

Minnesota Department of Administration
Risk Management Division
Workers' Compensation Program

Agency Workers' Compensation Handbook

State of Minnesota
Workers' Compensation Program

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*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.

An electronic version of the "GenIRIS for Windows 'GCFW' System User Guide for Remote Users" with directions on entering a First Report of Injury (FRI) into SEMA4 is available on our Web site (www.risk-workerscomp.admin.state.mn.us/pdf/sysusrgd.pdf) and will be continuously updated as changes occur.

An electronic version of the "Workers' Compensation Injury Coding Guide" is available on our Web site (www.risk-workerscomp.admin.state.mn.us/pdf/113.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 Web site (<http://www.risk-workerscomp.admin.state.mn.us/pdf/wcbookpdf.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://www.risk-workerscomp.admin.state.mn.us/pdf/infpriv.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. First Report of Injury (FRI) form. The PDF version of the FRI is located at (<http://www.risk-workerscomp.admin.state.mn.us/pdf/fri.pdf>) and the Word version of the FRI is located at (<http://www.risk-workerscomp.admin.state.mn.us/pdf/fri.doc>).
3. Agency Claims Investigation form. The PDF version of the “Agency Claims Investigation” form is located at (<http://www.risk-workerscomp.admin.state.mn.us/pdf/Pe630.pdf>) and the Word version is located at (<http://risk-workerscomp.admin.state.mn.us/pdf/Pe630.doc>). 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://www.risk-workerscomp.admin.state.mn.us/pdf/26AWW-B.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://www.risk-workerscomp.admin.state.mn.us/pdf/pe-00663.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://www.risk-workerscomp.admin.state.mn.us/pdf/workabil.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 or can be determined by asking your workers' compensation coordinator.

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.

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- 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 DOLI (Department of Labor and Industry) within seven days.**

Please Note

Employers are also required by law to report occupational accidents (in which an employee is killed or three or more are hospitalized) to OSHA (Occupational Safety & Health Administration) within eight hours.

◆ **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 and Word format at (<http://www.risk-workerscomp.admin.state.mn.us/forms.htm>).
- D. Complete the First Report of Injury (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 First Report of Injury (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 First Report of Injury (FRI) timely can result in penalties assessed against your agency by the Department of Labor and Industry (DOLI).** (*See the section "Completing the First Report of Injury and Agency Claims Investigation Forms" later in this manual.*) The form is available in PDF and Word format at (<http://www.risk-workerscomp.admin.state.mn.us/forms.htm>).

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- 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://www.risk-workerscomp.admin.state.mn.us/pdf/workabil.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://www.risk-workerscomp.admin.state.mn.us/pdf/infpriv.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.

First Report of Injury (FRI)

It is the responsibility of each agency to ensure their FRI's are entered on time. Agencies with access to SEMA4 should be entering their FRI's directly into SEMA4. Only agencies without SEMA4 access, employees not on SEMA4, or wage information not on SEMA4 should be faxing their completed forms to ADMIN. The PDF version of the First Report of Injury form can be found at (<http://www.risk-workerscomp.admin.state.mn.us/pdf/fri.pdf>) or the Word version at (<http://www.risk-workerscomp.admin.state.mn.us/pdf/fri.doc>). Instructions for completing the FRI are included with the form. Listed below is additional information that may be helpful.

1. The First Report of Injury 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 GenComp (ADMIN's computer system), and a claim cannot be processed.
4. Errors can lead to inaccurate decisions regarding liability or to improper payments.

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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 mailed 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 workers' compensation coordinator along with the FRI. 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://www.risk-workerscomp.admin.state.mn.us/pdf/Pe630.pdf>) or a Word version that can be completed on line before printing at (<http://www.risk-workerscomp.admin.state.mn.us/pdf/Pe630.doc>). 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://www.risk-workerscomp.admin.state.mn.us/pdf/26AWW-B.pdf>).

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 18 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://www.risk-workerscomp.admin.state.mn.us/pdf/pe-00663.pdf>). **See Benefits starting on page 18 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://www.risk-workerscomp.admin.state.mn.us/pdf/workabil.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://www.risk-wcdisability.admin.state.mn.us>).

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 Compensate Employees.
3. Click on Maintain Payroll Data.
4. Click on Inquire.
5. Click on Work Comp Payment. You can search by Employee ID or Name.

Note: this search shows all GenComp transactions made to the employee.

OR

6. Click on Work Comp 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.

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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://www.risk-workerscomp.admin.state.mn.us/pdf/Pe630.pdf>) or a Word version that can be completed on line before printing at (<http://www.risk-workerscomp.admin.state.mn.us/pdf/Pe630.doc>). 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)). His or her 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 current 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** – is provided to determine the injured employee's return-to-work options.
- ◆ **Ergonomic Evaluations** – provide job modification solutions.

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- ◆ **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** – is 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://www.risk-wcdisability.admin.state.mn.us>).

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 need legal representation. The specialists at DOLI will attempt to facilitate an agreement. However, if no agreement is reached, DOLI 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 P.O. Box 64081 St. Paul, MN 55164-0081	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 Web sites of the above organizations by accessing links in the Workers' Compensation area of our department's home page.

<http://www.risk-workerscomp.admin.state.mn.us>

Forms



The following pages show examples of the First Report of Injury form, the Agency Claims Investigation form and the Supervisor's Injury Checklist. To print a copy of these forms and the instructions for completing the forms, please visit our Web site at:

<http://www.risk-workerscomp.admin.state.mn.us>

Minnesota Department of Administration
 Risk Management Division - Workers' Compensation
 PO Box 64081
 St. Paul, MN 55164-0081
 (651) 201-3000

First Report of Injury

Enter dates in MM/DD/YYYY format.
 USING THIS FORM DOES NOT
 RELEASE YOUR RESPONSIBILITY
 IN ENTERING THE FIRST REPORT
 OF INJURY TO SEMA4.



Do Not Use This Space

AGENCY FRI WORKSHEET
 NOT IN GENCOMP

1. EMPLOYEE SOCIAL SECURITY #		2. OSHA Case #		5. Time employee began work on date of injury		6. AM <input type="checkbox"/> PM <input type="checkbox"/>	
3. DATE OF CLAIMED INJURY		4. Time of injury		7. Gender		8. Marital Status	
				<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
6. EMPLOYEE Name (last, first, middle)				9. Home Address		10. Home phone #	
						11. Date of birth	
City		State		Zip Code		12. Occupation	
						13. Regular department	
						14. Date hired	
15. Average weekly wage		16. Rate per hour		17. Hours per day		18. Days per week	
						19. Employment Status	
						<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer	
20. Weekly value of:		Meals		Lodging		2 nd Income	
						21. Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Tell us how the injury occurred and what the employee was doing before the incident (give details). Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."							
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.				24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.			
25. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate name and address of place of occurrence				26. Date of first day of any lost time		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No lost time on DOI	
				28. Date employer notified of injury		29. Date employer notified of lost time	
				30. Return to work date		31. Date of death	
32. TREATING PHYSICIAN (name, address, and phone)				33. HOSPITAL/CLINIC (name and address) (if any)		34. Emergency Room Visit <input type="checkbox"/> Yes <input type="checkbox"/> No	
						35. Overnight in-patient <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. EMPLOYER Legal name				37. EMPLOYER DBA name (if different)			
38. Mailing address				39. Employer FEIN		40. Unemployment ID#	
City		State		Zip Code		41. Employer's contact name and phone #	
42. Physical address (if different)				43. Witness (name and phone)			
City		State		Zip Code		44. NAICS code	
						45. Date form completed	
46. INSURER name State of MN - Dept of Administration				51. CLAIMS ADMIN COMPANY (CA) name (check one) <input type="checkbox"/> Insurer <input type="checkbox"/> TPA			
47. Insured legal name State of Minnesota				52. CA address			
48. Policy # or self-insured certificate #				City St. Paul		State MN	
						Zip Code 55164-0081	
49. Insurer FEIN 41-6007162		50. Date insurer received notice		53. CA FEIN		54. Claim #	

MN FR01 (02/06) Copies to: Insurer (Admin), Employer (Agency) and Employee

Work comp program/support services forms/FRI Form



Agency Claims Investigation

(SEMA4 panels are in italics)

Dept. of Administration
 Risk Management Division
 Workers' Compensation Program
 PO Box 64081
 St. Paul, MN 55164-0081
 (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. *(Inj Det-Statements EE State)*

7. Describe in detail how the injury/illness occurred. *(Inj Det-Statements ER State)*

8. Describe in detail the injury or illness. *(Inj Det-Description)*

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.

(Consequent Actions-Correct/Prevent)

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.

(Inj Det-Details)

Primary Unsafe Act Code:

11. Please describe immediate corrective actions you have taken to prevent additional injuries/illnesses. *(Consequent Actions-Corrective)*

12. Please describe all preventative actions you are taking to reduce or eliminate similar hazards in the future.

(Consequent Actions-Preventative)

13. Name, title and phone number of individual completing this form. *(Inj Det-Role/Address)*

Name	Phone
Title	Date of Investigation

14. Agency management review

Name	Title
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Supervisor's Injury Checklist

Agency Workers' Compensation Handbook page

When you receive notice of an injury:

- 1) Urgent medical care as necessary
- 2) Notify OSHA and WC Coord. for Serious or Fatal Accidents See numbers below
- 3) Information and Privacy Statement pages 5 and 12
- 4) First Report of Injury (FRI) completion pages 6 and 12
- 5) Witness Statements
- 6) Agency Claims Investigation Form pages 6 and 13
- 7) Secure failed equipment for potential recovery claims
- 8) 26 Week Wage Form pages 6 and 13
- 9) MVA Crash Record Release Form WC Web site below
- 10) Secure Employer MVA Report
- 11) Leave Supplement Form page 14
- 12) Provide Managed Care contact information to your employee
- 13) Provide "first fill" prescription card to your employee (if applicable) See your WC Coordinator
- 14) Forward to Workers' Compensation Coordinator for entry and submission to WC program within 3 day time limit (DOT=2 days)
- 15) Secure the Work Ability Report and forward to the WC Coordinator pages 14 and 15
- 16) Ongoing task assignment within restrictions from Work Ability pages 14 and 15
- 17) Timesheet completion (incl. hourly rate and leave explanation) pages 14 and 18 – 20

Important Telephone Numbers:

Agency WC Coordinator _____

Agency Safety Coordinator _____

Managed Care Organization	612/436-2542	866/399-8541	
Fax	612/436-2499	866/450-9404	

Workers Comp Program 651/201-3000

Disability Management Unit 651/201-3010

Dept. of Labor and Industry (DOLI) 651/284-5005 800/342-5354 TTY 651/297-4198

OSHA (Serious and fatal injuries) 651/284-5050 800/342-5354

Direct Access and links to these websites are available at www.admin.state.mn.us

- Workers' Compensation
- Managed Care Organization
- State Safety and Industrial Hygiene
- Disability Management Unit
- Dept. of Labor and Industry (DOLI)

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 800/627-3529 (TTY). Consumers with a hearing or speech disability may call us through the Minnesota Relay Service at 711 or 800/627-3529, or via email at workerscomp@admin.state.mn.us.

Agency's Workers' Compensation Handbook

Revised March 2008