## **NEW JERSEY SCHOOLS INSURANCE GROUP**

## **Workers' Compensation Claims Process**

## For information about this process contact:

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This Workers' Compensation (WC) chart is a summary of responsibilities required of school administration. If an employee of a school district is injured, these guidelines will assist in managing the injury while controlling costs and ensuring a safe environment.

Claim Phase	Task/Action
PRIOR TO INJURY Training: In-person and electronic training is available. Training opportunities are available on www.njsig.org.	<ul> <li>Have reporting protocol in place allowing for immediate notification of injuries generated by work-related activities.</li> <li>Educate your staff on proper protocol at hire and annually.</li> <li>Publish process in the employee handbook, cafeteria, break room, etc., making the employee accountable for the knowledge of the protocol.</li> <li>Explain the WC process during orientation/staff meetings, which should include educating the Supervisors, Administrators, Nurses and key personnel on the Incident Reporting and Investigation process.</li> <li>Send annual communication (i.e. letter) to all employees advising of this process.</li> </ul>
POINT OF INJURY	Gather key facts, complete employee accident report, and notify <b>NJSIG</b> (only claims requiring more than first aid) on same day.
<ul> <li>Who is?</li> <li>NJSIG: School district WC insurance pool</li> <li>Qual-Lynx: 3rd Party hired by NJSIG manage WC Claims</li> <li>Mitchell Script Advisor: 3rd Party hired by NJSIG to provide prescriptions</li> </ul>	<ul> <li>How to Report a Claim:</li> <li>1. Call NJSIG at 609-543-3377 to speak to NJSIG's Intake team (English and Spanish team members available). The injured employee will be directed to treatment; or (Note: After hours, leave message and an intake representative will get back to the injured employee the next business day.)</li> <li>2. Complete First Report of Injury (FROI) form: Online Portal: https://www.njsig.org/froi; or Print the form: https://www.njsig.org/reporting-claims#workerscomp (Available in English and Spanish) and Email: froi@njsig.org or Fax: 609-386-2188</li> <li>If injured employee needs medical care, complete the Duty Determination Instruction (DDI) form on https://www.njsig.org/downloads/forms/DDI%20Letter.docx (follow instructions).</li> <li>In an emergency dial 911.</li> <li>All claims should be reported immediately to principal/supervisor.</li> <li>MJSIG will direct injured worker (IW) to provider.</li> <li>Provide IW with Mitchell ScriptAdvisor prescription flyer and NJSIG's intake card that includes Qual-Lynx managed care instructions.</li> <li>If Mitchell ScriptAdvisor fils a prescription, the employee will receive an automatic 14-day supply—only for first fills. Based on the doctor's prescription, the IW will receive a prescription card from Mitchell ScriptAdvisor within 5-7 days once processed.</li> <li>Investigate the area where the injury occurred and if necessary:</li> <li>Ask if there are any witnesses; and</li> <li>Address any hazards to avoid future injuries.</li> </ul>
ONGOING COMMUNICATIONS Difference in Adjusters: 1. Medical Only: IW has NO Loss Time 2. Claims Representative: IW has Loss Time 3. Claims Examiner: IW has Loss Time and Severe Injury 4. Nurse Case Manager: Employed by Qual-Lynx to assist with medical case management on Loss Time cases	<ul> <li>First Accident Report will be sent to the district from NJSIG</li> <li>Within a 24-hour period, an adjuster will be assigned by NJSIG. The adjuster will contact both the employee and the district representative within 48 hours.</li> <li>After seeing the WC doctor, the IW will return to work with Return to Work Note/Work Status Note/Duty Determination Instruction Report (DDI). IW should receive 2 copies of documentationA copy for the IW and employer/district.</li> <li>Communicate to NJSIG and school administration:         <ul> <li>any treatment or work status (i.e. pending surgery) Refer to DDI report;</li> <li>any known or suspected secondary employment or questionable activities; or</li> <li>the date IW returns to work; and if IW does not return to work on expected date.</li> </ul> </li> <li>Maintain contact and cordial rapport with IW while he/she is disabled.</li> <li>Provide information requested by adjuster. Commonly requested data includes:         <ul> <li>Facts regarding to the reported claim</li> <li>Availability of modified duty</li> <li>Date worker begins missing work or the date worker returns to work</li> <li>Wage documentation</li> <li>Investigative reports, contracts, and/or maintenance records</li> <li>Please secure and preserve all evidence relating to the claimant's injury (i.e. video, property, office equipment, and etc.).</li> </ul> </li> <li>At any point, should the district have any question and or concerns—contact the assigned Adjuster. If necessary, contact the NJSIG WC Supervisor.</li> </ul>
RETURN TO WORK	<ul> <li>If IW is unable to return to full duty, in compliance with Board policy, create internal return-to-work program by pre-identifying modified duty-type activities in each department.</li> <li>Provide job descriptions when requested by nurse, doctor or adjuster.</li> <li>Cooperate with nurse/adjuster to modify duties and accommodate early return to work where appropriate.</li> <li>Advise adjuster if IW begins missing work again.</li> </ul>