

# Agency Workers' Compensation Coordinator Claim Management Checklist

## Information

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Ensure that all agency personnel (especially supervisors) are familiar with the process to report potential work-related injuries or illnesses. Supervisors should follow WC process guidance provided on the Supervisor's Incident WC Checklist.

Agencies are required to submit any reports of potential work-related injuries or illnesses to the State Workers' Comp Program within 3 days (required data should be inputted into iRISK within 2 days to meet the 3-day requirement) after being notified of such an event.

If the employee hasn't lost time or sought medical care, enter the report into iRISK, but do not approve or send the claim to the Workers' Comp Program. Your agency may choose not to enter it into iRISK, but to keep it in an inactive file. If you become aware at a later date that the employee has lost time or sought medical care, the report will need to be sent to the Worker's Comp Program.

**In the event of any serious, life threatening, or fatal injuries, notify the Workers' Compensation Program by telephone at 651-201-3000 within 24 hours.** Employers are required by law to report occupational accidents in which an employee is killed to [OSHA](#) (Occupational Safety & Health Administration) within eight hours. Employers are also required to report to OSHA within 24 hours if an employee undergoes inpatient hospitalization, amputation, or eye loss.

It is a good practice to identify light duty work within the agency that might facilitate the return of injured employees back to work in accordance with their work restrictions.

All communications with the WC Program (either email or fax) should include the employee's full name, date of injury, and claim number if available.

It is important to provide the WC Program and your WC Claim Specialist all requested information in a timely manner until the claim is resolved.

Further information regarding the reporting of work related injuries or the workers' compensation process can be found at: [Workers' Compensation home page](#).

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Claimant Name:		Emp/State ID #:		Email:	
Date of injury/ill/incident:		Phone #:		Cell #:	
Supervisor name:		Supv. Phone #:		WC Claim #:	
WC Claim Specialist:			Specialist's phone:		
CorVel case manager:			Case manager phone :		
QRC name:			QRC phone:		
Medical treatment <input type="checkbox"/> Yes <input type="checkbox"/> No		Time lost <input type="checkbox"/> Yes <input type="checkbox"/> No		Status <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Unpaid leave of absence start date:			Days away (OSHA):		
Return to work date:			Days restricted :(OSHA)		
WC Coordinator name:					

### Reporting a Claim

- Send e-mail notice to supervisor acknowledging receipt of injury report: "We received a report of injury to (all body parts with specification of Left or Right) for (employee name). The reported Date of Injury was \_\_\_\_\_. Please immediately let us know if he/she misses any work or seeks medical attention for this injury." Include in e-mail if any forms are missing and reminder to complete with in 24hrs.
- Verify that employee was given WC Employee Information Packet.
- Verify that all five (5) WC forms have been received and are completed (contact supervisor for any missing information)
  - [Workers' Compensation Information and Privacy Statement](#)
  - [Employee Incident Statement](#)
  - [Incident Data Form](#) (IDF)
  - [Agency Claims Investigation](#)
  - [Leave Supplement Form](#)
- Determine the appropriate workers' compensation location code for the claim and insert on IDF in "agency use" section.
- Collect agency hire date from SEMA4 or other personnel information source and insert on IDF in "agency use" section.
- Use [Workers' Compensation Coding](#) handbook to properly code body part, nature, source, cause, unsafe act, and unsafe conditions and insert on IDF in "agency use" section.

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Claimant Name \_\_\_\_\_ Date of Incident \_\_\_\_\_ WC Claim # \_\_\_\_\_

- Use Workers' Compensation Coding handbook to properly code body part, nature, source, cause, unsafe act, and unsafe conditions and insert on IDF in "agency use" section.
- If the employee loses time or receives medical treatment, and does not have a SEMA4 employment record (volunteers, quasi-state agencies) complete [Non-SEMA4 Employee Details Form](#) and [26 Week Wage Statement](#) and enter the information into iRISK within 48 hours.
- If the employee loses time or receives medical treatment and does have a SEMA4 employment record, enter the report into [iRISK](#) within 48 hours. Step [One](#) & [Two](#).
- Send employee correspondence indicating that claim has been filed with the Workers' Compensation Program. Copy Supervisor.
- If the employee did not lose time or seek medical care at time of injury send employee correspondence indicating that claim is inactive and has not been filed with Workers' Compensation Program. Copy Supervisor.
- E-mail the WC Claim Supervisor to report any particular concerns, to inform them of any lost time, attach any medical that wasn't received prior to entering the report into iRISK and personal contact phone/email or the employee.
- Send copies of the IDF and Agency Claims Investigation form to your agency Safety Officer and other interested parties per the agency's loss control policy.
- Coordinate with appropriate agency personnel to meet OSHA record keeping requirements.

### Medical Management

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- If the employee lost time or went to a health care provider due to the injury or illness, verify that a Report of Work Ability statement was received. Review the [Report of Work Ability](#) statement and work with the supervisor to determine whether the employee can be accommodated. Send copies to CorVel case manager and WC Claim Specialist.
- Notify CorVel case manager directly as to whether you are able to accommodate work restrictions. CC the WC Claim Specialist if you are unable to accommodate.
- Send copies of ALL medical / doctor statements to assigned WC Claim Specialist immediately after receiving them.
- Ensure that payroll does not process sick leave for the day of injury. Employee will receive normal pay for scheduled hours on date of injury. Sick leave usage begins on the second day. A comment should be included on employee's time sheet detailing what actually occurred (e.g. medical appt 2 hour, out 6 hrs.). Email or fax copy of employee's time sheet for the pay period that includes the date of injury.
- Assist supervisor with review of [Reports of Work Ability](#) received after each medical appointment and assist with the coordination of appropriate temporary work assignments within the agency until there are no further restrictions or restrictions are determined to be permanent by the treating physician.
- Document each temporary light duty assignment in writing.

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Claimant Name \_\_\_\_\_ Date of Incident \_\_\_\_\_ WC Claim # \_\_\_\_\_

- If work restrictions are not changing and/or appear to be permanent contact the WC Program's State Placement Coordinator at 651-201-3033 and schedule a Work Comp Team Round Table meeting.
- If restrictions are permanent or employee has been on restrictions for 4 months, and/or employee requests an accommodation – review ADA policy and discuss with HR. Discuss with supervisor and managers to determine if you can accommodate.
- Send Return to Work (RTW) notice to WC Claim Specialist immediately to avoid overpayment to employee. Specifically indicate whether employee has returned to full hours or partial hours.

### Lost Time Management

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- Send email to WC Claim Specialist detailing:
  - Last scheduled day worked.
  - Confirm if the employee was unable to complete their shift due to the injury on DOI.
  - First day of lost time.
  - Day returned to work.
  - Any previously scheduled time off.
  - Typical work schedule and hours.
  - All lost time shifts.
- Notify human resources of the event so that a preliminary FMLA decision can be made. If applicable, send FMLA leave packet to the employee. Inform supervisor if FMLA qualified. Time sheet coding will change.
- Forward information about event to human resources so that a determination about Injured on Duty Pay (IOD) can be made (may pertain to DPS, DOC, DNR, DHS, Veterans Affairs)
  - Not eligible for IOD pay.
  - Eligible for IOD pay = send letter to employee.
- Fax time sheets by Thursday at noon of pay week to 651-297-5471. Send in PDF format oriented vertically. Note on time sheets:
  - Current hourly rate.
  - Highlight with explanation of time coded to work comp. Example for PT appointment.
- Immediately notify supervisor, payroll office and safety if a claim denial is received. (Example: "We received notice from WC Program that they denied the workers' compensation claim for (employee name) date of injury was (date). The WC Program Claim Specialist has sent a denial to the employee for notification purposes.")
- If employee is on an Unpaid LOA, WC Program has accepted the claim, and the employee is insurance eligible: Code in SEMA4 as LOA, WC-9 (employer pays employer portion of insurance, employee pays their portion - billed by Mn Management & Budget). IF the employee is NOT insurance eligible: Code in SEMA4 as LOA, WCL.

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Claimant Name\_\_\_\_\_Date of Incident\_\_\_\_\_WC Claim #\_\_\_\_\_

- Send letter to employee when unpaid leave begins. Unpaid leave begins when an employee elects not to supplement or when supplement ends.
- Inform HR, WC Claim Specialist, and WC State Placement Coordinator when the employee has been on an unpaid LOA for more than six (6) months. Discuss again with HR and WC State Placement Coordinator when employee reaches ten (10) months of being on unpaid LOA.
- When the employee returns to work (RTW), notify WC Program Claim Specialist and agency payroll of the RTW date. If the employee misses additional time from work re-notify WC and payroll each time.