WORKERS' COMPENSATION PROCEDURE MANUAL

School District of Philadelphia

Updated 03/06/2018

New Procedure for Filing a Workers' Compensation Claim

1. **Immediately notify your Climate and Safety officer on any claim that appears to need emergent care.** (e.g., problems breathing, chest pains, severe headaches, disoriented affect, severe bleeding, poisoning, sexual assault).

2. **Call the School District Serious Incident Desk at 215-400-6100.** They will give you an incident report number.

3. **The Injured employee MUST Sign the Workers' Compensation Employee Notification.** (Employee Notification form, also called the Rights and Obligations form) and <u>give a copy</u> of the form to the injured employee.

    a. Unless it is a true emergency where the injured employee is unable to sign, the injured employee must sign the form before the leave the building.
        i. If they are ***unable to sign*** the Employee Notification, send them the notice by certified mail / Return Receipt Requested.
        ii. If they **refuse to sign** the Employee Notification, call in a secretary or other administrator to witness the refusal to sign. Give the injured employee another chance to sign. If he/she refuses, write, "Mr. /Ms. ____ refused to sign this notice." You sign and date the notation and have the witness sign the notation. If either witness's signature is illegible, print the name as well.
        iii. You keep the original in the employee's file and fax the side with the signature to the Office of Risk Management at **215-400-4591**.

4. **File the claim with PMA** by going online to www.pmacompanies.com.
   User name: 7650013 and Password: newclaim
   If you can not get access to the PMA claim site call PMA at **1-888-476-2669**.
   You will get a claim number on the spot. You will put this onto the pharmacy card (step6).

5. **Give the injured employee the Medical Provider List** and explain that they must obtain their treatment through one of these doctors or the District will not be responsible for the bills.

6. **Give the injured employee the pharmacy card (the "Express Scripts" card)** and explain to the injured employee that they should give this to the pharmacist, that it will act like a prescription card so that they do not need to pay anything out of pocket should the claim be accepted as compensable. Fill in the injured employees name for him/her and put the claim number in the section asking for the Social Security Number.

   If you have any questions or problems, please contact
   CarolAnn Kenney, Workers' Compensation at 215-400-5592

Filing Claims on the Internet

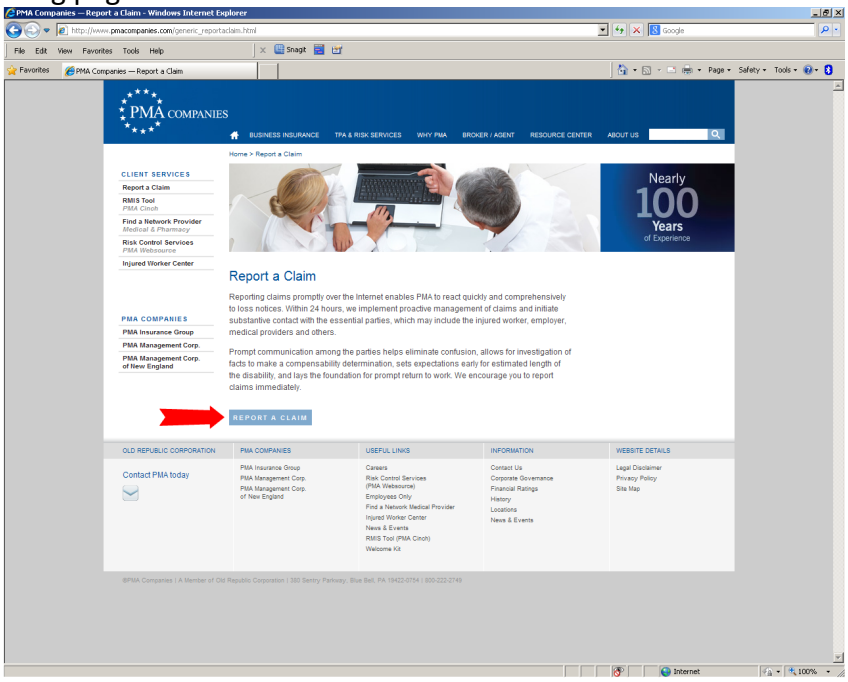
LOGON INSTRUCTIONS

User Name: 7650013

Password: newclaim

Open an Internet browser session. On the URL address line, type **www.pmacompanies.com** and you will see PMA's Home Page.

Click “Report a Claim.”
See the Report A Claim landing page.



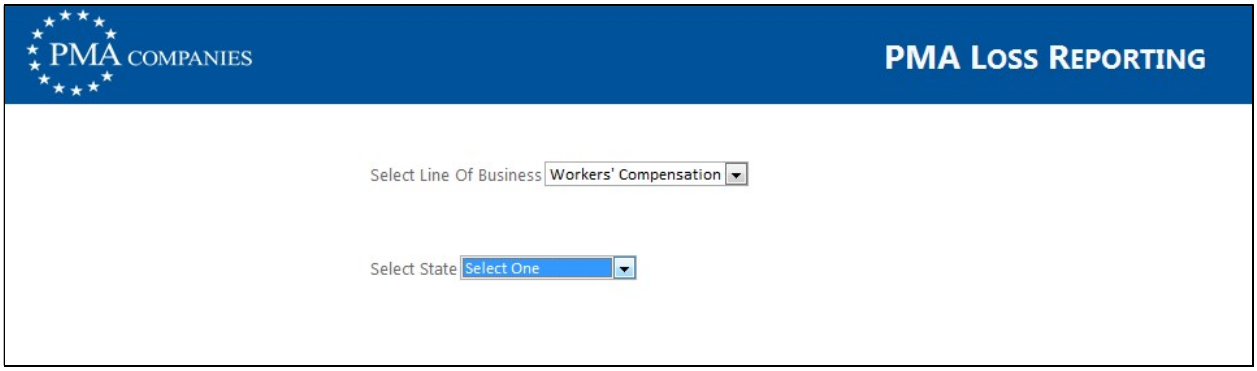
Click REPORT A CLAIM.

You will see a login screen. Type your User Name and your Password in the spaces provided. Click OK.

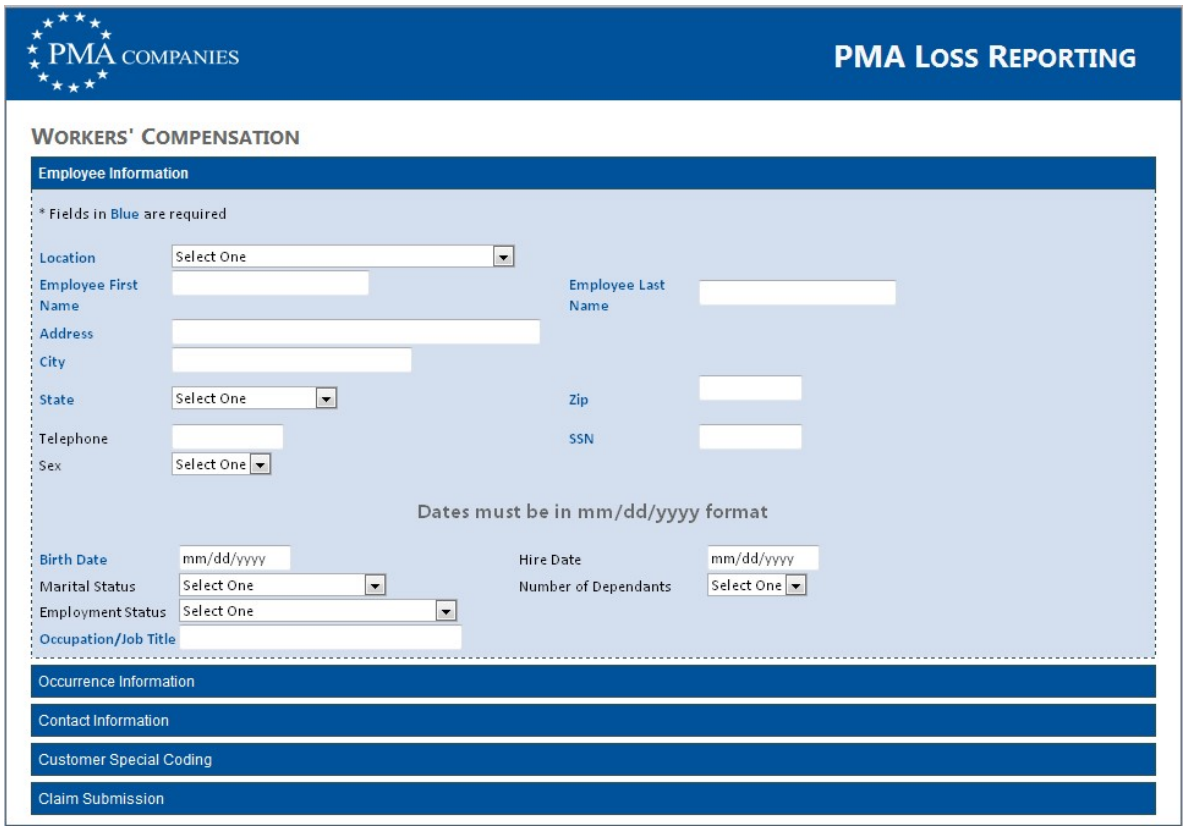
After a few seconds, you will see the New Claim Entry main screen.

From the drop-down, choose the type of claim you want to report (Workers' Compensation, Automobile, Liability, Property). If you only have one type with PMA, you will not see this screen.

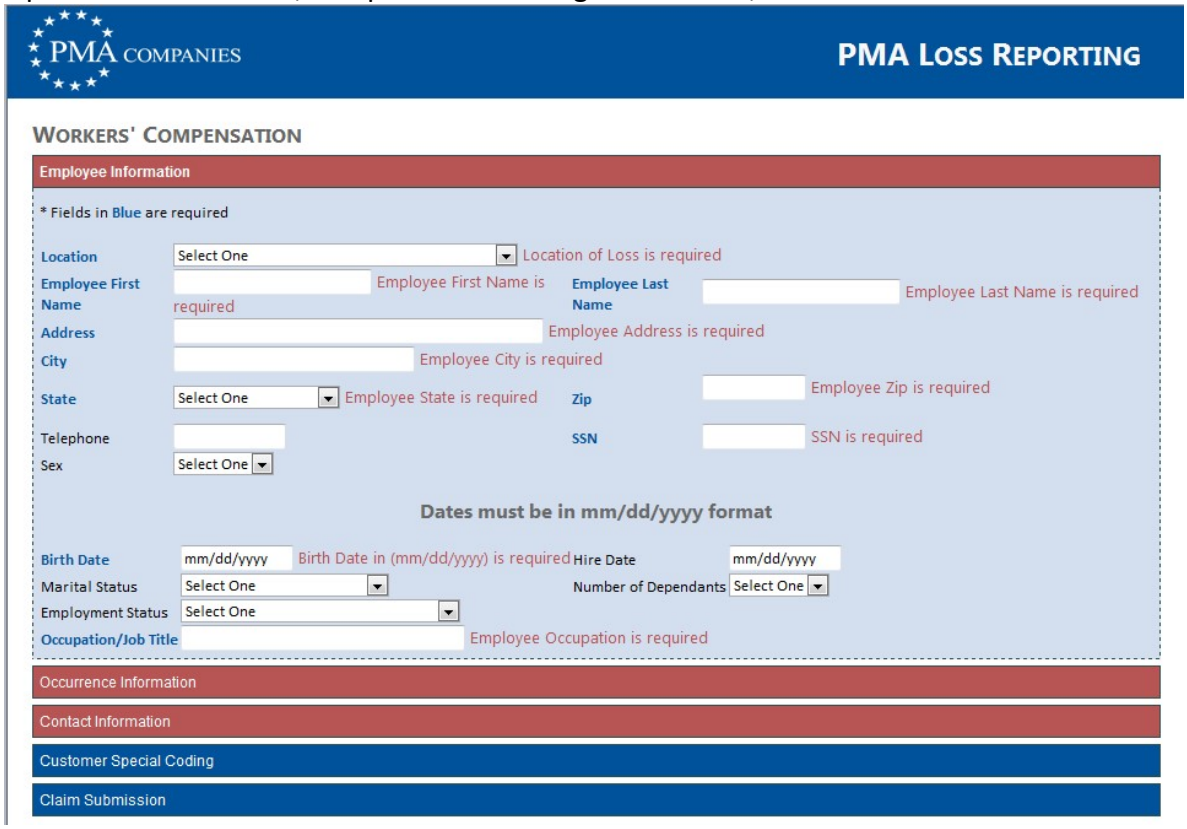
For Worker's Compensation only, choose your accident state and click **Go**.



Complete each of the screens. Click the blue headings to move between the various screens. Note required fields are blue. For all dates, use the format mm/dd/yyyy, like 06/20/2013 for June 20, 2013. For telephone numbers and social security number, do not type the dashes.



If you missed entering any required fields, you will see a screen reminding you (in red) about missing information. Open each red section, complete the missing information, and return to the Claim Submission section.



Sample Workers' Compensation screens continue below.

Occurrence Information

* Fields in Blue are required

Date of Injury/Illness: mm/dd/yyyy Accident State: Alabama

Accident Cause: Select One

Injury Nature: Select One

Body Part: Select One

Side of Body: Select One

Accident Description:

Maximum 500 Characters.

Time Employee Began Work: Hour Minute AM PM

Time of Occurrence: Hour Minute AM PM

Date Employer Notified: mm/dd/yyyy Last Date Worked: mm/dd/yyyy

Date Expected to Return to Work: mm/dd/yyyy Date Returned to Work: mm/dd/yyyy

Full Pay For Date of Injury?

Hours Worked Per Day: Select One Days Worked Per Week: Select One

Payment Frequency: Select One

If Fatal, Date of Death: mm/dd/yyyy

Is the Injured Worker Losing Time? Date Disability Began: mm/dd/yyyy

Is the Injured Worker On Modified Duty? Date Modified Duty Began: mm/dd/yyyy

Where did Injury/Illness occur?

Injury/Illness Occurrence Address

City State: Select One

Zip

Did Injury or Illness occur on Employer's Premises? Yes No

Were Safeguards or Safety Equipment Provided? Yes No Were They Used? Yes No

Does Employer Question the Claim? Was Employee Injured During Employment?

Were Drugs or Alcohol Involved? Is Employee Represented By Attorney?

Contact Information

* Fields in Blue are required

Physician/Health Care Provider Name and Address:

Name Telephone

Address

City State: Select One Zip

Hospital/Provider Information

Name Telephone

Address

City State: Select One Zip

Other Information

Date Prepared: 3/20/2014

Preparer's First Name Last Name

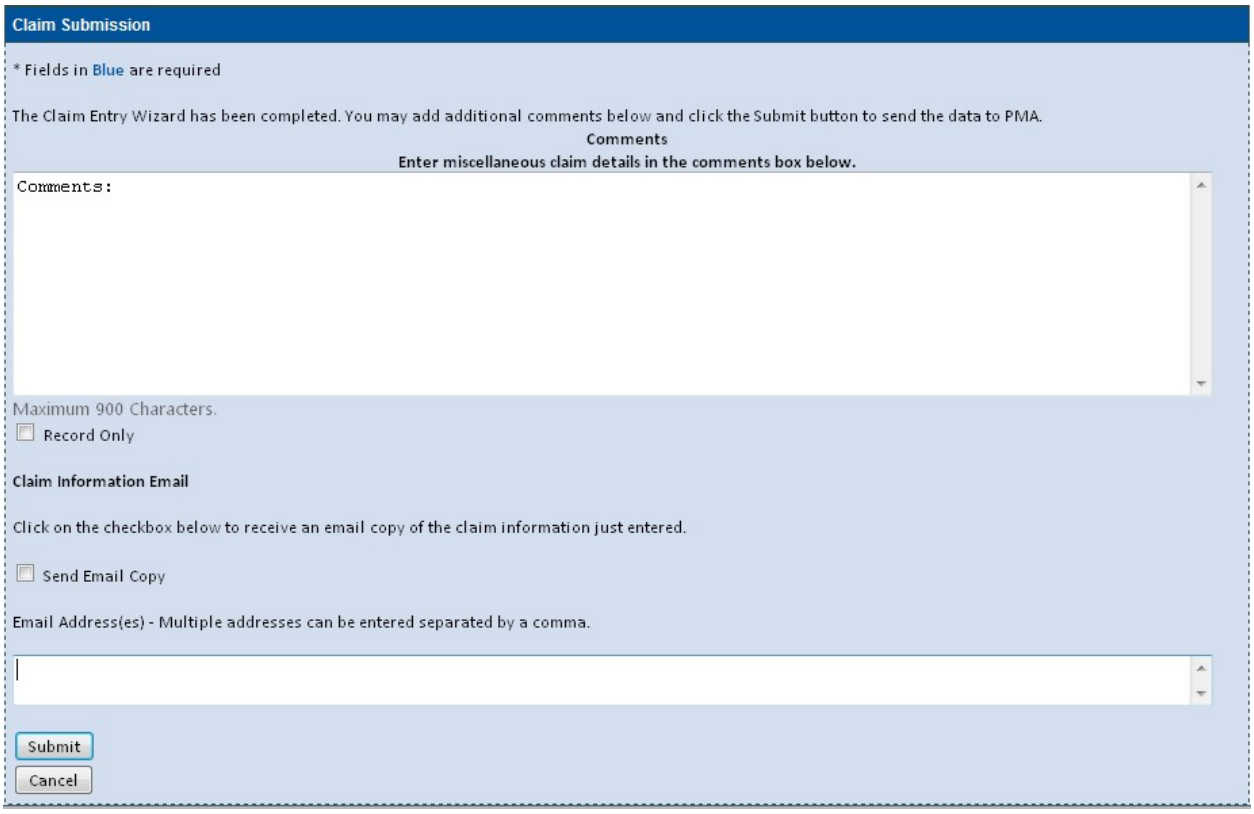
Telephone

Employer Contact First Name Last Name

Telephone

Witness First Name Last Name

Telephone



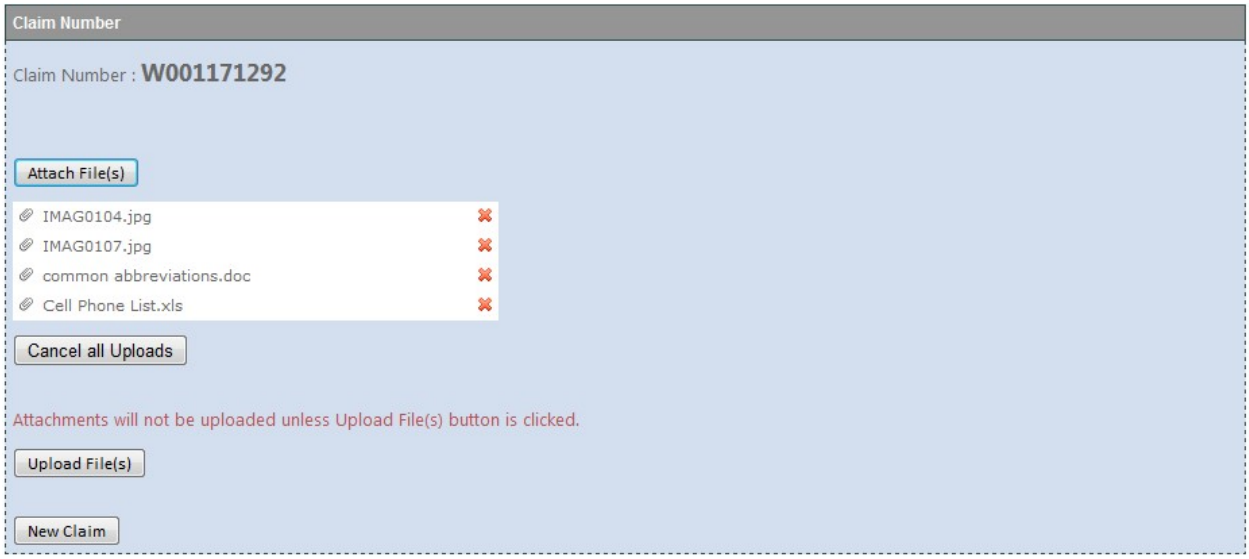
Check the **Record Only** box when the claim is for informational purposes only. For Workers' Compensation, this means an injured worker who will **not** be seeking medical treatment.

Type any additional information about the claim into the Comments box.

Click the **Send Email Copy** and **type** your email address in order to receive a copy of these screens after you submit the claim. Add additional recipients to the list by typing a comma and then adding the next address.

Click **Submit Claim** when you are finished. You will receive a claim number immediately. Record this claim number for your records.

To submit additional documentation, such as internal investigation reports, surveillance footage, medical reports, or photographs, click the Attached File(s) button. You will see the folders on your computer. Select the folders you would like to include with the claim and then click Upload File(s). When the upload is complete, you can attach more files, exit or start entering a new claim.



To enter another claim, choose New Claim from bottom of the screen. When you are finished entering claims, choose Exit from the menu. Click **Yes** to close PMA New Claim Entry.

Supported Types of Attachments, in file sizes up to 50 megabytes each:

Document Type	Extension	File Type	Document Type	Extension	File Type
BITMAP	.bmp	Image	RTF	.rtf	Text
GIF	.gif	Image	MSEXCEL	.xls	Excel Document
JPEG	.jpg	Image	MSEXCEL	.xlsx	Excel Document
TIF	.tif	Image	POWERPOINT	.ppt	Powerpoint Document
TIFF	.tiff	Image	MPEGAUDIO	.mpg	Audio File
HTML	.html	Browser File	AIFFAUDIO	.aiff	Audio File
TEXT	.txt	Text	WAVAUDIO	.wav	Audio File
XML	.xml	Browser File	MPEGVIDEO	.mpg	Video File
DCARFT	.rtf	Text	QUICKTIME	.mov	Video File
MSWORD	.doc	Word Document	VIDEOCHARGER	.mpg	Video File
MSWORD	.docx	Word Document	ASFVIDEO	.asf	Video File
PDF	.pdf	PDF	AVIVIDEO	.avi	Video File

WORKERS' COMPENSATION
EMPLOYEE NOTIFICATION

Workers' Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services, services rendered by physician or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with the Workers' Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment if needed, you must then seek treatment from a physician or other health care provider listed on your employer's physician panel list for the first ninety (90) days from the date of you first treatment.

If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer's panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.

If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide for by same for the 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify you employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I hereby acknowledge that I have been informed of and understand my rights and duties under the Workers' Compensation Act.

Employee's Signature: _____ Date: _____

WORKERS' COMPENSATION
EMPLOYEE NOTIFICATION

Workers' Compensation Information

1. The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care because of a work-related injury.

2. Benefits are required to be paid by your employer when self-insured or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

3. You should report immediately any injury or work-related illness to your employer.

4. Your benefits could be delayed or denied if you do not notify your employer immediately.

5. If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

6. The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation , 1171 S. Cameron Street, Room 103, Harrisburg, PA 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us; PA Keyword: workers comp.

NOTICE TO EMPLOYEES

Your employer has provided for the payment of benefits under the Workers' Compensation Act of this State

IN CASE OF WORK-RELATED INJURY

- If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.
- In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must immediately advise your supervisor of your injury, and be treated by one of the licensed physicians or practitioners of the healing arts listed below:

DESIGNATED PHYSICIANS
(including address, telephone number, and area of medical specialty)

CLINICS

TUH – Occupational Health Services
Episcopal Hospital
100 E. Lehigh Avenue
M.A.B. Bldg - 205
Philadelphia, PA 19125
215-707-0485

Mercy WorkCare – Philadelphia Hospital
Occupational Medicine Clinic (Park & Enter through ER)
501 S. 54th Street
Philadelphia, PA 19143
215-748-9327

WorkNet Occ Med
Occupational Medicine
1017 4th Avenue, Suite 200 – Bay 1
Essington, PA 19029
610-521-6880

WORKNET Occ Med
Occupational Medicine Clinic
1 Reed St
Philadelphia, PA 19147
215-467-5800

WORKNET Occ Med (at Hahnemann Hospital)
Occupational Medicine Clinic
Broad And Vine St, Room 131
Philadelphia, PA 19102
215-762-8525

WORKNET Occ Med ((at Roxborough Hospital)
Occupational Medicine Clinic
5800 Ridge Avenue, Suite 234
Philadelphia, PA 19128
215-487-4540

Concentra Medical Center
Occupational Medicine Clinic
2804 Southampton Road
Philadelphia, PA 19154
215-677-0930

Concentra Medical Center
Occupational Medicine Clinic
2010 Levick Street
Philadelphia, PA 19149
215-537-4755

PHYSICIANS/SPECIALISTS

Hahnemann Orthopedics
Orthopedic Surgery
216 N Broad Street, Floor 2
Philadelphia, PA 19102
215-762-2663

Align Networks (Including NovaCare facilities)
Chiropractor / Physical Therapy
521 N 22nd Street
Philadelphia, PA 19130
For this or other locations call
866-389-0211

MEDRISK (Including NovaCare facilities)
Physical Therapy
511 N Broad Street
Philadelphia, PA 19123
For this or other locations call
800-225-9675

One Call Imaging Network
MRI
221 N Broad Street, Ste 101
Philadelphia, PA 19107
For this or other locations call
800-453-0574

Rothman Institute
Orthopedics
925 Chestnut Street
5th Floor
Philadelphia, PA 19107
For this or other locations call
800-321-9999

Bennett, Richard I. MD
Neurology
Katz Bennett Neurology Associates
50 Township Line Road 101
Elkins Park, PA 19027
215-379-4300

Queenan, Joseph MD
Temple Hospital
Neurosurgery
3401 North Broad Street
Zone C Room 540
Philadelphia, PA 19140
215-707-7200

Drexel Surgical Associates
General Surgery
219 N Broad Street, 8th Floor
Philadelphia, PA 19107
215-762-1545

Wills Eye Hospital
Ophthalmology
840 Walnut Street
Philadelphia, PA 19107
215-928-3000

Thoder, Joseph MD
Temple Orthopedic & Sports Medicine
Orthopedic and Hand Injuries
3401 N Broad St
5th Floor Outpatient Building
Philadelphia, PA 19140
215-707-2111

Durable Medical Equipment - Please contact One Call Care Management at (800) 848-1989
Express Scripts Pharmacy Program – for your local Express Scripts Pharmacy call (800) 897-9470
In the event another provider is needed, contact PMA Management Corp. at (888) 476-2669

- You must continue to visit one of these persons listed above, if you need treatment, for ninety (90) day from the date of your first visit. If you do not, your employer may not be required to pay these services.
- After this ninety (90) day period, if you still need treatment and your employer had provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. You must notify your employer of this action within five (5) days of your visit to the person of your choice, or your employer may not be required to pay for these services.
- Your bills will be paid for IF: your licensed physician or practitioner of the healing arts files reports as required. (These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)
- In the event a posted panel physician recommends invasive surgery, you may seek a second opinion with a physician of your choice. If you choose to undergo the invasive surgery, you must use a posted physician for the treatment.
- If no list is provided as above, you may go to a licensed physician of practitioner of the healing arts of your choice.
- If one of the persons listed above refers you to another licensed specialist, the panel physician will recommend an approved provider.
- If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice.

Name: School District of Philadelphia **Address**: 440 North Broad Street, 3rd Floor Philadelphia, PA 19130 **Generated**: 12/03/14

REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY

Workers' Compensation Temporary Prescription ID Card

To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury (enter in PA field in the format YYYYMMDD)

For the following States, please utilize the below Group number: VT, NY, MA, RI, CT, PA, DE, MD, DC, VA, KY, NC, TN, SC, GA, AL, FL, MI, IN, IL, WI, MN

Express Scripts

ID #: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ /_____ /_____
MM/DD/YYYY

Group #: KVQA

Employee Date of Birth: _____ /_____ /_____

For all other States, please utilize the below Group number:

Express Scripts

ID #: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ /_____ /_____
MM/DD/YYYY

Group #: L7EA

Employee Date of Birth: _____ /_____ /_____

To the Supervisor: Please fill in the information requested for the injured worker.

Employee Information

_____ _____ _____
First M Last

_____
Street Address or PO Box

_____ _____ _____
City State ZIP

Employer Name

_____

PMA COMPANIES

EXPRESS SCRIPTS®

Participating Retail Network Pharmacies

A & P
Acme Pharmacy
Albertson's
Albertson's/Acme
Albertson's/Osco
Albertson's/Sav-On
Amerisource
Bergen
Anchor Pharmacies
Arrow
Aurora
Bartell Drugs
Bigg's
Bi-Lo
Bi-Mart
BJ's Wholesale
Club
Brooks
Brookshire Brothers
Brookshire Grocery
Bruno
Carrs
Cash Wise
Coborn's
Costco
Cub
CVS
D&W
Dahl's
Dierbergs
Discount Drugmart
Doc's Drugs
Dominicks
Drug Emporium
Drug Fair
Drug Town
Drug World
Eckerd
Econofoods
EPIC Pharmacy
Network
FamilyMeds
Farm Fresh
Farmer Jack
Food City
Food Lion
Fred's
Gemmel
Giant
Giant Eagle
Giant Foods
Hannaford
Harris Teeter
H-E-B
Hi-School
Pharmacy
Hy-Vee
Jewel/Osco
Kash n Karry
Keltsch
Kerr
Kmart
Knight Drugs
Kroger
LeaderNet (PSAO)
Longs Drug Store
Major Value
Marsh Drugs
Medic Discount
Medicap
Medistat
Meijer
Minyard
NCS HealthCare
Neighborcare
Network
Pharmaceuticals
Northeast
Pharmacy Services
Osco
P & C Food
Markets
Pamida
Park Nicollet
Pathmark
Pavilions
Price Chopper
Publix
Quality Markets
Raley's
Randalls
Rite Aid
Rosauers
Rx Express
RXD
Safeway
Sam's Club
Sav-On
Save Mart
Schnucks
Scolari's
Sedano
Shaw's
Shop 'N Save
Shopko
ShopRite
Snyder
Stop & Shop
Sun Mart
Super Fresh
Super Rx
Target
Texas Oncology
Srvs
The Pharm
Thrifty White
Times
Tom Thumb
Tops
Ukrop's
United Drugs
United
Supermarkets
Vons
Waldbaums
Walgreens
Wal-Mart
Wegmans
Weis
Winn Dixie

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.

EXPRESS SCRIPTS®