

Minnesota Department of Administration
Risk Management Division
Workers' Compensation Program

Agency Workers' Compensation Handbook

State of Minnesota
Workers' Compensation Program
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TTY at 711 (MN Relay)

*The Workers' Compensation
Program office is in the
Centennial Office Building, which
is located one block south of the
Capitol on Cedar Street.*

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Forward

The purpose of this publication is to provide you with general information about the state's Workers' Compensation Program. It may not answer all your questions about the program, nor does it cover every provision of the law.

It is important to remember that this is written in very general terms. Many agencies have developed sophisticated safety programs that may have slightly different procedures, forms, and requirements. **This information does not replace or change individual agencies' policies or procedures.** Please contact your agency's Workers' Compensation Coordinator or call our office for answers to your specific questions.

Electronic and/or video versions for iRISK and the Incident Reporting process are available on our website (<http://mn.gov/admin/government/risk/workers-comp/irisk-reporting/>) and will be continuously updated as changes occur.

An electronic version of the "Workers' Compensation Injury Coding Guide" is available on our website (http://mn.gov/admin/images/wc_injury_coding.pdf) and will be continuously updated as changes occur. This guide is used to code injury information on the FRI.

An electronic version of this handbook is available on our website: (http://mn.gov/admin/images/workers_comp_agency_handbook.pdf) and will be continuously updated as changes occur.

Introduction to the Workers' Compensation Program

Workers' compensation is a no-fault insurance program that pays benefits to employees who sustain work-related injuries or illnesses. The State of Minnesota is self-insured for workers' compensation. The Workers' Compensation Program, with its claims management, disability management, legal, and safety and industrial hygiene units, is part of the Department of Administration, Risk Management Division (ADMIN).

Generally, for an injury or illness to be covered by workers' compensation, the condition must be caused, aggravated or accelerated by work activities or the work environment. Disabilities include those caused by traumatic incidents, as well as those attributable to the gradual effects of normal work activities or from exposure to hazardous materials.

The philosophy of the Workers' Compensation Program is to treat injured employees with dignity and respect. We make unbiased, lawful decisions based on the facts of each case. We observe the laws of the State of Minnesota and our own internal policies to ensure that all parties are treated fairly.

The Supervisor's Roles and Responsibilities

The following is a list of forms you are responsible for completing and are required to properly manage the claim. Instructions are included with each form to assist you in their completion.

- 1) Workers' Compensation Information and Privacy Statement. As the employee's supervisor, you are responsible for giving the "Workers' Compensation Information and Privacy Statement" to the employee. The form can be found at: (http://mn.gov/admin/images/info_privacy_statementt_rev_09.pdf). It should be given to the employee before obtaining information from them for the "First Report of Injury." The employee should sign and return the form to you for your records.
- 2) IDF – Injury, Illness, Incident Data Form (replaces First Report of Injury or FRI). A Word version of the IDF is located at (http://mn.gov/admin/images/first_report_of_injury_now_idf.doc)
- 3) Agency Claims Investigation form. A PDF version of the "Agency Claims Investigation" form is located at (http://mn.gov/admin/images/Agency_claims_investigation.pdf). Submit the completed forms to your Work Comp Coordinator.
- 4) 26 Week Wage Information. This form should be completed by departments not using SEMA4. You can print a copy of this form from: (http://mn.gov/admin/images/26_week_wage_info.pdf).

- 5) Workers' Compensation Leave Supplement. This form should be completed if the employee wants to supplement their Workers' Compensation payments with accrued sick time, vacation or compensatory time. A copy of this form can be printed from (http://mn.gov/admin/images/leave_supplement_form_09.pdf).
- 6) Report of Work Ability. This form needs to be completed by the doctor before an employee can return to work. He or she should provide you with a Report of Work Ability, which will list his or her physical abilities. You can use this to determine what tasks your employee can perform when he or she returns to work. You can print a copy of this form from (http://mn.gov/admin/images/Work_ability.pdf). It should be submitted to the Claims Specialist handling the claim so it can be added to the claim file.

In addition, as the employee's supervisor, you are in a unique position to assist in the prevention of injuries and management of claims. Your role as a supervisor, and that of your agency's workers' compensation coordinator, are crucial to reducing the costs of workers' compensation to your agency.

Following are some guidelines to help you fulfill your important role. Remember that these guidelines do not replace or change your agency's individual policies and procedures.

1. Set a good example for your employees. Encourage safe work practices through your own actions. Make safety an integral part of your agency's mission and day-to-day activities.
2. Require employees to comply with safety policies, including proper operation of machinery and the use of safety equipment. Make training mandatory on all new equipment or procedures. Enforce all safety rules including those that involve proper operation of machinery and the use of safety equipment. Require all unsafe conditions to be reported immediately. Include safety as part of the employee appraisal process. Discipline employees not complying with safety policies and procedures.
3. Require your employees to report **all** injuries to you promptly (within 24 hours after they occur).
4. Provide first aid and emergency medical care to any injured employee. In a non-emergency situation, you may call the 24-hour nurse phone line at; Metro: (612) 436-2542, Outstate: (866) 399-8541 for appropriate medical care. If necessary, provide the employee an escort to the medical facility identified by your agency.
5. Ensure that your employees are familiar with our managed care program. Our managed care program monitors medical care for state employees injured at work. It provides a statewide network of medical providers who are available to treat our injured employees. Your workers' compensation coordinator will have a book listing all providers in the managed care program's network. Each agency has chosen one of the managed care program's nearby providers to be its designated clinic. The designated clinic is identified on the workers' compensation poster displayed at each work site, can be determined by asking your workers' compensation coordinator or by looking it up on CorVel's web site http://www.corvel.com/provider_lookup/.

The managed care program staffs a 24-hour nurse phone line at; metro: (612) 436-2542, outstate: (866) 399-8541. Registered nurses are available to receive calls from injured employees, supervisors and workers' compensation coordinators. If an employee has notified his or her supervisor of an injury and has agreed to go to the designated clinic, there is no need to call the nurse phone line. Employees should be encouraged to call the nurse phone line if they have questions about their medical care or need a referral to a medical provider.

Except in emergency situations, an injured employee **must receive** the initial evaluation and treatment from a network provider. If your agency has selected a designated clinic, the injured worker must first get treatment at that clinic. Or, if they prefer to see another type of health care provider specialist in the network, they **may call** the nurse phone line.

The managed care program's providers are required to evaluate the employee's work-related injury within 24 hours of the request for treatment. After the initial evaluation, the employee may choose to continue to treat with the agency designated provider; may choose to treat with another participating network provider; or may receive treatment from his or her own medical provider, even if that provider does not participate in the managed care program's network, if they meet all of the following criteria:

- A. The provider's scope of practice is appropriate for the injury and is located within 30 miles of the employee's work or home if he or she works in the seven-county metropolitan area or within 50 miles if both home and work-place are outside the metro area.
- B. The provider agrees to follow the managed care program's rules.
- C. The employee has seen the medical provider twice within the last two years (both visits must have preceded his or her work injury).
- D. The employee's medical provider has sent the managed care program a copy of the medical records or a letter substantiating the treating history **within ten calendar** days of when the employee gave notice of the injury or illness to his or her supervisor or agency's workers' compensation coordinator.

If the employee chooses to treat outside the managed care network, any referrals to medical providers for additional treatment or consultation must be to physicians who are part of the managed care network of providers.

- A. Notify the Workers' Compensation Program by telephone within 24 hours of any serious, life threatening, or fatal injuries. **The program must submit a copy of the First Report of Injury form to DLI (Department of Labor and Industry) within seven days.**

Please Note

Starting January 1st, 2015, employers will have to report the following to OSHA:

- All work-related fatalities
- All work-related inpatient hospitalizations of one or more employees
- All work-related amputations
- All work-related losses of an eye

Employers must report work-related fatalities within 8 hours of finding out about them. Employers only have to report fatalities that occurred within 30 days of a work-related incident.

For any inpatient hospitalization, amputation, or eye loss employers must report the incident within 24 hours of learning about it. Employers only have to report an inpatient hospitalization, amputation or loss of an eye that occurs within 24 hours of a work-related incident.

- **During business hours:**
(8:00 a.m. to 4:30 p.m., Monday through Friday)

Call your local area OSHA office during business hours or use the federal OSHA hotline for after-hours calls.

St. Paul

Phone: (651) 284-5050

Toll-free 1-800-DIAL-DLI (1-800-342-5354)

Duluth

Phone: (218) 733-7830

Toll-free 1-800-365-4584

- **After business hours:**
Call the federal OSHA 24-hour toll-free number –
1-800-321-6742 (1-800-321-OSHA)

- B. Conduct a prompt and thorough initial investigation of the circumstances surrounding the injury. This investigation is extremely important. It preserves evidence and assists witnesses to remember the details of the accident. This will identify opportunities to enhance your agency's management on injury prevention. (*See the section Safety and Accident Investigation later in this manual.*)
- C. Complete the Agency Claims Investigation form or similar document, once the details have been gathered. Forward it to your workers' compensation coordinator within 24 hours. The form is available in PDF format at:
http://mn.gov/admin/images/Agency_claims_investigation.pdf.

- D. Complete the IDF – Injury, Illness, Incident Data Form (replaces Frist Report of Injury or FRI), which is the source document for all work-related injuries and illnesses from which claim files are developed. If the injury or illness requires medical treatment or results in time lost from work, submit the IDF – Injury, Illness, Incident Data Form (replaces Frist Report of Injury or FRI) promptly to your agency’s workers’ compensation coordinator or the Workers’ Compensation Program depending on your agency’s internal policies. **Failure to submit the IDF – Injury, Illness, Incident Data Form (replaces Frist Report of Injury or FRI) timely can result in penalties assessed against your agency by the Department of Labor and Industry (DLI).** (See the section “Completing the Forms” later in this manual.) The form is available in Word format at:
http://mn.gov/admin/images/first_report_of_injury_now_idf.doc).
- E. Contact the employee if he or she remains off work. Remember that there is an emotional component to a workers’ compensation injury. Keep the lines of communication open so the employee feels part of the work group. Staying in touch and being involved will make a quick return-to-work more likely.
- F. Report immediately all new periods of disability and return-to-work dates to your agency’s workers’ compensation coordinator or the Workers’ Compensation Program, depending on your agency’s internal policies. Follow-up by sending in timesheets.
- G. Notify the Workers’ Compensation Program of any other development which may impact the recovery and return-to-work process.
- H. Assist in finding light duty or modified work for the injured employee. The greatest savings in workers’ compensation can be achieved by an early return-to-work. Before an employee can return to work, he or she should provide you with a Report of Work Ability completed by the employee’s medical provider, which will list his or her physical abilities. You can use this to determine what tasks your employee can perform when he or she returns to work. You can print a copy of this form from:
http://mn.gov/admin/images/Work_ability.pdf).
- I. Ensure that the proper data is forwarded to the individual in your agency responsible for recording work related injuries on the OSHA 300 log.

Completing the Forms

Workers' Compensation Information and Privacy Statement

The form can be found at (http://mn.gov/admin/images/info_privacy_statementt_rev_09.pdf). It should be given to the employee before obtaining information from them for the "First Report of Injury." The employee should sign and return the form to you for your records. This form informs the employee as to the type of information that is being collected, who can look at the information and the purpose of collecting the information.

IDF – Injury, Illness, Incident Data Form (replaces Frist Report of Injury or FRI)

It is the responsibility of each agency to ensure their IDF's are entered on time. All Agencies are given access to iRISK upon completion of the iRISK Access Request Form and should be entering their IDF's directly into iRISK. A Word version of the IDF – Injury, Illness, Incident Data Form (replaces Frist Report of Injury or FRI) can be found at (http://mn.gov/admin/images/first_report_of_injury_now_idf.doc). Instructions for completing the IDF are included with the form. Listed below is additional information that may be helpful.

1. The IDF – Injury, Illness, Incident Data Form must be accurate, complete, and legible and received by the program **within three calendar days. Any missing or unreadable information will delay the processing of the claim.**
2. **Life threatening or fatal injuries must be reported to the program immediately by telephone.**
3. Without complete information, the First Report of Injury cannot be entered into iRISK (ADMIN's computer system), and a claim cannot be processed.
4. Errors can lead to inaccurate decisions regarding liability or to improper payments.
5. Delays and unsound claim decisions can result in an adversarial relationship with the employee.
6. Late reporting and late payment penalties can be imposed against your agency by the Department of Labor and Industry.

Note: A copy of the Final FRI and the Initial Contact Letter that is mailed to the employee will be emailed to the agency. This is for your records and verifies the receipt of the FRI.

Agency Claims Investigation Form

An investigation report should be completed for every accident. The form should be completed by the supervisor and submitted to the work comp coordinator along with the IDF. The information assists the claim specialist in conducting an additional investigation in order to make a liability determination. Without the information on this form, the determination of the claim's liability may be delayed, which may create a penalty situation. A PDF version of the Agency Claims Investigation form can be found at: (http://mn.gov/admin/images/Agency_claims_investigation.pdf). Instructions for completing the agency investigation are included with the form.

26 Week Wage Information

Wage history is automatically reported to the Workers' Compensation Program for employees on SEMA4. For all employees who are not on SEMA4 this form should be completed by your HR department. A wage statement outlining earnings for the 26 weeks prior to the injury is necessary to calculate the correct disability rate. You can print a copy of this form from (http://mn.gov/admin/images/26_week_wage_info.pdf).

Non-SEMA4 Employee Details Form

This form is completed for all employees not on SEMA4. The information on this form is required in order to enter the claim into the claims management system. (http://mn.gov/admin/images/nonsema4_employee_details_09.doc)

If an employee is receiving temporary partial or temporary total disability benefits, or if he or she has had time off to attend medical appointments, **the employee's timesheets should be mailed or faxed to the Workers' Compensation Program within three days of the end of the pay period. See Benefits starting on page 12 for more information.**

Timesheets showing lost time for medical appointments for compensable injuries should be filled out as follows:

- 1) Identify lost time as Workers' Compensation.
- 2) Indicate date and hours of lost time for appointments.
- 3) Indicate type of appointment – doctor, physical therapy, MRI, etc.
- 4) Indicate employee's hourly rate of pay for this pay period.

In addition, any medical reports or notes from the employee's physician should be mailed or faxed to the Workers' Compensation Program. It is essential that all information regarding return-to-work or additional periods of disability are reported promptly. An injured employee's benefits could be overpaid, delayed or discontinued improperly without this information.

Workers' Compensation Leave Supplement

This should be completed and submitted to your agency's HR department. The form should be completed if the employee wants to supplement their workers' compensation payments with accrued sick time, vacation or compensatory time. A copy of this form can be printed from (http://mn.gov/admin/images/leave_supplement_form_09.pdf). **See Benefits starting on page 12 for more information.**

Report of Work Ability

Any time an employee sees a doctor, a Report of Work Ability should be given to the employee by the doctor to take to his or her employer.

The agency should ask their employees to get a Report of Work Ability at each visit to the doctor and bring it back to their supervisor. The supervisor should forward a copy of the Report of Work Ability to the workers' compensation coordinator.

Important Information to Consider When Tracking Restrictions

The supervisor should have a current Report of Work Ability for the employee before allowing an employee to return to work in either a light duty or full duty capacity. You can print a copy of this form from (http://mn.gov/admin/images/Work_ability.pdf). It should be submitted to the claims specialist handling the claim so it can be added to the claim file.

The Report of Work Ability should address the employee's **capabilities**, not the specific job tasks. For example, it is not appropriate for the doctor to state that an employee cannot do bridge work but can plow snow. The agency should analyze the tasks that will be appropriate for the employee to perform within the capabilities given on the Report of Work Ability. If the agency needs assistance in analyzing tasks, the Disability Management Unit should be asked for assistance. The Disability Management Unit can be reached at: (651) 201-3010 or you can access their web site at: (<http://mn.gov/admin/government/risk/workers-comp/disability-management/>)

The supervisor, the managed care organization, the claims specialist and the disability manager (if one is on the case) should monitor the employee's progress as reported on the Report of Work Ability. If the employee's capabilities do not improve within a reasonable timeline, the Disability Management Unit should be asked to review the case by the workers' compensation coordinator, supervisor or claims specialist.

Important information you should look for on the Report of Work Ability:

- 1) Employee's name.
- 2) Date of examination.
- 3) Return to work:
 - A) without limitations
 - B) with limitations to _____ (date)
 - C) unable to work to _____ (date)
- 4) The employee's capabilities/restrictions. Are the restrictions applicable to the injury? For example, if the injury is to the employee's hand, restrictions on bending, twisting, walking and standing are not appropriate.
- 5) On what date will the employee return to the doctor.
- 6) What doctor signed the report and on what date.

Workers' Compensation Payments can be viewed in SEMA4

- 1) Login to SEMA4 Production.
- 2) Click on Payroll.
- 3) Click on Other.
- 4) Click on Workers' Comp Payment. You can search by Employee ID, Name or National ID.
Note: this search shows all iRISK transactions made to the employee.

or

- 5) Click on Payroll.
- 6) Click on Other.
- 7) Click on Workers' Comp by Business Unit.
 - A) Enter the Agency number.
 - B) Click on Search.
 - C) Click on Employee to view payments.
Note: this only shows the two most recent pay periods.

Conducting a Safety and Accident Investigation

As the supervisor, you are responsible for conducting the initial investigation of accidents.

Your agency may have additional procedures for investigating accidents. The goal is to gather information about the causal factors to prevent future accidents, not to place blame.

Here are some tips on what to do:

1. Care for the injured worker by providing first aid and/or emergency medical care.
2. Do whatever is necessary to prevent the risk of further injuries, accidents, or damage.
3. Call the managed care plan to get medical advice and obtain referrals for medical care within the managed care network.
4. Conduct interviews with all involved employees or witnesses as soon as possible after the incident occurs, even if it is a near miss. The goal of the interview is not to find fault, but to get the facts of what happened.
5. Collect information that will help pinpoint the circumstances of the incident, such as events prior to the incident, logs, written reports, witness statements, physical evidence, sketches, videotapes, or photographs of the accident scene.
6. Preserve and secure any equipment which may have contributed to the injury. It may be necessary to have the equipment analyzed and used in a legal action against the manufacturer.
7. Identify contributing factors such as hazardous conditions, unsafe procedures or defective equipment to reduce the risk of additional injuries.
8. Discuss prevention methods and get employees' ideas on how to make the workplace safer.

9. Determine if training or retraining on safety procedures and equipment is necessary.
10. Review all of the information to identify potential hazards and to look for solutions to prevent future injuries or accidents. Discuss the information with your safety officer.
11. Fill out the Agency Claims Investigation form. A PDF version of the Agency Claims Investigation form can be found at: (http://mn.gov/admin/images/Agency_claims_investigation.pdf). Instructions for completing the agency investigation are included with the form itself.
12. The Workers' Compensation Program's Safety and Industrial Hygiene Unit is available at (651) 201-3005 for additional information and services.

Benefits

Under Minnesota Workers' Compensation Statutes there are four main types of benefits an injured employee could be entitled to as the result of a compensable work-related injury. They are:

- Wage replacement benefits
- Payment for loss of body function
- Medical care
- Rehabilitation services

A. Wage Replacement Benefits

1. Temporary Total Disability Benefits (TTD)

Wage replacement benefits are paid to employees who become disabled from performing their usual occupations. If the employee is unable to return to work in any capacity, he or she may be entitled to temporary total disability benefits. These benefits are paid at two-thirds of the average gross weekly wage the injured employee earned on the date of the injury, subject to maximums, minimums, and reduction by state disability benefits received. Employees are permitted to supplement their workers' compensation benefits with sick or vacation pay up to a total of 100% of their average weekly wage. Cost-of-living adjustments are made according to the statute in effect on the date of injury.

Disability commences on the first day or fraction of a day the employee is unable to work, including the day of injury. There is a three calendar-day waiting period for temporary total disability benefits if the disability is nine calendar days or less. If the injured employee's disability continues for 10 calendar days or longer, he or she is entitled to benefits from the first day of disability, unless he or she has received full wages for that date. State of Minnesota policy requires that all injured employees receive full wages on the date of the injury, without using sick or vacation time.

There may be limitations on the duration of temporary total disability benefits, depending on the statutes in effect on the date of injury. For injuries occurring on or after October 1, 1995, there is a cap on temporary total disability benefits at 104 weeks.

2. Temporary Partial Disability Benefits (TPD)

Temporary partial disability benefits are paid to an employee who, due to the effects of the injury, returns to work at **reduced wages or hours**. These benefits are calculated at two-thirds of the difference between the employee's gross average weekly wage on the date of injury, and his or her current gross wage, subject to maximum limits, reduction by state disability benefits received, and certain cost-of-living adjustments.

For example, an employee earned \$400.00 per week on the date of injury. He or she has returned to work for 20 hours per week at \$10.00 per hour. The difference in his or her wage will be \$200.00 (\$400.00 minus \$200.00 (20 hours @ \$10.00)). The employee's benefits will be two-thirds of \$200.00, or \$133.33 per week, plus any applicable cost-of-living adjustments.

In another example, an employee earned \$679 per week on the date of injury. He or she has returned to work at 40 hours per week. At his or her date of injury the hourly wage was \$15 an hour. The employee is restricted from working overtime because of his or her work injury. The difference in his or her wage will be \$79 (\$679 minus \$600 (40 hours @ \$15)). His or her benefits will be two-thirds of \$79, or \$52.67 per week, plus any applicable cost-of-living adjustments.

Temporary partial disability benefits are generally payable until the current earnings equal the wage at the time of the injury. For injuries occurring on or after October 1, 1992, temporary partial disability benefits are limited to 225 weeks of benefits and are not payable after 450 weeks from the date of injury.

3. Permanent Total Disability Benefits (PTD)

Permanent total disability benefits are paid to an injured employee who is unable to sustain any gainful employment. The effects of the work injury need only be a substantial contributing factor in the employee's inability to work, not necessarily the sole cause. Permanent total disability benefits are generally equal to two-thirds of the employee's date-of-injury gross wage, subject to minimums and maximums plus any cost-of-living adjustments and may continue throughout the employee's life. For dates of injury on or after October 1, 1995, permanent total disability benefits cease at age 67, due to a rebuttable retirement presumption. After \$25,000 in permanent total disability benefits has been paid, the amount of the weekly benefit may be reduced by amounts received by the employee from Social Security, Minnesota State Retirement System (MSRS), Public Employees Retirement Association (PERA) and Teachers Retirement Association (TRA).

4. Dependency Benefits

Should an employee die as the result of a work-related incident, the spouse and/or dependents could be entitled to dependency benefits. Dependency benefits are payable, based upon the employee's earnings, number of dependents, and the law in effect on the date of death. Workers' compensation statutes also provide for burial expenses subject to a maximum limit.

B. Loss of Function (Permanent Partial Disability - PPD)

Permanent partial disability is the benefit payment that compensates the injured employee for loss of use or permanent damage to the injured part of the body.

For injuries that occurred between January 1, 1984, and September 30, 1995, PPD is a two-tier benefit. It is paid as either impairment compensation or economic recovery compensation. Impairment compensation is paid in a lump sum 30 days after the employee has returned to work. If the injured employee is unable to find a suitable job within ninety days after reaching maximum medical improvement as determined by the doctor, the employee is entitled to permanent partial disability paid as economic recovery compensation, and this is paid bi-weekly at the initial workers' compensation rate. Note that economic recovery compensation is more costly than impairment compensation, providing the employer an incentive to return employees to work.

For injuries occurring on or after October 1, 1995, the legislature established a permanent partial disability compensation system which is payable only in bi-weekly installments at the initial workers' compensation rate.

For injuries occurring on or after October 1, 2000, the legislature added a lump sum option discounted to the present value calculated to a maximum five percent basis.

In any case, PPD is not payable concurrently with temporary total disability benefits.

C. Medical Care

Our managed care program monitors all medical care for state employees injured at work. The injured employee is entitled to payment of all reasonable and necessary medical expenses related to a compensable injury or illness if the rules of the managed care program are followed.

Payments for medical expenses are limited by a fee schedule, and the health care provider is prohibited from asking the employer or the employee to pay the difference between the billed amount and the maximum allowed by the fee schedule. Workers' compensation also reimburses mileage expenses and lost wages for attending medical appointments and medication costs that the employee incurs as a result of a compensable work-related injury.

1. Managed Care Services

The managed care program for injured state employees provides the following services:

- a) **Provider Network:** The statewide network includes primary care providers and specialized occupational medicine providers and all health care disciplines necessary to offer quality health care services to injured state employees. Each agency has chosen one of the managed care program's providers to be its designated clinic. To view a list of network providers go to (http://www.corvel.com/provider_lookup/).
- b) **Nurse Phone Line:** The managed care program provides a 24-hour nurse phone line. Registered nurses are available to receive calls from injured employees, supervisors and workers' compensation coordinators. The phone number is: metro: (612) 436-2542, outstate: (866) 399-8541.

If an employee has notified his or her supervisor of an injury and has agreed to go to the designated clinic, there is no need to call the nurse phone line. Employees should be encouraged to call the nurse phone line if they have questions about their medical care or need a referral to a medical provider.

If employees wish to change primary treating doctors, they must select a new primary treating provider who is a member of the managed care network. The employee may wish to call the nurse phone line for referral information or they may wish to see the agency's workers' compensation coordinator to review a copy of the provider directory. If the employee wishes to treat with a non-network provider, see the required criteria in The Supervisor's Roles and Responsibilities section. Employees should be referred to CorVel's nurse phone line to discuss this option.

- c) **Medical Case Management:** This unit provides continuous review of all medical treatment employees receive for their work-related injuries or illness; in other words, cases are followed until all medical issues are resolved.
- d) **Medical Bill Payment:** Medical bills are processed by the managed care organization. Questions about medical bills may be referred to customer service at (612) 436-2542 or (866) 399-8541.

2. Reimbursement of Employee Expenses

Request for reimbursement of mileage expenses must be sent to the Workers' Compensation Program.

Request for reimbursement of medication charges incurred by the employee should be submitted for reimbursement to the managed care program.

Request for reimbursement of an employee's lost time to attend medical appointments must be submitted to the Workers' Compensation Program. The employee is entitled to reimbursement at his or her currently hourly rate for any time missed to attend medical appointments necessary to treat a compensable injury.

D. Rehabilitation Services

- Statutory Vocational Rehabilitation
- Case Management
- Screening/Assessments
- On-Site Job Analysis
- Ergonomic Evaluations
- Return-to-Work Programs
- Vocational Testing

The State Disability Management Unit manages disability claims by working with injured employees, state agencies, workers' compensation specialists, medical providers, and other professionals to assist injured state employees in their recovery and facilitate their return to work. Services provided by the Disability Management Unit include.

- **Statutory Vocational Rehabilitation** – a service designed to help the injured employee return to their same job or a job related to his/her former employment that provides an economic status as close as possible to that which the employee enjoyed before his/her disability.
- **Case Management** – services provide direct contact with the employee, employer, medical providers, and claims specialist providing guidance and support to the employee as well as facilitating communication between all parties.
- **Screening/Assessments** – help determine each employee's physical potential for returning to work.
- **On-Site Job Analysis** – are provided to determine the injured employee's return-to-work options.
- **Ergonomic Evaluations** – provide job modification solutions.
- **Return-to-Work Programs** – are developed with the unit's assistance. These programs help agencies return injured employees to their jobs or find different work for such employees within the state system when disabilities prevent their return to a previous job.
- **Vocational Testing** – used to determine the injured employee's abilities, aptitudes, and interests to assist when an employee cannot return to their same job.

To learn more about the services and resources available through the State Disability Management Unit, contact the State Disability Management Unit at: (651) 201-3010 or you can access their web site at (<http://mn.gov/admin/government/risk/workers-comp/disability-management/>).

Disputes

The law is not always clear as to what benefits must be paid. Following is a brief overview of the various dispute resolution processes that exist.

First and foremost, if an employee comes to you with a concern, contact your workers' compensation coordinator to see if the problem can be resolved. If that is unsuccessful, call or have the employee call the Workers' Compensation Program for assistance.

The managed care plan has an internal dispute resolution process to address disagreements over **medical treatment**. If a dispute cannot be resolved through this process, there are other options available through the Department of Labor and Industry.

If disputes over **rehabilitation and medical issues** cannot be resolved, a conference might be scheduled at the Department of Labor and Industry. It is an informal process and none of the parties needs legal representation. The specialists at DLI will attempt to facilitate an agreement. However, if no agreement is reached, DLI has the authority to make a legally binding decision. Either party then has the right to appeal that decision.

If disputes arise over **payment of benefits**, a conference will be held with a compensation judge at the Office of Administrative Hearings, who will attempt to help the parties reach a compromise. If that is unsuccessful, the judge will issue a legally binding decision regarding the disputed benefits. This decision may be appealed by either party.

Mediation through the Department of Labor and Industry is another option. The parties voluntarily attend a mediation session from which a stipulated agreement may result.

While it is not necessary for you or your agency's representative to attend any of these conferences, your involvement can be a key to successful resolution. It is important for you, as the supervisor, to become involved in disputes concerning return-to-work and job suitability issues.

Litigation occurs when there is an irreconcilable dispute. This process is formal and the parties are almost always represented by legal counsel. Decisions from these formal hearings may be appealed to the Workers' Compensation Court of Appeals, and those decisions may be appealed to the Minnesota Supreme Court.

Quick Reference Guide

Risk Management Division Workers' Compensation Program 310 Centennial Office Bldg. 658 Cedar Street St. Paul, MN 55155	(651) 201-3000 FAX (651) 297-5471
Safety and Industrial Hygiene Unit	(651) 201-3005
Disability Management Unit	(651) 201-3010
Nurse Line	Metro (612) 436-2542 Outstate (866) 399-8541
Department of Labor and Industry	Metro (651) 284-5005 Outstate (800) 342-5354
MedCheck-CorVel, Suite 610 3001 NE Broadway Street Minneapolis, MN 55413-2658	

You can visit the websites of the above organizations by accessing the Workers' Compensation area of our department's home page.

<http://mn.gov/admin/government/risk/workers-comp/index.jsp>

IDF - Injury, Illness, Incident Data Form (replaces First Report of Injury or FRI)



Instructions: This form is for the collection and reporting of data associated with a work-related, injury, illness or incident. Supervisors must complete this entire form and submit either by email (preferred method) or signed paper copy to the Agency Workers' Compensation Coordinator within 24 hours of receiving notice of the injury, illness or incident. Do not email directly from web site. Save completed form to your computer, then email. Supervisors should immediately contact CorVel (the state's workers' compensation managed health care system) at 612-436-2542 or 1-866-399-8541, if an injured employee is admitted to an overnight stay at a hospital or requires immediate surgery on day of injury. Please contact your agency/facility's Workers' Compensation Coordinator with any questions. Checklists, forms, and more information are available at: <http://mn.gov/admin/government/risk/workers-comp/procedures/>

Report Preparer

1. Reporter Employee ID #:	2. First Name:	3. Last Name:	4. Reporter Phone:
5. Are you reporting for one of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conservation Corp MN <input type="checkbox"/> Historical Society	<input type="checkbox"/> House of Representatives <input type="checkbox"/> Minnesota State Fair	<input type="checkbox"/> State Senate
6. Agency/organization reporting for	7. Agency/organization subdivision	8. Are you the Injured employee's supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employee's Supervisor

9. Supervisor First Name:	10. Supervisor Last Name:
11. Supervisor Phone Number:	12 Supervisor Email Address:

Injured Employee

13. Incident Date (mmddyyyy)	14. Employee ID Number:	15a. Last Name	15b. First Name
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Incident Information

16. Employee seek medical care from provider <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Employee miss time from work due to incident: <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Time of Incident (hh:mm)
19. Time Employee Began Work (hh:mm)	20. Incident result in fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Date Employer Notified of Incident (mm/dd/yyyy):
22. Incident occurred on Employer's premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Location of Incident:	

24. How did the injury or illness occur and what the employee was doing before the incident:

25. What was the injury or illness (include the parts of the body):

26. What substances, object, equipment, tools or machines were involved:

27 First Date Of Lost Time:	27 Date Employer Notified of Lost Time	28. Emergency Room Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Overnight In-Patient Stay: <input type="checkbox"/> Yes <input type="checkbox"/> No
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30. Treating Physician	31. Physician Phone:	32. Address
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33. City	34. State	35. Zip Code:	36. Hospital/Clinic (name)
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37. Hospital/Clinic (Address)	38. City	39. State	40. Zip Code:
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41. Does employee receive income from and employer other than the State of Minnesota: <input type="checkbox"/> Yes <input type="checkbox"/> No	42. Weekly value of 2 nd income if known:
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Witness

43. Were there any witness to the incident/injury: <input type="checkbox"/> Yes <input type="checkbox"/> No	44. Witness First Name:	45. Witness Last Name	46. Witness Phone Number:
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iRISK – Injury/Illness Description

47. Body Part:	48. Nature Of Injury:	49. Claim Cause:	50. source of Injury:
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51. Initial Treatment	<input type="checkbox"/> Emergency evaluation. Diag testing and medical procedures <input type="checkbox"/> Hospitalization > 24 hours <input type="checkbox"/> Minor on-site remedies by employer medical staff	<input type="checkbox"/> Future Major Med/Lost Time Anticipated <input type="checkbox"/> Minor clinic/hospital med remedies and diagnostic testing <input type="checkbox"/> No medical treatment
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Insurer: Minnesota Dept. of Administration Risk Management Division, Workers Compensation Program 310 Centennial Office Bldg. 658 Cedar Street, St. Paul, MN 55155 Phone (651) 201-3000	For Agency Use:	WC Claim# _____ WC Claims Specialist _____
		Agency hire date: _____ Type: _____

Rev 1/2015



Agency Claims Investigation

Dept. of Administration
 Risk Management Division
 Workers' Compensation Program
 310 Centennial Office Bldg., 658 Cedar Street
 St. Paul, MN 55155
 (651) 201-3000
 FAX (651) 297-5471

Injured Employee's Name (Last, First, M.I.)	Agency Name
1. []	4. []
Date of Claimed Injury (DOI)	Agency Location
2. []	5. []
Employee Phone #	
3. []	

Investigative Questions	6. Describe in detail the tasks, activities, and conditions leading up to the injury/illness. []
	7. Describe in detail how the injury/illness occurred. []
	8. Describe in detail the injury or illness. []
	Complete causal factor analysis on page 2 before proceeding to questions 9-12.
	9. Provide a detailed description of all hazardous conditions, such as defective equipment, excessive noise, natural, or traffic hazards that may have contributed to this injury/illness. [] Primary Hazard Condit Code: []
	10. Provide a detailed description of all unsafe acts such as failure to use safety equipment, improper use of equipment, or unsafe posture that may have contributed to this injury/illness. [] Primary Unsafe Act Code: []
	11. Please describe immediate corrective actions you have taken to prevent additional injuries/illnesses. []
	12. Please describe all preventative actions you are taking to reduce or eliminate similar hazards in the future. []
	13. Name, title and phone number of individual completing this form. Name [] Phone [] Title [] Date of Investigation []
	14. Agency management review Name [] Title []

Supervisor's Injury/Illness/Incident reporting & Workers' Compensation Checklist



The following checklist outlines steps that supervisors should take to document incidents and/or a potential work-related injury or illness for purposes of workers' compensation. Further information regarding the reporting of work related injuries or the workers' compensation process can be found in the Supervisor's Workers' Compensation Handbook available online at:

http://mn.gov/admin/images/workers_comp_agency_handbook.pdf

Please note:

- In the event of a medical emergency, call 911 or follow your agency's emergency medical response procedures.
- Work related injuries may require regulatory reporting. Notify your agency's Workers' Compensation Coordinator (WC Coordinator) *as soon as possible* of any serious, life threatening, or fatal injuries or events that result in multiple hospitalizations. Not reporting within the required time periods may result in monetary penalties. If you do not know your agency WC Coordinator, please contact your agency Human Resources office.
- If you are reporting an event that does not include a reported injury or illness, please only complete items 1 through 4.
- All forms and information are available online at: <http://mn.gov/admin/government/risk/resources/>

Immediate Actions

Item	Action
___ 1.	Provide employee with a copy of the <i>Workers' Compensation Information and Privacy Statement</i> form and ask them to review and sign the statement. Supervisor to forward signed form to WC Coordinator.
___ 2.	Provide employee with <i>Employee Statement regarding injury/illness/incident</i> form with instructions to complete the statement as soon as possible but no later than 24 hours. Completed form should be returned to supervisor who will forward to WC Coordinator.
___ 3.	Complete <i>Incident/Injury/Illness Data Form</i> (IDF, this form replaces the First Report of Injury or FRI) with employee and submit to WC Coordinator as soon as possible but no later than 24 hours.
___ 4.	Complete <i>Agency Claims Investigation</i> and submit to WC Coordinator as soon as possible but no later than 24 hours.
___ 5.	Provide employee with the <i>Leave Supplement Form</i> and ask them to review, select an option, and sign the statement. Submit the completed form to the WC Coordinator as soon as possible but no later than 24 hours.
___ 6.	Provide employee with <i>Workers' Compensation Employee Information Packet</i> . Review the documents with the employee to ensure a clear understanding of the process. The Workers' Comp Employee Information Packet includes the following documents: <ul style="list-style-type: none"> <input type="checkbox"/> <i>Employee Information Packet</i> introduction <input type="checkbox"/> <i>Notice of Enrollment in a Certified Managed Care Plan</i> <input type="checkbox"/> <i>Letter to State Employees (to bring to health care provider)</i> <input type="checkbox"/> <i>CorVel Managed Care Plan Instruction Brochure</i> <input type="checkbox"/> <i>CorVel Managed Care ID Card</i> <input type="checkbox"/> <i>CorCareRX Pharmacy Benefit</i> <input type="checkbox"/> <i>Injured Workers' First Fill Prescription Information Sheet</i>

Supervisor's Injury/Illness/Incident reporting & Workers' Compensation Checklist



- Report of Work Ability* form
- Life Matters (EAP/Life Program)*

- ___ 7. Provide employee with temporary CorVel RX First Fill pharmacy card to be taken to first medical appointment. **Please note:** your work location might not participate in the First Fill program. Please contact your WC Coordinator for further information.
- ___ 8. Direct employee to employer's designated clinic. If you are unsure of the designated clinic please refer to your workplace employment postings or contact your WC Coordinator.
- ___ 9. Inform your agency WC Coordinator if an employee seeks medical attention for a potential work-related injury or illness or is expected to miss work (including the use of sick or vacation leave) due to the injury or illness.
- ___ 10. Contact CorVel's 24 hour Nurseline (the state's managed care organization) at 612-436-2542 or 1-866-399-8541 if the injured employee is treated in an emergency room, is admitted to an overnight stay at a hospital or requires immediate surgery.
- ___ 11. Document all witness statements and contact information, specifically name and phone number.
- ___ 12. Secure and isolate any equipment that may have contributed to the injury. The equipment may be evaluated for potential recovery claims.
- ___ 13. Obtain a copy of the *Report of Work Ability* from the injured employee if they sought medical attention for the work-related injury.
- ___ 14. For motor vehicle crashes only - provide employee with *Department of Public Safety Crash Records Request Form* and directions to complete the form. Supervisor should forward completed form to WC Coordinator.

Ongoing actions until employee has fully returned to work:

- ___ 15. Obtain a copy of the *Report of Work Ability* from the injured employee for each appointment and forward to WC Coordinator.
- ___ 16. If the employee doesn't seek medical attention initially, but does so at a later time, notify your workers' compensation coordinator immediately.
- ___ 17. Provide employee with ongoing task assignments within restrictions identified in most current *Report of Work Ability*.
- ___ 18. Review employee timesheets to ensure that they accurately indicate any lost time due to the potential work-related injury or illness, noting specifically what the lost time was attributed to (e.g. doctor's appointment, physical therapy, restricted work activity, etc.). Include proper FMLA (Family Medical Leave Act) coding if the leave qualifies under FMLA. Contact your WC Coordinator for more information.

This material can be given to you in a different format such as large print, Braille or audio tape or disk by calling (651) 201-3000; or (800) 657-3775 (TTY). Consumers with a hearing or speech disability may call us through the Minnesota Relay Service at 711 or (800) 657-3775, or via email at [workerscomp@admin.state.mn.us/](mailto:workerscomp@admin.state.mn.us)

Agency's Workers Compensation Handbook

Revised January 2015