

LITTLETON PUBLIC SCHOOLS WORKERS' COMPENSATION PROGRAM

The following information explains the procedures to follow if you sustain a workers' compensation injury/illness and to outline the benefits provided under the Colorado Workers' Compensation Act.

The Colorado Workers' Compensation Act is a state law which establishes that employers such as Littleton Public Schools will provide medical care and a scheduled amount of wage loss benefits to employees who sustain an injury or illness while performing services within the course and scope of employment. Littleton Public Schools and three other Colorado School Districts have elected to self-insure rather than purchase workers' compensation coverage and have formed a separate corporation called the Joint School Districts' Self-Insurance Pool (JSDSIP) for this purpose.

The following procedures are applicable to all accidents. It is very important for you to follow the procedures to ensure your medical claims and return to work are processed smoothly.

Pursuant to the Colorado Workers' Compensation Act, Section 8-43-102 (1) and (1.5), if you are injured on the job, written notice must be given to your employer with four working days after the accident. This is required for all employees injured on the job even if the injured worker does not seek medical treatment.

MEDICAL CARE DESIGNATED PROVIDERS	
Littleton Concentra 200 W Belleview Ave, Suite 170 Englewood, CO 80110 Phone: 303-798-1009	Office Hours: Monday - Friday from 8:00 a.m. to 5:00 p.m. walk in or appointment
Parker Concentra 11960 Lioness Way, Suite 150 Parker, CO 80134 Phone: 303-269-2900	Office Hours: Monday - Friday from 8:00 a.m. to 5:00 p.m. walk in or appointment
Highlands Ranch Concentra 9330 S. University Blvd. Highlands Ranch, CO 80126 303-346-3627	Office Hours: Monday - Friday from 8:00 a.m. to 5:00 p.m. walk in or appointment
Tech Center Concentra 11877 E Arapahoe Rd. Centennial, CO 80112 303-792-7368	Office Hours: Monday - Friday from 8:00 a.m. to 5:00 p.m. walk in or appointment
MBI Englewood 401 W Hampden Pl. Suite 230 Englewood, CO 80110 720-680-0222	Office Hours: Monday - Friday from 8:00 a.m. to 5:00 p.m. walk in or appointment
MBI Denver 3350 Peoria St. Suite 190 Aurora, CO 303-365-4646	Office Hours: Monday – Saturday from 8:00 a.m. to 5:00 p.m. walk in or appointment
MBI Lakewood 1687 Cole Blvd. Suite 150 Lakewood, CO 80401 720-712-0796	Office Hours: Monday - Friday from 8:00 a.m. to 5:00 p.m. walk in or appointment

MBI Aurora 1600 S Abilene Unit D Aurora, CO 80012 720-512-4408	Office Hours: Monday - Friday from 8:00 a.m. to 5:00 p.m. walk in or appointment
Emergencies Only (limit 1 visit) A medical emergency is when you need immediate medical services that are necessary to alleviate severe pain, or an acute injury that could lead to a serious physical disability, mental disability or death. For emergencies only, the district's designated provider is: AdventHealth Littleton, 7700 S Broadway, Littleton, CO 80122. Phone: 303-730-8900. All employees initially treated at AdventHealth Littleton <u>must</u> make an appointment with one of the district's designated occupational medicine physicians at the locations listed above. In the event of a life or limb threatening emergency, outside the Denver Metro area, obtain medical treatment at the nearest medical facility; follow-up medical care shall be transferred to your choice of one of the designated providers, listed above, as soon as possible.	

BENEFITS DIRECTOR CONTACT INFORMATION

Littleton Public Schools
Benefits Director
Education Services Center
5776 S. Crocker Street
Littleton, CO 80122

For questions regarding work restrictions, wage loss benefits, alternate duty assignment and questions regarding entering your accident in Public School Works or the Supervisor's Accident Investigation report please contact:

Brian Regan
Benefits Director
303-347-3450

EMPLOYEE RESPONSIBILITIES

As an employee of Littleton Public Schools, you have certain responsibilities under the Colorado Workers' Compensation Act. Your responsibilities are as follows:

- 1. Report all work-related injuries or illness to your supervisor or building secretary immediately**
 - a. They will provide you with a copy of the Workers' Compensation Program packet
 - b. If medical treatment is required, complete the Designated Provider Medical Treatment Authorization form on page 6 or 7 of this packet, depending on location visited, and ask your supervisor, school secretary or a Human Resources representative to sign the form.
 - c. Take the Medical Treatment Authorization form with you and give it to the designated provider's office staff when you check-in for your first appointment.

- 2. Submit an Employee Accident/Exposure Incident Report in Public School Works**

For assistance entering the accident/exposure incident report in Public Schools Works, please contact your school secretary or Benefits Director. Step-by-step instructions are also available on the district website. Click on For Staff, Workers' Compensation, When an Injury Occurs, How to Enter an Accident Report if you are the Injured Employee.

- 3. The physician will provide you with a copy of the treatment form, which will contain the physician's diagnosis, a release to return to work, any work restrictions, follow-up appointment dates, or time off work requirements. You must return a copy of the doctor's report to your supervisor after each doctor's visit. It is your duty and responsibility to keep your supervisor advised of your medical updates and return to work status.**

- 4. All medical appointments should be scheduled outside of work hours.** If you are unable to schedule an appointment outside of work hours, report your absence in the Littleton Absentee Reporting System (LARS) as required by Board Policy using LARS code 8 (workers' compensation). **All absences using LARS code 8 (workers' compensation) must be authorized by a designated physician.**

- 5. In order for workers' compensation benefits to be paid, it is important to keep all medical provider appointments.** If you are unable to keep an appointment, please contact the medical provider to reschedule. You may be billed for medical appointments for which you don't show.

If you have been authorized to miss work, when the designated physician releases you to return to work immediately bring the medical report indicating the release to the Human Resources department so your district payroll may be reinstated. You will also be given a copy of the release to give to your supervisor and you must return to work at that time or, if your workday has ended, the next scheduled workday. Lost time benefits issued by CCMSI will stop as of the date of release.

WHAT TO EXPECT

Claims are processed by Cannon-Cochran Management Services, Inc. (CCMSI). **Be sure to tell the medical provider to bill:**

**CCMSI
P.O. Box 4998
Greenwood Village, CO 80155-4998.
Do not give them your health insurance card for billing purposes**

A claims adjuster from CCMSI will contact you for additional information after they receive notification of the accident and from time to time throughout the claims process. Please cooperate by providing them the information requested so they may process your claim efficiently. They work for the district and are there to ensure that you receive any medical and lost wages benefits to which you are entitled under the Colorado Workers' Compensation Act.

Employers are required to file an admission or denial with the Division of Workers' Compensation within a limited amount of time on claims involving more than three days lost work time. You may receive a form called "**Conditional Denial**" from the CCMSI claims adjuster. This form means that the adjuster has been unable to collect sufficient information within the time limitations to accept the claim as payable. In most cases, you will receive an additional form at a later date admitting coverage or a letter denying the claim. **If the claim is denied**, you will be responsible for medical bills and may then file a claim under your health insurance (providing the services rendered are covered under that Plan) and any lost time would be charged against your accumulated sick leave.

MEDICAL BENEFITS UNDER THE WORKERS' COMPENSATION ACT

If the claim is accepted, medical bills will be paid based on the Colorado Workers' Compensation Fee Schedule. You will not be required to meet any deductibles or make any copayments. The designated providers have been instructed to send the medical bills directly to the claims adjuster at CCMSI.

If you receive a bill for authorized medical services related to your claim, please forward it to CCMSI, P.O. Box 4998, Greenwood Village, CO 80155-4998 and advise the billing party that this is where services related to this claim should be billed in the future, under the name of Littleton Public Schools. If the provider requires a claim number, contact CCMSI at 303-804-2000.

PRESCRIPTION DRUG PROGRAM

Littleton Public Schools has partnered with myMatrixx to make filling workers' compensation prescriptions easy. If the designed provider prescribes prescription medication for your work related injury, they will provide you a "first fill" letter. This letter serves as a temporary prescription card. Please take the letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 64,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at 877-804-4900. A permanent prescription card specific to your injury will be sent to you within the next 3 to 5 business days.

WAGE LOSS BENEFITS

Under the Colorado Workers' Compensation Act, employees who lose more than three days of work as authorized by district designated physicians due to a work-related injury or illness are entitled to compensation equal to two-thirds (66 2/3%) of their average weekly wage subject to a maximum figure which is amended each year by statute. LPS employees will be paid their full salary less the amount of any workers' compensation payments by the JSDSIP for lost time which falls within those first three calendar days from the date of the workers' compensation injury. In other words, you will receive your full payroll check from the district for the authorized absences for the 3 calendar days following a work-related injury and any checks from JSDSIP for the two-thirds of your weekly wage for those three days will be sent directly to the district.

Other than the first 3 calendar days from the date of the workers' compensation injury, you will be paid according to Colorado Workers' Compensation statute. You will receive two-thirds of your average weekly wages (up to the maximum amount allowed as of the date of injury) directly from the JSDSIP claims administrator, CCMSI, on a bi-weekly basis until you are released by the designated physician to return to work. This compensation is not taxable income.

If you have worked for the district for at least one year and worked at least 1,250 hours in the past 12 months, time missed due to a workers' compensation injury or illness falls under the Family Medical Leave Act (FMLA). Should you miss more than twelve weeks of work, under the FMLA or you do not meet the requirements for an FMLA leave of absence, you will be responsible for paying the entire amount of your health, dental, vision, and life insurance premiums. The district does not contribute toward these premiums during this time; however, if you retain the coverage, your workers' compensation checks from CCMSI may be adjusted to compensate for two-thirds the district contribution toward your health and dental premiums (up to the maximum amount of compensation allowed as of the date of injury). There is no adjustment for any type of life insurance premiums under the Workers' Compensation Act. You will receive a bill from the Employee Benefits office if you are responsible for payment of your insurance premiums.

In most cases, wage loss benefits are paid until you are released by the designated physician to return to work either to your regular work assignment or to an alternate duty assignment which meets the work restrictions placed by the designated physician. Alternate duty may be assigned if the designated physician indicates you are unable to return to your regular duties. Should you elect to decline the alternate duty and choose to take medical leave, you would no longer be eligible for wage loss benefits under the Workers' Compensation Act; your accrued sick leave would be charged until exhausted (at which time you would be on unpaid leave) or until you returned to regular duty or accepted the alternate duty assignment, whichever is earlier.

At some point during medical treatment, the designated physician will determine that you have reached maximum medical improvement (MMI) at which time any wage loss benefits terminate. The designated physician will determine at that time whether or not any permanent physical impairment was sustained as a result of the work-related injury. If so, permanent disability benefits as established by the Workers' Compensation Act may be payable.

Concentra™

(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of Injury _____

Substance Abuse Testing* (check all that apply)

Regulated drug screen Breath alcohol

Collection only Hair collect

Non-regulated drug screen Rapid drug screen

Other _____

Type of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special instructions/comments: _____

Authorized by: _____

Please print

Phone: (_____) _____

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

HAZMAT Medical Surveillance

Other _____

Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: _____

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)

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COMPANY NAME: _____ DATE: _____

PATIENT NAME: _____ DOB: _____

AUTHORIZATION FOR TREATMENT FORM

ADDRESS: _____ PHONE: _____

<p>INJURY RELATED:</p> <p><input type="checkbox"/> Injury Date of Injury: _____</p> <p><input type="checkbox"/> Breath Alcohol Test</p> <p><input type="checkbox"/> Instant Drug Screen</p> <p><input type="checkbox"/> Non-Regulated Drug Screen</p> <p><input type="checkbox"/> Regulated Drug Screen</p>	<p>PHYSICAL EXAMS:</p> <p><input type="checkbox"/> Basic Physical</p> <p><input type="checkbox"/> DOT</p> <p><input type="checkbox"/> DOT Recertification</p> <p><input type="checkbox"/> Asbestos Exam</p> <p><input type="checkbox"/> Hazmat Exam</p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Baseline</p> <p><input type="checkbox"/> Exit</p> <p><input type="checkbox"/> Return to Work</p> <p><input type="checkbox"/> Fit for Duty <i>(By appointment ONLY)</i></p> <p><input type="checkbox"/> Silica</p>	<p>DRUG SCREENING:</p> <p><i>Please check type that apply</i></p> <p><input type="checkbox"/> <i>Preplacement</i></p> <p><input type="checkbox"/> <i>Random</i></p> <p><input type="checkbox"/> <i>Reasonable Suspicion</i></p> <p><input type="checkbox"/> <i>Return to Duty</i></p> <p><input type="checkbox"/> Instant Drug Screen _____ panel</p> <p><input type="checkbox"/> Non-Regulated Drug Screen</p> <p><input type="checkbox"/> Regulated Drug Screen</p> <p><input type="checkbox"/> Hair Test</p> <p><input type="checkbox"/> Collection Only</p> <p><input type="checkbox"/> Other _____</p>	<p>OTHER SERVICES:</p> <p><input type="checkbox"/> Respirator Physical</p> <p><input type="checkbox"/> Respirator Questionnaire Clearance</p> <p><input type="checkbox"/> Mask FIT Test</p> <p><input type="checkbox"/> TB Skin Test <input type="checkbox"/> T-Spot test</p> <p><input type="checkbox"/> PFT (Pulmonary Function Test)</p> <p><input type="checkbox"/> Audiogram</p> <p><input type="checkbox"/> Vision Test</p> <p><input type="checkbox"/> X-Ray <input type="checkbox"/> EKG</p> <p><input type="checkbox"/> Covid-19 test <input type="checkbox"/> Instant <input type="checkbox"/> PCR test</p> <p><input type="checkbox"/> Blood Draw</p> <p><i>Specify:</i> _____</p> <p><input type="checkbox"/> Immunization</p> <p><i>Type:</i> _____</p>
<p>SPECIAL INSTRUCTIONS: _____</p>			

AUTHORIZED BY: _____ TITLE: _____ PHONE: _____