

Injury reporting packet

Geauga County
SUPERVISOR

sedgwick 

MANAGED CARE OHIO

Supervisor procedure checklist

6 steps to take

1. If injury is serious or life threatening, call 911 immediately. Administer first aid, if trained.

- If necessary, injured worker seeks prompt medical attention with a Preferred Medical Provider in your Managed Care Organization's (MCO) network.

2. Report and Investigate

- Injured worker completes the appropriate incident report (general accident report or occupational disease report)
- Supervisor gathers witness statements, where appropriate
- Supervisor reviews the incident for "Common Warning Signs" (see reverse)
- Supervisor completes the "Supervisor's Investigation Report" or statement
- Supervisor submits paperwork to Workers' Comp Coordinator within 48 hours

3. Obtain medical documentation

- Supervisor requests medical documentation such as the Ohio Bureau of Workers' Compensation (BWC) MEDCO-14, which will provide a diagnosis, relationship to injury, and any work restrictions.
- Supervisor and/or Workers' Compensation Coordinator encourage employee to return physician's paperwork same day, if possible.

4. Meet with Workers' Compensation Coordinator to discuss plan of action

- Identify a position, possible duties or tasks, within physician's restrictions to allow for offer of transitional duty before calendar day 8 of disability.

5. Return to work protocol - Supervisor and/or Workers' Compensation Coordinator

- Obtain a written list of physical or hourly restrictions from the physician, if the injured worker is released to restricted duty.
- Make a formal written offer of transitional duty to employee by certified mail and USPS, or make offer face to face.
- If offer is being made face to face:
 - Present offer in writing
 - Provide a witness at the meeting
 - Document meeting
- Notify Sedgwick when offer is made, accepted or refused and injured worker returns to work.

6. Maintain contact with injured worker - Supervisor and Workers' Compensation Coordinator

- Establish regularly scheduled mini-conferences, to include the MCO Transitional Duty Case Examiner, Workers' Compensation Coordinator, Supervisor and injured worker to assess status and progress.

- In order to assist the employee from transitional duty to his regular position, request updated medical forms (MEDCO-14) to be completed by the physician with regular office visits.
 - Suggestion: Injured worker can submit to Workers' Compensation Coordinator when they pick up their paycheck.
- Obtain full duty release, in writing, from physician of record.
- Make a formal offer of transitional duty to employee, in writing, by certified mail.
- Notify Sedgwick when restrictions are decreased or injured worker is released to full duty.

Common warning signs

The following, in and of themselves, and especially when considered separately, are not a valid basis for an Industrial Commission denial of a claim; they are listed only as a frame of reference for use in conjunction with a claim investigation either at the time of the initial report of injury or in administering an ongoing claim.

- Injured worker has been employed by company for short period of time; accident occurs near end of probationary period
- Late reporting
- Date, time and place of accident "unknown;" specific details of injury not recalled
- Cross-outs, erasures and "white-outs" on report
- Reported Monday morning, after the weekend; or accident occurred immediately after employee's scheduled days off
- Minor incident becomes major injury
- Physical injury does not match incident or is not consistent with nature of business
- Injured worker refuses diagnostic procedures to confirm injury
- Multiple parts of body injured (especially "entire back")
- No witnesses to accident; or witness statements are inconsistent

- Employee has poor attendance record or frequent disciplinary problems; job performance declined just prior to injury
- Injured worker can't be reached; is never home to answer the phone or is "sleeping and can't be disturbed"
- Injured worker has moved out of the state or country, or uses a mailing address other than his/her permanent residence
- Injury coincides with layoffs, end of seasonal work, or plant closing (dollar amount of workers' compensation benefits is generally higher for an injured worker than unemployment benefits); or injured worker is in line for "early retirement"
- Employee terminates own employment just prior to or just after injury
- History of similar problems; outside activities that could cause injury (i.e. sports)
- Employee is known to engage in secondary or self-employment
- Employee was involved in a non-work related accident prior to injury (for example, a motor vehicle accident)
- Employee's wages were recently subject to garnishment or liens
- Employee made major purchases just prior to injury, or recently purchased a private disability policy
- Tips from co-workers
- Excessive demands for permanency award or lump sum settlement
- Immediate representation by an attorney
- Same attorney/doctor combination have previously handled related claims
- Injured worker changes physicians when a release to return to work is issued

You have a right to question claims

Your rights include contacting the BWC Fraud Section (at no cost), retaining legal counsel (at your cost) or contracting with a private investigator (at your cost). If you feel there is an issue of fraud, discuss your options with a Sedgwick Account Manager.

Injury procedure checklist

6 steps to take

1. Medical care provided as soon as necessary

- Obtain prompt medical attention for the injured employee with a Preferred Medical Provider in your Managed Care Organization's (MCO) network.

2. Investigate the claim

- Obtain the appropriate incident report (general accident report or occupational disease report) completed by the employee in the employee's handwriting.
- Obtain the supervisor's investigation report or statement.
- Gather witness statements, if applicable.
- Review the claim for the "Common Warning Signs" (see supervisor procedure checklist).

3. Obtain medical documentation

- The medical documentation (such as the Ohio Bureau of Workers' Compensation (BWC) MEDCO-14) should provide a diagnosis, relationship to injury, and restrictions, if any. Your MCO can assist in securing proper documentation.

4. Certification vs non-certification

- Claim documentation should be reviewed to determine if as the employer, you are in agreement with the injury description and each condition listed, and then the claim may be certified. Continue to monitor this claim to ensure that only appropriate medical benefits and compensation are being paid. A valid reason for not-certifying a claim is needed. Rejecting a valid claim only delays recovery time and may increase your workers' compensation costs. If you believe the claim is invalid, information must be gathered to support rejection of the claim. If you are uncertain of your position or have questions about a claim, discuss with your Sedgwick account manager.

5. Determine if salary continuation is to be paid

- If the injured worker is unable to return to full or restricted duty within seven (7) calendar days, discuss the salary continuation program with the injured worker.
- Discuss salary continuation with your Sedgwick account team.
- Initiate payment of salary continuation. Payment of regular salary must continue from the date of injury.
- Obtain proof from payroll department of payment of salary over the time period of disability.
- Notify Sedgwick account manager of salary

continuation. Fax Sedgwick a copy of the proof of initial payment of salary in injured worker's claim file in case BWC requires proof at a later date. Sedgwick will forward the information to BWC and verify receipt.

6. Return to work protocol

- Obtain a list of physical restrictions in writing from the physician if injured worker is unable to return to full duty (BWC Form MEDCO-14).
- Identify a position or tasks which meet physician's restrictions for the injured worker.
- Make a formal offer of transitional duty to employee, in writing, by certified mail.
- Notify Sedgwick when payment of salary continuation is terminated and/or when the injured worker returns to work.
- Maintain contact with the injured worker. Having regular communication with the injured worker is your opportunity to follow the progress of the treatment plan.
- In order to continue payment of salary continuation with the intent of returning the injured worker to some form of transitional duty or to move the employee from transitional duty to their regular position, you should request updated medical forms.

INJURY ON THE JOB CLAIM PROCEDURES

EMPLOYER AND BWC POLICY

Name: Geauga County

Address: 12611 Ravenwood Dr., Suite 350

City, State, Zip: Chardon, OH 44024

BWC Policy Number: 32800001-0

YOUR Worker's Comp Contact:

Name: Megan Erickson

Title: Benefits Specialist

Phone: 440-279-1671 Fax: 440-279-1309

Email: merickson@geauga.oh.gov

IF YOU EXPERIENCE AN ON-THE-JOB INJURY:

- Report the injury/incident to your supervisor IMMEDIATELY.
- Complete the Geauga County Employee's Incident/Accident Report and return to your supervisor immediately, if possible, or within 24 hours of the injury/accident. *If you were involved in a vehicle accident involving a county vehicle, complete the Vehicle Incident/Accident Report also and send that report to Kathy Hostutler: Fax: 440-279-1317.*
- If medical treatment is necessary, please use a BWC-certified medical provider (see enclosed).
- Give your MCO Identification Card and MEDCO-14 Form (in this packet) to the medical provider to ensure all bills and necessary documents are sent to the correct address.
- *Make sure you have your completed MEDCO-14 Form when you leave your doctor/urgent care.*
- Return the MEDCO-14 form to your supervisor immediately as notification of your medical condition.

See enclosed insert for Medical Providers

YOUR MANAGED CARE ORGANIZATION IS:

CompManagement Health Systems, Inc.

P.O. Box 1040

Fax: 1-800-334-4229

Dublin, Ohio 43017

Customer Service: 1-888-247-7799

Online Reporting: www.chsmco.com

Injury Reporting: 1-888-247-4800

SUPERVISOR'S INVESTIGATION REPORT

Employer: Geauga County

BWC Policy # 32800001-0

Employee Name: _____ Soc. Sec. # _____

Date of Injury: _____

Was an investigation completed concerning the circumstances of this injury? ☐ Yes ☐ No

Were there any witnesses to this injury? ☐ Yes ☐ No
If yes, witness statements should be attached.

Was the injury a result of horseplay? Under the influence of drugs, or
purposely self-inflicted? If yes, please specify: ☐ Yes ☐ No

Has there been any recent disciplinary action taken against this employee? ☐ Yes ☐ No
If yes, please describe: _____

Has the employee missed any work previously due to similar industrial or
non -industrial conditions? If so, when? ☐ Yes ☐ No

Has the employee submitted medical documentation for the injury? ☐ Yes ☐ No
If so, please attach.

If known, please provide us with the name, address and telephone number
of the attending physician:

Has the employee returned to work? ☐ Yes ☐ No
Last day worked _____ Returned to work _____

If not, what is the current estimated date of return? _____

With the information you have, would you recommend the claim be accepted? ☐ Yes ☐ No
If no, why? _____

Employer's signature

Title

Date

**PLEASE ATTACH COMPLETED INCIDENT REPORTS, WITNESS STATEMENTS AND ANY ACCUMULATED
MEDICAL BILLS AND INFORMATION. ADDITIONAL COMMENTS MAY BE NOTED ON THE REVERSE SIDE.**

CompManagement, Inc.

STATEMENT OF WITNESS TO ACCIDENT

Employer: Geauga County

I. INCIDENT IDENTIFICATION INFORMATION

Name of employee alleging incident _____ Shift _____

Occupation _____ Department _____

II. WITNESS STATEMENT

Your name has been given as a witness to an incident alleged by the above individual. Through your cooperation, information can be obtained to complete the investigation of this incident. Therefore, it will be appreciated if you will answer each of the following questions and promptly return your completed statement.

Your name _____

Your occupation _____

Your address _____

Your telephone number () _____ - _____

Did you see an accident involving the above employee? ☐ Yes ☐ No

If not, how did you learn about the accident? _____

If you did see an accident occur: Date of accident _____ Time of accident _____ ☐ am ☐ pm

Describe what you saw: _____

Your signature _____

Please print your name _____

Date _____

State of Ohio ¶

County of _____ ¶

Before me, a Notary Public in and for said state, personally appeared the above named who acknowledged before me that he/she did sign the foregoing instrument and that the same is his/her free act and deed.

In testimony whereof, I have hereunto affixed my name and official seal at _____, Ohio this _____ day of _____, 20____.

(SEAL)

(signed) _____

Name (printed or typed) _____

Notary Public, State of Ohio
My Commission Expires _____ (date)

**Bureau of Workers Compensation Certified Medical Providers for
Geauga County Employees BWC Policy # 32800001-0**

UH Concord Health Center Urgent Care

7500 Auburn Road Suite 1200

Concord, Ohio

440-358-5400

UH Geauga Medical Center Emergency

13207 Ravenna Road

Chardon, Ohio

440-285-6000

