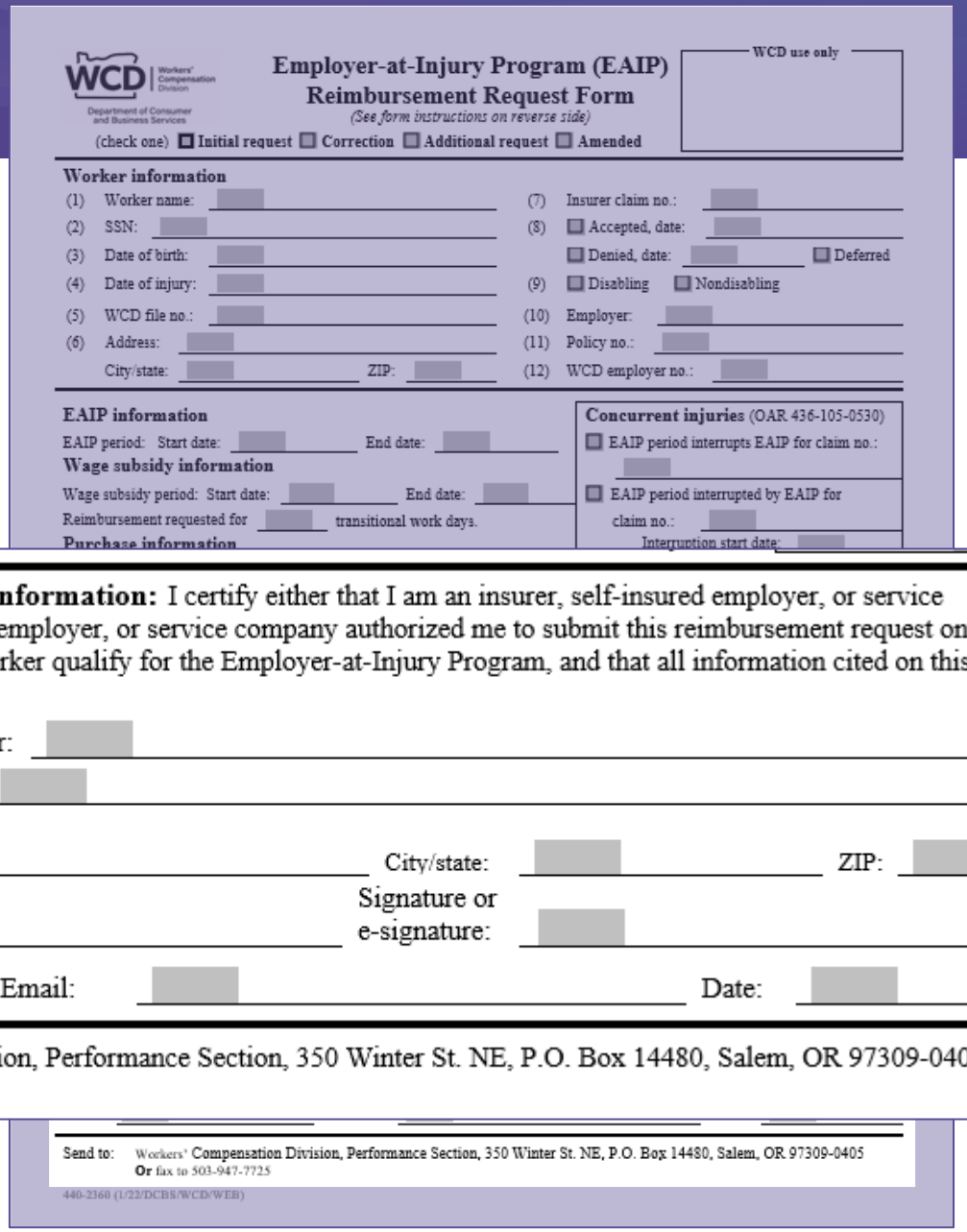
Send to: Workers' Compensation Division, Performance Section, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405
Or fax to 503-947-7725

440-2360 (1/22/DCBS/WCD/WEB)

What to avoid

Inaccurate certification and reimbursement information

- Insurer or service company information
- Employer attempting to submit the request form



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Reimbursement Request Form
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WCD use only

(check one) ☐ Initial request ☐ Correction ☐ Additional request ☐ Amended

Worker information

(1) Worker name:
(2) SSN:
(3) Date of birth:
(4) Date of injury:
(5) WCD file no.:
(6) Address:
City/state: ZIP:
(7) Insurer claim no.:
(8) ☐ Accepted, date:
☐ Denied, date: ☐ Deferred
(9) ☐ Disabling ☐ Nondisabling
(10) Employer:
(11) Policy no.:
(12) WCD employer no.:

EAIP information
EAIP period: Start date: End date:

Wage subsidy information
Wage subsidy period: Start date: End date:
Reimbursement requested for transitional work days.

Purchase information

Concurrent injuries (OAR 436-105-0530)
☐ EAIP period interrupts EAIP for claim no.:
☐ EAIP period interrupted by EAIP for claim no.:
Interruption start date:

Certifications and reimbursement information: I certify either that I am an insurer, self-insured employer, or service company or that the insurer, self-insured employer, or service company authorized me to submit this reimbursement request on their behalf. I certify that the employer and worker qualify for the Employer-at-Injury Program, and that all information cited on this form is in accordance with OAR 436-105.

Insurance company/self-insured employer:
Service company (if applicable):
Send reimbursement to this address: City/state: ZIP:
Insurer representative name (please print or type): Signature or e-signature:
Phone: Email: Date:

Send to: Workers' Compensation Division, Performance Section, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405
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440-2360 (1/22/DCBS/WCD/WEB)

Thank you!

If you have any questions, please contact us:

EAIP program information:
eaip.oregon@dcbs.oregon.gov
800-445-3948 (toll-free)

Reimbursement program information:
WCD.SIRR-Reimbursements@DCBS.oregon.gov
503-947-7189