

Human Resources Employee Relations

12507 Warwick Boulevard, Newport News, VA 23606-3041 • phone: 757-881-5061 • fax: 757-643-7405

Dear NNPS Employee:

We are sorry to hear that you have suffered an injury while at work. Enclosed is information to help you have a better understanding of the Workers' Compensation claim process. In order to receive Workers' Compensation Benefits, your injury must qualify as a compensable medical injury. Various legal time limits also apply to acquiring and continuation of benefits.

Your Rights & Responsibilities:

- An employee cannot be fired, demoted or otherwise discriminated against for filing a claim in good faith.
- Keep your Supervisor and/or designee up to date with your work status.
- Work status notes should be provided to your supervisor after each medical appointment. If you are not working, have your physician fax the information to the Human Resources Department.
- You should attend all appointments scheduled or recommended by the treating Workers' Compensation panel physician or referral course of treatment.
- All information requested by PMA and/or the NNPS Human Resources Department shall be provided within the time specified, as well as compliance with any instructions.
- Should you receive medical bills related to a compensable injury, please forward these promptly to Human Resources.
- Failure to comply with work restrictions may disqualify you from receiving workers' compensation benefits. You must refrain from working outside of your medical restrictions.
- File all required information with the Virginia Workers' Compensation Commission within the specified time period. The Commission should be contacted with regards to any questions or assistance needed with completing their forms.

We want to ensure that you receive the necessary treatment and benefits in an effort to expedite a speedy recovery. Please review the enclosed information and contact Human Resources at 881-5061 with any questions and/or concerns.

Sincerely,

Workers' Compensation Coordinator

PMA Claim Number: _____



Employee ID #: _____

Newport News Public Schools

REPORT OF OCCUPATIONAL INJURIES AND OCCUPATIONAL ILLNESSES

PHONE: (757) 881-5061, FAX: (757) 643-7405 • 12507 WARWICK BOULEVARD • NEWPORT NEWS, VIRGINIA 23606

Employee Name _____ Social Security #: _____

Address _____

City _____ Zip _____ Home Phone _____

Date of Birth _____ Department/School _____

Occupation when injured _____ Was this your regular occupation? () Yes () No

Date of Injury _____ Time of Injury _____ (A.M.) _____ (P.M.)

Time Employee Began Work _____ (A.M.) _____ (P.M.)

LOCATION WHERE INJURY TOOK PLACE _____

What were you doing just before this incident occurred? (Describe the activity, as well as the tools, equipment, or material you were using. Be specific.)

What happened? (Tell how the injury occurred.)

What was the injury or illness? (What part of the body was affected and how it was affected; be more specific than "hurt"; "pain"; or "sore".)

What object or substance directly harmed you? _____

Have you returned to work? () Yes () No

Name(s) of witness(es): _____

As allowed by Section 65.2-604 of the Virginia Workers' Compensation Act one of the following physicians MUST BE SELECTED for each injury for treatment needed now, and/or may be needed in the future. Failure to choose and treat with one of the physicians from this panel can result in a suspension of medical and lost wage benefits.

I&O Medical Center

Dr. Michael Baddar
593 Aberdeen Road
Hampton, VA 23661
Mon-Fri 7:30 a.m. – 7:30 p.m.
Sat & Sun 9:00 a.m. - 2:30 p.m.
Phone: (757) 825-1100

Dr. Michael Baddar
704 Thimble Shoals Blvd. Suite 200
Newport News, VA 23606
Mon-Fri 8:00 a.m. - 4:30 p.m.
Phone: (757) 240-5580

Dr. Roxanne Dietzler
732 Thimble Shoals Blvd.
Suite 102
Newport News, VA 23606
Mon-Fri 7:00 a.m. - 3:30p.m.
Phone: (757) 599-3623

Mary Immaculate OccuMed Center

Dr. Joseph Charlot
14703 Warwick Blvd.
Suite A
Newport News, VA 23608
Mon-Fri 8:00 a.m. - 4:30 p.m.
Phone: (757) 886-6633

I choose Dr./facility _____ for treatment of this injury and verify the information I have provided is true and correct.

Employee's Signature Date

SUPERVISOR

The employee reported this injury to me on (Date) _____.

He/she was (check one):

- () Employee is not seeking medical treatment at this time.
- () Instructed to see the treating physician selected by employee.
- () Employee taken to the following emergency room _____

Supervisor's Signature Date

The Newport News School Division does not discriminate on the basis of race, color, national origin, sex, creed, marital status, age, or disability in its programs, activities, or employment practices as required by Title VI, Title VII, Title IV, Section 504, and ADA regulations. The Director of Human Resources is responsible for coordinating the division's efforts to meet its obligation under Section 504, Title IX and the ADA, and their implementing regulations.

THIS REPORT MUST BE ELECTRONICALLY ENTERED IMMEDIATELY FOLLOWING AN ALLEGED INJURY AND FORWARDED TO HUMAN RESOURCES



NNPS EMPLOYEES GUIDE TO WORKERS' COMPENSATION

Frequently Asked Questions

What is the Workers' Compensation Act?

The Virginia Workers' Compensation Act is the state law that sets forth benefits for employees who receive a compensable injury while at work. The Virginia Workers' Compensation Commission administers the Workers' Compensation Act. Wage loss (indemnity) and medical benefits are paid by the employer. PMA Management is employed by Newport News Public Schools as a Third Party Claims Administrator.

What do I need to do if I am injured on the job?

Report your injury to your supervisor immediately. You are required to complete an Occupational Injuries and Illnesses Report as soon as possible following an occupational accident. A clear and complete explanation must be made describing how the injury occurred. Your supervisor or designee will immediately enter your information electronically to PMA Management and will give you a copy for your records.

What happens once my paperwork has been submitted?

Determination of the compensability of a claim will be made by PMA Management and Newport News Public Schools Workers' Compensation Office. **The fact that the school division may voluntarily pay your medical expenses and lost time does not mean that your claim has been accepted.** Representatives of Human Resources and/or PMA Management Corp., the school division's Third Party Claims Administrator, may contact you for further information and to assist you. If you have any questions about your claim, please contact your Third Party Claims Administrator at 1-888-476-2669 or Human Resources at 757-881-5061.

You will also be required to file a **Claim for Benefits** with the Virginia Workers' Compensation Commission within the time limit provided by the law. **It is your responsibility to file your claim with the Commission.** The Virginia Workers' Compensation Commission will send you information which **you will be responsible for reading, understanding and completing any necessary paperwork in a timely manner.** If you have any questions about any of the Commission forms, contact the Commission directly at 1-877-664-2566 or at www.workcomp.virginia.gov.

How do I get medical Treatment for a job-related injury?

The Commission requires employers to provide a panel of physicians from which an injured employee must select one for treatment. You must select a physician from the panel presented to you on the Occupational Injuries and Illnesses Report and seek treatment with the physician chosen should you need medical attention. Failure to seek treatment for your occupational injury from the selected panel physician could result in denial of payment and suspension of workers' compensation benefits. You should attend all appointments scheduled by your treating Workers' Compensation physician and should obtain and provide your supervisor with a work status note after each medical appointment related to the injury/disease. Failure to continue treatment as necessary and scheduled could also result in a suspension of workers' compensation benefits.

In the event emergency medical treatment is necessary after you have been seen by a panel physician, please contact the panel physician and/or Human Resources, during normal business hours prior to seeking treatment.

What is light duty?

Light duty is a limited term work assignment. If the panel physician feels that you are capable of performing any type of light duty, Human Resources will make a light duty assignment available to you within your restriction(s) and within your current department or another department. If your supervisor feels that light duty cannot be provided, he/she must contact the Workers' Compensation Office immediately. **You must report back to your supervisor immediately** with physician's instructions and work status notes. You will be paid your usual rate of pay while working light duty.

What happens if the treating physician determines that I am not capable of temporarily performing any type of duty?

Lost time from a work related injury includes periods of incapacity, doctor's appointments, therapy appointments and medical treatment related to the injury that are authorized in writing by the Workers' Compensation treating physician. **An employee cannot remove themselves from work for a compensable injury without medical documentation (NNPS sick leave policy applies).**

If the physician determines that you are not capable of any type of work, you will be paid, during such total incapacity, a weekly compensation equal to 66-2/3% of your average weekly wages, as specified by the Virginia Worker's Compensation Commission. No worker's compensation payments are allowed for the first seven (7) calendar days of incapacity resulting from a compensable injury. NNPS will use your accrued sick leave for the first seven (7) days. If you do not have accrued sick leave, the absence(s) will be unpaid. If your inability to work extends beyond the seven (7) day period, per the worker's compensation panel physician, compensation will commence with the eighth day of disability.

If such incapacity continues for a period of more than twenty (20) calendar days, then compensation will be allowed from the first day of such incapacity and paid by PMA Management. Any sick leave used during the seven (7) days will be reinstated. In addition, the employee will reimburse NNPS for any days in which sick leave was paid to you during this seven (7) day period. NNPS will make this adjustment in your paycheck. Worker's compensation benefits do not allow for an employee to be paid from both the employer and worker's compensation for the same timeframe.

What will happen to my insurance premiums and other deductions?

The Commission does not pay compensation premiums for employee benefits such as, health and dental etc. If you receive indemnity payments and wish to continue your health and life insurance coverage, it shall be your responsibility to make payment arrangements with the Payroll office as soon as possible to continue paying the premiums so that no lapse in coverage occurs. Arrangements for all other deductions should be discussed with the Payroll office.

How will my leave and retirement benefits be affected?

You will continue to accrue leave and retirement benefits while out of work for a compensable injury.

What is the Family Medical Leave Act (FMLA) and how does it relate to my injury?

Family Medical Leave Act Policy (FMLA) states that an employee who qualifies for FMLA will be granted up to 12 weeks of job protected leave during a 12-month period for an employee's own serious health condition. Since most compensable injuries meet the definition of a serious health condition under the FMLA policy, absences related to an occupational injury/illness will run concurrently under FMLA and Worker's Compensation.

The school division may assign the employee to an alternative position with equivalent pay and benefits that better accommodates the employee's intermittent or reduced schedule leave. **Employees must schedule planned medical treatment outside of work hours.**

Who do I contact if I have a question regarding Workers' Compensation Injuries or Treatment?

PMA Management 1-888-476-2669 or Human Resources 881-5061.

I have read the above information on Workers' Compensation and understand School Board Policy GBGD and GBGD-P available on the Newport News Public Schools website.

Signature of Employee: _____ Date: _____

**Newport News Public Schools
Workers' Compensation Safety Evaluation**

Today's Date:	Location/Department:
Employee Name:	Employee ID #:
Employee Title:	Date of Injury:

Describe how the accident happened?

Was this activity within the employee's regular job duty? Yes No

Could this accident have been prevented? Yes No
If yes, how?

Was there an unsafe act that caused or contributed to the accident? Yes No
If Yes, explain.

Were all applicable policies and procedures followed? Yes No

Was the area where the accident occurred inspected? Yes No

Were photos or video of the accident area provided to HR? Yes No

What action plans will be put in place to help with prevention:
Replacement: What? How?

Repair: What? Through what means?

Improvement: What? How?

Investigated by Signature:

Print:

Date:

Supervisor Signature:

Print:

Date:

Please scan, and e-mail this completed form to Kim Hinton: kim.hinton@nn.k12.va.us

Workers' Compensation Temporary Prescription ID Card

»» To the Injured Worker:

On your first visit, please give this 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)

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: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» **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



Participating Retail Network Pharmacies

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

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.

GBGD-P - PROCEDURES: Workers' Compensation

The School Board pays the cost of workers' compensation claims administration and benefits as mandated by Virginia law for employees should they experience a compensable work-related injury or illness. This benefit may provide payment for medical, hospital and surgical expenses, plus appropriate compensation if compensable disability requires absence from work. Permanent disability or death benefits may also be a provided benefit.

The following outlines procedures used in workers' compensation cases. In cases of inconsistency, the Code of Virginia and the Regulations of the Workers' Compensation Commission will prevail.

REPORTING RESPONSIBILITY

Employees will notify their immediate supervisor of all injuries that occur while at work. The injured employee must submit the NNPS Report of Occupational Injuries and Occupational Illnesses to their supervisor immediately following an injury or diagnosis of a compensable injury or illness. Upon completion, the form is to be promptly provided to the worksite Workers' Compensation representative who will then enter and forward the form to the Workers' Compensation office.

MEDICAL TREATMENT

The Virginia Workers' Compensation Commission's guidelines require employers to offer a panel of at least three (3) physicians to employees who require medical treatment as a result of a work-related injury. The School District will select the physicians whose names and locations are included on the injury form. The employee **MUST SELECT ONE** of the physicians listed on the injury form for treatment of the injury or illness. As soon after the incident or diagnosis as possible, the employee should select and begin treatment with a physician on the list. Failure to choose and be treated solely by a panel physician, or panel-referred physician, may result in denial of payment for previously incurred medical treatment and a suspension of future medical and disability benefits. If treatment is required, it must be exclusively provided by the approved physician(s) in order for these treatment bills to be paid by workers' compensation.

Injuries of a life-threatening nature can may be treated at any hospital emergency room. Follow-up treatment will be restricted to the School Board approved panel of physicians or panel-referred physicians.

COMPENSATION & PAYMENT

Compensation and Payment - When there is total incapacity for work resulting from a compensable injury, the employer will pay, or cause to be paid, to the injured employee during such total incapacity, a weekly compensation equal to 66-2/3% of his/her average weekly wages, with a minimum not less than or a maximum not more than the amount specified by the Virginia Worker's Compensation Commission.

Average Weekly Wages - Average weekly wage is defined as the average earnings of the injured employee in the employment in which he/she was working at the time of the injury during the period of 52 weeks immediately preceding the date of the injury.

Change in Condition - Change in condition means a change in physical condition of the employee as well as any change in the conditions under which compensation was awarded, suspended or terminated which would affect the right to, amount of, or duration of compensation.

Refusal of Employment - If an injured employee refuses employment offered in accordance with his/her medical limitations, he/she will not be entitled to any compensation at any time during the continuance of such refusal, unless in the opinion of the Virginia Workers' Compensation Commission, such refusal was justified.

RESTRICTED DUTY

Any employee experiencing an injury or illness compensable under the Virginia's Workers' Compensation Act will immediately report any work-restriction approved by a Newport News Schools approved treating physician to the Human Resources Department. At the sole discretion of Human Resources, the employee will be placed in a "light" duty position that will accommodate his/her restriction(s).

REPORTS & RECORDS

Records and Reports of Accidents - Newport News Public Schools will keep a record of all injuries, fatal or otherwise, received by all employees in the course of their employment with the system.