

The best workers' compensation claim is the one that never happens, but they DO happen.

Are you prepared for when they do?



Wickens Herzer Panza provides you with the important legal backing to navigate the claims and investigation process, all while working in conjunction with your MCO.

Ohio law states employers with one or more employees MUST have workers' compensation coverage. The support and representation from a TPA or attorney, on the other hand, is entirely up to you.



**WICKENS  
HERZER  
PANZA**

[WickensLaw.com](http://WickensLaw.com)

# WORKERS' COMPENSATION GROUP RATING PROGRAM

Workers' Compensation TPA or Wickens Herzer Panza? Let's look at the differences:

## Workers' Compensation TPA

- ▼ Provides claims management services
- ▼ Non-attorney representation:
  - cannot cross-examine claimants or witnesses
  - cannot comment or give opinions on evidence or credibility of witnesses
  - cannot question qualifications of treating physicians
  - cannot argue statutory and administrative provisions or case law

## Wickens Herzer Panza

- ▼ Provides claims management services
- ▼ Attorney representation:
  - WILL cross-examine claimants and witnesses
  - WILL comment and give opinions on evidence and credibility of witnesses
  - WILL question qualifications of treating physicians
  - WILL argue statutory and administrative provisions and case law

## Let our group rating program pass the savings along to you.

We work in conjunction with your MCO to oversee your workers' compensation claims, to determine the best course of action regarding treatment and return to work.

Our team is involved from the day your employee is injured, through the claim process, once they're returned to full duty work and, going a step further, all the way until they are released from care. Ready to see if you qualify? It's simple and at no cost to you.

1. Complete an AC-3 form by inserting the risk number and your company name.
2. Complete the bottom portion, sign and date.
3. Return by fax to 440.695.8098.

Amy DeLuca, Matt Danese, or Kelly Fraatz will contact you to discuss your quote after our actuarial review.

440.695.8000  
35765 Chester Rd. | Avon, OH 44011

419.627.3100  
414 Wayne St. | Sandusky, OH 44870



**WICKENS  
HERZER  
PANZA**

# GROUP RATING Q & A

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## **Q. What is group rating?**

**A.** A program offered to State Fund employers by the Ohio Bureau of Workers' Compensation whereby employers join together through a sponsoring organization to pool their risk and reduce the amount of the workers' compensation premiums paid by each employer. The group rating discount can be viewed as something similar to a good driver discount on auto insurance. To compare our rates to our competitors, we encourage you to obtain an actuarial analysis from third-party administrators by submitting an AC-3 form to each.

## **Q. Is WHP more expensive than a TPA?**

**A.** No. Our annual enrollment fee is competitive with our TPA counterparts, even with the added benefit of hearing representation by a licensed attorney, at no additional cost to you.

## **Q. How do I qualify for group rating?**

**A.** Complete the enclosed AC-3 form and return it to us. We will work with our actuary to review and evaluate your workers' compensation claims history. We will assess your risk and provide a quote for enrollment in our discount group. There is no charge for our actuarial assessment and quote. Your authorization on the AC-3 form does not obligate you to enroll in our group or utilize our services.

## **Q. What if our company doesn't qualify for group rating?**

**A.** If your company is penalty rated (not eligible for group rating), savings can STILL be realized by utilizing various BWC programs. We can review your claims history and analyze your problematic claims, resulting in efficient and effective ways to control these claims with the end goal of allowing you to participate in group rating for the upcoming year. You simply will need to complete an AC-2 form to allow us access to your risk history. Our review and recommendations are at no charge to you.

**WickensLaw.com**

**440.695.8000**  
35765 Chester Rd. | Avon, OH 44011

**419.627.3100**  
414 Wayne St. | Sandusky, OH 44870



## Temporary Authorization to Review Information

To: Wickens Herzer Panza

Fax To: 1-440-695-8098

Or  
**RETURN TO:**  
 35765 Chester Rd  
 Avon, Ohio 44011  
 Phone 440-695-8059  
 FAX: 440-695-8098  
 Email: kfrazt@wickenslaw.com

From: Policy number
Entity
DBA
Address  _____

**NOTE:** For this to be a **VALID** letter, it must be stamped by the Self-Insured Department for self-insured employers or by the Employer Services Department for all employers other than self-insured. This authorization, being temporary in nature, will not be recorded via computer or be retained by risk technical services. A copy must be in the possession of a representative when requesting service relative to the authority granted therein.

This is to certify that WICKENS HERZER PANZA (21152-91) including its agents or representatives identified to you by them, has been retained to review and perform studies on certain workers' compensation matters on our behalf.

The limited letter of authority provides access to the following types of information relating to our policy:

- (1) Risk files;
- (2) Claim files;
- (3) Merit-rated or non-merit-rated experiences;
- (4) Other associated data.

This authorization does NOT include the authority to:

- (1) Review protest letters;
- (2) File protest letters;
- (3) File form CHP-4;
- (4) File Motions, I-12s or IC-88s;
- (5) File self-insurance applications;
- (6) Represent the employer at hearings;
- (7) Pursue other similar actions on behalf of the employer.

I understand that this authorization is limited and temporary in nature and will expire on \_\_\_\_\_ or automatically nine months from the date received by the Employer Services or Self-Insured Department, whichever is appropriate. In either case, the length of authorization will not exceed nine months.

Telephone number	Fax number	E-mail address
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Print name	Title	Signature	Date
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# Permanent Authorization

To: Ohio Bureau of Workers' Compensation

- Employer Services 22<sup>nd</sup> Floor
- Self-Insured Department 26<sup>th</sup> Floor

Please return to:  
 Wickens Herzer Panza  
 35765 Chester Road  
 Avon, OH 44011

FAX – (440) 695-8098  
 Email: kfraatz@wickenslaw.com

Policy number
Entity
DBA
Address  _____

NOTE: For this to be a VALID letter, it must be stamped by Employer Services or by the Self-Insured Department for self-insured employers.

This is to certify that effective \_\_\_\_\_, **Wickens Herzer Panza (21152-91)**  
 (Date) (Representative name and Rep. I.D. number)

including its agents or representatives identified to you by them, has been retained to represent us before the Bureau of Workers' Compensation and the Ohio Industrial Commission in matters pertaining to our participation in the Workers' Compensation Fund according to the type of representation below. Please check the type of representation desired. See description of representatives on side 2.

√	Type of Authorized Representative
√	Employer Risk/Claim Representative (ERC)
	Risk Management Representative (RISK)
	Claim Management Representative (CLM)

This authorization supersedes all permanent authorizations on file for the type of representation indicated above.

I understand and agree any letters, requests, and actions initiated by a superseded authority will be processed completely.

I understand that this authorization, now being granted, is of a continuous nature from the effective date indicated herein. However, I possess the right to terminate this authorization at any time through written notification to the Employer Services or Self-Insured Department as appropriate.

Telephone number	Fax number	E-mail address	
Print name	Employer signature		Date