

Department of Human
Resource Management
Workers' Compensation Services

**WORKERS' COMPENSATION
AGENCY MANUAL**

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CLAIMS PROCEDURES

This Workers' Compensation Claim Procedure Manual is designed to provide the agency representative with basic information on how to manage workers' compensation claims. The following procedures may be changed based on regulatory and efficiency requirements. Your agency may also have requirements that need to be addressed in addition to those specified in this manual. The current claims administrator is Managed Care Innovations (MCI).

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Responsibilities of an Injured Employee

1. Give notice to the employer as soon as possible.
2. File a claim with the Workers' Compensation Commission (VWC) within two years from 1) the date of the accident or 2) the date the doctor diagnoses an occupational disease.
3. Select a doctor from a panel of at least three physicians provided by your agency. Do not change doctors without DHRM/WCS's permission or after a hearing by the Commission.
4. Seek and accept employment if released to modified duty, and cooperate with field medical and vocational staff.
5. Take responsibility to assure that a claim is filed with the VWC for every period of lost time.

WHAT TO DO WHEN AN INJURY OCCURS

Non-Emergencies

When an employee (either full or part time) is injured on the job, the employer shall immediately provide the employee with a panel of at least three (3) physicians from which to choose one as their authorized treating physician for medical care. Your agency's panel should consist of physicians familiar with your agency, able to meet the needs of the employee's injuries and knowledgeable about your agency's return to work program. The physicians must be associated with 3 separate medical facilities. If you use an urgent care facility as one of your panel choices, you must name a specific physician and not the facility. You may use the Medical Director of the urgent care facility as the designated panel physician and the employee may see the doctor on call at the time of the visit.

As stated in the Virginia Workers' Compensation Act, the agency must provide an injured worker with medical treatment. The purpose of the panel is twofold: to place the costs of medical care and treatment on the employer and to restore the employee's good health so that the employee may return to employment.

Emergencies

In a life threatening emergency situation please get the necessary medical treatment for the injured employee at the nearest medical service provider by the quickest means available (ambulance, rescue squad, etc.) In a non-life threatening emergency situation, instructions should be given to the employee to obtain treatment from the nearest emergency medical service provider.

After the emergency situation has ended and the employee has received emergency medical attention, the employee shall then be presented with a panel of physicians. The employee should sign the Panel of Physicians form (Sample included in Chapter Thirteen). Should the panel be presented over the phone to the injured employee, the agency can send the completed Panel form by certified mail to the injured employee for their signature. Once the Panel of Physicians form has been signed, it should be sent to the Benefit Coordinator at covimaging@avizentrisk.com or faxed to 804-371-2556 (Sample with directions included in Chapter Thirteen).

Employee Refuses to Sign Panel Form

If the employee refuses to sign the Panel form when presented or refuses to return the mailed Panel form, the employer should notify the employee that refusal to select a treating physician from the Panel is considered a refusal of medical services and may jeopardize the employee's workers' compensation benefits. Immediately notify the Benefit Coordinator or Supervisor of the employee's refusal. The agency should write on the panel form that the employee was offered a panel; however, then refused to select a treating physician. This form should be sent to the benefit coordinator at covimaging@avizentrisk.com or faxed to 804-371-2556.

In the event that an injured employee uses a non-panel physician, the Benefit Coordinator will investigate this use of an unauthorized physician. If the employee was not aware of the panel, the Benefit Coordinator will communicate with the specific agency regarding the requirement to provide a panel of three physicians from which the employee is to choose care.

Employees should be instructed to tell the physician to submit all medical reports and bills to MCI. However, if a medical bill is sent directly to your agency by mistake, forward the bill to MCI to the Benefit Coordinator assigned to the claim. The bill should contain the full name of the injured employee, claim number, and the date of injury.

Reporting the Injury

The employee should report all work-related injuries/illnesses to the employer. The agency must electronically file the First Report of Injury (FROI) using Visual Liquid Web (VLW) within ten days of the date of injury as required by Executive Order 109(10).

Visual Liquid Web (VLW) is a web-based claim reporting system which enables Commonwealth of Virginia agencies to submit FROIs to MCI via a secure Internet connection. Effective October 1, 2008, all agency locations must file workers' compensation claims using VLW; submission of paper FROIs will no longer be accepted unless your agency has requested a special needs exemption and has received approval from Workers' Compensation Services.

The agency must submit every reported workers' compensation claim regardless of their opinion of coverage or whether or not medical treatment is required (Sample included in Chapter Thirteen). The Virginia Workers' Compensation Commission (VWC) can assess a fine for late reporting or failure to report. Should a fine result due to an agency's delay in reporting, Workers' Compensation Services will bill the agency for the fine.

The agency, ***NEVER THE EMPLOYEE***, must complete the information required on the First Report of Injury via VLW providing the facts from the agency's perspective. If the agency is unable to verify the accident facts, the words "employee alleges" should be used. If the agency wishes to provide additional information on the peculiar nature of the claim or low leave balance information, the agency should use the comments feature in the VLW application. Low leave balance notification alerts MCI claim staff to investigate questionable claims as a priority.

The First Report of Injury (FROI) is the single most important document required, initiating the claim in order to begin the claims handling and medical process.

The timely completion of the First Report of Injury (FROI) is crucial for return to work, loss control, appropriate incident investigation, compensability and compliance with the Virginia Workers' Compensation Act.

Claim Investigation

Upon receipt of the First Report of Injury (FROI) via VLW, the Benefit Coordinator will investigate the injury and determine if the accident falls within the parameters of “arising out of and in the course of employment” and meets the definition of an injury by accident on Medical Only and Lost Time claims.

This may require recorded statements from the injured employee, supervisor, and witnesses. Reports will be obtained from the attending physician to verify the injury and any authorization of disability from work. The Benefit Coordinator (BC) will make a compensability recommendation to Workers’ Compensation Services (WCS) for any Lost Time claim. Workers’ Compensation Services retains final authority on accepting or denying Lost Time claims.

Claim Denial

If the claim is not covered, the BC will call the employee and agency representative to advise them of the decision and a denial letter will be sent to the employee with a copy to the agency HR Department, all medical providers, the Work-Related Disability Coordinator/VSDP liaison, and the VWC. Workers’ Compensation Services accepts only those injuries which, based upon an interpretation of the law, are covered as outlined in the Virginia Workers’ Compensation Act.

An employee may choose to appeal the decision by filing for a hearing before the Virginia Workers’ Compensation Commission. Upon receipt of a hearing notice from the Virginia Workers’ Compensation Commission, MCI will provide a written contested claim referral of the claim file to WCS for approval. Upon WCS approval, the BC will forward notice to the Office of the Attorney General (OAG). The Office of the Attorney General will provide the defense for the Commonwealth before the Virginia Workers’ Compensation Commission. Unless contacted by the OAG, the agency representative is not required to attend the hearing.

Payments on Denied Claims - The Workers' Compensation Program will issue payments for all related medical treatment and prescriptions on a denied injury by accident claim (including back claims etc. that arise over a small period of time but do not arise instantaneously) up through the date of the claim's denial if the employee and their agency meet the following conditions:

1. The employee must have health insurance with the Commonwealth of Virginia.
2. The employee must immediately notify the agency of their injury and cooperate in a timely manner with all requests for information. (Timely manner means responding to letters within one week of receipt, and responding to phone messages within two days - at WCS's discretion.) Except in cases of emergency room visits for treatment, no medical treatment received prior to the employee's notification of the injury to the employer or prior to the employee's selection of a panel doctor will be considered.
3. Upon the employee's notification of the injury to the agency, the agency must offer the employee a panel of physicians and the employee must select a physician from the panel for treatment. The agency shall provide a copy of the signed panel selection form to MCI prior to the conclusion of the compensability decision. Failure to provide the signed form to MCI will jeopardize this benefit.
4. The agency must submit the First Report of Injury (FROI) within 10 days of the injury as required by Executive Order 109(10).
5. Other than cases of emergency room visits, all treatment considered for payment must originate with the selected panel physician or be from a referral by the panel physician.
6. If the employee is insured by Anthem, they must sign and return to the benefit coordinator the Assignment of Benefits form within 30 days. (Employees with health care coverage through other Commonwealth of Virginia vendors are not required to sign the Assignment of Benefits form.)

Special Notes to the Workers' Compensation Program Guidelines on Denied Claims.

The Workers' Compensation Program will not pay for any related medical treatment or prescriptions on denied Occupational Disease claims or Ordinary Disease of Life claims as defined by §65.2-400 through 407.

In cases of denied injury by accident claims, in-patient hospital stays and surgical procedures that are normally covered under the employee's health insurance will not be covered under these Workers' Compensation Program guidelines. In the event that one of these situations arises, the employee may wish to consider concurrent certification through their health insurance program or personal health care provider.

All requests to deny reimbursement as a result of failure to comply with any of the conditions of this policy require written approval of the Director of Workers' Compensation Services or designee in the Department of Human Resource Management.

AGENCY ACCIDENT INVESTIGATION

Every state agency must conduct accident investigations to preserve evidence, document the conditions at the time of the accident, locate witnesses, determine how the accident occurred, obtain photographs of the accident scene, and determine the root causes of the accident.

In addition to preventing future accidents, the accident investigation can:

- Help to identify inefficiencies and improve total quality
- Develop accident trend information
- Focus supervisors' attention on safety and help them consider methods for preventing future accidents
- Help monitor the effectiveness of the agency safety program
- Provide information for workers' compensation claims handling as well as regulatory reporting and recordkeeping

Accident investigations are a management tool by which accidents or injuries are systematically studied so that their causes and contributing factors can be identified and eliminated. Accident investigation is a technique that allows an agency to "learn from its experience."

The accident investigation should be conducted **immediately** after the injury is reported. The agency should attempt to gather the facts from the injured employee whenever possible. If the injured employee's condition permits, the employee should be contacted to gather facts even if they are recovering at home.

Once the cause(s) have been identified, efforts must be made to remove or minimize them. Periodic training is provided by the DHRM/WCS on accident investigation techniques.

Steps to a Successful Accident Investigation

Before an accident investigation can be performed, any injured employee should receive immediate and proper medical attention. Hazards should be removed from the accident scene to prevent accidents to others. Any subrogation potential should be identified and evidence documented and preserved. Thereafter, the following steps should be taken:

Determine the Facts

The investigator should identify and document all the facts of the accident. To do this, the investigator should:

- Interview the individual(s) involved as well as witnesses
- Photograph the accident scene if possible
- Diagram the layout of the accident scene, and the relationship of machinery and witnesses to the scene
- Safely reenact the accident to ensure that no one else is injured

Determine the Causes

The cause of an accident may be obvious and be determined immediately with relative ease. However, it is important to delve deeper and try to determine the underlying causes of an accident. These might include:

- Lack of employee or supervisor training
- Improper or outdated methods
- Lack of enforcement of safety regulations
- Inadequate machine maintenance
- Third party liability – preserve evidence and document responsible parties

Determine the Corrective Action

Investigators should be aware that there might be more than one method or technique for eliminating the cause of an accident. It is also important to realize that a temporary corrective action may be

appropriate if the most effective corrective action cannot be implemented immediately.

Review the Findings of the Accident Investigation

After an accident investigation has been completed, management should periodically review related forms and procedures. This will ensure that the quality of investigations remains high, and that corrective actions are adequate and have been completed.

Analyze Accidents

All accidents should be analyzed periodically for any trends or recurring problems. One should consider the date and time and location of the accident; the type of accident; the nature of the injury and body part(s) involved; and the employee's training and experience level.

Provide Benefit Coordinator with Accident Investigation Facts

The accident investigation information should be forwarded to the Benefit Coordinator as soon as possible. As facts are developed the information and any pertinent photographs should be sent to MCI to the attention of the assigned Benefit Coordinator at covimaging@avizentrisk.com or faxed to 804-371-2556. All internal signed or unsigned accident reports should be submitted to supplement the VLW submission.

A sample Accident Investigation Program and Accident Investigation Report Form are included in Chapter Thirteen.

BENEFITS FOR ACCEPTED CLAIMS

If the medical only or lost time claim is accepted, the Benefit Coordinator phones the agency and employee and sends an acceptance letter to the employee and a copy to the agency. The employee also receives the following benefits package explaining the possible benefits to expect with an accepted workers' compensation claim.

For Medical Only Claims:

BENEFITS

Please find below benefits that may be available under your workers' compensation claim. Please contact me if you have any questions.

1. **Mileage Reimbursement** – You are currently entitled to **50.5 cents (effective 7/1/08)** per mile for round-trip appointments to your authorized physician and all therapy appointments that are related to your original work-related injury. We also reimburse for parking and tolls for medical appointments when receipts are supplied. Please use the enclosed mileage/expense reimbursement forms.
2. **Transportation Needs** – If you are unable to drive to your appointments due to your work-related injury, please contact us for other transportation assistance.
3. **Expense Reimbursement** – We will reimburse for certain expenses such as knee braces, heel supports, etc. if we have a prescription from your authorized physician, itemized receipt and letter from the physician indicating medical necessity. Please use the enclosed mileage/expense forms.
4. **Toll-free number** - 1-866-225-4050. Please press "1" to be connected to the Workers' Compensation Program - Managed Care Innovations. If you are unable to leave a voice mail and your matter is urgent, please press "0" for a customer service representative.
5. **Phone List** - Enclosed is a list of phone numbers and email addresses for the team assigned to your claim. Please feel free to email me directly.
6. **Website:** www.covwc.com Contains useful information and links for you. Many public libraries have free access to the Internet.
7. **Prescription Coverage** – We have enrolled you in the First Script Pharmacy network. The First Script network includes all of the national chain pharmacies, grocery stores and discount stores, including: Costco, CVS, Eckerd Drug, Epic Pharmacies, Farm Fresh, Food City, Food Lion, Giant, Harris Teeter, K-Mart, Kroger, Medicine Shoppe, Rite Aid, Safeway, Sam's Pharmacy, Shoppers Pharmacy, Target, Ukrops Pharmacies, Walgreens, Wal-Mart, and Winn-Dixie. You are entitled to use any pharmacy. If you do not wish to pay out of pocket and be reimbursed, you can use the First Script Pharmacy Network. You can

then obtain your prescriptions as written by your authorized physician free of charge. If there is not a First Script pharmacy in your area, we also have mail order. Certain pharmacies also will directly bill us. Please contact me if you have any questions.

8. **Financial Information** – We will pay medical bills at the usual and customary rate. Medical providers are not allowed to bill you for additional balances. If this happens, please notify me. In addition, if you are referred to collections due to an unpaid balance, please contact me so that we can attempt to solve this problem. If the medical bill is related to your injury, we will be responsible for payment.

For all of the items above, the following conditions apply:

- All treatment/equipment will be reviewed for medical necessity and causality as related to the original injury.
- Medical records from the attending physician/therapist must be received prior to issuing reimbursements.
- Reimbursements (i.e. prescriptions, expenses, parking, etc.) must include receipts if applicable.

Items not covered by Workers' Compensation:

- Long distance phone charges
- Copying charges
- Faxing charges
- Mileage to and from the pharmacy

Please note: Section 65.2-712. of the Code of Virginia Reporting incarcerations, changes in earnings; recovery of payments procured by fraud, misrepresentation, or unreported change in condition. - So long as an employee receives payment of compensation under this title, such employee shall have a duty immediately to disclose to the employer, when the employer is self insured, or insurer in all other cases, any incarceration, return to employment or increase in his earnings. Any payment to a claimant by an employer or insurer which is later determined by the Commission to have been procured by the employee by fraud, misrepresentation, or failure to report any incarceration, return to employment or increase in earnings may be recovered from the claimant by the employer or insurer either by way of credit against future compensation payments due the claimant, or by action at law against the claimant.

Enclosures: Mileage/Expense Reimbursement Form
Medical/Pharmacy Expense Reimbursement Form
Phone List

For Lost Time Claims:

BENEFITS

Please find below benefits that may be available under your workers' compensation claim. Please contact me if you have any questions.

1. Mileage Reimbursement

You are currently entitled to mileage reimbursement on a per mile basis for round-trip appointments to your authorized physician and all therapy appointments that are related to your original work-related injury. We also reimburse for parking and tolls for medical appointments when receipts are supplied. Please use the enclosed mileage/expense reimbursement forms.

Date Range	Mileage Reimbursement
On and After 7/1/08	\$0.505
9/4/06 - 6/30/08	\$0.445
10/1/05 - 9/3/06	\$0.325
Prior to 10/1/05	\$0.270

2. Transportation Needs

If you are unable to drive to your appointments due to your work-related injury, please contact us for other transportation assistance.

3. Expense Reimbursement

We will reimburse for certain expenses such as knee braces, heel supports, etc. if we have a prescription from your authorized physician, itemized receipt and letter from the physician indicating medical necessity. Please use the enclosed medical/pharmacy expense reimbursement forms.

4. Toll-free number

1-866-225-4050. Please press "1" to be connected to the Workers' Compensation Program - Managed Care Innovations. If you are unable to leave a voice mail and your matter is urgent, please press "0" for a customer service representative.

5. Phone List

Enclosed is a list of phone numbers and e-mail addresses for the team assigned to your claim. Please feel free to e-mail me directly.

6. Website

www.covwc.com contains useful information and links for you. Many public libraries have free access to the Internet.

7. Nurse Consultant

On staff to assist you with your medical questions. Please realize that the nurse might not be able to answer all questions but will refer you to the correct person.

8. Prescription Coverage

We have enrolled you in the First Script Pharmacy network. You will be receiving a Prescription Drug Card from First Script for you to use in purchasing prescriptions related to your workers' compensation injury. The First Script network includes: Costco, CVS, Eckerd Drug, Epic Pharmacies, Farm Fresh, Food City, Food Lion, Giant, Harris Teeter, K-Mart, Kroger, Medicine Shoppe, Rite Aid, Safeway, Sam's Pharmacy, Shoppers Pharmacy, Target, Ukrops Pharmacies, Walgreens, Wal-Mart, and Winn-Dixie. You can then obtain your prescriptions as written by your authorized physician free of charge. Please contact me if you have any questions regarding First Script. If you are to receive medications for over three months, you may want to consider using our mail-order pharmacy program which will have your prescriptions delivered to your home.

9. Home Health, Physical Therapy, Medical Equipment, etc

Our staff can assist with coordination of home health if ordered. Physical therapy visits will be approved for payment if prescribed by your authorized physician and related to your original injury. If your physician prescribes medical equipment, please call me or if you have a nurse consultant or case manager, please contact them directly to order this equipment.

10. Financial Information

We will pay medical bills at the prevailing community rate as set forth in the Virginia Workers' Compensation Act. Medical providers are not allowed to bill you for additional balances. If this happens, please notify me. In addition, if you are referred to collections due to an unpaid balance, please contact me so that we can attempt to solve this problem.

11. Vocational Rehabilitation

We offer vocational consultants that can assist with your return to work by determining your skills and physical abilities. If you are not already involved with these services and are interested please let me know.

**If the employer/carrier refuses to make certain payments, this does not mean you are not entitled to benefits. It means that the benefits will not be voluntarily paid. The employee can send a written request for a hearing to the Virginia Workers' Compensation Commission. (Phone Number: (804) 367-8600/(877) 664-2566 toll free/Website: www.vwc.state.va.us)

For all of the items above, the following conditions apply:

- All treatment/equipment will be reviewed for medical necessity and causality as related to the original injury.
- Medical records from the attending physician/therapist must be received prior to issuing reimbursements.
- Reimbursements (i.e. prescriptions, expenses, parking, etc.) must include receipts if applicable. Note: Reimbursements will be processed within 14 days of receipt of proper documentation.

Items Not Covered By Workers' Compensation:

- Long distance phone charges
- Copying charges
- Faxing charges
- Mileage to and from the pharmacy

Please note: Section 65.2-712. of the Code of Virginia Reporting incarcerations, changes in earnings; recovery of payments procured by fraud, misrepresentation, or unreported change in condition. - So long as an employee receives payment of compensation under this title, such employee shall have a duty immediately to disclose to the employer, when the employer is self insured, or insurer in all other cases, any incarceration, return to employment or increase in his earnings. Any payment to a Injured Worker by an employer or insurer which is later determined by the Commission to have been procured by the employee by fraud, misrepresentation, or failure to report any incarceration, return to employment or increase in earnings may be recovered from the Injured Worker by the employer or insurer either by way of credit against future compensation payments due the Injured Worker, or by action at law against the Injured Worker.

Enclosures: Mileage/Expense Reimbursement Form
Medical/Pharmacy Expense Reimbursement Form
Phone List

Payment of Benefits

Payment of all medical expenses arising out of the injury will be made directly to the medical provider or hospital at the prevailing community rate or contracted Preferred Provider Organization (PPO) allowance (See Chapter Eleven on PPO). Should the authorized treating physician refer the employee to a specialist, payment will be made directly to the specialist at the prevailing community rate or contracted Preferred Provider Organization (PPO) allowance.

Payment of lost wages of two-thirds of the employee's pre-injury "average weekly wage" will be issued to the agency. This is based upon the fifty-two weeks of earnings prior to the date of accident, within minimum and maximum ranges established by the Virginia Workers' Compensation Commission. This occurs as long as the agency continues to issue payroll checks to the injured employee. **If the agency terminates direct payment to the employee, notification must be made in writing to the Benefit Coordinator two weeks prior to termination.** Payments for lost wages will then be made payable to the injured employee. The maximum period for wage replacement benefits is five hundred weeks. However, lifetime benefits may continue for a loss of two or more limbs, both eyes, total paralysis, or injury to the brain which is so severe as to render the employee permanently disabled from obtaining gainful employment.

There is a 7-day waiting period to the start of lost time benefits. This may be seven whole or partial days. However, Workers' Compensation Services will pay these first seven days after an employee has been out of work greater than twenty-one (21) calendar days. Note the Virginia Sickness and Disability Program does not reimburse the 7-day waiting period.

Reduction in Medical Provider's Bills

Prevailing Community Rate

Payment for medical treatment will be at the prevailing community rate or the contracted PPO rate. If an employee receives a bill for any balance not paid under workers' compensation, a copy of the bill should be submitted to the Benefit Coordinator immediately. A letter

will inform the medical provider, that the Code of Virginia Section 65.1-88 states that the employee shall not be responsible for any medical bills, which result from a work-related accident. Also, the employer “shall be limited to such charges as prevail in the same community for similar treatment.” Therefore, the employee is not responsible for these charges.

If there are extenuating factors regarding the medical treatment necessitated by the injury, the medical providers will be instructed to notify the Benefit Coordinator for re-evaluation of the new information and proper adjustment, if appropriate. If they are still not satisfied with the adjustment, they may take the matter to the Virginia Workers’ Compensation Commission by requesting a hearing. **UNDER NO CIRCUMSTANCES SHOULD THE EMPLOYEE PAY THE OUTSTANDING BALANCE.**

Medical Bill Audit

A review is performed of all medical bills relating to the injured employee's claim. The review focuses on determining the nature of the injury, medical necessity, the causal relationship of treatment, and the verification that the services were delivered.

Durable Medical Equipment

The Nurse Consultant and/or the Benefit Coordinator will coordinate the purchase or rental of needed medical equipment with the treating physician, hospital and injured employee.

Fatalities

If a compensable fatal injury occurs, an employee’s spouse and dependents are entitled to compensation benefits as well as a maximum of \$10,000 for funeral expenses and \$1,000 for transportation of the deceased’s body. Should a fatality occur, contact the Benefit Coordinator or Claims Supervisor and Workers’ Compensation Services immediately. Assistance will then be provided to the family.

Contact the Virginia Retirement System for information on all other available survivor benefits.

Responsibilities of an Injured Employee

1. Give notice to the employer as soon as possible.
2. File a claim with the Workers' Compensation Commission within two years from 1) the date of the accident or 2) the date the doctor diagnoses an occupational disease.
3. Select a doctor from a panel of at least three physicians provided by your agency. Do not change doctors without DHRM/WCS's permission or after a hearing by the Commission.
4. Seek and accept employment if released to modified duty, and cooperate with field medical and vocational staff.
5. Take responsibility to assure that a claim is filed with the VWC for every period of lost time.

VSDP – Coordination of Benefits

For employees hired prior to July 1, 2009

Work Related Disability

Reporting the Injury to VSDP

An employee who participates in the Virginia Sickness and Disability Program should immediately contact VSDP after an injury at work if the disability is expected to exceed 7 days. Anyone can call and initiate the claim for the employee. Failure to notify the VSDP vendor timely may result in a loss or decrease in VSDP benefits.

Reporting the Injury to Workers' Compensation Services

The employer must electronically file the First Report of Injury (FROI) using Visual Liquid Web (VLW) within ten days of the date of injury as required by Executive Order 109(10).

This time frame is necessary in order to assure timely evaluation for benefits and reduce the likelihood or time that the employee may have to be placed on non-work related short-term disability pending determination. A **VWC Form 7A Wage Chart (or WCS approved alternate wage chart)** and a **VWC Form 3A Supplementary Report** must be submitted immediately (Samples included in Chapter Thirteen).

Claim Review and Investigation

Upon receipt of the FROI, the Benefit Coordinator will investigate to determine if the accident is compensable under the Virginia Workers' Compensation Act.

The VSDP vendor will begin the process of authorizing short term disability upon receiving notice of the claim from the employee. Non-work related short term disability benefit authorization might be provided pending a compensability determination from Workers' Compensation Services.

NO wage benefits should be paid to the employee **as work-related disability** until the claim has been accepted as compensable and the agency has received notification from the VSDP vendor and Workers' Compensation Services.

Workers' Compensation Services' investigation will be more extensive as they will be determining if the accident falls within the coverage available under the Virginia Workers' Compensation Act. This may require recorded statements from the injured employee, supervisor, and witnesses. Photographs of the accident scene may be required and may need to be reviewed prior to the compensability determination.

Reports will be obtained from the attending physician to verify the cause of the injury, the diagnosis, whether the injury is related to the initial event reported, and to determine if there is any authorization of disability from work from the panel physician.

Upon receipt of all information necessary to determine compensability, the Benefit Coordinator will make a recommendation to accept or deny the claim. Workers' Compensation Services has final authority on compensability of lost time claims. The employee, the VSDP vendor, and the agency will be notified of the decision.

VSDP Benefits Provided for Accepted Claims

The employee may be entitled to supplemental VSDP work-related disability benefits.

VSDP Payment of Benefits During Short Term Disability

Once the workers' compensation claim is accepted as compensable, workers' compensation benefits become primary and VSDP will provide only supplemental benefits. During short-term disability,

agencies will be responsible for issuing employees their workers' compensation benefit and any supplemental VSDP or personal leave benefit. Workers' Compensation Services will reimburse the agency the workers' compensation benefit amount and will send the benefit checks payable to the agency during the short-term disability period.

In order to determine the amount the agency should pay the employee, you will receive an **Action Report** from VSDP that will provide information on the level of benefits to pay (100%, 80% or 60%).

After a claim is accepted, if the employee received pay under the non-work related VSDP disability benefit, the agency will be responsible for re-calculating the employee's pay and may need to make adjustments to the leave used.

If the injury continues for a period greater than 21 days, the employer will receive the workers' compensation benefit payment for the waiting period of the first 7 calendar days of disability. Upon receipt of the payment from Workers' Compensation Services, the agency will reinstate leave equal to the workers' compensation benefit payment. **Remember, the employee must still use leave for the difference between the workers' compensation benefit and full salary.** Employees may supplement the workers' compensation benefit with disability credits, and/or personal leave as authorized. VSDP does not reimburse for the 7-day waiting period.

At the point the employee's disability benefits are reduced to 60%, it will be necessary to determine if payment should be issued pursuant to the VSDP benefit of 60% of the employee's salary or at the workers' compensation benefit rate. Remember the employee is entitled to the greater of 60% of their last credible compensation or their weekly compensation rate (as calculated by Workers' Compensation Services and approved by the Virginia Workers' Compensation Commission).

If the employee returns to work during short term disability, the agency must immediately notify Workers' Compensation Services by faxing in a **VWC Form 3A Supplementary Report** and calling the assigned Benefit Coordinator (Sample included in Chapter Thirteen).

If the agency receives notification from VSDP that the employee's disability will be continuing into long term disability, the agency **MUST** notify the Benefit Coordinator in writing **two weeks prior** to termination of the agency-issued payroll checks.

VSDP Payment of Benefits During Long Term Disability

During the period of long term disability, Workers' Compensation Services will pay the employee their workers' compensation benefit directly. VSDP supplemental benefits will be paid directly by the VSDP vendor to the employee. During the period of long term disability, VSDP may also issue supplemental pay arising from the use of disability credits. Therefore, the employee may be receiving checks from two sources—Workers' Compensation Services and VSDP.

If the employee returns to work during long term disability, the agency must immediately notify Workers' Compensation Services by faxing in a **VWC Form 3A Supplementary Report** and calling the assigned Benefit Coordinator (Sample included in Chapter Thirteen).

VSDP Intermittent Disability For a Non-chronic Condition

There are many situations that will result in intermittent disability that may or may not (depending upon the length of disability) be covered under the VSDP program as a new claim.

When intermittent disability occurs, immediately fax a report of the employee's absence using the **VWC Form 3A Supplementary Report** to Workers' Compensation Services (Sample included in Chapter Thirteen). The employee is responsible for notifying VSDP. However, anyone can call VSDP and initiate the claim for the employee.

Confirmation from the authorized treating physician that the disability is causally related to the original workers' compensation claim and that disability is authorized will be required **prior** to approval of any workers' compensation intermittent disability benefit payments.

The agency **MUST** obtain approval from Workers' Compensation Services and from the VSDP vendor as to the authorized period of disability and benefit level **prior** to paying the benefits as workers' compensation or VSDP. Pursuant to DHRM policies, the agency may be able to authorize the use of personal leave during the period of time that a decision is pending.

VSDP Intermittent Disability for a Chronic Condition

There will be situations when VSDP has determined that future periods of disability related to a chronic condition will be covered regardless of whether the disability is continuous. When intermittent disability occurs, immediately fax a report of the employee's absence using the **VWC Form 3A Supplementary Report** to Workers' Compensation Services (Sample included in Chapter Thirteen). The employee is responsible for notifying the VSDP. However, anyone can call and initiate the claim for the employee.

Workers' Compensation Services must confirm with the authorized treating physician that the disability is causally related to the original workers' compensation claim **prior** to approval of any intermittent work-related disability benefits.

The agency **MUST** obtain approval from Workers' Compensation Services and VSDP as to the authorized period of disability and benefit level **prior** to paying the benefits **as work-related**. Pursuant to DHRM policies, the agency may be able to authorize the use of personal leave during the period of time that a decision is pending.

VSDP and Denied Claims

If the claim is not accepted, a denial letter will be sent to the employee with a copy to the agency Human Resources Office, all medical providers, the Work-Related Disability Coordinator/VSDP liaison, the VSDP vendor and the VWC. Work-related disability benefits are only authorized for those injuries that are deemed compensable.

An employee may choose to appeal the denial by filing for a hearing before the Virginia Workers' Compensation Commission. Upon notice

from the Virginia Workers' Compensation Commission, MCI will provide a written contested claim referral of the claim file to WCS for approval. Upon WCS approval, the BC will forward notice to the Office of the Attorney General (OAG). The Office of the Attorney General will provide the defense for the Commonwealth before the Virginia Workers' Compensation Commission. Unless contacted by the OAG, the agency representative is not required to attend the hearing.

During any litigation period, any benefits paid by VSDP will be under non-work related disability. (The VSDP may require the employee to sign a loan agreement prior to issuing any payments during the appeal process.) Should the employee win the appeal, Workers' Compensation Services will be instructed by the Virginia Workers' Compensation Commission on the appropriate reimbursement to the employer and the employee for any benefits owed under workers' compensation.

VSDP – Coordination of Benefits

For employees hired after July 1, 2009

Work Related Disability

Reporting the Injury to VSDP

An employee who participates in the Virginia Sickness and Disability Program should immediately contact VSDP after an injury at work if the disability is expected to exceed 7 days. Anyone can call and initiate the claim for the employee. Failure to notify the VSDP vendor timely may result in a loss or decrease in VSDP benefits.

Reporting the Injury to Workers' Compensation Services

The employer must electronically file the First Report of Injury (FROI) using Visual Liquid Web (VLW) within ten days of the date of injury as required by Executive Order 109(10).

This time frame is necessary in order to assure timely evaluation for benefits and reduce the likelihood or time that the employee may have to be placed on non-work related short-term disability pending determination. A **VWC Form 7A Wage Chart (or WCS approved alternate wage chart)** and a **VWC Form 3A Supplementary Report** must be submitted immediately (Samples included in Chapter Thirteen).

Claim Review and Investigation

Upon receipt of the FROI, the Benefit Coordinator will investigate to determine if the accident is compensable under the Virginia Workers' Compensation Act.

The VSDP vendor will begin the process of authorizing short term disability upon receiving notice of the claim from the employee. Non-work related short term disability benefit authorization might be

provided pending a compensability determination from Workers' Compensation Services.

NO wage benefits should be paid to the employee **as work-related disability** until the claim has been accepted as compensable and the agency has received notification from the VSDP vendor and Workers' Compensation Services.

Workers' Compensation Services' investigation will be more extensive as they will be determining if the accident falls within the coverage available under the Virginia Workers' Compensation Act. This may require recorded statements from the injured employee, supervisor, and witnesses. Photographs of the accident scene may be required and may need to be reviewed prior to the compensability determination.

Reports will be obtained from the attending physician to verify the cause of the injury, the diagnosis, whether the injury is related to the initial event reported, and to determine if there is any authorization of disability from work from the panel physician.

Upon receipt of all information necessary to determine compensability, the Benefit Coordinator will make a recommendation to accept or deny the claim. Workers' Compensation Services has final authority on compensability of lost time claims. The employee, the VSDP vendor, and the agency will be notified of the decision.

VSDP Benefits Provided for Accepted Claims

The employee may be entitled to supplemental VSDP work-related disability benefits. Employees hired or rehired on or after July 1, 2009 that suffer a work-related illness or injury must apply for disability benefits under the Virginia Workers' Compensation Act to be considered for work-related disability under VSDP. If benefits are approved for Workers' Compensation your VSDP work-related benefit will supplement your Workers' Compensation.

VSDP Payment of Benefits During Short Term Disability

Employees are eligible for work-related short-term disability coverage from the first day of employment. To qualify for a VSDP work-related benefit, your disability must be the result of an occupational illness or injury that occurs on the job and the cause is determined to be work-related under the Virginia Workers' Compensation Act.

If you were hired or rehired on or after July 1, 2009 and suffer a work-related illness or injury during your first year of employment, employees must file a claim for state workers' compensation benefits before filing a VSDP claim. If the employee has not satisfied the one-year eligibility period for non-work related disability coverage, Unum cannot begin paying work-related benefits until the workers' compensation claim has been approved. During the first five years of employment, employees are eligible for income replacement at 60 percent of the pre-disability income. VSDP benefits will not be processed unless the workers' compensation benefit is reduced to less than 60 percent or ends, or the income replacement increases to 80 percent for a catastrophic condition.

Once the workers' compensation claim is accepted as compensable, workers' compensation benefits become primary and VSDP will provide only supplemental benefits. During short-term disability, agencies will be responsible for issuing employees their workers' compensation benefit and any supplemental VSDP or personal leave benefit. Workers' Compensation Services will reimburse the agency the workers' compensation benefit amount and will send the benefit checks payable to the agency during the short-term disability period.

In order to determine the amount the agency should pay the employee, you will receive an **Action Report** from VSDP that will provide information on the level of benefits to pay (100%, 80% or 60%).

After a claim is accepted, if the employee received pay under the non-work related VSDP disability benefit, the agency will be responsible for re-calculating the employee's pay and may need to make adjustments to the leave used.

If the injury continues for a period greater than 21 days, the employer will receive the workers' compensation benefit payment for the waiting period of the first 7 calendar days of disability. Upon receipt of the payment from Workers' Compensation Services, the agency will reinstate leave equal to the workers' compensation benefit payment. **Remember, the employee must still use leave for the difference between the workers' compensation benefit and full salary.** Employees may supplement the workers' compensation benefit with disability credits, and/or personal leave as authorized. VSDP does not reimburse for the 7-day waiting period.

At the point the employee's disability benefits are reduced to 60%, it will be necessary to determine if payment should be issued pursuant to the VSDP benefit of 60% of the employee's salary or at the workers' compensation benefit rate. Remember the employee is entitled to the greater of 60% of their last credible compensation or their weekly compensation rate (as calculated by Workers' Compensation Services and approved by the Virginia Workers' Compensation Commission).

If the employee returns to work during short term disability, the agency must immediately notify Workers' Compensation Services by faxing in a **VWC Form 3A Supplementary Report** and calling the assigned Benefit Coordinator (Sample included in Chapter Thirteen).

If the agency receives notification from VSDP that the employee's disability will be continuing into long term disability, the agency **MUST** notify the Benefit Coordinator in writing **two weeks prior** to termination of the agency-issued payroll checks.

VSDP Payment of Benefits During Long Term Disability

During the period of long term disability, Workers' Compensation Services will pay the employee their workers' compensation benefit directly. VSDP supplemental benefits will be paid directly by the VSDP vendor to the employee. During the period of long term disability, VSDP may also issue supplemental pay arising from the use of disability credits. Therefore, the employee may be receiving checks from two sources—Workers' Compensation Services and VSDP.

If the employee returns to work during long term disability, the agency must immediately notify Workers' Compensation Services by faxing in a **VWC Form 3A Supplementary Report** and calling the assigned Benefit Coordinator (Sample included in Chapter Thirteen).

VSDP Intermittent Disability For a Non-chronic Condition

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When intermittent disability occurs, immediately fax a report of the employee's absence using the **VWC Form 3A Supplementary Report** to Workers' Compensation Services (Sample included in Chapter Thirteen). The employee is responsible for notifying VSDP. However, anyone can call VSDP and initiate the claim for the employee.

Confirmation from the authorized treating physician that the disability is causally related to the original workers' compensation claim and that disability is authorized will be required **prior** to approval of any workers' compensation intermittent disability benefit payments.

The agency **MUST** obtain approval from Workers' Compensation Services and from the VSDP vendor as to the authorized period of disability and benefit level **prior** to paying the benefits as workers' compensation or VSDP. Pursuant to DHRM policies, the agency may be able to authorize the use of personal leave during the period of time that a decision is pending.

VSDP Intermittent Disability for a Chronic Condition

There will be situations when VSDP has determined that future periods of disability related to a chronic condition will be covered regardless of whether the disability is continuous. When intermittent disability occurs, immediately fax a report of the employee's absence using the **VWC Form 3A Supplementary Report** to Workers' Compensation Services (Sample included in Chapter Thirteen). The employee is responsible for notifying the VSDP. However, anyone can call and initiate the claim for the employee.

Workers' Compensation Services must confirm with the authorized treating physician that the disability is causally related to the original workers' compensation claim **prior** to approval of any intermittent work-related disability benefits.

The agency **MUST** obtain approval from Workers' Compensation Services and VSDP as to the authorized period of disability and benefit level **prior** to paying the benefits **as work-related**. Pursuant to DHRM policies, the agency may be able to authorize the use of personal leave during the period of time that a decision is pending.

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If the claim is not accepted, a denial letter will be sent to the employee with a copy to the agency Human Resources Office, all medical providers, the Work-Related Disability Coordinator/VSDP liaison, the VSDP vendor and the VWC. Work-related disability benefits are only authorized for those injuries that are deemed compensable.

An employee may choose to appeal the denial by filing for a hearing before the Virginia Workers' Compensation Commission. Upon notice from the Virginia Workers' Compensation Commission, MCI will provide a written contested claim referral of the claim file to WCS for approval. Upon WCS approval, the BC will forward notice to the Office of the Attorney General (OAG). The Office of the Attorney General will provide the defense for the Commonwealth before the Virginia Workers' Compensation Commission. Unless contacted by the OAG, the agency representative is not required to attend the hearing.

During any litigation period, any benefits paid by VSDP will be under non-work related disability. (The VSDP may require the employee to sign a loan agreement prior to issuing any payments during the appeal process.) Should the employee win the appeal, Workers' Compensation Services will be instructed by the Virginia Workers' Compensation Commission on the appropriate reimbursement to the employer and the employee for any benefits owed under workers' compensation.

RETURN TO WORK - TEAMWORK AND RESPONSIBILITIES

Lost Time Claims

Benefit Coordinators

The Benefit Coordinator will assess and refer all new lost time claims, except those with a closed period of disability, to medical/vocational services upon receipt of the lost time claim in order to facilitate the return-to-work (RTW) efforts and medical treatment. The Benefit Coordinator shall obtain the employee's EWP and send it to the physician if the agency has not completed this task. The Benefit Coordinator assigns the file to the Telephonic Nurse Consultant if, upon receipt of the claim, the injured worker is working in a modified duty capacity. If the injured worker remains in a modified duty capacity at day 90, the Telephonic Nurse Consultant will transfer the file to field medical/vocational services to facilitate a full duty RTW.

The field Medical Consultants and Telephonic Nurse Consultant work with the agencies on any changes to modified duty restrictions.

Telephonic Nurse Consultant

The Telephonic Nurse Consultant program utilizes professional registered nurses to assist agencies, healthcare professionals, and employees in obtaining prompt, quality medical treatment for the injured worker and in facilitating return-to-work as soon as it is medically safe. The heart of the program is communicating with the treating physician on appropriate modified duty claims to determine the optimal treatment plan which will lead to a full duty return to work for the injured employee. A treatment plan is used as a road map to monitor the case. Variance in the actual treatment from the plan may require intervention of the Nurse Consultant, Voc/Med Manager or Medical Director. Differences that cannot be resolved through

consultation may require the use of the normal avenues provided by the Virginia Workers' Compensation Commission.

Medical Vocational Services (MVS) Medical Consultant and Vocational Placement

The objective of this program is to maximize the use of actual visits by on-site Medical Consultants to the treating physicians' office to assist agencies, healthcare professionals, and employees in obtaining prompt, quality medical treatment for the injured worker and in facilitating return-to-work as soon as it is medically safe. The physical presence of Medical Consultants will assure that the treating physician has a full understanding of the conditions that relate to return-to-work opportunities.

The MVS Medical Consultant will consult with the agency, physician, injured worker and Benefit Coordinator to facilitate effective RTW opportunities as safely as possible for the injured worker. The MVS Medical Consultant will meet with the injured worker and consult on the phone to assist with safe and timely RTW.

Treatment Reviews

The Nurse Consultant will contact the injured worker, agency, and medical provider within 24 hours of receipt of the treatment review. Documentation to complete the review will be requested telephonically and in writing and upon receipt of required documentation, the treatment review will be completed within two business days.

Medical Only Claims

The process described above for lost time claims is also available for medical only claims. Medical only claims requiring this level of intervention will be determined through manual review by the Benefit Coordinator, Nurse Consultant, or Claims Supervisor with the Voc/Med Manager.

RETURN-TO-WORK / EO 109 (10)

Helping an injured worker return to work is one of the most important things your agency can do to help the employee recover and keep down your workers' compensation costs. Our ultimate goal is for employees to return to work full duty.

The agency can make a big difference by helping employees get back to work as soon as it is medically safe. The agency benefits by having an experienced employee back on the job instead of drawing disability benefits. The employee benefits by being productive and receiving a salary. This process shows that they are valued employees and follows a "work-as-therapy" model.

Good planning for an employee's return to work starts on day one of the injury. Studies show the longer the employee is off work after an injury, the harder it may be to return to work. The agency should complete the accident investigation in a timely manner and correct any safety hazards right away in order to assist the employee in dealing with return to work.

Under **Executive Order 109 (10) – Workplace Safety and Employee Health**, all executive branch departments, agencies and institutions of higher education shall:

- Cooperate with DHRM and the Virginia Retirement System Virginia Sickness and Disability Program to establish return-to-work opportunities appropriate for the individual employee and agency;
- Ensure that job expectations are clearly defined in the employee work profile to include physical requirements;
- Submit the First Report of Injury to the State Employee Workers' Compensation Services within 10 days of the injury;
- Evaluate and maintain the agency's return-to-work policy for both work-related and non-work related periods of disability;
- Evaluate the work-related injuries and illnesses that occurred in FY 2010 and each subsequent fiscal year in order to reestablish goals

and strategies to reduce them, to enhance workplace safety, and for transitional duty;

- Evaluate the work-related and non-work related injuries and illnesses that occurred in FY 2010 and each subsequent fiscal year where employees were unable to return to work in a transitional and/or permanent capacity;
- Establish strategies and practices to reduce lost time and to support the safe resumption of work for state employees;
- Report by October 1st of each year to the Department of Human Resource Management on the agency's compliance with the provisions of this Executive Order.

In order to support agency Workplace Safety and Health initiatives and goals, the Virginia Retirement System and Department of Human Resource Management shall:

- Review agency annual reports;
- Provide training, consultation, and support for agency initiatives; and
- Report non-compliance with the provisions of this Executive Order, and report annually to the Governor on progress made in improving workplace safety and returning employees to work;
- Consult with the Virginia Retirement System as administrator for the Virginia Sickness and Disability Program with regard to the compliance outcomes and work collaboratively to support agency initiatives in safely returning employees to work.

Return-to-Work Unit

Workers' Compensation Services has a Return-to-Work Unit dedicated to working with agencies on their RTW program. The Return-to-Work Unit team works aggressively with the Nurse Consultant, Voc/Med Field Consultants, Benefit Coordinator, and agency to assure that return-to-work opportunities are not missed or delayed for the injured worker. Weekly reports are run to track cases where the injured worker has been released by the physician but lacks a return-to-work opportunity with the agency. These cases are reviewed individually by the Return-to-Work Specialists and reported to the Director of Workers' Compensation Services.

The goal of the Return-to-Work Unit is to provide support and guidance to agencies for return-to-work situations. The Return-to-Work Unit can also assist agencies with developing a panel of physicians with emphasis on return-to-work strategies for the panel physicians.

Return-to-Work - Agency's Role

Maintain continuous open communication between HR, supervisors, Workers' Compensation Services, the injured employee and the treating physician in order to preserve a good working relationship.

Provide all necessary information to the physician to facilitate returning the employee back to work within the timeline you have in your policy. Provide the physician with the employee's Employee Work Profile outlining physical demands, and a letter describing your ability to provide transitional duty.

Gather your transitional employment team to evaluate restrictions and determine if accommodations are possible. Develop the transitional employment plan or other documents (consult your agency's policy) and submit the plan to the physician for approval. This becomes part of the employee's treatment plan. Send a copy to the Benefit Coordinator working with the injured employee (Sample included in Chapter Thirteen).

Discuss the transitional employment plan with the employee to agree on a return to work date. Follow up during the next two months verifying prognosis for full duty release assuring the employee is transitioning back to full duty. Communicate with the physician if the employee reaches the end of the transitional duty period and there is no release to full duty work. If it is determined that the employee has long-term restrictions that result in his or her inability to perform the essential functions of his or her primary position, the provisions of the Americans with Disabilities Act (ADA) and other applicable laws will be applied to determine suitability for employment.

On all lost time cases without a full duty release, a nurse consultant or field consultant will work with your agency on facilitating a RTW.

Nurse and Field Medical/Vocational Consultants are available to assist the agency in communicating with the physician regarding the transitional duty process. Consult with these professionals to assist you in facilitating a full duty release with the injured worker's treating physician.

Many job modifications cost the employer less than \$500. Temporary disability payments can cost much more. Making return-to-work cost effective for your agency involves becoming more flexible, changing attitudes and maintaining open communication between all parties.

All executive branch agencies have a written policy on the return-to-work process in place. Review your agency's Return-To-Work policy in order to understand its unique guidelines.

Return-to-Work - Employee's Perspective

How the employee perceives the agency's response to the injury or illness will set the tone of the entire claims management process. It has been found that if employees feel they are being treated fairly, the person's recovery time is often shorter and they are less likely to feel the need to retain an attorney.

Educate your employees that they are valued and that their return to work is important. Instruct them that if possible, return to the agency after the initial medical visit and report on the recommended treatment. If this is not possible based on the injury, follow up with the injured worker by phone.

A person who suffers from an injury that results in an impairment suffers a personal loss that can be just as significant as the loss of a loved one. Employees who are adjusting to a disability must go through the grieving process like any other loss. Shock, denial, fear, anger, depression, frustration, and negativity are all factors your employee may face during this process.

Injured employees feel a sense of stability and trust with agencies that keep communication lines open throughout the disability period. Interaction with the injured employee helps stimulate the thinking process about return-to-work as an option as well as a responsibility.

Return-To-Work Checklist

- Make sure to have an Employee Work Profile for all employees to include the physical demands section. Update it annually.

- Make sure new hires/promotions/transfers understand the physical demands of the new job.
- Train all staff, especially supervisors, on the return-to-work policy.
- Communicate with the treating physician and MCI staff regarding any release to return-to-work.
- Identify who in the agency will keep in touch with the injured employee.
- Offer job modifications, adjust work hours, and arrange for transitional work options either in the form of modified or alternative work whenever possible. Evaluate restrictions on a case by case basis.
- Follow-up on transitional work per your agency's policy. The goal is to move the employee back to a regular full duty position.
- At 60 days of modified duty, Workers' Compensation Services will send a reminder letter to the agency to review the claim in conjunction with the agency RTW policy's timeframes.

Self-insured

It is important to note that the state is self-insured for workers' compensation. **Therefore, regardless of whether or not the employee is working transitional duty or receiving workers' compensation benefits; the state is paying the employee.**

It is in the agency's best interest to utilize the skills of the employee and provide transitional work options rather than have the injured employee stay at home and receive workers' compensation benefits.

Vocational Rehabilitation

The indemnity cost (lost wages) represents slightly less than 50% of the total workers' compensation claims cost. Unfortunately, some of the injuries are of such a nature that the employee is unable to return to their previous job. If no initiative is taken to find gainful employment, the Commonwealth may be obligated to pay the statutory maximum benefits of 500 weeks under the Workers' Compensation Act. The Vocational Consultants' efforts are designed to assist the injured employee in finding productive work alternatives, which at a minimum will reduce the Commonwealth's liability for making indemnity payments.

Procedure

When the physician states that the injured employee is released to return to work in some capacity or has reached maximum medical improvement, but still cannot return to the original job, vocational rehabilitation may be recommended by the agency, employee, Benefit Coordinator or Nurse Consultant.

Vocational rehabilitation is the attempt to place the injured employee at another job, which requires similar skills, or provides an opportunity for the employee to learn new skills. Several factors, such as age, education, and medical condition, must be considered for a successful plan. Vocational Consultants may be assigned to cases for evaluation and job placement assistance.

The Vocational Consultant's primary effort is in seeking gainful employment for the injured employee. This involves extensive documentation of the employee's case history. This includes the employee's restricted capabilities and a thorough understanding of any possible employment opportunities. This information will be gained through communication with the employee, attending physician, Benefit Coordinator, Nurse Consultant and the injured employee's agency representative.

The Vocational Consultant researches the most recently occupied position of the injured employee with a focus on possible ways to modify the job in order to accommodate the capabilities of the injured employee. The Vocational Consultant discusses these ideas with the agency as well as considers other opportunities with different agencies.

The Vocational Consultant assists the agency in determining if there are alternative transitional duty opportunities for the injured employee.

The Vocational Consultant discusses the injured employee's capabilities and prognosis for recovery with the treating physician.

The Vocational Consultant develops a rehabilitation plan, supported by employee case documentation, that specifies the employee and employer responsibilities. This plan targets the job types that will be actively researched in the labor market.

The Vocational Consultant Process

1. The Benefit Coordinator or the Nurse Consultant can have a claim evaluated for referral to vocational rehabilitation. This assignment can be made prior to the employee being released for full or modified duty. Timeliness is critical if indemnity costs are to be minimized.
2. The Vocational Consultant, in conjunction with the employee, assesses transferable skills, develops a rehab plan, develops an employee resume, assists in enhancing interviewing skills, schedules and attends job interviews.
3. The Vocational Consultant discusses with the employer alternative job opportunities within the agency and other Commonwealth locations and assesses the employment opportunities in the local market.
4. The Vocational Consultant provides feedback to the injured employee. This includes follow-up discussions with employers

who have interviewed the employee and continued search for new job opportunities.

5. If the record indicates that the employee has been uncooperative in seeking gainful reemployment, the Benefit Coordinator will prepare the case for hearing before the Virginia Workers' Compensation Commission. The Vocational Consultant may serve as an expert witness in presenting the case to terminate the injured employee's benefits for non-compliance with the return-to-work initiatives.

When an employee cannot return to work within state government, refer to the Virginia Retirement System for instructions and qualifications for disability retirement. Vocational Rehabilitation efforts may continue with outside employers if the injured worker has a marketable modified duty release.

LOSS CONTROL / EO 109 (10)

All executive branch departments and agencies, and institutions of higher education are required by Executive Order 109 (10) Workplace Safety and Employee Health to:

- Cooperate with the Department of Human Resource Management State Employee Workers' Compensation Services (DHRM) by implementing initiatives to reduce work-related injuries and improve services to injured employees;
- Ensure that job expectations are clearly defined in the employee work profile to include physical requirements;
- Submit the First Report of Injury to the State Employee Workers' Compensation Services within 10 days of the injury;
- Identify trends and the impact on the agency;
- Include in managers' performance expectations, when appropriate, goals to encourage a safer work environment and reduction in work-related employee time lost; and
- Evaluate the work-related injuries and illnesses that occurred in FY 2010 and each subsequent fiscal year in order to reestablish goals and strategies to reduce them, to enhance workplace safety, and for transitional duty;
- Establish strategies and practices to reduce lost time and to support the safe resumption of work for state employees:
- Report by October 1st of each year to the Department of Human Resource Management on the agency's compliance with the provisions of this Executive Order.

DHRM/WCS is required to:

- Review agency annual reports;
- Provide training, consultation, and support for agency initiatives;
- Report non-compliance with the provisions of this Executive Order, and report annually to the Governor on progress made in improving workplace safety and returning employees to work;
- Consult with the Virginia Retirement System as administrator for the Virginia Sickness and Disability Program with regard to the compliance outcomes and work collaboratively to support agency initiatives in safely returning employees to work.

Loss Control Strategies to a Successful Loss Control Program

Training

Supervisors need training to recognize and control hazards, teach good safety procedures and monitor work habits. Invest in your supervisors and make sure they know that safety is a priority for your agency.

Some important areas to cover, based on your agency's policies and procedures, include:

- How the agency's safety program works and the supervisor's role
- What to do when an injury occurs, after-hours policies, working off-site, emergencies and assigned responsibilities
- How to arrange medical care for the injured employee
- How to report injuries quickly
- How to respond to an injured employee's questions and concerns after an injury
- How to investigate the accident promptly and correct any safety problems
- How to keep records of the accident, medical and disability reports

Agency Commitment to a Safe Workplace

The following strategies should be considered when trying to create a safety culture within the agency and to help reduce injuries:

- Short daily safety talks
- A weekly safety walk-thru of the workplace
- Monthly safety committee meetings
- Interviews with injured workers regarding their ideas to make the workplace safer

Potential Hazards

Identify risks that can potentially contribute to injuries. Some samples include:

1. Ergonomic – poor workplace design increases the risk of musculoskeletal injuries
2. Toxic substances – solvents, metals, dusts
3. Physical – temperature, noise, falls, tools, motor vehicle accidents
4. Biological – bloodborne pathogens, tuberculosis

Employee Safety Orientation

All new employees and those employees with new job responsibilities should be instructed in safety procedures. Orientating new employees is designed to familiarize them with their work environment, job responsibilities, co-workers, supervisors, equipment and the agency's safety policies, rules and regulations. Taking time to orient the new employee prior to beginning a new job or new task will send a strong message about management's commitment to safety and will set the minimal standards expected of the employee.

The Occupational Safety and Health Act (OSHA) states employers have a responsibility to provide employee training and education programs. (Section 40.1-51.1 of the Code of Virginia)

Training should include:

- General safety rules and regulations
- Safety rules for a specific task or job
- Disciplinary policy for violation of safety rules

- Emergency response and evacuation procedures
- How to identify and avoid job hazards
- How to report a hazardous condition
- The purpose and use of personal protective equipment
- Fire prevention and the use of fire extinguishing equipment
- Location and use of safety equipment
- Inspection criteria and schedule
- Accident and injury reporting
- Housekeeping procedures
- Waste handling procedures
- Medical and first aid stations
- Proper lifting techniques

Agencies that promote a commitment to safety, present routine safety activities, involve supervisors and employees in safety programs and provide effective training will experience lower injury rates and develop a safer workplace environment for their employees.

OSHA Recordkeeping Requirements

Every agency must comply with 16VAC25-85-1904 Federal Identical Recording and Reporting Occupational Injuries and Illnesses Regulation. DHRM/WCS has an on-line class on OSHA Recordkeeping available through the Commonwealth of Virginia Knowledge Center. For more information visit the DHRM web site at <http://www.dhrm.virginia.gov/>.

You must record information about every work-related death and about every work-related injury or illness that involves a loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid within 7 days. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. There are three (3) forms that need to be completed. They are:

- OSHA Form 300, Log of Work-Related Injuries and Illnesses
- OSHA Form 300A, Summary of Work-Related Injuries and Illnesses

- OSHA Form 301, Injury and Illness Incident Report

The OSHA forms are available in .PDF or Excel format at the following web site <http://www.osha.gov/recordkeeping/RKforms.html>. Each agency must keep a log for each establishment or site. The Visual Reports Studio (formerly G2WebLink) report Calendar Year Claim Listing may be of assistance to verify against your own records. If your agency has more than one establishment, an OSHA log and summary must be kept for each physical location.

Each agency must post the “Summary of Work-Related Injuries and Illnesses, (OSHA form 300A)”, signed by an agency executive, for the prior calendar year by February 1st and keep it posted until April 30th. This form must be posted even if no injuries or illnesses have been reported.

Benefits of recordkeeping:

- Regulatory compliance
- Helps meet Executive Order 109 (10)
- Track injury and illness trends
- Allows the agency to evaluate the effectiveness of their safety program
- Helps identify problem areas for corrective action
- Provides data to analyze accidents to determine cause and corrective actions
- Assists management in performance evaluations

For more information on recordkeeping call VOSH at (804) 786-2391. Additional links and resources are listed in Chapter Fourteen.

Loss Control Services

The DHRM/WCS has a variety of loss control services that are available to provide additional resources to insured agencies.

The Loss Control Team is guided by the philosophy that employees and supervisors who are educated and trained in risk awareness become a vital part of an organization's loss prevention efforts. The team uses intervention and control strategies that draw upon the existing plans within the agency.

Services are available by contacting Workers' Compensation Services at 804-786-0362 or by completing and returning a "Request for Loss Control Assistance" form located in Chapter Thirteen. The request may be submitted by either fax or mail as indicated on the form. The Director of Workers' Compensation Services will evaluate the request, the potential impact to the frequency and severity of an agency's workplace accidents and will respond to the requesting agency.

DHRM/WCS Services

- Assistance with specific critical training needs when agency resources are not available
- Investigation of:
 - Fatalities & catastrophic events
 - Medical or chronic events (series of claims for repetitive stress disorders or hearing loss from one work population, chronic disease attributed to the workplace, or series of tuberculosis claims)
 - Events of problematic nature (series of similar events within a short period of time, accidental chemical exposure, series of needlestick incidents within a short period of time)
 - Other specified major loss experienced by an agency
- Provide speakers at conferences and retreats on claims, loss control and safety topics
- Provide both electronic (email) and telephonic responses to safety and health questions from the agency's loss control representative

- Provide technical advice and assistance to agency loss control representatives as they develop and write their safety and health policies and procedures
- Provide "Snapshot Surveys", Job Safety Analyses and OSHA type inspections at selected agency sites. Each visit shall include "peer mentoring" time to assist each agency's on-site loss control representative and/or safety committee members. A written report shall document the visit and be sent to the agency head and key agency personnel
- Agency specific "Benchmark Analysis Review" (agencies are selected by DHRM/WCS for reviews)

Training and Education

Many safety and Health training seminars are available to all agencies insured by DHRM/WCS free of charge. To enroll in training, visit the DHRM Knowledge Center web site at <http://www.dhrm.virginia.gov/>.

Advisory assistance is always available to agencies as they review their own policies, procedures and safety system plans.

Video Library

The DHRM/WCS maintains a lending library of Safety and Health video training resources. The video resource list and video library order form are available on-line at <http://www.dhrm.virginia.gov/>.

PHARMACY NETWORK

First Script

The First Script Pharmacy Network is comprised of independent pharmacies located throughout the Commonwealth and across the nation. Note there is no one pharmacy called “First Script Pharmacy.” The agency should locate the closest participating pharmacy for the injured employee. After the pharmacy verifies eligibility and appropriateness of the medication relative to the injury with the Benefit Coordinator, the prescription is filled at no charge and with no co-payment to the injured employee. In addition, the Commonwealth receives a preferred price for drugs purchased through this network.

Participation in this pharmacy benefits program through First Script Pharmacy is optional. The ease of access and use is in the interest of the injured employee. From the agency’s perspective, the program is one additional component to assist in the reduction of the total cost of a claim.

Some participating pharmacies include:

- Costco
- CVS
- Eckerd Drug
- Farm Fresh
- Food City
- Food Lion
- Giant
- Harris Teeter
- Kmart
- Kroger
- Medicine Shoppe
- Rite Aid
- Safeway
- Sam’s Pharmacy
- Shoppers Pharmacy
- Target
- Walgreens
- Wal-Mart
- Winn-Dixie

Objectives

The five primary objectives of the program are:

1. to assure that employees are receiving prescription medical treatment causally related to the injury
2. to eliminate, where possible, the out of pocket expenditure to the injured employee
3. to reduce the program's prescription cost
4. to assist in the early identification of claims that have not yet been reported
5. to promote the use of mail order prescription services when appropriate

These objectives are achieved through the following processes:

Ability to print a pharmacy card is available at www.covwc.com.

The First Script system retains the prescription history and provides a useful database for researching excessive and conflicting application of drug therapy.

Through the use of the First Script drug card, employees will be able to access pharmacy benefits for work-related injuries at any First Script pharmacy without making a co-payment.

The First Script on-line computer system assures that only those eligible for benefits can use the card for the purchase of prescription drugs. Additionally, information is retained in the First Script on-line system to assure that any medication purchased by the injured employee is related to the injury and prescribed by the treating physician.

The First Script mail order program provides a cost effective way to supply prescription drugs to eligible injured workers. First Script will be automatically identified using the following criteria:

1. At least two (2) 30-day supplies of the same medication
2. At least three (3) refills remaining

Once an injured worker is identified as a candidate for the mail-order program, First Script will mail information on the program (instruction

letter and program brochure). The injured worker is instructed to call First Script to be enrolled in the program. If the injured worker does not contact First Script within ten (10) days of the mailing, First Script will contact the injured worker. Interested injured workers enroll by phone. Once enrolled, First Script contacts the injured worker's doctor and obtains new prescriptions for each mail order medication.

First Script proactively contacts the injured worker with refill reminder notifications and can provide assistance initiating the refill order. The injured worker can also order refills by calling directly or requesting the medication online.

The First Script Network is capable of notifying the Benefit Coordinator if the employee does not have an open workers' compensation claim, but has attempted to access workers' compensation pharmacy benefits.

Goals

The basic goals are focused on providing improved service to the Commonwealth's injured employees and reducing the cost of the Program's prescription drug component.

Pharmacy Benefits

The First Script drug card allows the employee to fill prescriptions for medications related to the injury and prescribed by the authorized physician. In the event the MCI office has not been notified by an agency of a claim and the employee presents a prescription to be filled for a work-related injury, the First Script pharmacy, through its electronic inquiry, will determine that the employee is ineligible for benefits. In this case, First Script will notify MCI of the possible claim, and the pharmacy will be permitted to complete a first fill. The Benefit Coordinator will contact the appropriate agency to determine the status of the First Report of Injury. Additional benefits from the drug card are not available until a First Report of Injury has been submitted and the claim is deemed compensable.

When the Benefit Coordinator terminates eligibility for First Script benefits, First Script is notified of this termination. Even though the employee may retain the First Script drug card, any attempt to access prescription benefits will be denied.

Locating the Nearest First Script Pharmacy

The Commonwealth's web site (<http://www.covwc.com/>) offers the most convenient listing of available First Script Pharmacies. The listing provides names and addresses by zip code.

Call 1-800-791-2080 and ask for the location of the nearest First Script pharmacy.

If there is no convenient First Script pharmacy, an injured employee may go to any pharmacy to have their prescription filled. The injured employee should complete the Expense Reimbursement Form and submit it to the Benefit Coordinator (Sample included in Chapter Thirteen).

PREFERRED PROVIDER ORGANIZATION and PANEL OF PHYSICIANS

PPO

What is a PPO Network?

A critical component to the Commonwealth's Workers' Compensation Program, the Preferred Provider Organization (PPO), is an organization comprised of a limited number of medical professionals who have agreed to grant preferred service terms in return for serving as the exclusive source of medical services for a particular employer. The conditions of limited members and exclusive source are essential economic conditions to the successful operation of the PPO network.

Why use a PPO Network?

By restricting the number of providers eligible for participation in the network, the Commonwealth is able to better control the medical expenditures.

Which PPO Networks should be used?

The network for the Commonwealth's program was selected for the following reasons:

- Negotiated preferred contract terms with its provider membership which translates to effective program control capability for the Commonwealth program.
- Over 6,000 Virginia members eligible to treat the Commonwealth's occupational injuries. The providers are knowledgeable regarding the needs of occupational medicine. A specific emphasis is placed on the opportunities for timely return-to-work initiatives.
- Coverage in most areas of the Commonwealth and a commitment to provide the resources to expand the network as required.

- Generate cost savings, depending upon the type of provider used for medical service.

Panel of Physicians

The employer, upon notification of an incident under the Virginia Workers' Compensation Act, shall immediately provide the employee with a panel of at least three physicians from which to choose one as their authorized treating physician for medical care. (See also Chapter Two). Although there is no requirement for the agency to use the PPO network, adoption of the network where coverage is available will increase the program savings. As previously noted, an agency also has the right to offer the panel to the injured employee after receiving initial emergency care.

The panel must be comprised of physicians. The panel must be comprised of at least one physician who meets the specialty need required by the injury.

The panel must list specific names of physicians. Listing medical facilities or urgent care centers is not acceptable. If you find that you must use an urgent care facility as one of your panel choices due to limited physician choices in your area, you must name a specific physician and not the facility. You may use the Medical Director of the urgent care facility as the designated panel physician and the employee may see the doctor on call at the time of the visit.

Physicians within the panel of three cannot be members of the same practice group.

The panel must consist of physicians within a fifty minute driving time from the employee's home, or should they prefer, from the employment site. For rural areas, a one-hour drive is acceptable.

Once the injured employee begins treatment with the chosen physician, the agency cannot authorize a change in physicians. Contact the Benefit Coordinator for questions regarding changing physicians.

The agency is required to offer the injured employee, after the injury, a panel of physicians (see Chapter Two). An injured employee's refusal to select a treating physician from the panel of physician may jeopardize workers' compensation benefits. Refusal of the panel should be documented by the agency and submitted to MCI.

The Benefit Coordinator and Nurse Consultants will work with the treating physician, and where appropriate, will recommend specialists that are in the PPO network.

In the event that an injured employee uses a non-panel physician, the Benefit Coordinator will investigate this use of an unauthorized physician. If the employee was not aware of the panel, the Benefit Coordinator will communicate with the specific agency regarding the requirement to provide a panel of three physicians from which the employee is to choose care.

If the PPO does not have adequate coverage in an area served by an agency, the agency's support may be enlisted in the recruitment of new network members.

The network and non-network providers are reviewed periodically to determine the effectiveness of their medical programs. The network is also reviewed by the Return-to-Work unit. If you need assistance developing a panel, contact the Return-to-Work unit at 804-786-2310 or 804-786-2311.

REPORTS

Visual Reports Studio

Effective July 2001, agencies were provided with the ability to view their loss data over the Internet. The reporting system is called Visual Reports Studio (VRS – formerly G2 WebLink). The program permits rapid and easy access to data via the Internet in electronic form. Through a password-protected area on the VRS web site, the user can view information stored on the database to view standard reports with current data.

The unique user ID for each user provides security within the database to allow individual users to see and report against only the data for which the user has rights. A variety of formatting options allow reports to include tables, cross tabs, charts, and graphs. As a web-based product, no additional software needs to be installed on your computer. A major benefit of the VRS system is the ability to immediately include data changes made to the claims database.

Each agency has been assigned a specific access level. Silver level users are able to access data in reporting format with information refreshed at any time. The user can choose from a library of pre-defined reports.

COV Recommended Reports

Under Corporate Documents on the VRS home page, there is a link to COV Recommended Reports. These reports include:

- Calendar Year Claim Listing
- CompDecMadeForAgency
- CompDecMadeForSubAgency
- EO 109 (10) Master
- IndustrialClaimsReport
- PolicyCostSummary_AllTypes
- TopFiveJobClassifications
- WCChecksIssuedByAgency
- WCChecksIssuedBySubAgency

Workers Compensation RTW Event Report

Additional VRS standard reports include:

Claim Summary Listing (COV)
Claim Summary Listing By Location
Claim Payment Detail
Claim Payment Summary (COV)
Cash Flow Analysis (COV)
Body Part Analysis (COV)
Cause of Injury Analysis (COV)
Nature of Injury Analysis
Occupational Analysis (COV)
Instrument Analysis (COV)
Body Part Analysis
Employer Hierarchy (COV)
Cause of Injury Analysis (COV)
Claim Detail By Name (COV)
Claim Summary
Open Claim List (COV)
Claim Trend Analysis by Year
Calendar Year Claim Listing

Special Reports

Requests for development of special reports should be submitted to:

Director
Workers' Compensation Services
Department of Human Resource Management
101 N. 14th Street, 6th Floor
Richmond, VA 23219
Phone: (804) 786-0362

Reconciliation of Monthly Reports

Authorized HR users should receive the following reports on a monthly basis and at the end of the fiscal year:

- Compensability Decision - CompDecMadeForAgency
- Check Register – WCChecksIssuedByAgency
- Lag Time report -
Workers_Compensation_Lag_Time_Report

Every month the agency should verify that the employees listed on their Compensability Decision report are their employees. The Check Register should be used to reconcile checks payable to the agency were received and deposited and to assist with tracking and following up on outstanding payments owed to the agency.

Any data requiring correction or any suspected fraud situations should be faxed to the DHRM Quality Assurance Specialist at (804) 786-8840. If no response is received within 30 days, contact the WCS Director for resolution at (804) 786-0362.

Annual Reports

Authorized HR users in each agency should receive the following end of year reports:

- * CompDecMadeForAgency for the current fiscal year
- * WCChecksIssuedbyAgency for the current fiscal year
- * EO 109 (10) Master
- * TopFiveJobClassifications
- * IndustrialClaimsReport for the past three fiscal years
- * PolicyCostSummary AllTypes (all years)
- * Workers_Compensation_Lag_Time_Report
- * Workers_Compensation_RTW_Event_Report

Change in approved users

In order to change or add VRS users, a request to add/delete form must be submitted to Workers' Compensation Services. Immediately upon the departure of an authorized user, notify WCS using the user form so that data security is maintained (Sample user form in Chapter Thirteen).

Advantages of the VRS Program

This product offers several advantages to the individual agency as well as to Workers' Compensation Services.

- Reports are no longer mailed. This eliminates the need for storage of bulky reports.
- The web-based Internet capability allows access from virtually any computer with Internet connectivity. No additional software is required.

- Access is password protected for maximum security.
- Data from the claims management system is live so current information is readily available.
- The product is user friendly.
- Has the ability to use pre-defined reports.

Problems?

Assistance is available through the Avizent Help Desk at 1-800-727-4283.

FORMS AND CHECKLISTS

For injuries occurring after 10/1/2008

VWC Form No. 3 First Report of Injury (FROI).....	p. 65
VWC Form No. 7A Wage Chart.....	p. 66
VWC Form No. 4 Award Agreement	p. 72
VWC Form No. 35 Agreement to Pay Benefits in a Fatal Case	p. 75
VWC Form No. 46 Termination of Wage Loss Award	p. 78

For injuries occurring before 10/1/2008

VWC Form No. 4 Agreement to Pay Benefits	p. 81
VWC Form No. 3A Supplementary Report.....	p. 84
VWC Form No. 4A Supplemental Agreement to Pay Benefits	p. 87
VWC Form No. 4G Supplemental Agreement to Pay Varying Temporary Partial Benefits	p. 90
VWC Form No. 46 Termination of Wage Loss Award	p. 92

For all claims

Expense Reimbursement Form.....	p. 95
Medical/Pharmacy Expense Reimbursement Form	p. 97
Panel of Physicians Form.....	p. 98
Physical Demands Form and Worksheet	p. 100
Transitional Employment Form.....	p. 102
State Agency Referral Form - Field Medical and Vocational Services	p. 104
Accident Investigation Program.....	p. 105

Accident Investigation Form	p. 108
Request for Loss Control Assistance	p. 112
Add or Delete User Form for VRS	p. 113
Agency Address Change Form	p. 115
Agency checklist for new claims.....	p. 116
Employee checklist for new claims.....	p. 117

Forms for claims with date of injury after October 1, 2008

First Report of Injury (not a form; submitted on-line)

The agency's first report of an accident is now completed on-line and submitted electronically using the Visual Liquid Web application. Form 3 Employer's First Report of Accident is no longer in use.

Users may enter data as either an "Anonymous User" or a "Named User." Anonymous users are generally the injured workers' supervisors and the named users are the WC Administrators for the agency.

Please access the application by the following links:

Anonymous user: <https://apps.frankgates.com/vaear>

Named user: <https://apps.frankgates.com/vaear-hr>

A Quick Reference Guide and Manual are available at the VLW websites.

As of October 1, 2008, all agencies must electronically report their injuries using this application. Effective October 1, 2008, submission of paper Employer's Accident Report (EAR) will no longer be accepted unless your agency has requested a special needs accommodation and has received approval from Workers' Compensation Services. If you have questions about this, please contact the Director of Workers' Compensation Services at (804) 786-0362.

Please use the COMMENTS section to record any additional information that you were unable to record in the standard report form. Also, please comment on VSDP and health insurance status as follows:

VSDP – y / n

COV Healthcare – y / n If yes, note the product (COVA, SH, Optima, etc.)

Wage Chart (VWC Form 7A)

There are two methods by which the agency may submit wage information for injured employees. With either method, the agency must submit wage information for any claim for which the time lost from work is expected to exceed seven (7) days. The wages considered by the Virginia Workers' Compensation Commission, in support of an average weekly wage, are those earned during the fifty-two (52) weeks preceding the injury. All overtime and any other form of compensation should be reported from wage data available in the agency's payroll department on a gross earnings basis without deductions for taxes, social security, or any benefits. Records of attendance should be scrutinized and reported accurately.

The agency may go to the following link to access the VWC Wage Chart 7A shown below:

http://www.vwc.state.va.us/VWCContentManagement/content/df65bbce-84a9-11df-915d-b9f4d8d8256b/form7a_wagechart_new1.pdf

Wage Chart

Employer's Statement of Wage Earnings

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

The boxes to the right are for the use of the insurer.	Reserved	VWC File Number
	Insurer Code	Insurer Location
	Insurer Claim Number	

Employee		Address	
Name of Employee		Date of Accident	Date of Hire
Employer		Address	
Name of Employer		Employee's Social Security Number	

PLEASE REFER TO THE FILING INSTRUCTIONS PRINTED ON THE BACK OF THIS FORM

Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				Totals			
18				36							

Value of perquisites for entire year: _____ Total gross earning \$ _____ Total weeks worked _____

Bonuses \$ _____	Electricity \$ _____	Total value of perquisites \$ _____
Meals/Lodging \$ _____	Water \$ _____	
Meals Only \$ _____	Telephone \$ _____	
Temporary Lodging \$ _____	Uniforms \$ _____	
House Rent \$ _____	Laundry \$ _____	
Tip Income \$ _____		Total earnings & perquisites \$ _____

VWC use only:

AWW: _____
CR: _____

INSURER OR EMPLOYER (include name & signature)	Date	Telephone number
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Wage Chart
VWC Form No. 7A (rev. 07-01-06)

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Wage Chart
VWC Form No. 7A

The information at the top right of the form should be provided by the insurer. Please note that the insurer code refers to the five-digit numeric code assigned by The National Council on Compensation Insurance (NCCI). Self-insured employers are assigned a similar five-digit code number by the Virginia Workers' Compensation Commission.

Illegible forms will be returned to the insurer.

How to complete the Wage Chart:

- Indicate gross weekly earnings for the 52 weekly periods immediately preceding the date of accident.
- Note that these earnings are GROSS earnings and include overtime and tips, before any deductions are made for taxes or Social Security. If there were any perquisites, please list the TOTAL value separately at the bottom of the chart.
- If an injured employee lost more than seven consecutive calendar days, although not in the same week, these periods should be noted on the Wage Chart (VWC Form No. 7-A) using an asterisk in the Week No. column and are not to be counted in the calculations. Va. Code § 65.2-101.
- If injured employee has worked less than 12 months, the earnings for the time worked should be used. The earnings for a similar employee may be used if the employee has worked less than 60 days.

How to calculate the Wage Chart:

- If a full year's wage information has been provided covering the 52 week period prior to the date of accident:
 - determine the total wages earned, including yearly perquisites;
 - divide the total wages earned for this period by 52;
 - the sum will be the average weekly wage.
- If a full year's wage information has not been provided covering the 52 week period prior to the date of accident:
 - determine the total wages earned, including yearly perquisites;
 - divide the total wages earned by the number of weeks wages were earned (Note: if warranted, the weeks can be converted into days and calculated on that basis);
 - the sum will be the average weekly wage.
- If the form is completed on a bi-weekly basis:
 - determine the total wages earned, including yearly perquisites;
 - divide the total wages earned by the number of weeks worked (employee paid 26 times a year represents 52 weeks of wages);
 - the sum will be the average weekly wage.
- Samples of properly completed wage chart(s) are available through the Commission's Website at www.vwc.state.va.us under the forms menu.
- For questions or assistance with completing this form, please contact the Awards Unit using the Commission's Toll-Free number at (1-877) 664-2566.

An example of a properly completed Wage Chart can be found here:

http://www.vwc.state.va.us/VWCContentManagement/content/e09932fa-84a9-11df-915d-b9f4d8d8256b/form7a_wagech_completed.pdf

Wage Chart

Employer's Statement of Wage Earnings

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

The boxes to the right are for the use of the insurer.	Reserved	VWC File Number 000-00-00
	Insurer Code	Insurer Location
	Insurer Claim Number	

Employee		Address	
Name of Employee John P. Hurtworker		Date of Accident 07/10/2004	
Employer		Address	
Name of Employer Virginia Workers' Compensation Commission		Employee's Social Security Number xxx-xx-xxxx	

Instructions:

- Indicate gross weekly earnings for the 52 weekly periods immediately **preceding** the date of accident.
- If injured employee has worked less than 12 months, the earnings for the time worked should be used. The earnings for a similar employees may be used if the employee has worked less than 60 days.
- Note that these earnings are GROSS earnings and include overtime and tips, before any deductions are made for taxes or Social Security. If there were any perquisites, please list the TOTAL value separately at the bottom of the chart.

Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime
1	07/18/03	5	200.00	19	11/21/03	6	240.00	37	03/26/04	6	240.00
2	07/25/03	6	240.00	20	11/28/03	5	200.00	38	04/02/04	5	200.00
3	08/01/03	5	200.00	21	12/05/03	5	200.00	39	04/09/04	5	200.00
4	08/08/03	5	200.00	22	12/12/03	5	200.00	40	04/16/04	5	200.00
5	08/15/03	5	200.00	23	12/19/03	5	200.00	41	04/23/04	5	200.00
6	08/22/03	6	240.00	24	12/26/03	5	200.00	42	04/30/04	5	200.00
7	08/29/03	5	200.00	25	01/02/04	4	160.00	43	05/07/04	5	200.00
8	09/05/03	5	200.00	26	01/09/04	5	200.00	44	05/14/04	5	200.00
9	09/12/03	5	200.00	27	01/16/04	5	200.00	45	05/21/04	4	160.00
10	09/19/03	5	200.00	28	01/23/04	5	200.00	46	05/28/04	6	280.00
11	09/26/03	5	200.00	29	01/30/04	5	200.00	47	06/04/04	5	220.00
12	10/03/03	5	200.00	30	02/06/04	5	200.00	48	06/11/04	5	220.00
13	10/10/03	5	200.00	31	02/13/04	4	160.00	49	06/18/04	5	220.00
14	10/17/03	6	288.00	32	02/20/04	6	296.00	50	06/25/04	5	220.00
15	10/24/03	6	294.00	33	02/27/04	5	200.00	51	07/02/04	5	220.00
16	10/31/03	5	200.00	34	03/05/04	5	200.00	52	07/09/04	4	176.00
17	11/07/03	5	200.00	35	03/12/04	5	200.00	Totals			\$10,874.00
18	11/14/03	5	200.00	36	03/19/04	5	200.00				

Value of perquisites for entire year: _____ Total gross earning \$ 10,874.00 Total weeks worked 52

Bonuses \$ <u>500.00</u>	Electricity \$ _____	Total value of perquisites \$ <u>500.00</u>
Meals/Lodging \$ _____	Water \$ _____	
Meals Only \$ _____	Telephone \$ _____	Total earnings & perquisites \$ <u>11,374.00</u>
Temporary Lodging \$ _____	Uniforms \$ _____	
House Rent \$ _____	Laundry \$ _____	
Tip Income \$ _____		

<i>VWC use only:</i> AWW: _____ CR: _____

INSURER OR EMPLOYER (include name & signature)	Date	Phone number
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Wage Chart
VWC Form No. 7A (Rev 9-1-04)

An example of a properly completed Wage Chart with a greater than 8 day gap in employment can be found here:

http://www.vwc.state.va.us/VWCContentManagement/content/e0862027-84a9-11df-915d-b9f4d8d8256b/form7a_8daygap.pdf

Wage Chart Employer's Statement of Wage Earnings				The boxes to the right are for the use of the insurer.	Reserved	VWC File Number 000-00-00
Virginia Workers' Compensation Commission 1000 DMV Drive Richmond VA 23220					Insurer Code	Insurer Location
					Insurer Claim Number	
	Employee		Address			
Name of Employee John P. Hurtworker				Date of Accident 06/27/04		
	Employer		Address			
Name of Employer Virginia Workers' Compensation Commission				Employee's Social Security Number xxx-xx-xxxx		

Instructions:

- Indicate gross weekly earnings for the 52 weekly periods immediately preceding the date of accident.
- If injured employee has worked less than 12 months, the earnings for the time worked should be used. The earnings for a similar employees may be used if the employee has worked less than 60 days.
- Note that these earnings are GROSS earnings and include overtime and tips, before any deductions are made for taxes or Social Security. If there were any prerequisites, please list the TOTAL value separately at the bottom of the chart.

Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime	Week No.	Week Ending Date	Days Worked	Gross amount paid, including overtime
1	07/18/03	5	200.00	19	11/21/03	6	240.00	37	03/26/04	6	240.00
2	07/25/03	6	240.00	20	11/28/03	5	200.00	38	04/02/04	5	200.00
3	08/01/03	5	200.00	21	12/05/03	5	200.00	39	04/09/04	5	200.00
4	08/08/03	1	40.00 *	22	12/12/03	5	200.00	40	04/16/04	5	200.00
5	08/15/03	0	0 *	23	12/19/03	5	200.00	41	04/23/04	5	200.00
6	08/22/03	2	60.00 *	24	12/26/03	5	200.00	42	04/30/04	5	200.00
7	08/29/03	5	200.00	25	01/02/04	4	160.00	43	05/07/04	5	200.00
8	09/05/03	5	200.00	26	01/09/04	5	200.00	44	05/14/04	5	200.00
9	09/12/03	5	200.00	27	01/16/04	5	200.00	45	05/21/04	4	160.00
10	09/19/03	5	200.00	28	01/23/04	5	200.00	46	05/28/04	6	280.00
11	09/26/03	5	200.00	29	01/30/04	5	200.00	47	06/04/04	5	220.00
12	10/03/03	5	200.00	30	02/06/04	5	200.00	48	06/11/04	5	220.00
13	10/10/03	5	200.00	31	02/13/04	4	160.00	49	06/18/04	5	220.00
14	10/17/03	6	288.00	32	02/20/04	6	296.00	50	06/25/04	5	220.00
15	10/24/03	6	294.00	33	02/27/04	5	200.00	51			
16	10/31/03	5	200.00	34	03/05/04	5	200.00	52			
17	11/07/03	5	200.00	35	03/12/04	5	200.00	Totals			\$9,838.00
18	11/14/03	5	200.00	36	03/19/04	5	200.00				

Value of prerequisites for entire year: _____ Total gross earning \$ 9,838.00 Total weeks worked 47

Bonuses \$ _____	Electricity \$ _____	Total value of prerequisites \$ _____ 0
Meals/Lodging \$ _____	Water \$ _____	
Meals Only \$ _____	Telephone \$ _____	
Temporary Lodging \$ _____	Uniforms \$ _____	
House Rent \$ _____	Laundry \$ _____	
Tip Income \$ _____		
		Total earnings & prerequisites \$ <u>9,838.00</u>

VWC use only:

AWW: _____
CR: _____

INSURER OR EMPLOYER (include name & signature)	Date	Phone number
--	------	--------------

Wage Chart
VWC Form No. 7A (Rev 9-1-04)

From the VWC website: NOTE: If an injured employee lost more than seven consecutive calendar days, although not in the same week, these periods should be noted on the wage chart using an asterick (*) in the "Gross amount paid, including over time" column. §65.2-101.

If the agency wishes NOT to use the VWC Wage Chart form 7A then the agency may present alternative Wage Charts for approval by WCS. In order to have your alternate form approved, you will need to go through the following process:

- On the next 3 workers' compensation claims you will need to submit an old Wage Chart and then at the same time submit your alternative form (this can be wage history from your payroll systems). Both forms will need to be submitted to the Claims Supervisor. You can fax or mail the forms to MCI but you need to identify each claim in an e-mail to the supervisor so that he/she knows which cases to review. Please make sure to identify any periods of more than 8 consecutive days that an injured worker was not paid during the 52 weeks preceding the date of the injury on your alternative form. This form can capture payroll information through your most recent pay period prior to the date of accident and not the day before the accident as many of you calculate now.
- As long as both forms show an average weekly wage within a few dollars on each form, then the Claims Supervisor will be able to add your agency to our listing of agencies submitting approved alternative wage documentation.
- You will only be asked to submit the Form 7A Wage Chart for cases going to a hearing if wage is being litigated. Your benefit coordinator would let you know when a formal Wage Chart may be needed for defense.

Award Agreement (VWC Form 4) (previously the Agreement to Pay Benefits)

This form is used to establish the date of injury, the beginning date of disability, the average weekly wage, the nature of the injury and compensation rate to be paid to the injured worker. It is from this form that the VWC makes an award to the injured employee. The first check and the Award Agreement/Agreement to Pay Benefits (depending on the date of injury) will be sent to the designated agency representative by the Benefit Coordinator.

The form requires the signature of the employee on the fourth line from the bottom on the left side. This form must be returned to the Benefit Coordinator within fourteen (14) days of receipt to avoid interruption of benefits.

The form is also available at

<http://www.vwc.state.va.us/VWCContentManagement/content/ddfda018-84a9-11df-915d-b9f4d8d8256b/Award%20Agreement.pdf>

Award Agreement
(Agreement to Pay Benefits)

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond Virginia 23220
1-877-664-2566



www.vwc.state.va.us

Jurisdiction Claim #: _____
Claim Administrator #: _____

SEE INSTRUCTIONS ON REVERSE SIDE

Injured Worker's Name: _____	Employer's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: () - _____	Employer's Phone: _____
Body Parts/Injuries Accepted: _____	
Date of Injury: _____ Pre-Injury Average Weekly Wage: _____	

Payment of Compensation Check one: Initial period Additional period Corrected period
(Check all that apply)

- A. **Temporary Total** at the compensation rate of \$_____ per week. This period of disability began on _____ (m/d/yyyy).
- B. **Temporary Partial**: Please select option 1 or 2 below and complete.
- 1 - Will be paid at the compensation rate of \$_____ per week. This period of disability began on _____ (m/d/yyyy)
- 2 - Was paid an averaged weekly compensation rate of \$_____ per week from _____ through _____ and will continue to be paid at a compensation rate of \$_____ per week beginning on _____ (m/d/yyyy)
- C. **Permanent Partial** at the compensation rate of \$_____ per week. This period of disability began on _____ (m/d/yyyy) for _____% loss of use, loss, or disfigurement of the _____. Note: Medical report(s) or amputation chart must be attached.
Do the parties agree to have this award paid in a lump sum with the 4% discount deducted? Yes No
- D. **Permanent Total** the compensation rate of \$_____ per week. This period of disability began on _____ (m/d/yyyy).
- E. **Medical Only**. The parties agree to an award for payment of medical benefits that are reasonable, necessary, authorized and causally related to the compensable injury.

THIS AGREEMENT IS SUBJECT TO ADJUSTMENT AND APPROVAL BY THE COMMISSION PURSUANT TO THE VIRGINIA WORKERS' COMPENSATION ACT

Signatures REQUIRED

By signing below, we certify that the facts relating to this accident are correct as presented on this form and agree that the Injured Worker shall receive compensation or benefits indicated until suspended in accordance with the provisions of the Virginia Workers' Compensation Act.

Signature of Injured Worker	Print Name	Date (m/d/yyyy)
Signature on behalf of the Employer/Insurer	Print Name	Date (m/d/yyyy)
Print Name and Address of Claim Administrator		Phone Number
Print Name and Address of Injured Worker's Attorney		Phone Number

**Award Agreement
VWC Form #4**

Filing Instructions

1. This form is to be completed whenever a claim has been accepted as compensable and the Injured Worker is entitled to an award. This Award Agreement provides the basis for the award of compensation and contains sufficient information to establish the essential elements of a compensable claim. Submit the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. For subsequent periods of compensation benefits, this form should be used or a Varying Temporary Partial Award Agreement (VWC Form No. 4G) must be filed.

2. Definitions of Benefit Types:

Temporary total (TT) disability – Injured Worker is totally disabled from work and is entitled to receive compensation for a period of total wage loss based upon 66 2/3% (.66667) of the pre-injury average weekly wage.*

Temporary partial (TP) disability – Injured Worker is partially disabled from work but is entitled to receive compensation for a period of partial wage loss based upon 66 2/3% of the difference between the pre-injury average weekly wage and the post (current) average weekly wage. Forms received without specific dollar amounts or those that reflect the word "various" will be rejected.*

Calculation of Temporary Partial Rate:	Average weekly wage before injury	\$
	– <u>Current weekly wage</u>	\$
All Amounts are Based on Weekly Figures	= Difference in wages before injury and now	\$
	x <u>.66667</u>	\$
	Temporary Partial Compensation Rate	\$

Permanent partial (PP) disability – Injured Worker is entitled to receive compensation based upon the loss of use or the loss of a ratable body part, based upon 66 2/3% (.66667) of the pre-injury average weekly wage for a specified number of weeks, pursuant to Va. Code §65.2-503. Please attach a copy of the medical report or the amputation chart that supports the permanency rating to the agreement form. If Permanent Partial is for disfigurement, the Commission must set the rating based on submitted photographs.*

Permanent Total – Injured Worker is permanently and totally disabled from work and is entitled to receive compensation for the remainder of his/her life based upon 66 2/3% (.66667) of the pre-injury average weekly wage.*

Medical Only – The parties agree that the Injured Worker sustained a compensable injury for which the employer and insurer will accept responsibility only for the medical expenses incurred as a result of a work related injury or occupational disease.

* Compensation rate is subject to yearly maximum and minimum allowances.

** All wage information and compensation rate(s) reflected on the form(s) should be based on weekly figures.

3. For questions or assistance with completing this form, please contact Customer Assistance using the Commission's toll-free number 877-664-2566.

VWC Form No. 35 Agreement to Pay Benefits in a Fatal Case

This form is used to establish the date of death, the average weekly wage, the cause and nature of the injury, and the compensation rate to be paid to the surviving spouse and/or dependents. The award entered by the VWC is taken from this form. The first check and the Agreement to Pay Benefits in a Fatal Case will be forwarded to the agency or to the employee's dependents to be signed according to individual agency requirements. This form requires the signature of the principal dependent, at the very bottom, on the right-hand side. The form is completed by the Benefit Coordinator and sent to the agency for signature. The signed form should then be returned to the Benefit Coordinator.



COMMONWEALTH of VIRGINIA
Workers' Compensation Commission

1000 DMV Drive
Richmond, Virginia 23220
FAX: (804) 367-9740

AGREEMENT TO PAY BENEFITS IN A FATAL CASE

VWC File No. _____ Insurer Claim No. _____

Name of Insurer _____

NOTE: This agreement, when executed, shall be filed promptly by the employer or insurance carrier with the Commission.

Agreement entered into this _____ day of _____, 20____, by and between _____ of _____ (Name of Employer) (Employer's address)

and _____ of _____ (Name of Principal Dependent) (Principal Dependent's address)

for compensation due the dependents of _____ (Name of Employee), an employee of said Employer

who sustained an injury on the _____ day of _____, 20____, as a result of an accident arising out of and in the course of his/her employment and which resulted in death on the _____ day of _____, 20____.

This Agreement is based on the following agreed facts:

Place of Accident _____

Cause of Injury or Illness _____

Nature of Injury or Illness _____

Pre-Injury average weekly wage was \$ _____

That the following was/were totally or partially (circle one) dependent on the deceased employee prior to the accident:

NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP TO DECEASED

Subject to the approval of the Virginia Workers' Compensation Commission, the Employer agrees to pay and the Principal Dependent agrees to accept compensation for the benefit of the above-named dependent(s), in equal proportions, at the rate of \$ _____ per week, payable every _____ week(s) for _____ week(s), unless subsequent conditions require a modification, and all costs of necessary medical, surgical and hospital attention and supplies incident to the injury and cost of burial expenses in the sum of \$ _____.

If dependency was partial, the following statements must be completed:

Total monthly or yearly (circle one) amount necessary to support dependents prior to the accident was \$ _____.

The deceased contributed the sum of \$ _____ for the month or year (circle one) prior to the accident for the support of said dependent.

Principal Dependent	Print Name	Phone ()	Date / /
Insurer or authorized representative (signature of processor)	Print Name	Phone ()	Date / /
Name and address of insurer			
Name and address of attorney (if represented)	Fee	Date / /	
Approved by			

Agreement to Pay Benefits in a Fatal Case
VWC Form No. 35 (rev. 9-1-04)

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Agreement to Pay Benefits in a Fatal Case
VWC Form No. 35

This form is used in cases that involve a compensable fatality to an injured worker with dependents. The Agreement form provides information relating to the deceased injured worker's weekly wage and compensation rate, as well as the identity of dependent(s) entitled to receive compensation benefits pursuant to the Virginia Workers' Compensation Act. This Agreement, when executed, must be filed promptly with the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220, by the employer, insurer or authorized representative.

Forms: Additional copies of this form are available without cost by writing to the Commission. Address your inquiries to "forms" at the listed Virginia Workers' Compensation Commission address or visit our Website at www.vwc.state.va.us.

For questions or assistance with completing the form, please contact the Claims Examination Department using the Commission's Toll-free number at (1-877) 664-2566.

VWC Form No. 46 Termination of Wage Loss Award

This form is used to show the date that the employee returned to work, was able to return to work, or returned to work at lower than pre-injury wages. The VWC uses this form to close the award made from the Award Agreement/Agreement to Pay Benefit (Form No. 4) or Award Agreement/Supplemental Agreement to Pay Benefits (Form No. 4A). It is forwarded by the Benefit Coordinator to the agency for the signature of the employee. The form must be signed and returned to the Benefit Coordinator. The Benefit Coordinator then submits the form to the Virginia Workers' Compensation Commission. It is very important that this form be returned quickly in order to terminate the open compensation award.

<http://www.vwc.state.va.us/VWCContentManagement/content/deff31bf-84a9-11df-915d-b9f4d8d8256b/Termination%20of%20Wage%20Loss%20Award.pdf>

Termination of Wage Loss Award

Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond Virginia 23220
 1-877-664-2566



Jurisdiction Claim #: _____
 Claim Administrator #: _____

SEE INSTRUCTIONS ON REVERSE SIDE

www.vwc.state.va.us

Injured Worker's Name: _____	Employer's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: () - _____	Employer's Phone: _____
Date of Injury: _____	Pre-Injury Average Weekly Wage: _____

Payment of Compensation pursuant to the open award is terminated for the reason indicated below. (Choose A or B)

- A. The Injured Worker **returned to work** on _____ (m/d/yyyy) at a wage equal to or greater than the pre-injury average weekly wage.
- B. The Injured Worker **was able to return to pre-injury work** on _____ (m/d/yyyy). (Documentation supporting release must be attached.)

THIS AGREEMENT IS SUBJECT TO VERIFICATION BY THE COMMISSION PURSUANT TO THE VIRGINIA WORKERS' COMPENSATION ACT

Signatures REQUIRED

Signing this form indicates the parties agree that the injured worker returned to work at the pre-injury wage or is able to return to pre-injury work.

Signature of Injured Worker _____	Print Name _____	Date (m/d/yyyy) _____
Signature on behalf of the Employer/Insurer _____	Print Name _____	Date (m/d/yyyy) _____
Print Name and Address of Claim Administrator _____	Phone Number _____	
Print Name and Address of Injured Worker's Attorney _____	Phone Number _____	

**Termination of Wage Loss Award
VWC Form #46**

Filing Instructions

Claim Administrator or Authorized Representative:

1. This form is to be completed when the Injured Worker returns to work at the pre-injury wage or is able to return to pre-injury work. Submit the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220.
2. Check the appropriate reason for the termination of the Award and provide the return to work date and wage information, if applicable.
3. If the basis for terminating benefits is for reasons other than what is contained on this form, you may need to file an Employer's Application for Hearing (VWC Form No. 5A) to terminate the outstanding Award. This form may not be modified to meet a specific case, or the form will be rejected.

Injured Worker:

Signing this document is NOT a requirement for payment. If you do not agree with the information contained and make modifications, it will be rejected. If you have any additional disability from work in the future, your claim can be reopened with the following limitations:

* For questions or assistance with completing this form, please contact Customer Assistance at the Commission's toll-free number 877-664-2566.

Forms for claims with date of injury before October 1, 2008

Agreement to Pay Benefits (VWC Form 4)

This form is used to establish the date of injury, the beginning date of disability, the average weekly wage, the nature of the injury and compensation rate to be paid to the injured worker. It is from this form that the VWC makes an award to the injured employee. The first check and the Award Agreement/Agreement to Pay Benefits (depending on the date of injury) will be sent to the designated agency representative by the Benefit Coordinator.

The form requires the signature of the employee on the fourth line from the bottom on the left side. This form must be returned to the Benefit Coordinator within fourteen (14) days of receipt to avoid interruption of benefits.

The form is also available at

http://www.vwc.state.va.us/VWCContentManagement/content/e12127bc-84a9-11df-915d-b9f4d8d8256b/form4_pay_benefits_new1.pdf

Agreement to Pay Benefits
 (formerly: Memorandum of Agreement)
 Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond VA 23220

SEE INSTRUCTIONS ON REVERSE SIDE

The boxes to the right are for the use of the insurer	Reserved	VWC file number
	Insurer code/PEO Ref. #	Insurer location
	Insurer claim number	

Employer			
Name of employer (see Employer's First Report)		Address	
Phone number	Federal Tax Identification Number		
Is this worker covered by PEO policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee			
Name of employee		Phone number	
Address		Date of birth	
		Social security number	
Time and Place of Accident			
City or county where injury or illness occurred		Cause of injury or illness	
Nature of injury or illness, including parts of body affected			
Date of injury or illness	List first seven days of incapacity	Pre-injury Average Weekly Wage	
Terms of Agreement			
<p>We certify that the facts relating to this accident are correct as presented on this form, and agree that the employee shall receive the compensation or benefits indicated below until terminated in accordance with the provisions of the Workers' Compensation Act.</p>			
Temporary Total	\$_____ shall be paid per week beginning _____ based on a pre-injury average weekly wage of \$_____.		
Temporary Partial	\$_____ shall be paid per week beginning _____ the date on which claimant returned to work at a weekly wage of \$_____ compared to a pre-injury average weekly wage of \$_____.		
Permanent Partial	\$_____ shall be paid per week for _____ weeks beginning _____, based on a _____% loss (or loss of use) of the _____, and a pre-injury average weekly wage of \$_____. This compensation shall be payable _____.		
Medical only	_____ (Check here.) The parties agree to an award for payment of medical bills related to the compensable injury.		
Signatures			
Employer	Print Name	Phone ()	Date / /
Employee, guardian, or committee	Print Name	Phone ()	Date / /
Insurer or authorized representative (signature of processor)	Print Name	Phone ()	Date / /
Name and address of insurer	(This space reserved for Commission use)		
Name and address of employee's attorney (if represented)	Fee	Approved by	Date

This report is required by the Virginia Workers' Compensation Act

Agreement to Pay Benefits
 VWC Form No. 4 (rev. 2/199)

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Agreement to Pay Benefits
VWC Form No. 4

1. This form is completed whenever a claim has been accepted as compensable and the injured employee is entitled to an award. This Agreement to Pay Benefits provides the basis for the initial award of compensation, and contains sufficient information to establish the essential elements of a compensable claim. Submit the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. For subsequent periods of compensation benefits, a Supplemental Agreement to Pay Benefits (VWC Form No. 4A) or a Supplemental Agreement to Pay Varying Temporary Partial Benefits (VWC Form No. 4G) must be filed.
2. The information at the top right of the form should be provided by the insurer. Please note that the insurer code refers to the five-digit numeric code assigned by The National Council on Compensation Insurance (NCCI). Self-insured employers are assigned a similar five-digit code number by the Virginia Workers' Compensation Commission.
3. Incomplete or illegible forms will either be returned to the insurer for proper completion or they will be rejected.
4. When filling out this form, please be sure to provide a brief description of how the accident or illness occurred in the "Cause of Accident" box. Please indicate all parts of the body affected and which are accepted, in the "Nature of Injury" box. If the "Nature of Injury" is not indicated on the form, the form will be rejected.
5. Note that compensation is paid beginning with the eighth (8th) day of disability resulting from a work related accident or illness. If the disability period exceeds more than 21 days, then compensation is owed retroactively for the first seven (7) days of disability. The first seven (7) days of disability includes all days or parts of days when the injured employee was unable to earn a full day's wages, or was not paid a full day's wages, due to the injury.
6. When an employee receives full wages during disability, these days are to be counted towards the waiting period and any subsequent days of disability. Agreement forms need to be completed in their entirety, giving dates and amounts the employee would have been entitled to receive in compensation benefits covering all periods of disability.
7. **Definition of Types of Benefits:**
Temporary Total (TT) Disability – Injured employee is totally disabled for work, and is entitled to receive compensation for a period of total wage loss, based upon 66 2/3% (.66667) of the pre-injury average weekly wage.*
Temporary Partial (TP) Disability– Injured employee is partially disabled for work, but is entitled to receive compensation for a period of partial wage loss, based upon 66 2/3% (.66667) of the difference between the pre-injury average weekly wage and the post (or current) average weekly wage.* Forms received without specific dollar amounts or those that reflect the word "Various" will be rejected.
Permanent Partial (PP) Disability – Injured employee is entitled to receive compensation based upon the loss of use or the loss of a ratable body member, based upon 66 2/3% (.66667) of the pre-injury average weekly wage for a specified number of weeks, pursuant to Va. Code §65.2-503. Please attach a copy, to the agreement form, of the doctor's report or the amputation chart that supports the permanency rating.*
Medical Award – The parties agree that the employee sustained a compensable injury for which the employer and insurer will accept responsibility only for the medical expenses incurred as a result of a work related injury or occupational disease.
*Compensation rate is subject to yearly maximum and minimum allowances.
*All wage information and compensation rate(s) reflected on the form(s) should be based on weekly figures.
8. The signatures of the employee and a representative of the employer or insurer (including the insurer's name and address) are required. If these signatures are missing, this form will be returned.
9. **Forms:** Additional copies of this form are available without cost by writing to the Commission. This form is also available on the Commission's website, at www.vwc.state.va.us. Please note that color coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternative versions of the form you develop yourself require prior approval by the Commission. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address.
10. For questions or assistance with completing this form, please contact the Awards Unit using the Commission's toll-free number at (1-877) 664-2566.

VWC Form No. 3A Supplementary Report

The agency must immediately complete this report to document when their employee actually returns to work or was able to return to work based upon a release by an authorized physician. A Supplementary Report must be submitted in all cases in which First Report of Injury (FROI) documents an incapacity date without a corresponding return to work date. This form is also used to document disability from work not originally reported on the FROI. Fax this form to the Benefit Coordinator within 24 hours being sure to include the claim number on the form.

Failure to submit this report when an employee loses time may result in the tolling of their statute of limitations.

ALWAYS submit supplementary reports immediately after an employee loses time from work due to their injury.

ALWAYS require that the employee use personal leave until the program makes a decision on accepting/denying the period in question.

NEVER tell the employee everything is taken care of and that they need to do nothing further.

The employee is responsible for assuring that all awards are entered with the VWC to preserve their statute of limitations and can file a claim for benefits with the VWC at any time.

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT.



Commonwealth of Virginia
 Virginia Workers' Compensation Commission
 1000 DMV Drive, Richmond, Virginia 23220

VWC Claim No. _____

SUPPLEMENTARY REPORT

Case of _____

If Employer's Accident Report did not show that the injured had returned to work, an Employer's Supplemental Report of injury should be completed and filed immediately after return to work of the employee. In the event of the death of the employee, this report should be filed immediately.

1	Name of Employer			
2	Office Address: No. and St.		City or Town	State
3	Insured by: Name of Company			
4	Name of Injured (in full)	Last	First	Middle Name
5	Present address: No. and St.		City or Town	State
6	Date of Injury	Date	Day of Week	Hour of Day AM or PM
7	Date Disability began		Date	AM or PM
8	Has injured returned to work?		IF SO, date and hour	AM or PM
9	Is injured person earning same wages as before injury?		Yes or No	If not, explain
10	If disability has not terminated, state probable date of termination of disability			
11	Has injured died?		If so, date of death	AM or PM

NOTE: This form is not an agreement and its filing is not sufficient to terminate an outstanding award.

Date of this report	Firm Name
Signed by	Official Title

VWC#3A (Rev 9/1/99)

FILING INSTRUCTIONS

(Instructions Updated 09/01/07)

Supplementary Report VWC Form No. 3A

This form should be completed and filed with the Virginia Workers' Compensation Commission when the Employer's Accident Report (VWC Form No. 3) did not show a date that the injured worker had returned to work as a result of a work-related injury, occupational injury or disease. In the event of the death of the injured worker, this report should be filed immediately.

This form is not an agreement form and its filing is not sufficient to terminate an outstanding award.

Forms: Additional copies of this form are available without cost by writing to the Commission. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address. This form is also available on the Commission's Website, at www.vwc.state.va.us. If any alternative versions of the form are developed they will require prior approval by the Commission.

For questions or assistance with completing this form, please contact the First Reports Unit at (804) 367-0072 or use the Commission's Toll-free number at (1-877) 644-2566.

VWC Form No. 4A Supplemental Agreement to Pay Benefits

This form is used to report knowledge of a change in work status to the Virginia Workers' Compensation Commission. It is forwarded by the Benefit Coordinator to the agency or the employee for a signature. A witness's signature is also required. Fax this form to the Benefit Coordinator.

The form is also available here:

http://www.vwc.state.va.us/VWCContentManagement/content/e0116548-84a9-11df-915d-b9f4d8d8256b/form4a_pay_benefits_new.pdf

Supplemental Agreement to Pay Benefits
 (formerly: Supplemental Memorandum of Agreement)
 Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond VA 23220
SEE INSTRUCTIONS ON REVERSE SIDE

The boxes to the right are for the use of the insurer	Reserved	VWC file number
	Insurer code	Insurer location
	Insurer claim number	

Employer			
Name of employer (see Employer's First Report)		Address	
Phone number	Federal Tax Identification Number		
Employee			
Name of employee		Phone number	Cause of injury/illness
Address		Date of birth	Nature of injury/illness (incl. body part)
		Social security number	City or county where injury/illness occurred
Date of injury or illness	List first seven days of incapacity	Pre-injury Average Weekly Wage	
Temporary Total			
\$ _____ shall be paid per week during total incapacity, beginning ____ / ____ / ____.			
Temporary Partial			
\$ _____ shall be paid per week during partial incapacity beginning ____ / ____ / ____ based on a current weekly wage of \$ _____, compared to a pre-injury average weekly wage of \$ _____.			
Permanent Partial			
\$ _____ shall be paid per week for a period of _____ weeks beginning ____ / ____ / ____ based on _____ % loss (or loss of use) of the _____, payable _____.			
		(body part)	(payment interval)
Employer	Print Name	Phone	Date
		()	/ /
Signature of Employee, guardian, or committee	Print Name	Phone	Date
		()	/ /
Insurer or authorized representative (signature of process)	Print Name	Phone	Date
		()	/ /
Name of Insurer	[This space reserved for Commission use]		
Name and address of employee's attorney (if represented)	Fee		
	Approved by	Date	

This report is required by the Virginia Workers' Compensation Act

Supplemental Agreement to Pay Benefits
 VWC Form No. 4.1 (rev. 9/199)

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Supplemental Agreement to Pay Benefits
VWC Form No. 4A

1. This form is completed whenever additional periods of disability occur for an accident or illness for which an initial Agreement to Pay Benefits has already been submitted to the Commission. Submit the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. *Note:* If additional consecutive periods of temporary partial disability occur, a Supplemental Agreement to Pay Varying Temporary Partial Benefits (VWC Form No. 4G) may be filed in place of this form.
2. For subsequent periods of compensation benefits, a Supplemental Agreement to Pay Benefits (VWC Form No. 4A) or a Supplemental Agreement to Pay Varying Temporary Partial Benefits (VWC Form No. 4G) must be filed.
3. The information at the top right of the form should be provided by the insurer. Please note that the insurer code refers to the five-digit numeric code assigned by The National Council on Compensation Insurance (NCCI). Self-insured employers are assigned a similar five-digit code number by the Virginia Workers' Compensation Commission.
4. Incomplete or illegible forms will either be returned to the insurer for proper completion or they will be rejected.
5. When filling out this form, please be sure to provide a brief description of how the accident or illness occurred in the "Cause of Accident" box. Please indicate all parts of the body affected and which are accepted, in the "Nature of Injury" box.
6. Note that compensation is paid beginning with the eighth (8th) day of disability resulting from a work related accident or illness. If the disability period exceeds more than 21 days, then compensation is owed retroactively for the first seven (7) days of disability. The first seven (7) days of disability includes all days or parts of days when the injured employee was unable to earn a full day's wages, or was not paid a full day's wages, due to the injury. These dates should be the same as reflected on the Agreement to Pay Benefits (VWC Form No. AW4).
7. When an employee receives full wages during disability, these days are to be counted towards the waiting period and any subsequent days of disability. Agreement forms need to be completed in their entirety, giving dates and amounts the employee would have been entitled to receive in compensation benefits covering all periods of disability.
8. **Definition of Types of Benefits:**
Temporary Total (TT) Disability – Injured employee is totally disabled for work, and is entitled to receive compensation for a period of total wage loss, based upon 66 2/3% (.66667) of the pre-injury average weekly wage.*
Temporary Partial (TP) Disability – Injured employee is partially disabled for work, but is entitled to receive compensation for a period of partial wage loss, based upon 66 2/3% (.66667) of the difference between the pre-injury average weekly wage and the post (or current) average weekly wage.* Forms received without specific dollar amounts or those that reflect the word "Various" will be rejected.
Permanent Partial (PP) Disability – Injured employee is entitled to receive compensation based upon the loss of use or the loss of a ratable body member, based upon 66 2/3% (.66667) of the pre-injury average weekly wage for a specified number of weeks, pursuant to Va. Code §65.2-503. Please attach a copy, to the agreement form, of the doctor's report or the amputation chart that supports the permanency rating.*
*Compensation rate is subject to yearly maximum and minimum allowances.
*All wage information and compensation rate(s) reflected on the form(s) should be based on weekly figures.
*The previously established average weekly wage should be used when completing this form.
9. The signatures of the employee and a representative of the employer or insurer (including the insurer's name and address) are required. If these signatures are missing, this form will be returned.
10. **Forms:** Additional copies of this form are available without cost by writing to the Commission. This form is also available on the Commission's Website, at www.vwc.state.va.us. Please note that color coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternative versions of the form you develop yourself require prior approval by the Commission. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address.
11. For questions or assistance with completing this form, please contact the Awards Unit using the Commission's toll-free number at (1-877) 664-2566.

VWC Form 4G - Supplemental Agreement to Pay Varying Temporary Partial Benefits

This form can be found here:

http://www.vwc.state.va.us/VWCContentManagement/content/dffbe175-84a9-11df-915d-b9f4d8d8256b/form4g_supp_varying_tp_new.pdf

Supplemental Agreement to Pay Varying Temporary Partial Benefits
 Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond VA 23220
SEE INSTRUCTIONS ON REVERSE SIDE

The boxes to the right are for the use of the insurer	Reserved	VWC file number
	Insurer code	Insurer location
	Insurer claim number	

Employer			
Name of employer (see Employer's Accident Report)		Address	
Phone number	Federal Tax Identification Number		
Employee			
Name of employee		Phone number	Cause of injury/illness
Address		Date of birth	Nature of injury/illness (incl. body parts)
		Social security number	City or county where injury/illness occurred:
Date of injury or illness	List first seven days of incapacity	Pre-injury Average Weekly Wage	
Varying Temporary Partial			
From _____ through _____, claimant was paid \$ _____ per week as temporary partial compensation. The weekly wage before the injury was \$ _____. The weekly wage for this period was \$ _____. From _____ through _____, claimant was paid \$ _____ per week as temporary partial compensation. The weekly wage before the injury was \$ _____. The weekly wage for this period was \$ _____. From _____ through _____, claimant was paid \$ _____ per week as temporary partial compensation. The weekly wage before the injury was \$ _____. The weekly wage for this period was \$ _____. From _____ through _____, claimant was paid \$ _____ per week as temporary partial compensation. The weekly wage before the injury was \$ _____. The weekly wage for this period was \$ _____. From _____ through _____, claimant was paid \$ _____ per week as temporary partial compensation. The weekly wage before the injury was \$ _____. The weekly wage for this period was \$ _____. From _____ through _____, claimant was paid \$ _____ per week as temporary partial compensation. The weekly wage before the injury was \$ _____. The weekly wage for this period was \$ _____. From _____ through _____, claimant was paid \$ _____ per week as temporary partial compensation. The weekly wage before the injury was \$ _____. The weekly wage for this period was \$ _____. From _____ through _____, claimant was paid \$ _____ per week as temporary partial compensation. The weekly wage before the injury was \$ _____. The weekly wage for this period was \$ _____.			
Employer	Print Name	Phone	Date
Signature of Employee, guardian, or committee	Print Name	Phone	Date
Insurer or authorized representative (signature of processor)	Print Name	Phone	Date
Name of Insurer	(This space reserved for Commission use) Fee		
Name and address of employee's attorney (if represented)	Approved by	Date	

This report is required by the Virginia Virginia Workers' Compensation Act

Supplemental Agreement to Pay Varying Temporary Partial Benefits
 VWC Form No. 4G (1/1/2005)

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

**Supplemental Agreement to Pay
Varying Temporary Partial Benefits
VWC Form No. 4G**

1. This form is completed whenever additional *consecutive* periods of temporary partial compensation occur for an accident or illness for which an initial Agreement to Pay Benefits has already been submitted to the Commission. Submit the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. *Note:* If the periods are not consecutive, a Supplemental Agreement to Pay Benefits (VWC Form No. 4A), should be filed.
2. For subsequent periods of compensation benefits, a Supplemental Agreement to Pay Benefits (VWC Form No. 4A) or a Supplemental Agreement to Pay Varying Temporary Partial Benefits (VWC Form No. 4G) must be filed.
3. The information at the top right of the form should be provided by the insurer. Please note that the insurer code refers to the five-digit numeric code assigned by The National Council on Compensation Insurance (NCCI). Self-insured employers are assigned a similar five-digit code number by the Virginia Workers' Compensation Commission.
4. Incomplete or illegible forms will either be returned to the insurer for proper completion or they will be rejected.
5. When filling out this form, please be sure to provide a brief description of how the accident or illness occurred in the "Cause of Accident" box. Please indicate **all** parts of the body affected and which are accepted, in the "Nature of Injury" box.
6. Note that compensation is paid beginning with the eighth (8th) day of disability resulting from a work related accident or illness. If the disability period exceeds more than 21 days, then compensation is owed retroactively for the first seven (7) days of disability. The first seven (7) days of disability includes all days or parts of days when the injured employee was unable to earn a full day's wages, or was not paid a full day's wages, due to the injury. These dates should be the same as reflected on the Agreement to Pay Benefits (VWC Form No. 4).
7. When an employee receives full wages during disability, these days are to be counted towards the waiting period and any subsequent days of disability. Agreement forms need to be completed in their entirety, giving dates and amounts the employee would have been entitled to receive in compensation benefits covering all periods of disability.
8. **Definition of Type of Benefit:**
Temporary Partial (TP) Disability – Injured employee is partially disabled for work, but is entitled to receive compensation for a period of temporary partial wage loss, based upon 66 2/3% (.66667) of the difference between the pre-injury average weekly wage and the post (or current) average weekly wage.* Forms received without specific dollar amounts or those that reflect the word "Various" will be rejected.
 - *Compensation rate is subject to yearly maximum and minimum allowances.
 - *All wage information and compensation rate(s) reflected on the form(s) should be based on *weekly* figures.
 - *The previously established average weekly wage should be used when completing this form.
9. The signatures of the employee and a representative of the employer or insurer (including the insurer's name and address) are required. If these signatures are missing, this form will be returned.
10. **Forms:** Additional copies of this form are available without cost by writing to the Commission. This form is also available on the Commission's Website, at www.vwc.state.va.us. Please note that color coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternative versions of the form you develop yourself require prior approval by the Commission. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address.
11. For questions or assistance with completing this form, please contact the Awards Unit using the Commission's toll-free number at (1-877) 664-2566.

VWC Form No. 46 Termination of Wage Loss Award

This form is used to show the date that the employee returned to work, was able to return to work, or returned to work at lower than pre-injury wages. The VWC uses this form to close the award made from the Award Agreement/Agreement to Pay Benefit (Form No. 4) or Award Agreement/Supplemental Agreement to Pay Benefits (Form No. 4A). It is forwarded by the Benefit Coordinator to the agency for the signature of the employee. The form must be signed and returned to the Benefit Coordinator. The Benefit Coordinator then submits the form to the Virginia Workers' Compensation Commission. It is very important that this form be returned quickly in order to terminate the open compensation award.

http://www.vwc.state.va.us/VWCContentManagement/content/e0aeb6cd-84a9-11df-915d-b9f4d8d8256b/form46_term_wage_loss_new.pdf

Termination of Wage Loss Award
 (formerly: Agreed Statement of Fact)
 Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond VA 23220
**SEE INSTRUCTIONS ON THE REVERSE SIDE
 OF THIS FORM**

The boxes to the right are for the use of the insurer	Reserved	VWC file number
	Insurer code	Insurer location
	Insurer claim number	

Employer	
Name of employer (see Employer's First Report)	
Phone number	Federal Tax Identification Number
Address	
Employee	
Name of employee	
Phone number	Social Security Number
Address	

Terms of Agreement

Payments of compensation under the outstanding award for the accident occurring on _____ are terminated for the reason indicated below.

1. The employee returned to work on _____ at a wage equal to or greater than the pre-injury average weekly wage of \$ _____.
2. The employee was able to return to his/her pre-injury work on _____.
3. The employee returned to work on _____ at a lower-than-pre-injury wage in the amount of \$ _____. (A Supplemental Agreement to Pay Benefits must be attached and the outstanding award will be terminated and an award for temporary partial benefits will be entered.)

TOTAL AMOUNT OF COMPENSATION PAID THROUGH ABOVE DATE \$ _____

TOTAL COST OF LIVING ADJUSTMENT PAID THROUGH ABOVE DATE \$ _____

This agreement is subject to the Commission's approval. Signing this form is NOT a requirement for payment of compensation, and does not terminate the right to future compensation. See "Employee" section on the reverse of this form.

(This space for Commission use only)	
Approved by: _____	Date: _____

(This space reserved for use by the insurer or employer)					
Payment type	Compensation rate	Beginning date	Ending date	Total weeks paid	Amount paid
_____	\$ _____	_____	_____	_____	\$ _____
_____	\$ _____	_____	_____	_____	\$ _____
_____	\$ _____	_____	_____	_____	\$ _____
_____	\$ _____	_____	_____	_____	\$ _____
Signature of Employee, guardian, or committee		Date	Print Name		Phone ()
Insurer or authorized representative (signature of processor)		Date	Print Name		Phone ()
Name of Insurer			Third Party Administrator and Address (if applicable)		

Termination of Wage Loss Award
 VWC Form No. 46 (rev. 9/1/99)

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)
Termination of Wage Loss Award
VWC Form No. 46

Insurer or authorized representative

1. This form is completed when the employee returns or was able to return to regular or light-duty employment. This form should also reflect compensation payments and or Cost-of-Living Adjustments that were paid to or on behalf of the employee. Submit the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond VA 23220.
2. The information at the top right of the form should be provided by the insurer. Please note that the insurer code refers to the five-digit numeric code assigned by The National Council on Compensation Insurance (NCCI). Self-insured employers are assigned a similar five-digit code number by the Virginia Workers' Compensation Commission.
3. Either incomplete or illegible forms will be returned to the insurer for proper completion or they will be rejected.
4. "Terms of Agreement":
 - Check the appropriate reason for the termination of the Award and provide the return to work date and wage information, if applicable.
 - When block number 3 is marked, a Supplemental Agreement to Pay Benefits (VWC Form No. 4A or 4G) must be attached. Forms received without specific dollar amounts or those that reflect the word "Various" will be rejected.
 - When block number 3 is marked and a Supplemental Agreement to Pay Benefits (VWC Form 4A or 4G) is not attached, the current Award will remain outstanding
 - Provide the file totals through the date of return to work to reflect the total amount of compensation and Cost-of-Living Adjustments paid in the case.
 - If the basis for terminating benefits is for reasons other than what is contained on this form, you may need to file an Employer's Application for Hearing (VWC Form No. 5A) to terminate the outstanding Award. This form may not be modified to meet a specific case, or the form will be rejected.
5. In the space reserved for use by the insurer or employer at the bottom of the form, a detailed summary of payments should be provided for each period of disability with the information requested.* *Note:* You do not need to report payments that have been previously reported to the Commission. If additional space is needed, use a separate sheet of paper with the same column headings and this document should also be signed by all of the parties to the case.
6. When reporting multiple periods of compensation that are not consecutive, a separate Termination of Wage Loss Award (VWC Form No. 46) should be provided reflecting each return to work date under the "Terms of Agreement". The breakdown of benefits at the bottom of the form is not sufficient to terminate an award.
7. The signatures of the employee and a representative of the employer or insurer (including the insurer's name) are required. If these signatures are missing, this form will be returned.
8. **Forms:** Additional copies of this form are available without cost by writing to the Commission. This form is also available on the Commission's Website at www.vwc.state.va.us. Please note that color coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternative versions of the form you develop yourself require prior approval by the Commission. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address.

Employee

The signing of this document is not a requirement for payment. If you do not agree with the "Terms of Agreement", and make modifications to the form, the form will be rejected. Should you have any further disability, your claim can be reopened with the following limitations:

1. If the claim is for wage loss benefits, your claim must be reopened within 24 months from the last date for which you were entitled to compensation paid under an Award.
2. If the claim is for permanent disability, your claim must be made within 36 months from the last date for which you were entitled to compensation paid under an Award.

*The valid payment types are:	TT	Temporary Total
	TP	Temporary Partial
	PP	Permanent Partial (specific disability)
	PT	Permanent Total
	LS	Lump Sum
	CL	Cost-of-Living
	FT	Compensation paid in a fatal claim
	FE	Funeral expense

For questions or assistance with completing this form, please contact the Awards Unit using the Commission's Toll-Free number at (1-877) 664-2566.

Mileage Expense Reimbursement Form

Employees may be entitled to reimbursement for prescriptions, mileage and parking expenses to all required medical appointments. Employees should complete the Expense Reimbursement Form and submit it with any receipts. Payment will be made to the employee after verification of medical necessity and causality. Reimbursements must be related to the original injury documented in the medical records from the attending panel physician and/or therapists as well as all applicable receipts.

Medical/Pharmacy Expense Reimbursement Form

Employees may be entitled to reimbursement for certain expenses such as knee braces, heel supports, etc. if MCI has a prescription from the authorized physician, itemized receipt and letter from the physician indicating medical necessity.

MEDICAL/PHARMACY EXPENSE REIMBURSEMENT FORM

NAME _____ CLAIM NO. _____
 ADDRESS _____ SSN _____
 CITY _____ STATE _____ ZIP _____ DOI _____

This form is to be used by COV Injured Workers to request reimbursement for pharmacy expenses paid out-of-pocket. This form is exclusively for medical and/or pharmacy expenses and is not to be used for mileage/travel expenses.

PLEASE NOTE: Reimbursement for any expenses submitted must be itemized below and **ITEMIZED** receipts attached. (Cash register receipt without itemization is not sufficient.)

Claim Number	Date	Expense Explanation	Amount Paid
TOTAL			

MANAGED CARE INNOVATIONS, LLC
 P.O. BOX 1140
 RICHMOND VA 23218-1121
 PH: (804) 649-2288
 FX: (804) 371-2556

I certify that the information given is accurate, that all medications for which I am requesting reimbursement directly relate to my workers compensation claim and that I have not been reimbursed by any other source for any of the amounts claimed.
 SIGNATURE: _____

Would you be interested in learning about our First Script Program that would allow you to receive your prescriptions with no out-of-pocket expense? If so, please call your Benefit Coordinator to discuss.

Panel of Physicians Form

This form should be provided to the injured employee as soon as possible following a work-related injury. This form is to be completed by the agency and must consist of at least three independent physicians from which the injured employee may choose a treating physician. The employee then signs and dates the completed form. The agency should submit this form to the Benefit Coordinator handling the claim noting the claim number on the form.

<http://www.covwc.com/clientimages/48008/panelphysicianform.pdf>

WORKERS' COMPENSATION

Panel Physicians Form



The Virginia Workers' Compensation law requires your employer to provide to you a Panel of at least three physicians. You must select a physician from this Panel to treat your work related injury. *If you do not use one of these physicians for your work related injury, you may be responsible for the cost of medical care.*

Please select a physician from this Panel, complete and sign this form and return it to your supervisor. The supervisor should immediately return this form to **MANAGED CARE INNOVATIONS (MCI)** at P.O. Box 1140, Richmond, VA 23218-1140 Phone 804/649-2288 Fax 804/371-2556 or via e-mail to covimaging@avizentrisk.com

Please choose from the following list by writing the physician's name and signing the form. Return the form to your supervisor for filing with the claim application.

1) _____ NAME	2) _____ NAME	3) _____ NAME
_____ ADDRESS	_____ ADDRESS	_____ ADDRESS
_____ PHONE	_____ PHONE	_____ PHONE
<input type="checkbox"/> PPO Physician	<input type="checkbox"/> PPO Physician	<input type="checkbox"/> PPO Physician

(Please check the above PPO PHYSICIAN box if appropriate)

If the CMI Octagon (Sedgwick) PPO Physician block is checked say the following when making your appointment with the doctor: "I am a Commonwealth of Virginia employee and you are listed as a participant in the CMI Octagon (Sedgwick) PPO network and I have been directed to seek your services."

Employee

By signing this form, I release all medical information to Managed Care Innovations. All information will be considered confidential and used only in the matter of the workers' compensation claim.

I have been presented with a panel of at least three physicians and have selected

Dr. _____ to provide me with medical care for my work related injury.

Signed: _____ Date: _____
NAME

Printed: _____ Date of Injury: _____
NAME

Claim Number: _____

Revised December 2010

Physical Demands Form and Worksheet

This form is to be completed by the physician. This form outlines the physical capabilities of the injured employee (what he/she can or cannot do) and is used by the agency.

This form is one optional component of the Employee Work Profile (EWP). The EWP will be requested by the benefit coordinator on lost time or modified duty claims.

The form can also be found at the following link -

<http://www.dhrm.virginia.gov/statefrm/physicaldemandsworksheet.pdf>

Some agencies may use this form to obtain the employee's current physical capabilities.

Physical Demands Worksheet

This form is intended to assist supervisors in evaluating the demands of positions. Keep a copy of the completed form with the Employee Work Profile in the employee's personnel file.

Job Title: _____ Employee: _____

Physical Demands (without accommodations)	hours at one time					total hours per day				
	0	<1/2	1/2-1	1-2	2-4	<1	1-2	2-4	4-6	6-8
sitting	<input type="checkbox"/>									
walking	<input type="checkbox"/>									
standing	<input type="checkbox"/>									
bending neck	<input type="checkbox"/>									
twisting neck	<input type="checkbox"/>									
bending waist (forward or sideways)	<input type="checkbox"/>									
bending waist (forward or sideways)	<input type="checkbox"/>									
twisting waist	<input type="checkbox"/>									
squatting (crouch or sit on one's heels)	<input type="checkbox"/>									
climbing	<input type="checkbox"/>									
kneeling	<input type="checkbox"/>									
crawling	<input type="checkbox"/>									
repetitive* movement: Hand	<input type="checkbox"/>									
<input type="checkbox"/> simple grasping right hand	<input type="checkbox"/>									
<input type="checkbox"/> simple grasping left hand	<input type="checkbox"/>									
<input type="checkbox"/> simple grasping both hands	<input type="checkbox"/>									
<input type="checkbox"/> power grasping right hand	<input type="checkbox"/>									
<input type="checkbox"/> power grasping left hand	<input type="checkbox"/>									
<input type="checkbox"/> power grasping both hands	<input type="checkbox"/>									
<input type="checkbox"/> pushing/pulling* right hand	<input type="checkbox"/>									
<input type="checkbox"/> pushing/pulling* left hand	<input type="checkbox"/>									
<input type="checkbox"/> pushing/pulling* both hands	<input type="checkbox"/>									
<input type="checkbox"/> fine manipulation right hand	<input type="checkbox"/>									
<input type="checkbox"/> fine manipulation left hand	<input type="checkbox"/>									
<input type="checkbox"/> fine manipulation both hands	<input type="checkbox"/>									
reach above shoulder height	<input type="checkbox"/>									
reach below shoulder height	<input type="checkbox"/>									
lift or carry items weighing up to 10 lbs.	<input type="checkbox"/>									
lift or carry items weighing 11-25 lbs.	<input type="checkbox"/>									
lift or carry items weighing 26-50 lbs.	<input type="checkbox"/>									
lift or carry items weighing 51-75 lbs.	<input type="checkbox"/>									
lift or carry items weighing 76-100 lbs.	<input type="checkbox"/>									
lift or carry items weighing over 100 lbs.	<input type="checkbox"/>									
driving	<input type="checkbox"/>									
repetitive** movement: right foot	<input type="checkbox"/>									
repetitive** movement: left foot	<input type="checkbox"/>									
repetitive** movement: both feet	<input type="checkbox"/>									
Other _____	<input type="checkbox"/>									

* Less Maximum Weight
** constant for at least 15 minutes

Environmental Demands (check all that apply)

- A. Extreme cold (below 32°) source: _____
- B. Extreme heat (above 100°) source: _____
- C. Noise (need to shout in order to be heard) source: _____
- D. Vibration source: _____
(exposure to oscillating movements of the extremities or whole body)
- E. Exposure to dust/gas/fumes/steam/chemicals source: _____
- F. Work outdoors (no effective protection from weather)
- G. Walking on uneven ground (gravel, rocks, mounds)
- H. Work at heights (such as on scaffolding or ladders)
- I. Working around moving machinery (fork-lifts, tractors, mowers)
- J. Protective Equipment Required (respirator, mask, earplugs, gloves, eyewear, etc.) _____
- K. Potential exposure to infectious diseases
- L. Other _____
- M. NONE (not substantially exposed to adverse environmental conditions)

Transitional Employment Form

This form can be used by the agency to document transitional duty for the injured employee. The agency may choose to use this form within their return-to-work program. The employee, the supervisor and the physician should sign this form.

State Agency Referral Form

This is a form used for requesting field medical and/or vocational services. Once received, the Voc/Med Manager will contact the agency within one business day to discuss your request.



**STATE AGENCY REFERRAL FORM
FIELD MEDICAL AND VOCATIONAL SERVICES**

Please complete and fax to:
DHRM – Workers' Compensation Services
ATTN: Dawn Mauro – Voc/Medical Manager
FAX: 804-649-2397

Name & Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Agency and Facility: _____

Facility Address: _____

Injured Worker Name: _____

Address: _____

Phone: _____ Occupation: _____

Date of Injury: _____ Avizent Claim Number: _____

Services Requested: Please Discuss Reason For Request.

Signature and Title of person authorizing request:

Date of Request: _____

Revised July 2010

Accident Investigation Program

This is a management tool that can be used by the agency to systematically study accidents or injuries to identify their causes and contributing factors and eliminate them.

Sample Accident Investigation Program:

Commonwealth of Virginia ACCIDENT INVESTIGATION PROGRAM

WHAT IS AN ACCIDENT INVESTIGATION PROGRAM?

An Accident Investigation Program is a management tool by which accidents or injuries are systematically studied so that their causes and contributing factors can be identified and eliminated. Accident Investigation is a technique that allows an agency to "learn from its experience."

In addition to preventing future accidents, the Accident Investigation Program:

- Helps to identify inefficiencies, and improves total quality.
- Develops accident trend information.
- Focuses supervisors' attention on safety and helps them consider methods for preventing future accidents.
- Helps monitor the effectiveness of the agency safety program.
- Provides information for workers compensation claims handling as well as regulatory reporting and record keeping.

WHO IS RESPONSIBLE FOR AN ACCIDENT INVESTIGATION PROGRAM?

Everyone in an agency shares the responsibility for the success of the Accident Investigation Program. Specific groups and their respective duties are as follows:

Management is responsible for planning and developing the system, and has the authority to enforce the program. In general, management will develop investigation forms and procedures; train supervisors and members of the safety committee; review accident reports and trends; and perform periodic program evaluations.

Supervisors will investigate accidents and identify their cause(s), and also develop suggestions, methods and techniques for preventing accidents.

Human Resource Professionals will participate in the process as outlined by their respective agency. In some cases, Human Resources may conduct the investigation, and complete the form. In other cases Human Resources will review and track the results of the investigations. Human Resources should be consulted at any time there is a question about the accuracy of the description of the accident, or the supervisors description is significantly different than the employees report.

Safety Committee Members may investigate accidents and determine their cause(s); review accident reports; and identify accident trends. The Safety Committee will report its findings to management.

Employees must report accidents promptly and participate in the investigation process. Whenever possible, employees should be encouraged to share insights with management about ways to prevent future accidents.

STEPS TO A SUCCESSFUL ACCIDENT INVESTIGATION

Before an accident investigation can be performed, any injured employees should receive immediate and proper medical attention. Hazards should be removed from the accident scene to prevent accidents to others. Thereafter, the following steps should be taken:

Determine The Facts

The investigator should identify and document all the facts of the accident. To do this, the person should:

- Interview the individual(s) involved as well as witnesses.
- Photograph the accident scene if possible.
- Diagram the layout of the accident scene, and the relationship of machinery and witnesses to the scene.
- Safely reenact the accident to ensure that no one else is injured.

Determine The Causes

The cause of an accident may be obvious and be determined immediately with relative ease. However, it is important to delve deeper and try to determine the underlying causes of an accident. These might include:

- Lack of employee or supervisor training
- Improper or outdated methods
- Lack of enforcement of safety regulations
- Inadequate machine maintenance

Determine The Corrective Action

Investigators should be aware that there may be more than one method or technique for eliminating the cause of an accident. It is also important to realize that a temporary corrective action may be appropriate if the most effective corrective action cannot be implemented immediately.

Review the Findings of the Accident Investigation

After an accident investigation has been completed, management should periodically review related forms and procedures. This will ensure that the quality of investigations remains high, and that corrective actions are adequate and have been completed.

Analyze Accidents

All accidents should be analyzed periodically for any trends or recurring problems. One should consider the date and time and location of the accident; the type of accident; the nature of the injury and body part(s) involved; and the employee's training and experience level.

Accident Investigation Form

This form may be used to document the accident investigation completed by the agency.

Commonwealth of Virginia
ACCIDENT INVESTIGATION PROGRAM

The unsafe acts of people, and the unsafe conditions that cause accidents, can be corrected only when they are known specifically. It is your responsibility to identify them and correct them. This report and investigation must be completed within 24 hours of the accident. The employee involved and his/her supervisor should cooperate to complete all the information requested. Please use additional paper as necessary.

PART I - General Information:

Agency Location Code _____
Dept/Area _____

Name of Injured _____
Social Sec. # _____

PART II – Employee’s Description of Accident (What Happened?)

Day / Date of Accident _____ Time _____
Exact Location _____

When was supervisor notified? _____

Who did you report the accident to? _____

Job or Activity at Time of Accident:

Describe the Accident:

Describe the Injury and body part(s) affected:

Names of **on duty** supervisor and any **witness** (es):

Employee Signature: _____ Phone # _____

Date: _____

(I certify that the information provided above is true and complete.)

PART III – Supervisor’s Investigation of the Accident: If you do not agree with the employees report, notify your Human Resources Manager and / or Workers’ Compensation Services immediately, and provide details with this report.

A. Describe any UNSAFE Acts:

B. Describe any UNSAFE Conditions:

C. Identify the Cause(s) of the Accident:

PART IV - Corrective Action Taken

(What have you done or what do you recommend to prevent a recurrence of a similar accident?)

Has it been done? _____ If not, give reason _____

PART V – Accident Analysis Details

Severity of Injury / Damage:

Fatality Lost Workdays Medical Treatment (off premises)

First Aid (On site) Significant Property Damage

Panel of Physicians List provided to Employee Yes – Attach Copy to this report
No

Employment Category:

Regular, Full-time Regular, Part-time Temporary Contractor

Other: _____

Time in Occupation at time of accident:

Less than 6 months 6 mos. To 2 years 2 to 5 years
More than 5 years

Work Shift at time of accident:

Day Shift Evening Shift Night Shift

Prepared by: (Name & Title)	Work Phone #:	Date Report Prepared:
Reviewed by: (Name & Title)	Work Phone #:	Date Report Reviewed:

Follow – up Action:

Request for Loss Control Assistance

Please complete and fax or mail to:
DHRM-Workers' Compensation Services / Loss Control
101 N. 14th Street, 6th Floor
Richmond, VA 23219
Fax: 804-786-8840

Name: _____ Date of Request: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Agency and Facility: _____

Facility address: _____

Signature and title of person authorizing request

I need help with the following:

_____ OSHA-type program review/development assistance

_____ Snapshot Survey (Facility hazard survey/inspection)

_____ Job Safety Analysis (specify task)

_____ Agency-specific safety training materials and/or speaker (specify event, date and topic)

_____ Information/research on a safety topic (specify topic)

_____ Agency-specific safety article (specify topic)

_____ Ergonomic Assessment

Please give us a detailed description of your request. Please be specific about areas, tasks, topics, dates, rationale for request, any claims history that has impacted your request, number of employees to be trained, etc.

Add or Delete User From for Visual Reports Studio (VRS)

This form is used to add/change agency contacts for Workers' Compensation in several workers' compensation databases:

- A. Visual Liquid Web – this is the web-based application used to submit FROI on new claims. Each agency may have three named users for VLW.

- B. VRS is the web-based reporting system. The users of VRS have access to the workers' compensation claims information based on the type of user specified. This section also dictates the primary and backup contacts that are listed in Client Profiles within Gates 2000 and is the client management/contacts management system where contacts for each of the Commonwealth of Virginia agencies and subagencies are designated. System generated correspondence related to workers' compensation claims and payments to agencies are directed to the contacts based on the responsibility level specified.

Given the access to confidential information, please submit this form immediately to Workers' Compensation Services when an agency contact separates from the agency for any reason.

The form is available at

<http://www.dhrm.virginia.gov/workerscomp/agencyContactForm.pdf>.

Agency Address Change Form

This form is used to update the agency address in the claims system. This address is transmitted to the VWC as the address of record for the employer.

DHRM – Office of Workers' Compensation Agency Address Change Form

Agency Name and location: _____

Agency Number _____ Sub-Agency Number (if applicable): _____

Agency website address: _____

OLD/CURRENT INFORMATION:

Street Address/PO Box: _____

City, State, Zip: _____

Phone Number: () _____ Fax Number: () _____

NEW INFORMATION:

Street Address/PO Box: _____

City, State, Zip: _____

Phone Number: () _____ Fax Number: () _____

If you are located in the Richmond area and receive mail through interagency mail, please be sure to include your street address so we can take advantage of that service.

If this change affects the address where checks are mailed, please contact Peggy Wash of Managed Care Innovations at 804-649-2288 to coordinate.

APPROVAL OF CHANGE REQUEST**:

Human Resource Director's signature Print HR Director's name ()

Phone number

* To confirm existing agency addresses, contacts, and VRS users, contact the Office of Workers' Compensation at (804) 786-0368 or pam.goetz@dhrm.virginia.gov.

Fax the completed form to DHRM - Office of Workers' Compensation: (804) 786-8840. Do not submit the request to your benefit coordinator.

CHECKLISTS

Agency checklist for new claims

- _____ Complete the First Report of Injury (FROI).
- _____ Offer a Panel of Physicians to the injured employee immediately.
- _____ Have the employee sign the Panel of Physicians form.
- _____ Send the FROI and the Panel Physician form to MCI within 10 days of the date of injury.
- _____ Investigate the accident to gather facts on how it occurred.
- _____ Notify the agency safety committee/officer so that they can evaluate the incident for any necessary loss control efforts.
- _____ If the employee is a VSDP participant, advise injured employee to call VSDP vendor to initiate claim.
- _____ Complete the wage statement and submit to MCI immediately on all lost time claims.
- _____ Complete the Supplemental Report (3A form) for any change in work status: return to work, out of work or change in earnings and send it to the Benefit Coordinator covimaging@avizentrisk.com or faxed to 804-371-2556 within 24 hours of notice.
- _____ Have injured employee sign and submit all documents to MCI.
- _____ Cooperate with nurse consultants and return-to-work efforts.
- _____ Provide information to agency VSDP coordinator and payroll as received from injured employee and/or physician.

Employee checklist for new claims

- _____ Report the accident to your supervisor.
- _____ Select a physician from the panel offered by your employer.
- _____ Seek medical attention from the panel physician and submit any disability slips to your supervisor or agency's workers' compensation representative (according to agency policies).
- _____ If a VSDP participant, call the VSDP provider to report the injury if the disability is anticipated to exceed 7 days.
- _____ Sign all documents when received and return to sender.
- _____ Communicate results of all medical appointments and return-to-work status with your Benefit Coordinator and Nurse Consultant.
- _____ Notify your supervisor of any return-to-work release.
- _____ Send the expense reimbursement form to your Benefit Coordinator.
- _____ Cooperate with Nurse Consultants and return-to-work efforts.
- _____ Consult www.covwc.com to locate a pharmacy.

RESOURCES

CLAIMS QUESTIONS

See phone and email list for Benefit Coordinators and Supervisors at www.covwc.com.

CLAIMS SERVICE PROBLEMS OR REQUESTS FOR QUALITY ASSURANCE REVIEWS

Problems not resolved with Benefit Coordinator/Claims Supervisor/MCI Claims Manager to Agency's satisfaction - Contact Workers' Compensation Quality Assurance Specialist at (804) 786-9922.

COPIES OF DHRM POLICIES

<http://www.dhrm.virginia.gov/hrpolicy/policy.html>

GENERAL SAFETY INFORMATION & SAFETY ARTICLES

<http://www.covwc.com/>

<http://www.osha.gov/>

<http://www.safetyinfo.com/>

<http://www.nsc.org/>

<http://www.safetyonline.com/>

OSHA RECORDKEEPING

http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1904

OSHA training presentation on Recordkeeping:

<http://www.osha.gov/recordkeeping/RKpresentations.html>

PAYROLL QUESTIONS

Department of Accounts CAPP Manual

Policy and Procedure 50500, Paying the Employee

Policy and Procedure 50520, Workers' Compensation Non-VSDP

Policy and Procedure 50525, Virginia Sickness & Disability Program
http://www.doa.virginia.gov/Admin_Services/CAPP/CAPP_Summary.cfm?#50000

Department of Accounts CIPPS VSDP Training Manual
Spreadsheets to facilitate VSDP payroll computations
http://www.doa.virginia.gov/Payroll/VSDP/VSDP_Main.cfm

RETURN-TO-WORK QUESTIONS/ASSISTANCE

Michelle Allen, WC Disability Manager
804-225-2158
michelle.allen@dhrm.virginia.gov

Chad Smith, RTW Specialist
804-786-2311
chad.smith@dhrm.virginia.gov

LaTarsha McMahand, RTW Specialist
804-786-2310
latarsha.mcmahand@dhrm.virginia.gov

SAFETY ISSUES

Marchel Johnson, LCI Loss Control Manager
804-318-3402
marchel.johnson@dhrm.virginia.gov

Monica Vannoy, LCI Loss Control Consultant
804-308-3993
monica.vannoy@dhrm.virginia.gov

REQUESTS FOR LOSS CONTROL SERVICES

WCS Director (804) 786-0362

VIRGINIA RETIREMENT SYSTEM

<http://www.varetire.org/>

VSDP QUESTIONS RELATED TO WC

Work-Related Disability Coordinator (804) 786-9862

Related to VSDP/VRS non-work related disability - Contract Assurance Manager VA Retirement System 888-827-3847.

Related to UNUM (800) 652-5602

<http://www.varetire.org/Members/BenefitPlans/Disability.html>

WORKERS' COMPENSATION PROGRAM QUESTIONS

Training (804) 775-0748

Premiums (804) 786-0362

Other Questions (804) 786-0362

PHONE LIST

<http://www.covwc.com/templates/System/details.asp?id=48008&PID=727295>

GLOSSARY OF TERMS

AWW

Average weekly wage (calculation found in the forms section)

BC

Benefit Coordinator

CLOP

Conditional Leave Without Pay

DHRM

Department of Human Resource Management

EAR

Employer's Accident Report (formerly EFR – Employer's First Report)

FROI

First Report of Injury (formerly EAR – Employer's Accident Report)

LT

Lost time

LWOP

Leave without pay

MCI

Managed Care Innovations

MVS

Medical and Vocational Services

NC

Nurse Consultant

NLT

No lost time

OOW

Out of work

OSHA

Occupational Safety and Health Act

WCS

DHRM Workers' Compensation Services

PPD

Permanent Partial Disability

PPO

Preferred Provider Organization

PTD

Permanent Total Disability

RTW

Return-To-Work

TPD

Temporary Partial Disability

TTD

Temporary Total Disability

VRS

Virginia Retirement System

VSDP

Virginia Sickness and Disability Program

VWC

Virginia Workers' Compensation Commission

WC

Workers' Compensation

WCP

Workers' Compensation Program

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